Common Core 3.0
Fairness and Equity

Trainer Guide

CDSS

December 31, 2018

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Acknowledgements

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

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

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

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

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

The Children's Research Center provided technical support as well as The Structured Decision Making System that includes the SDM 3.0 Policy and Procedure Manual and Decision Making Tools. These resources are used in compliance with CRC copyright agreements with California. Additionally, content in this curriculum has been adapted from CRC's SDM 3.0 classroom curriculum to meet the training needs in California. In compliance with the Indian Child Welfare Act (1978) and the California Practice Model, social workers must identify American Indian/Alaska Native children in the system. For an overview of *Implementing the Indian Child Welfare Act* view:
https://www.youtube.com/watch?v=BIQG65KFKGs

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

Introduction

Please read carefully as a first step in preparing to train this curriculum.

> **IMPORTANT NOTE:** Each curriculum within the Common Core series is mandated and standardized for all new child welfare workers in the state of California. It is essential that all trainers who teach any of the Common Core Curricula in California instruct trainees using the standardized Training Content as provided. The training of standardized content also serves as the foundation for conducting standardized testing to evaluate and improve the effectiveness of new worker training statewide.

GENERAL INFORMATION

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.

The Common Core Curriculum model is designed to define clearly the content to be covered by the trainer. Each curriculum consists of a *Trainee's Guide* and a *Trainer's Guide*. Except where indicated, the curriculum components outlined below are identical in both the Trainee's and Trainer's Guides. The Trainee's Guide contains the standardized information which is to be conveyed to trainees.

For an overview of the training, it is recommended that trainers first review the Agenda and Lesson Plan. After this overview, trainers can proceed to review the activities for each training segment in the Trainer's Guide and the Training Content in the Trainee's Guide in order to become thoroughly familiar with each topic and the training activities. The components of the Trainer's and Trainee's Guides are described under the subheadings listed below.

The curricula are developed with public funds and intended for public use. For information on use and citation of the curricula, please refer to the Guidelines for Citation:
https://calswec.berkeley.edu/sites/default/files/citation_guideline_6-2018.pdf

Please note that each individual curriculum within the Common Core Curricula is subject to periodic revision. The curricula posted on the CalSWEC website are the most current versions available. For questions regarding the curricula, contact Calswec_rta_cc@berkeley.edu or call CalSWEC at 510-642-9272.

COMPONENTS OF THE TRAINER'S AND TRAINEE'S GUIDES

Learning Objectives

The Learning Objectives serve as the basis for the Training Content that is provided to both the trainer and trainees. All the Learning Objectives for the curriculum are listed in both the Trainer's and Trainee's Guides. The Learning Objectives are subdivided into three categories: Knowledge, Skills, and Values. They are numbered in series beginning with K1 for knowledge, S1 for skills, and V1 for values. The Learning Objectives are also indicated in the Lesson Plan for each segment of the curriculum.

Knowledge Learning Objectives entail the acquisition of new information and often require the ability to recognize or recall that information. *Skill Learning Objectives* involve the application of knowledge and frequently require the demonstration of such application. *Values Learning Objectives* describe attitudes, ethics, and desired goals and outcomes for practice. Generally, *Values Learning Objectives* do not easily lend themselves to measurement, although values acquisition may sometimes be inferred through other responses elicited during the training process.

Agenda

The Agenda is a simple, sequential outline indicating the order of events in the training day, including the coverage of broad topic areas, pre-tests and/or post-tests, training activities, lunch, and break times. The Agenda for trainers differs slightly from the Agenda provided to trainees in that the trainer's agenda indicates duration; duration is not indicated on the agenda for trainees.

Lesson Plan (Trainer's Guide only)

The Lesson Plan in the Trainer's Guide is a mapping of the structure and flow of the training. It presents each topic and activity and indicates the duration of training time for each topic.

The Lesson Plan is divided into major sections by Day 1, Day 2, and Day 3 of the training, as applicable, and contains two column headings: Segment and Methodology and Learning Objectives. The Segment column provides the topic and training time for each segment of the training. The Methodology and Learning Objectives column reflects the specific activities and objectives that are covered in each segment. As applicable, each activity is numbered sequentially within a segment, with activities for Segment 1 beginning with Activity 1A, Segment 2 beginning with Activity 2A, etc.

Evaluation Protocols

It is necessary to follow the step-by-step instructions detailed in this section concerning pre-tests, post-tests, and skill evaluation (as applicable to a particular curriculum) in order to preserve the integrity and consistency of the training evaluation process. Additionally, trainers should not allow trainees to take away or make copies of any test materials so that test security can be maintained.

Training Segments (Trainer's Guide only)

The Training Segments are the main component of the Trainer's Guide. They contain guidance and tips for the trainer to present the content and to conduct each Training Activity. Training Activities are labeled and numbered to match the titles, numbering, and lettering in the Lesson Plan. Training Activities contain detailed descriptions of the activities as well as step-by-step tips for preparing, presenting, and processing the activities. The description also specifies the Training Content that accompanies the activity, and the time and materials required.

Occasionally, a Trainer's Supplement is provided that includes additional information or materials that the trainer needs. The Trainer's Supplement follows the Training Activity to which it applies.

Training Content (Trainee's Guide only)

The Training Content in the Trainee's Guide contains the standardized text of the curriculum and provides the basis for knowledge testing of the trainees. Training activities are labeled and numbered to match the titles and numbering in the Lesson Plan.

Supplemental Handouts

Supplemental Handouts refer to additional handouts not included in the Trainee's Guide. For example, Supplemental Handouts include PowerPoint printouts that accompany in-class presentations or worksheets for training activities. Some documents in the Supplemental Handouts are placed there because their size or format requires that they be printed separately.

References and Bibliography

The Trainer's Guide and Trainee's Guide each contain the same References and Bibliography. The References and Bibliography indicates the sources that were reviewed by the curriculum designer(s) to prepare and to write the main, supplemental and background content information, training tips, training activities and any other information conveyed in the training materials. It also includes additional resources that apply to a particular content area. The References and Bibliography may include the following:

- All-County Letters (ACLs) and All-County Information Notices (ACINs) issued by the California Department of Social Services (CDSS);
- Legal References (as applicable); and
- General References and Bibliography

In certain curricula within the Common Core series, the References and Bibliography may be further divided by topic area.

Materials Checklist (Trainer's Guide only)
In order to facilitate the training preparation process, the Materials Checklist provides a complete listing of all the materials needed for the entire training. Multi-media materials include such items as videos, audio recordings, posters, and other audiovisual aids. Materials specific to each individual training activity are also noted in the Training Segments in the Trainer's Guide.

Posters (Trainer's Guide only)
Some curricula feature materials in the Trainer's Guide that can be used as posters or wall art.

Tips for Training this Curriculum

This training module is intended to be an activity based skill building exercise for new child welfare social workers. The module offers trainer facilitated experiential activities with the intention that the trainer will incorporate knowledge and skill practice through participation in the activities. This requires trainers to have strong familiarity with the trainee content. The research related to disproportionality and disparity in Child welfare is voluminous and complex. It is suggested that the trainer review the materials in the annotated bibliography in order to adequately respond to questions and to facilitate an analysis of available the research.

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

TRAINING PREPARATION
It is *suggested* that you orient yourself to all the blocks in preparation for this training to make links and dig deeper into skill building:

1. Foundation
2. Engagement
3. Assessment
4. Case Planning and Service Delivery
5. Monitoring and Adapting
6. Transition

Contact your Regional Training Academy/UCCF for more information and to register for the eLearnings as well as to access the classroom curriculum. Visit CalSWEC website for more information at:
https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/common-core-30

FAMILY FRIENDLY LANGUAGE
Trainers are the example for modeling this for trainees. The hope is that the work is done with families, not on clients. Use words such as parents, young adults, youth, child, family…rather than clients. We want to model that families involved in child welfare services are not separate from us as social workers, but part of our community. This is the goal of the CA Child Welfare Core Practice Model as well and reflects the behaviors we want to see demonstrated in social workers work with families. For more information on the Californian Child Welfare Core Practice Model visit the CalSWEC website at http://calswec.berkeley.edu/california-child-welfare-core-practice-model-0.

SAFETY ORGANIZED PRACTICE
Some content in this curriculum was developed by the National Council on Crime and Delinquency (NCCD) and the Northern California Training Academy as part of the Safety Organized Practice Curriculum. Please note, not all California Counties are actively practicing Safety Organized Practice. However, the framework, principles and concepts are integrated throughout the curriculum as tools and best practices. 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 Introductions to the Training	20 minutes
Segment 2:	Definition of Fairness & Equity	20 minutes
Segment 3:	Are Child Welfare Services Fair and Equitable?	15 minutes
Segment 4:	Fair and Equitable Practice in Child Welfare	45 minutes
Break		*15 minutes*
Segment 5:	Cultural Humility	40 minutes
Segment 6:	Practice Scenario (Optional)	20 minutes
Segment 7:	Wrap up/Reflections	10 minutes

Learning Objectives

Knowledge

K1. The trainee will be able to recognize indicators of disproportionality in child welfare.

K2. The trainee will be able to identify the open discussion of race, ethnicity, and culture with the family as an essential component of accurate assessment and culturally relevant service interventions.

Skill

S1. Given a case example or scenario, the trainee will be able to develop questions for a culturally sensitive initial conversation with a family that includes questions about:
   a. The family's culture,
   b. Barriers the family has faced, and
   c. Culturally significant child-rearing practices.

Values

V1. The trainee will value fair and equitable treatment of all people involved in child welfare including efforts to address the issue of disproportionality in child welfare.

V2. The trainee will value interacting with all families, foster parents, colleagues, service providers, and stakeholders in a manner that is respectful of ethnic and cultural differences.

V3. The trainee will value the family as the best source of information about their culture.

V4. The trainee will value differences in cultural perspective and recognize the equal worth of all cultures.

V5. The trainee will value recruiting foster and adoptive families that reflect the ethnic and racial diversity of the child welfare population in their county or region.

Lesson Plan

Segment	Methodology and Learning Objectives
Segment 1 **20 min** Welcome and Introductions to the Training	Welcome and Introductions to the Training Agenda and Learning Objectives Review Group Agreements *PowerPoint slides 1-5*
Segment 2 **20 min** Definition of Fairness and Equity	**Activity 2A** Facilitated discussion: Definition of fairness and equity **Activity 2B** Experiential exercise: A Band-Aid Approach *PowerPoint slides: 6-10*
Segment 3 **15 min** Are Child Welfare Services Fair and Equitable?	**Activity 3A** Facilitated discussion: Are Child Welfare Services fair and equitable? *PowerPoint sides: 11-19* *Learning Objectives: K1, V1, V5*
Segment 4 **45 min** Fair and Equitable Practice In Child Welfare	**Activity 4A** Video: *A Brief History of White Privilege, Racism, and Oppression in America: Legalize Democracy Excerpt* **Activity 4B** Reading and Facilitated Discussion: **A.D.D.R.E.S.S.I.N.G.** Difference **Activity 4C** Experiential activity: Privilege Walk and Shooting for Success *PowerPoint slides: 20-26* *Learning Objectives: K1, K2, V1, V2, V3, V4*
15 min **BREAK**	
Segment 5 **40 min** Cultural Humility	**Activity 5A** Small group discussion: Defining Cultural Humility Revisit **A.D.D.R.E.S.S.I.N.G.** Difference *PowerPoint slides: 27-30* *Learning Objectives: K2, S1, V1, V2, V3, V4*

Segment 6	**Activity 6A: Optional activity if time permits**
20 minutes	Large and small group activity: Case scenario
Practice Scenario	*PowerPoint slide: 31*
	Learning Objectives: K2, S1, V2, V3, V4
Segment 7	**Activity 7A**
10 minutes	Large and small group activity: Share reflection
Wrap up/Reflections	*PowerPoint slides: 32-33*

Segment 1: Welcome and Introductions to the Training

Segment Time:	20 minutes
Trainee Content:	Agenda, page 5 in the Trainee Guide Learning Objectives, page 6 in the Trainee Guide Multi-Cultural Guidelines, page 7 in the Trainee Guide
Materials:	Chart pad, markers, tape
Slides:	1-5

Description of Activity:
The trainer will conduct an introductory activity, developing Group Agreements, and a review of the Agenda.

Before the activity

☐ Distribute a copy of the PowerPoint and Trainee Guide to each trainee.

☐ Prepare your chart pad in advance with the header Group Agreements. Plan to establish Group Agreements regardless if the group has already done so for previous training modules. For this topic, the trainer should pay particular attention to fostering a classroom where trainees feel safe enough to share their divergent views and experiences on a topic that is complex and sometimes controversial. The trainer should be prepared to model cultural humility through the use of inquiry in every exchange.

During the activity

☐ Welcome the trainees to the training and introduce yourself. • Introduce yourself and your work history through a cultural lens. You are encouraged to identify your cultural frames of reference (race/ethnicity/national origin, gender identity, sexual/affectional orientation) to model that none of us is objective; there is no objective point of view. *Note: If as a trainer, you are still growing in your understanding of your cultural identity and relationship to privilege, it's okay to acknowledge that it's sometimes uncomfortable to talk about, or part of privilege to be unaware.* ☐ If needed, discuss logistics related to the training site (cell phones off, breaks, parking, bathrooms).	
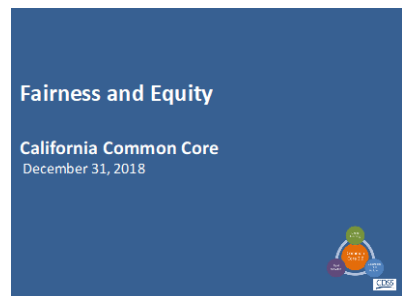
☐ Provide an overview of the Agenda for the day.

Trainers: If you know that this group has already had multiple Core trainings together and has established Group Agreements, then you can review their existing Group Agreements and ask what they would add to create a safe environment to talk about culture, privilege and oppression.

☐ Go over the basic Group Agreements included on the slide and use chart pad paper to add agreements or modify the one provided.

☐ Refer trainees to page 7 to read the Multicultural Guidelines for Communicating Across Difference

- Then ask them what agreements they would like to have based on CC 3.0 agreements and the Multicultural Guidelines.

☐ If needed, offer the following brief explanations of the Group Agreements9 as needed (this will depend on whether or not this group has already worked to establish Group Agreements). This activity provides a model for the group work social workers will do with child and family teams, so you may wish to make that connection as well.

- **Collaboration** - We need partnership to have engagement and that works best if we trust each other and agree we are not here to blame or shame. We are here because we share a common concern for the safety and well-being of children. Remind them how this skill will be needed when working with families as they are the experts on their family. Social workers must be able to foster collaboration in order to complete a thorough assessment of the situation. Families need to feel trust before they honestly examine themselves and be able to look at a problem and their part in it.

- **Ask lots of questions** - Point out that the trainer can't make the training relevant for each person because there are many people in the room with different experiences and different needs. Trainees have to make it relevant for themselves by asking lots of questions and deciding how the experience might be helpful or not helpful to them.

- **Be open to trying new things** - As professional we feel more comfortable and competent sticking with what we know. We don't always like it when new things come along. Sometimes it feels uncomfortable to try new things so we tend to back away from the new thing telling ourselves things like "she doesn't know what she's talking about…she has never worked in our community with the people we work with…"But to learn something new we have to do through the uncomfortable stage to get to the other side where it feels natural and comfortable. With this Group Agreement, they are agreeing to try new things even if they feel uncomfortable.

- **Make mistakes** - As professionals we don't like to make mistakes. And when we make mistakes we feel discouraged and beat ourselves up. But, if we are going to learn new things, we have to make mistakes. Even more important than the willingness to make mistakes is the willingness to admit we are wrong even when we don't want to be. Growth requires that we are open to changing our minds based on new information received. We
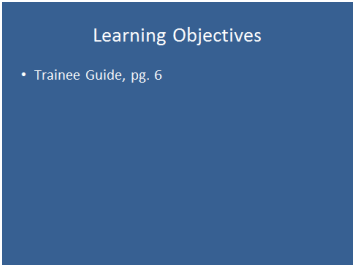
Overview of the Day
- Welcome and Review of the Agenda
- Learning Objectives
- What is Fairness & Equity?
- Disproportionality and Disparity in Child Welfare
- Cultural Humility
- Practice Scenario
- Wrap-Up/Participant Satisfaction Survey

Group Agreements
- Be collaborative
- Ask lots of questions–let us know what you think
- Be open to trying new things
- Be willing to make mistakes
- Maintain confidentiality
- Be responsible for your own learning

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[9] Shared by trainer Betty Hanna

must also be willing to put our own ideas aside to fully hear the views of others. • **Confidentiality** - This is just a reminder that information about families or other trainees shared in the training room should be kept confidential. • **Be responsible for your own learning** – As adult learners we realize you come with knowledge, skills and experience. The intention of this curriculum is that you will have an opportunity to share this via large and small group discussions. Please come prepared to training having taken any pre-requisite eLearning or classroom trainings. Set aside this day for your learning, please do not bring work into the classroom, this is distracting to other participants as well as to the trainer/facilitator. This includes being on time, sharing the floor, cell phones off…	
☐ Before going over Learning Objectives ask trainees why they think that Fairness and Equity has been made a topic for Core training. ☐ Refer trainees to page 6 of the Trainee Guide. Ask them to place a "check mark" next to the objectives that they already do well and to "circle" the objectives that they would like to learn more about or do more of. If viewing online, make a mental note of the items that would be checked or circled. ☐ Have the trainees share what they "checked" and what they "circled" with their neighbor.	Learning Objectives • Trainee Guide, pg. 6

Transition to the next segment: Definition of Fairness and Equity

Segment 2: Definition of Fairness and Equity

Segment Time:	20 minutes
Activity Time:	Activity 2A – Definition of Fairness and Equity (10 minutes) Activity 2B – A Band-Aid Approach (10 minutes)
Materials:	Chart pad, markers, tape, box of Band-Aids (1 Band-Aid per trainee) (optional) Laminates for each individual injury listed in the Trainee Guide to distribute to each table group
Trainee Content:	Activity 2B – A Band-Aid Approach (Page 8 in Trainee Guide)
Slides:	6-10

Description of Activity: The trainer will introduce the topic of Fairness and Equity in a large group discussion followed by a facilitated experiential exercise called "A Band-Aid Approach."
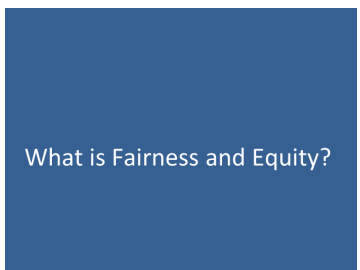
Before the Activity

Ensure there are enough Band-Aids for each trainee in the room.

For activity 2B decide if you are going to ask as the doctor or ask someone to pretend.

Trainers may prefer to make individual laminates of the injuries listed in the handout for Activity 2B in the Trainee Content to distribute to each table.

During the activity

Activity 2A – Definition of Fairness and Equity ☐ Pose the following question to the group: "What is Fairness & Equity"? ☐ Chart the group's responses.	What is Fairness and Equity?

☐   Display the images on the slide and facilitate a discussion about the meaning behind the image.
  •   Which image demonstrates Fairness? Why? (Trainer Point: The image that demonstrates 'fairness' is the one where the intervention is the same for all people, regardless of impact.)
  •   Which image is equality? Which image is equity? (Trainer Point: The image that demonstrates 'equity' is the one where the intervention meets the need of a given individual, in order for all of the individuals to reach a similar vantage point.)
  •   What is the impact of providing the same intervention to all three children? And what is the impact of responding according to each child's need?
	What is Fairness and Equity?
	Introduction to Environmental, Justice, Equity and Health. Lesson Plan 3 *How are Equality and Equity Different?* Retrieved 6/6/2016 from justhealthaction.org/resources/jha-curriculum-material

• Does "fair" mean the same as "equitable"? (Trainer Point is on slide that says: Equity is the process and equality is an outcome. Fairness is an outcome.)	
☐ Summarize the previous discussions about Fairness and Equity ☐ Highlight learning points (on slide) that were not mentioned from the previous discussion.	**What is Fairness and Equity?** • Equity and equality are not the same. • Equity doesn't strive for sameness; it strives for fairness. • Fairness is achieved by treating everyone in a way that recognizes who they are and what their needs are. • Everyone's needs are met according to their circumstances (i.e., barriers and opportunities). *Excerpt from "The School That Equity Built", An Equitable Classroom Environment. Elementary Teacher's Federation of Ontario, 2000, Ontario, Canada.*
☐ Read the slide aloud and then transition to the Band-Aid activity	*"Equity is the process and equality is an outcome."* *Education reform. Equity. (2016, April 21) Retrieved 6/6/2016 URL http://edglossary.org/equity/*
Activity 2B – A Band-Aid Approach | Slide 10 ☐ The trainer (or a willing participant that the trainer identifies) is to pretend they are an ER doctor and provide treatment to each participant in the form of a Band-Aid. *OPTIONAL: Have fun with the exercise. For example, add props (i.e. doctor's coat, play stethoscope) and pretend as you go about the activity that you will provide treatment according to injury, only to hand the participants one single Band-Aid. As you are giving people the band-aids, you can say things like, "I've assessed your situation," "I'm knowledgeable about this," "Trust me, trust me." – which might be how families experience the interventions recommended by child welfare.* ☐ Direct trainees to page 8 of the Trainee Guide. ☐ Assign each table group an injury • You got a paper cut filing paperwork at the office. • You were playing baseball, got hit in the head with the ball and have a mild concussion. • You were slicing vegetables with a sharp knife, sliced the tip of your finger and it is completely severed. • You were bike riding; a car hit you, ran over your leg, and your femur bone is crushed. • You scraped your knee roller-blading.	**A Band-Aid Approach** • Review the description of your injury. • Imagine the level of treatment needed. • The E.R. doctor will be around to provide treatment. *Friedman, Lisa, Teaching Fairness vs. Equality. Band-Aid Activity. Retrieved 6/6/2016 URL http://jewishspecialneeds.blogspot.com/2013/12/teaching-difference-between-fairness.html*

☐ Ask the trainees to discuss briefly at their tables what kind of treatment they might need if they were to go to an emergency room. Give groups less than 5 minutes to discuss what they would do in their scenario.

☐ The trainer (or a willing trainee that the trainer identifies) is to pretend they are an ER doctor and provide treatment to each trainee in the form of a Band-Aid. *OPTIONAL: Have fun with the exercise. For example, add props (i.e., doctor's coat, play stethoscope) and pretend as you go about the activity that you will provide treatment according to injury, only to hand the trainees one single Band-Aid.*

Training Points to Highlight:
- A particular intervention doesn't meet all needs. A particular intervention also is not always a match given a "patient's" culture and being mindful of the "patient's" culture when thinking through what would be the best intervention. The Band-Aid approach is operating outside a cultural humble approach.

- Also, although a Band-Aid was given to each table so there would be 'equal' treatment, it doesn't mean the treatment was equitable. It also does not mean that the Band -Aid fits the need or size of the injury, same as the same old service may not meet the need of every family. This is just an example. Some needs require more intensive support. Using the same intervention (basic minimum intervention of a Band-Aid) means the "bleeding" is still happening for those with more severe injuries.

- There can be "bleeding" that we can't even see because it's on the inside of the body (internal injuries; metaphor: exposure to trauma).

- Highlight for the group the ways in which different tables respond to the one-size-fits-all approach in the Band-Aid activity, which parallel ways that families might respond to a one-size-fits-all system or case plan, i.e., families may advocate strongly for themselves, attempt to collaborate with the system, resist any participation in activities, or give up because they think can't succeed at getting what they need.

If there's time, additional Training Points that could be covered:
- Sometimes people can't verbalize what's happened to them when there's been a trauma (e.g., going into shock). This can be especially true for very young children who in addition to being in shock, might not have the words yet developmentally to describe what has happened to them.

- It is important to team/collaborate with the child/youth and family, their community supports/networks, and teachers and others to obtain the information relevant to an assessment. And teaming/collaboration with other service providers can further support children, youth and families to get their needs met in a more holistic and timely manner.

Transition to the next segment: Are Child Welfare Services Fair and Equitable?

Segment 3: Are Child Welfare Services Fair and Equitable?

Segment Time:	15 minutes
Trainee Content:	Are Child Welfare Services Fair and Equitable (Trainee Guide, page 9) General Population Racial Disparity Indices: California 2015 (Trainee Guide, p. 10) Supplemental Handout: Race Matters Institute – Race Matters in Advancing Child Welfare
Materials:	n/a
Slides:	11-19

Description of Activity:

The trainer will provide a mini-lecture and facilitated discussion on disproportionality and disparity in Child Welfare Services.

During the activity

☐ Pose the following question to the group: Are Child Welfare Services Fair and Equitable? Yes or No? ☐ Elicit responses from the group. Training Points: • Active efforts vs. reasonable efforts: What do you think the rationale is for the provision around active efforts? (Cover examples of reasonable efforts, such as giving a referral to a family, vs. active efforts which might be driving the family to a referral agency for an intake appointment. For a population that has endured genocide, and was stripped of their resources – which means higher poverty levels now and fewer access to resources – active efforts can be a method for achieving equitable outcomes.) ☐ Have trainees provide support/rationale for their position. ☐ It might be helpful to explain here that when looking at fairness and equity we are looking at systems and not individuals.	*Are Child Welfare Services fair and equitable?* *Yes or No*
TRAINER TIPS: • Disparity is not about people but about situations/conditions. • Disparities are not about bad people but bad policies and processes. • The issue of fairness is not in persons, but in places or systems. • Disproportionality ☐ Review the definitions of Disparity and Disproportionality – Slide 12. ☐ *Ask trainees what they think contributes to over- or under-representation of certain populations in child welfare? Why is this still a problem, even though people with good intentions work for child welfare and do training on cultural humility?*	**Disparity And Disproportionality** • DISPARITY is the disparate or inequitable treatment or services provided in non-dominant groups (i.e., non-White, LGBTQ, rural) compared to those provided to similarly situated (e.g., socio-economic status) children from dominant groups. • DISPROPORTIONALITY is the over- or under-representation of children in foster care and child welfare, based on membership in certain groups, as compared to their representation in the general population Orange County Children and Family Services, *Eliminating Racial Disparity and Disproportionality* Retrieved 6/6/16 URL https://cssr.ocgov.com/gov/ssa/sadod/ocs4kids/ff/strategy/workgroups/srldd/default.asp

☐　Ask trainees if there are others.	**Examples of Equitable Practice in Child Welfare** • Active efforts vs. Reasonable efforts • Structured Decision Making Tools 　Risk Assessment Tool 　　• Very High/High = Promote 　　• Very High/High = Weekly face to face contact • Visitation Policy 　• Infants vs. Teens

Trainer reviews the following points - Slide 14:

☐ Youth who identify as LGBTQ and/or are gender-nonconforming are highly overrepresented in foster care and among "crossover" youth who also become involved with Probation.

☐ Ask trainees to consider possible causes for over-representation of LGBTQ youth. Among LGB/GNCT youth in nationwide detention facilities, physical abuse, and conflict with parents were reported by youth as the main reasons for their removal.

Note: Statistics on LGBTQ prevalence among U.S. adults is by self-identification; not attraction or behavior, which is approximately 9-11%..

LGBTQ & Gender Non-Conforming System-Impacted Youth in the United States
• 1.6% of U.S. adults identify as gay or lesbian (CDC, July 2014)
• 0.7% of U.S. adults identify as bisexual (CDC, July 2014)
• 0.3% of U.S. adults identify as transgender (The Williams Institute, 2011)
• 19% of youth in foster care in L.A. identify as lesbian, gay, bisexual, transgendered, or queer (Wilson et al., 2014)
• 30% of LGBQ youth in detention facilities were previously removed from their homes by child welfare, compared to 11% of heterosexual youth (Irvine & Canfield, 2016)
• 35% of gender non-conforming or transgender youth in detention facilities were previously removed from their homes by child welfare, compared to 10% of gender-conforming youth (Irvine & Canfield, 2016)

Trainer explores the graph – Slides 15 and 16:

☐ Point out each group's representation in the general population. Discuss overrepresentation.

☐ Point out Asian American/Pacific Islander representation in general population compared to representation in Child Welfare. Discuss under representation.

☐ Both are examples of disproportionality.

☐ Discuss examples of inequitable practice.

☐ Training Points (while covering Examples of Inequitable Practice in CW slide):

• Over-representation: When the representation of a given group (in this case, in CWS) exceeds their actual representation in the general population. Example: African American and Native American/Tribal children/teens are in CW populations at twice the rate when compared to the general population of African American and Native American children/teens in the U.S. (source: US DHHS (2011). Addressing Racial Disproportionality in Child Welfare: https://www.childwelfare.gov/pubPDFs/racial_disproportionality.pdf). Some reasons for this have to do with institutionalized racism in the U.S. (History of genocide by the U.S. government and boarding schools, which removed children from their families and Tribes and these children then lost some of their models for parenting, for Native American/Tribal populations. History of slavery, Jim Crow laws, lack of basic civil rights up to 50 years ago for African Americans.) That's in addition to having had exposure to ongoing cultural and historical trauma for both of these populations. And, we are

Ethnicity and Path Through the Child Welfare System California: 2016
(missing & multi-race values excluded from % calculations)
*includes children age 18

Examples of Inequitable Practice in Child Welfare
• White families are more likely to receive services that allow the children to remain in the home, while families of color are more likely to have their children placed in out-of-home care. (Derezotes & Poertner, 2005)
• In the second round of CFSRs, only 14 of 41 states received a positive rating on the item regarding state efforts to recruit and retain resource parents who reflect the racial and ethnic diversity of the foster care population in that state. (Child Welfare Information Gateway, January 2011)
• African American and Native American children enter the foster care system at a disproportionately high rate. Once they have been removed from their homes, they are more likely to remain in care and less likely to be reunited with their families than are White children. (Child Welfare Information Gateway, January 2011)
• Working with fathers and research into father's relatives are not always a standard part of Child Welfare practices. (National AIA Resource Center, November 2015)
• 25.7% of L.A. County LGBTQ youth in foster care live in a group home, as compared to 10.1% of non-LGBTQ foster youth. (Williams Institute, August 2014)

still not in compliance with the mandates of ICWA as a system, which directly affects the numbers of Tribal children/teens in child welfare.

- Under-representation: When the representation of a given group (again, in CWS) is below their actual representation in the general population. Example: Asian American/Pacific Islanders are under-represented in child welfare compared to the general population of API children/teens in the U.S. It is unclear why API populations are under-represented in child welfare (at almost one quarter the rate in the general population of API children/teens in the U.S., per 2011 report noted above). However, some of this may be due to more recent immigration to the U.S., more insular (whether religious or not) communities as immigrant communities, some undocumented immigrants, and may perhaps be influenced by the Model Minority Myth (if API groups are a 'Model Minority', why would child abuse/neglect issues come to the attention of people doing the referrals?).

Trainer explores the graphs – Slides 17, 18, and 19:

☐ Slide 17 illustrates how Disparity Indices are calculated. The example that is depicted pertains to "Entries," and the calculations on the right side of the slide compare Black disproportionality with White disproportionality in order to arrive at the Disparity Index for Black entries as compared to White entries. Refer to the calculations to explain to trainees how the Disparity Index is calculated.

☐ For Slide 18, note the disparities of children of different ethnicities as they progress through the system. Disparity exists across all child welfare outcomes.

☐ In particular, point out the disparities that worsen for African Americans and Native Americans when compared to whites as they progress from "allegations" to "in care."

☐ Example: An African American child is 4.84 times more likely to be in foster care than a White child.

☐ Although this information is noteworthy, there are limitations to looking at such data aggregately.

- Does not account for socio-economic status. Results from National Incidence Study 4 indicate the possibility that income and resources rather than race are associated with greater incidents of maltreatment.

- From *State of Working America*: "Income Inequality is the greatest cause of higher poverty rates" http://stateofworkingamerica.org/fact-sheets/poverty/ (accessed 19 Sept 2016). African Americans have the highest poverty rate (27.4%) in America when compared with White and Latino Americans (accessed 19 Sept 2016). From U.S. Census, Native Americans have the highest poverty rate across all racial/ethnic groups, at 28.3%, http://www.census.gov/newsroom/facts-for-features/2015/cb15-ff22.html (2015). One of the reasons that we see disproportionate numbers of African American and Native American children and teens in child welfare could actually be due to living in poverty, with fewer access to resources—not because these groups abuse or neglect their children at higher rates than other groups. A practice implication: the percentage of African American and Native American families living in poverty —could we be confusing poverty with neglect?
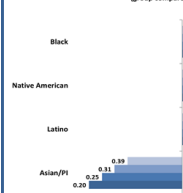
Proposed Explanations

- Disproportionate and disparate need of children and families of color
- Geographic context (i.e., region of country, region of state, urbanicity and/or neighborhood characteristics)
- Racial bias and discrimination in the child welfare system
- Child Welfare system processes and resources

The Alliance for Racial Equity in Child Welfare: Disparities and Disproportionality in Child Welfare: Analysis of the Research, 2011

- Additionally, it may also be connected to that families in poverty may be accessing resources (i.e., WIC, TANF, CalWORKS, Section 8 Housing) which has staff that are mandated reporters whereas families that are not utilizing those resources as less likely to come into contact with mandated reporters at the same frequency (thus lower likelihood of having allegations of maltreatment reported). Lastly, disproportionality is connected to the fact that there are not enough culturally congruent resources to match the families that CWS serves. Thus there may be an impact on efficacy if a family is utilizing services that are outside or not familiar with the family's culture. (i.e., a Spanish-speaking parent having to attend an English-speaking substance abuse group due to lack of availability of Spanish-speaking groups in the geographical area where the family resides. Ties into "reasonable efforts.")

- Reinforce the use of MSLC standard and definitions of Safety with SDM. Use tools, teaming, SOP, proper use of definitions, keeping MSLC as a stable target are all things we can do individually in our daily practice to address the issue of disproportionality as it is a <u>practice</u> issue, not just a system issue. The system is trying to fix it by implementing research based practices such as SDM (but research from CRC in CA shows that the definitions are still not being used).

- Does not account for geographic differences.

- Racial categories are too simplistic—there are within-group differences (i.e., African and Caribbean immigrants).

☐ The underlying causes are complex and co-exist. There is evidence available for each of these explanations:

- Strong relationship between poverty and communities of color

- Differences between rural and urban; concentration of poverty

- Bias within external (hospitals, police) and internal entities

- Inequitable distribution of programs and services

Transition to the next segment: Fair and Equitable Practice in Child Welfare

Segment 4: Fair and Equitable Practice in Child Welfare

Segment Time:	45 minutes
Activity Time:	Activity 4A: video: A Brief History of White Privilege, Racism, and Oppression in American (Legalize Democracy excerpt) (7 minutes) Activity 4B: A.D.D.R.E.S.S.I.N.G. Difference (8 minutes) Activity 4C: Privilege Walk and Shooting for Success (25 minutes)
Trainee Content:	A.D.D.R.E.S.S.I.N.G. Handout (Trainee Guide page 11-14)
Materials:	Video Link – A Brief History of White Privilege, Racism, and Oppression in American (Legalize Democracy excerpt): https://calswec-hosting.s3.amazonaws.com/CC3/classroom/videos/foundation_block/Legalize_Democracy.mp4 Blank paper and (mostly empty) waste basket Activity 4B: Supplemental Handout: Paper version of steps for the Privilege Walk Activity Tape
Slides:	20-26

Description of Activity:

The trainer will facilitate various experiential exercises to illustrate elements of fair and equitable practice in child welfare.

Before the activity

☐ Purpose of activity: Each of the activities in this segment are designed to support deeper trainee awareness of 1) the historical context for institutions in which bias exists, 2) our own experiences with privilege(s), and 3) how our own experiences of privilege can impact our daily work serving vulnerable children, youth, and families.

☐ Put tape on the floor, creating a horizontal line across the room leaving 12 feet of space in front and 10 feet of space behind for trainees to step forward and/or backward

☐ Ensure there is an empty small waste basket or trash can in the room.

☐ Before trainees get up for the activity, give everyone a small piece of paper and have them write their name on it.

☐ Reminder/Note: The video version embedded in Slide 19 for Activity 4A is the preferred, shorter version. If using an external link to this video, be sure to end it at 4:04. (See instructions for Activity 4A that follow.)

Activity 4A (7 min) – Slide 20

☐ Video: A Brief History of White Privilege, Racism, and Oppression in America: Legalize Democracy Excerpt (3 minutes)

> https://calswec-hosting.s3.amazonaws.com/CC3/classroom/videos/foundation_block/Legalize_Democracy.mp4

☐ Elicit reactions

- Remind the trainees of the agreements and confirm that this is a space where people can share their feedback and thoughts. Talk about intent vs. impact; discuss strategy if a comment lands hard on a trainee that it is okay to have the discussion of different perspectives. Trainer will need to be very thoughtful in how they facilitate this discussion.

- How might such historical events impact disparity and disproportionality? (Answers include: wealth distribution, inheritance of wealth/property; residential segregation, school segregation, justice before the law, immigration patterns, legalized targeting of particular groups, generational repercussions, access to resources and political power in general.)

- How might this affect a family's likelihood of having contact with Child Welfare Services based on what we now know about poverty and social exclusion? (Refer to the trainer's guide notes about poverty in previous segment.)

- How might this impact a family's ability and willingness to engage with staff at child welfare, particularly with regard to staff as government representatives (i.e., families may have had difficulty interacting with government agencies in the past or in past generations)?

Legalize Democracy (Video)

(2013, October 17). *Legalize Democracy* [Video file]. Retrieved from https://www.youtube.com/watch?v=YFjKQVZLk1g

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Activity 4B (about 8 minutes) – Slides 21-22

☐ Introduce *ADDRESSING* created by Psychologist Pamela Hay. *A model of cultural influences and their relationship to the social construct of power.*

☐ The ADDRESSING framework focuses on nine key cultural influences that the American Psychological Association (APA), American Counseling Association (ACA), and NASW have stated need extra attention in order to conduct accurate assessments and develop culturally relevant interventions.

☐ Refer trainees to each of the key cultural influences listed on the PPT and in the handout **ADDRESSING**.

- Introduce the concept of intersectionality—acknowledges how social identities are interconnected and overlapping and cannot be examined separately.

Fair and Equitable Practice

Acknowledges that an accurate assessment is predicated on understanding the present day impact of **historical oppression** and resulting social stratification on an individual's and/or family's positionality (i.e., access to barriers and opportunities) in the community and society in which they belong.

A.D.D.R.E.S.S.I.N.G. Difference…

- Age and generational differences
- Developmental disabilities
- Disabilities (seen and unseen)
- Religion and spiritual orientation
- Ethnic and racial identity
- Socioeconomic status
- Sexual/affectional orientation
- Indigenous heritage (within my ethnicity)
- National origin
- Gender

Hays, P.A. (2013). Connecting Across Cultures: The Helper's Toolkit. Thousand Oaks, CA: SAGE, pp. 15-16. Original version published in Hays, P. A. (2008). Addressing cultural complexities in practice: Assessment, diagnosis, and therapy. Washington, D.C.: APA

Activity 4C (25 min)	Activities… 25

Activity 4C (25 min)

Trainer Prep:

- Note that this is the part of the segment where trainer will use an empty small waste basket or trash can in the room.
- Purpose: The purpose of the Privilege Walk Activity is to learn to recognize how power and privilege can affect our lives even when we are not aware it is happening. The purpose is not to blame anyone for having more power or privilege or for receiving more help in achieving goals, but to have an opportunity to identify both obstacles and benefits experienced in our life. Additionally, this activity is meant to highlight the additional barriers our families involved with child welfare face.
- This activity has two stages: The first stage is the 'Privilege Walk'. During the debrief of this first part, trainees should remain where they've ended up in the room as a result of the Privilege Walk to set the tone for the second stage of this activity, which is 'Shooting for Success'.
- The trainer may ask the group how many have experienced the Privilege Walk before and encourage group to stay open to this activity, which has an adaptation to the traditional Privilege Walk.
- Instruct trainees to write their name on a small piece of paper and crumple it up. They will hold this throughout the Privilege Walk and will use in the Shoot for Success part of the segment.

PART 1: PRIVILEGE WALK:

☐ This activity involves trainees stepping forward and/or backward on the floor, producing a visual display of the privilege hierarchy by their physical positions. If privacy or shyness is a concern, a paper method is provided as an alternate method for trainee engagement in this activity by using the Supplemental Handout for Activity 4C, which represents the hierarchy on paper. The trainer can use discretion as to which method is most suitable for the group as a whole, or for individual trainees.

☐ **Trainer explains the following)**:

- Everyone in the classroom represents the general population.
- Everyone gathers behind a horizontal line across the room leaving 12 feet of space in front and 10 feet of space behind.
- State: Listen to the following statements (trainers, see below), and follow the instructions given. When the trainer reads a statement that applies, the trainee will step forward or backward, depending on the instruction.
- State: Stepping forward often means that you have more power in this category and stepping back often means that you have less power in this category.

☐ **Trainer READS the following statements one at a time, out loud, allowing time for trainees to take a step:**

- If you are a White male take one step forward.

- If there have been times in your life when you skipped a meal because there was no food in the house take one step backward.

- If you have visible or invisible disabilities take one step backward.

- If you attended (grade) school with people you felt were like yourself take one step forward.

- If you grew up in an urban setting take one step backward.

- If your family had health insurance take one step forward.

- If your work holidays coincide with religious holidays that you celebrate take one step forward.

- If you feel good about how your identified culture is portrayed by the media take one step forward.

- If you have been the victim of physical violence based on your gender, ethnicity, age, or sexual orientation take one step backward.

- If you have ever felt passed over for an employment position based on your gender, ethnicity, age, or sexual orientation take one step backward.

- If you were born in the United States take one step forward.

- If English is your first language take one step forward.

- If you have been divorced or impacted by divorce take one step backward.

- If you came from a supportive family environment take one step forward.

- If you have completed high school take one step forward.

- If you were able to complete college take one step forward.

- If you are a citizen of the United States take one step forward.

- If you took out loans for your education take one step backward.

- If you attended private school take one step forward.

- If you have ever felt unsafe walking alone at night take one step backward.

☐ **Trainer facilitates discussion (*TRAINEES REMAIN WHERE THEY ARE AT IN THE ROOM FOR THIS DISCUSSION!*):**

- Everyone in the classroom represents the general population. How have your feelings about how you are represented different from when we first lined up and we were all perceived to be "equal"?

- How might privilege impact disparity and disproportionality? I.e., How does privilege relate to economic status/power? Social status/power? Political status/power?

- What are further implications for the basic necessity of housing? (e.g., homelessness, unaffordable rents, frequent moves due to lost jobs)

- Did you notice that sometimes lack of privilege is invisible (i.e., your sexual orientation, gender identification)?

- What is the impact on practice and processes when such difference and variance goes unaccounted for in assessments and interventions?

- What happens to Fairness? What happens to Equity?
- How does this Privilege Walk connect with the ADDRESSING content we just covered?

PART 2: "SHOOTING FOR SUCCESS". Slides 24 through 26. (*TRAINEES REMAIN WHERE THEY ARE AT IN THE ROOM FOR THIS PART OF THE ACTIVITY.*)

- PREP: Set up empty waste paper basket at the opposite side of the room from the "Privilege Walk" line.

☐ EXPLAIN the following:

- Everyone in the classroom represents the general population with different experiences and levels of privilege. There is no guilt or shame being assigned here.
- Trainer gives everyone a piece of paper and have them write their name on it.
- Let the trainees know that where they are situated in the classroom represents their position in society.
- Have them wad up their piece of paper and throw in the basket.
- Tell everyone to shoot for success!!!

☐ DEBRIEF (while trainees stay where they are standing in the room):

- Notice whose wad of paper 'makes it' and whose doesn't.
- Notice who complains and who doesn't complain about whose wad of paper makes it or doesn't make it into the wastebasket.
- Ask those in the front, did you consider the disadvantage of those behind you?
  - *Those with advantage are socialized to ignore lines and differences.*
  - *Those with disadvantage are socialized to be aware of the lines of separation*.
- Ask those in the front, Did you ever look back to assess where others were in relation to you?
- Reactions? Insights?

☐ APPLICATION TO PRACTICE WITH CHILDREN, YOUTH & FAMILIES INVOLVED IN CWS:

- Tell trainees to stay where you are at; now close your eyes and imagine if you had a 20-foot wall in front of you. This is a barrier and added challenge for one's ability to shoot for success.
- Imagine a family on your current caseload or one you image could be; think about some of the barriers families face when involved with child welfare. Have trainees call out some of those challenges. Trainer can chart.

☐ APPLICATION TO REFLECTING ON ONE'S OWN PRACTICE: Bring the group back to together and process the activity by asking the following questions to elicit the group's responses:

Fair and Equitable Practice

Acknowledges that one's social position affords advantage and disadvantage to some more than others based on a complex and multidimensional **intersection** of social identities that include race, class, gender, sexuality, faith, and other differences.

Fair and Equitable Practice

Requires a cultural awareness of ourselves and others while continuously acknowledging and examining our own **biases**, **prejudices** and **privileges**, and the ways in which both our actions and our inactions consciously or unconsciously perpetuate inequality.

Excerpt from *"The School That Equity Built", An Equitable Classroom Environment.* Elementary Teacher's Federation of Ontario, 2000, Ontario, Canada.

Fair and Equitable Practice

When such practices and attitudes become normalized in a system such as child welfare, the problem is termed systemic (i.e., structural) because it is embedded in the policies and decision making processes and it is perpetuated at an unconscious level.

Excerpt from *"The School That Equity Built", An Equitable Classroom Environment.* Elementary Teacher's Federation of Ontario, 2000, Ontario, Canada.

- What is our own privilege of education and working in this field?
- What does it take to help support families to get around some of the barriers identified (point to charted responses above)?
- How does fairness and equity impact child welfare practice? Strengths? Weaknesses?
- Pose the following question: Why is this exercise important to your work?

TRAINING TIPS/POINTS:

☐ RECOGNIZING where you hold privilege is important because the areas in which you have privilege are those in which you are most likely to lack awareness and knowledge regarding members of the related groups that do not have such privileges.

☐ REMIND trainees how aggregate race based data doesn't account for the ways some families are positioned to be both disadvantaged and advantaged. It doesn't account for cultural differences.

☐ CONNECT the Privilege Walk and Shooting for Success activities with how children, youth, and families are affected by (or what they have access to) CWS involvement:

- **Siblings** – How often do we separate sibling groups? About 2/3 of children in California are placed with at least one sibling. That means 1/3 are not.

- **Fathers** – How often do we fully engage fathers? When caseworkers learned both the name and location of the father at the time of the case opening, there was an 80% chance the caseworker would make contact with the father. This dropped to 13% if the worker found out the father's name and location after the case had been opened for more than 30 days. Father engagement increase child well-being and likelihood of reunification. How does the lack of full father engagement impact children and their families? Safety? Permanence? Well-being?

- **Language** – How often are children placed in foster homes where their first language is spoken? Or how often are services or service providers able to provide interventions in a family's first language with persons who are bilingual and bicultural? I would add such as if it is a different language, it may also mean a different food. All of these impact trauma and loss. Also, maybe explain manifested behaviors which sometimes lead to higher level of care needed.

- **Cultural** – How often are children who are in placement supported in maintaining their cultural connections (i.e., attending Native American events, participating in Quinceras, attending Chinese New Year's celebrations, etc.)? What is the implication to children with regard to fairness and equity?

- **Profession/Work** – Are services provided during those times that parents are available to participate? Weekend and after hours visitation? What happens if a caregiver is an hourly employee or seasonal employee and can't miss time from work? What happens when the caregiver is a migrant farm worker?

• **Religion** – How often do we place children/youth in homes that honor their faith/spiritual beliefs? Do we ask? Point out how county paid holidays reflect Judeo-Christian beliefs (i.e. Christmas). How about if you are Jewish? • **Extracurricular Activities (e.g., Sports, Drama, etc.)** – How important is it for some youth to maintain involvement with extracurricular activities? Are Resource Families urged to support such participation? For some youth, it provides a sense of "normalcy", an outlet, and social development.	29

Transition to the next segment: Cultural Humility
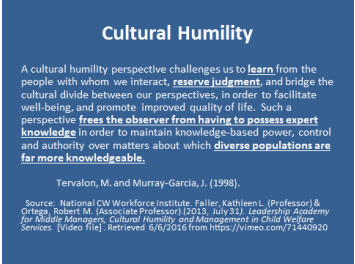
Segment 5: Cultural Humility

Segment Time:	40 minutes
Trainee Content:	Revisit A.D.D.R.E.S.S.I.N.G. Handout (Trainee Guide page 11-14)
Materials:	Supplemental Handouts: Mini-Scenarios A, B, C and D (enough copies for each table pod to have one copy per person of one of the scenarios, e.g., first table has 6 copies of Scenario A, second table has 6 copies of Scenario B, and so on)
Slides:	27-30

Description of Activity:
The trainer will introduce the definition of cultural humility and its relationship to fair and equitable practice.

During the activity

Slide 27 ☐ Have a trainee volunteer to read the slide. ☐ Highlight the evolution from Cultural Awareness to Cultural Diversity to Cultural Competence now to Cultural Humility. That the intent of practitioners has been positive in honoring the diversity of cultures of the families that are served by CWS; however, the impact has sometimes been harmful (i.e. proposing that a social worker can be or is expected to be fully cultural competent in every family's culture that the social worker serves. Missing the nuance that the family is the expert in their culture and social workers are life-long learners which is now known as Cultural Humility.)	**Cultural Humility** A cultural humility perspective challenges us to **learn** from the people with whom we interact, **reserve judgment**, and bridge the cultural divide between our perspectives, in order to facilitate well-being, and promote improved quality of life. Such a perspective **frees the observer from having to possess expert knowledge** in order to maintain knowledge-based power, control and authority over matters about which **diverse populations are far more knowledgeable.** Tervalon, M. and Murray-Garcia, J. (1998). Source: National CW Workforce Institute. Faller, Kathleen L. (Professor) & Ortega, Robert M. (Associate Professor) (2013, July 31). *Leadership Academy for Middle Managers, Cultural Humility and Management in Child Welfare Services.* [Video file]. Retrieved 6/6/2016 from https://vimeo.com/71440920
Slide 28 ☐ Have a trainee volunteer to read the slide. ☐ Discuss the key words: self-reflection, self-critique, life-long learner, power imbalances, mutual respect. ☐ Ask trainees for some brief examples of social worker behaviors that are culturally humble (e.g., acknowledging with families the power imbalances that exist between child welfare workers and youth and families involved with the system; asking family members what they have done in the past that has worked to prevent the current safety issues. ☐ The next activity consists of mini scenarios and questions that trainees will engage with at each of their table groups. Encourage trainees to consider the presentation of potential neglect and physical abuse. How do we bridge that gap between our own view of right and wrong, the views of family members, and what is legally appropriate discipline? How do we balance and value all three perspectives?	**Cultural Humility** *(cont'd)* Cultural Humility promotes….. • Continuous engagement in self-reflection and self-critique as life-long learners and reflective practitioners. • Checking the power imbalances that exist in the professional-client relationship. • Mutual respect, partnership, and advocacy with communities on behalf of the clients served and in which clients are embedded. Source: National CW Workforce Institute. Faller, Kathleen L. (Professor) & Ortega, Robert M. (Associate Professor) (2013, July 31). *Leadership Academy for Middle Managers, Cultural Humility and Management in Child Welfare Services.* [Video file]. Retrieved 6/6/2016 from https://vimeo.com/71440920

Slide 29
 	
☐ Revisit the A.D.D.R.E.S.S.I.N.G. Difference framework
 	
    • Refer trainees back to each of the key cultural influences listed on the PPT and in the handout **ADDRESSING**.
 	
    • Remind trainees to consider how intersectionality⸺how social identities are interconnected and overlapping and cannot be examined separately⸺is relevant in child welfare.
	Revisit A.D.D.R.E.S.S.I.N.G. Difference…
	
	• Age and generational differences
	• Developmental disabilities
	• Disabilities (seen and unseen)
	• Religion and spiritual orientation
	• Ethnic and racial identity
	• Socioeconomic status
	• Sexual/affectional Orientation
	• Indigenous heritage (within my ethnicity)
	• National origin
	• Gender
	
	Hays, P.A. (2013). Connecting Across Cultures: The Helper's Toolkit. Thousand Oaks, CA: SAGE, pp. 15-16. Original version published in Hays, P.A. (2008). Addressing cultural complexities in practice: Assessment, diagnosis, and therapy. Washington DC: APA

Slide 30: Mini Scenarios (5A, 5B, 5C, and 5D) – ACTIVITY PARTS A & B ☐ Trainer facilitates Part A of the following activity after distributing Supplemental Handout Scenarios (copies of Scenario A at first table pod, copies of Scenario B at second table pod, copies of Scenario C at third table pod, and copies of Scenario D at fourth table pod, etc.): • Ask trainees to individually read one (of four) Mini Case Scenarios; then, together with their table group members, answer questions 1-5 in Parts A and B of the document, just after each scenario. ☐ Debrief with the larger group by asking for volunteers who wish to share about their group's discussion. Focus on emphasizing the main learning points to limit the total discussion time. It may be advisable for volunteers to read their scenarios out loud, so that the larger group can understand the specific circumstances of the families that are depicted.	**Mini-Scenarios at Your Table Groups** • Individually, read the scenario given to your table group (A, B, C or D). • As a table group, answer the questions. • Debrief with larger group.
SCENARIOS: ☐ *5A: According to the referral document, Lizbeth is a 24-year-old Hispanic single mother of three children, ages 9, 3, and 13 months. Lizbeth is a former foster youth and identifies as Catholic. She presented for a CalWORKS appointment smelling heavily of alcohol. This is her second referral for general neglect. The last referral was closed as inconclusive three weeks ago, when it was reported that the father of the 3-year-old stopped by and Lizbeth was passed out on the couch having taken more than her prescribed dosage of Oxycontin. Upon investigation for the second referral, it appears the 9-year-old was left to care for his 3-year-old and 13-month-old siblings. The 9-year-old confirmed that his mother "gets drunk" at night and then doesn't get up in time to help him get to school and to take his 3-year-old brother and 13-month-old sister to day care. As a result, the 9-year-old misses school and spends his day 'watching' his siblings because his mother sleeps until noon time and then leaves to go to work at one job and then the second job.* ☐ *5B: According to the referral document, Chris is a 24-year-old single White father of three children, ages 9, 3, and 13 months. Chris is a former foster youth and lives in a rural area of the county known for high poverty rates. He presented for a CalWORKS appointment smelling heavily of alcohol. This is his second referral for general neglect. The last referral was closed as inconclusive three weeks ago, when it was reported that the mother of the 3-year-old stopped by and Chris was passed out on the couch having taken more than his prescribed dosage of Oxycontin. Upon investigation for the second referral, it*	

appears the 9-year-old was left to care for his 3-year-old and 13 month old sib-lings. The 9-year-old confirmed that his father "gets drunk" at night and then doesn't get up in time to help him get to school and to take his 3-year-old brother and 13-month-old sister to day care. As a result, the 9-year-old misses school and spends his day 'watching' his siblings because his father sleeps until noon time and then leaves to go to work at one job and then the second job.

☐ *5C: According to the referral document, Ashara is a 35 year old African American mother of three children, 13 months, 9 years old, and 16 years old. Ashara, her husband, and their children are a middle class Muslim family that live in a subur-ban area of their county. Both Ashara and her husband work full-time. This is the first referral for any of these children. County child welfare received a refer-ral from the 9-year-old child's elementary school. The referral indicated the 9-year-old child had multiple bruises on his arms and legs of varying colors, and that the child appeared to be unable to explain the origins of the bruises.*

☐ *5D: According to the referral document, Jimmy is a 45-year-old Chinese American father of three children, 13 months, 9 years old and 16 years old. Jimmy and his Vietnamese American partner are an upper middle class gay couple that live in an urban area of their county. They adopted all of their children from their county's Child Welfare Services agency, and Jimmy has taken on the 'stay at home parent' role with the children while his partner works full time. This is the first referral for any of these children after being adopted by Jimmy and his part-ner. County child welfare received a referral from the 9-year-old child's elemen-tary school. The referral indicated the 9-year-old child had multiple bruises on his arms and legs of varying colors, and that the child appeared unable to ex-plain the origins of the bruises.*

☐ **TRAINER DEBRIEF:** Trainer debrief Scenarios A & B: After about 7-10 minutes (depending on the speed with which the table groups finish answering all of the questions), bring the small group trainees' attention back to the larger group for the debrief. (These are the questions that trainees are supposed to answer at their table pods, and for which the trainer will debrief with the larger group):

"PART A: QUESTIONS TO ANSWER AT YOUR TABLE GROUP:
1. *Potential feelings:* What is the range of feelings we as child welfare workers might have when working with this family? What might be some of the rea-sons behind these feelings?
   (Sometimes biases go against the very grain of our values, yet they can still in-fluence our decisions.)
2. *Potential assumptions:* What are some assumptions child welfare workers could make about this parent – in terms of age? religion? ethnic and racial identity? Socioeconomic status? Sexual orientation? Gender identity? Other life experiences? What could be the impact to the children in this scenario when our assumptions go unexamined?
3. What are some steps we as workers could take to address our feelings and as-sumptions, whether positive or negative? How might Minimum Sufficient Level of Care and the ADDRESSING framework help us thoroughly understand safety within this family's cultural context?

4. How will CWS intervene? Are the children safe, safe with a plan, or need to be removed? For what reasons? How might our assumptions shape the decisions we make, individually and as an agency, about intervention with this family?

PART B: QUESTIONS TO DEVELOP AT YOUR TABLE GROUP:
5. For each of the following, develop at least 1 question that you could ask the family:
   - Cultural perspectives with which family members identify
   - Child-rearing practices considered 'normal' in their family and culture(s)
   - Family's thoughts on what is working well
   - Family's worries
   - Barriers the family has faced or is currently facing
   - Family's thoughts about what could create safety for the children and who they think could help
   - Referrals – including culturally relevant ones – that could best serve family's needs"

☐ **Trainer Debrief Note:** Scenarios A and B are basically the same set of facts, just as Scenarios C and D are basically the same set of facts, with the exception of the parents' cultural, ethnic, or racial background and gender identity. Notice if the trainees provide very different answers for Scenario A vs. B, and observe out loud that these scenarios are nearly identical with the exception of the parents' ethnic or racial background and gender:

(Note to trainer: Lift up potential assumptions that could be made about each of the parents in the four scenarios, and to notice how the assumptions are similar - and different - and then connect that to the over representation of certain populations in CW and the underrepresentation of other populations in CWS.)

Use the following training points to supplement trainees' answers to Scenarios A and B.

☐ **TRAINING POINTS FOR SCENARIOS A & B:** Engage in a discussion, ask questions of trainees to encourage the following reflections with trainees:

- **What is the range of feelings we as child welfare workers might have when working with this family? What might be some of the reasons behind these feelings? (Sometimes biases go against the very grain of our values, yet they can still influence our decisions.)** *Training points*: CWWs could feel badly for the parent being a former foster youth and give her lots of chances, beyond what is actually safe for the younger children. CWWs could react by saying this is too dangerous and act to remove the children from the household without having done a thorough assessment that involved extended family and community members. CWWs might have had their own experiences with family members struggling with chronic pain and/or substance use disorders – which could inform their work with this family both positively and negatively. Etc.

- **What are some assumptions child welfare workers could make about this parent – in terms of Age? Religion? Ethnic and racial identity? Socio-economic status? Sexual/affectional orientation? Gender identity? Other life experiences?** *Training points*: CWWs could assume that the parent is too young (or for later scenarios, too old). CWWs could be very supportive (or not) of family's religion, cultural connections, parents' sexual orientation, etc. Also family SES can play a factor in how CWS intervenes.

- **What are some steps we as workers could take to address our feelings and assumptions, whether positive or negative? How might MSLC and the ADDRESSING framework help us thoroughly understand safety within this family's cultural context***? Training Points*: Engage in self-reflective practice - Check in with peers, with supervisor, see a therapist, read up on countertransference literature. Reflect on our own upbringing and how that could impact how we feel when working with particular children and families. Assess, assess, assess! Gather information not only from the children and parents, but also from collateral sources such as education providers, medical providers, and community contacts (such as church personnel, etc.) - learn about and pay attention to culturally significant child-rearing practices. Check in with peers and supervisors.

- **How will CWS intervene? Are the children safe, safe with a plan, or need to be removed? For what reasons? How might our assumptions shape the decisions we make, individually and as an agency, about intervention with this family?** *Training Points:* Some trainees might feel that it is too worrisome to leave the children in the home, especially with substance use issues. Some trainees may elect to state that the children are safe with a plan. Some agencies have common practices about when to intervene and workers may need to advocate for an equitable decision. Lift up the connection between CWS intervention and SDM Safety Assessment.

- **What kinds of questions could you ask the family to identify: (Ask trainees to share their questions.)**
  - Cultural perspectives with which family members identify?
  - Child-rearing practices considered 'normal' in their family and culture(s)
  - Family thoughts on what is working well
  - Family's worries
  - Barriers the family has faced or is currently facing
  - Family's thoughts about what could create safety for the children and who they think could help
  - Referrals – including culturally relevant ones – that could best serve family's needs?

- ☐ **TRAINING POINTS FOR SCENARIOS C & D:** After debriefing scenarios A & B, then debrief scenarios C and D. TRAINING POINTS FOR DEBRIEFING SCENARIOS C and D. Note: Scenarios C and D are basically the same set of facts, with the exception of the parents' ethnic or racial background, sexual orientation, and religion. Notice if the trainees provide very different answers for Scenario C vs. D, and observe out loud that these scenarios are nearly identical with the

exception of the parents' ethnic or racial background, sexual orientation and religion. *(Note to trainer: Lift up assumptions that could be made about each of the parents in the four scenarios, and to notice how the assumptions are similar - and different - and then connect that to the over representation of certain populations in CW and the underrepresentation of other populations in CWS.)* Use the following training points to supplement trainees' answers to Scenarios C and D:

- **What is the range of feelings we as child welfare workers might have when working with this family? What might be some of the reasons behind these feelings? (Sometimes biases go against the very grain of our values, yet they can still influence our decisions.)** *Training points*: CWWs could react by saying this is too dangerous and act to remove the children from the household without having done a thorough assessment that involved interviewing the 9 year old, the 16 year old, extended family, and community members. CWWs might have had their own experiences with having been beaten and left with bruises – or having a medical condition susceptible to bruising - which could inform their work with this family both positively and negatively. Or feelings about people supporting religious practices different from one's own.

- **What are some assumptions child welfare workers could make about this parent – in terms of Age? Religion? Ethnic and racial identity? Socioeconomic status? Sexual/affectional orientation? Gender identity? Other life experiences?** *Training points*: CWWs could assume that the parent is too young (or for later scenarios, too old). CWWs could be very supportive (or not) of family's religion, cultural connections, parents' sexual orientation, etc. Also family SES can play a factor in how CWS intervenes.

- **What are some steps we as workers could take to address our feelings and assumptions, whether positive or negative? How might MSLC and the ADDRESSING framework help us thoroughly understand safety within this family's cultural context***? Training Points*: Engage in self-reflective practice - Check in with peers, with supervisor, see a therapist, read up on countertransference literature. Reflect on our own upbringing and how that could impact how we feel when working with particular children and families. Assess, assess, assess! Gather information not only from the children and parents, but also from collateral sources such as education providers, medical providers, and community contacts (such as church personnel, etc.) - learn about and pay attention to culturally significant child-rearing practices.

    - *ALSO: CONSIDER THAT THE BRUISING COULD BE THE RESULT OF A MEDICAL DIAGNOSIS (E.G., SICKLE CELL ANEMIA FOR THE AFRICAN AMERICAN CHILD), A MEDICAL INTERVENTION (E.G., CUPPING PRACTICES OBSERVED IN ASIAN AMERICAN FAMILY), OR COULD IN FACT BE INDICATORS OF ABUSE. THOROUGH ASSESSMENT IS REQUIRED. (FYI: Sickle cell anemia is not an uncommon diagnosis in African-Americans that can contribute to the higher likelihood of bruising. Questions should be asked of both C and D

families re: is there a medical diagnosis or medical intervention that could account for the bruising (e.g., the practice of cupping as a medical intervention)? Also Scenario D is of an Asian American family – and this population is underrepresented in CWS. Might be useful to explore assumptions about parenting strategies with regard to these parents.)

- **How will CWS intervene? Are the children safe, safe with a plan, or need to be removed? For what reasons? How might our assumptions shape the decisions we make, individually and as an agency, about intervention with this family?** *Training Points:* Some trainees might feel that it is too worrisome to leave the children in the home, especially with substance use issues. Some trainees may elect to state that the children are safe with a plan. Some agencies have common practices about when to intervene and workers may need to advocate for an equitable decision. Lift up the connection between CWS intervention and SDM Safety Assessment.

- **What kinds of questions could you ask the family to identify: (Ask trainees to share their questions.)**
  - Cultural perspectives with which family members identify?
  - Child-rearing practices considered 'normal' in their family and culture(s)
  - Family thoughts on what is working well
  - Family's worries
  - Barriers the family has faced or is currently facing
  - Family's thoughts about what could create safety for the children and who they think could help
  - Referrals – including culturally relevant ones – that could best serve family's needs?

Transition to the next segment: optional activity - Practice Scenario

Segment 6: Practice Scenario (Optional)

Segment Time:	15 minutes
Trainee Content:	Case Scenario Trainee Guide (Pages 17-18)
Materials:	n/a
Slides:	31

Description of Activity:

Note: This activity is optional and should be implemented if time permits. The trainees will work together in small groups to practice conducting a culturally sensitive initial conversation with a family.

Before the activity

☐ Direct trainees to read the case scenario in the Trainee Guide.

During the activity

Slide 31

☐ Trainer provides the following instructions:

- Discuss with your table mates LIZBETH'S Story:

  1. What "identities" require further exploration in order to gain a greater understanding of the cultural perspective and value systems of Lizbeth and other family members (i.e. ,ADDRESSING model)? Discuss and list.

  2. Individually speaking, if you were the assigned social worker what biases, gaps in knowledge and experience might you be bringing to this conversation with Lizbeth and/or other family members. Discuss and list.

  3. Craft three to four questions you might pose to Lizbeth or any member of the household that will enable you to more accurately assess that family member's cultural perspective with the goal of co-creating interventions that are congruent with the family member's values and beliefs.

  4. Behavior rehearsal: In pairs, decide who will be the social worker and who will be Lizbeth, the child, or other family member. You are meeting for the second time, so you want to ask the follow-up questions you just developed.

☐ DEBRIEF in large group trainees' answers. Ask:
- What worked well?
- What could have been different?

☐ TRAINING POINT: Let trainees know the reason we are moving from macro to micro in this training: We are getting to these practice pieces because this is how we

Let's Practice… "Lizbeth" (Optional)

- *Read the scenario.*
- *Discuss and list your responses at your tables.*
- *Create three to four different questions.*

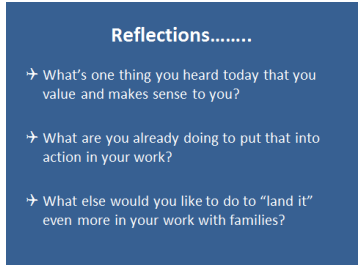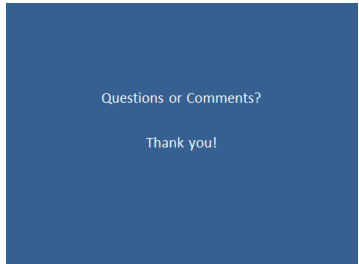| are trying to shift practice in our case work and work with our families. You are part of this.	

Segment 7: Wrap up/Reflections

Segment Time:	10 minutes
Trainee Content:	Transfer for Learning, Page 8 of Trainee Handout.
Materials:	n/a
Slides:	32-33

Description of Activity:

The trainer will facilitate a reflection activity and transfer of learning.

During the activity

Slide 32 ☐ Review the questions on the slide. ☐ Have trainees share their responses in large group. ☐ Have trainees complete the Transfer of Learning Handout in the Trainee Guide.	**Reflections……..** ✦ What's one thing you heard today that you value and makes sense to you? ✦ What are you already doing to put that into action in your work? ✦ What else would you like to do to "land it" even more in your work with families?
Slide 33 ☐ Ask if trainees have any last questions, comments or reflections. ☐ Wrap-up. Distribute trainee surveys and thank the trainees for a job well done. ☐ Distribute trainee satisfaction surveys	Questions or Comments? Thank you!

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Materials Check List

- ☐ Pad of chart paper (post-it brand preferred)

- ☐ Colored markers

- ☐ A full box of regular size Band-Aids

- ☐ Stethoscope (optional)

- ☐ Doctor's coat (optional)

- ☐ Blank paper

- ☐ Empty Trash Can

- ☐ Tape

- ☐ Video: *A Brief History of White Privilege, Racism, and Oppression in America: Legalize Democracy Excerpt*
https://www.youtube.com/watch?v=YFjKQVZLk1g

- ☐ Segment 5: Scenarios handout

- ☐ Supplemental Handout: Race Matters in Advancing Child Welfare, January 2013