

Motivational Interviewing

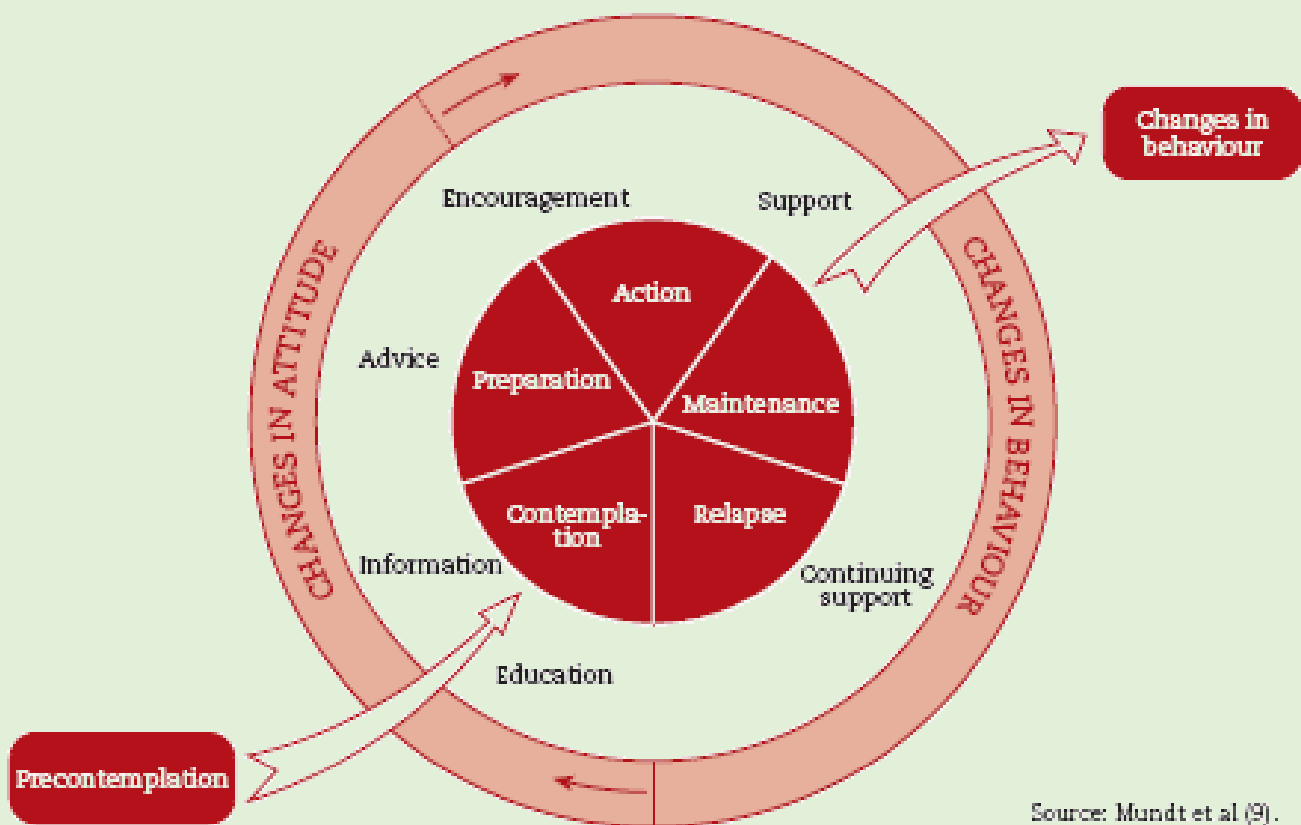


YOU HAVE **WITHIN YOU**
MORE RESOURCES OF ENERGY
THAN HAVE EVER BEEN TAPPED
MORE TALENT THAN HAS EVER
BEEN EXPLOITED
MORE STRENGTH THAN HAS
EVER BEEN TESTED
AND MORE TO GIVE THAN
YOU HAVE EVER GIVEN

John Gardner

Definition of Motivational Interviewing (MI):

- MI is a collaborative conversation style to strengthen a person's own motivation and commitment to change
- The overall style of MI is one of guiding style that is the middle of the continuum of styles:
- Directing \leftrightarrow Guiding \leftrightarrow Following
- A skillful guide is a good listener and offers expertise where needed. MI lives in this middle ground of styles between directing and following, often incorporating elements of both without doing too much of either



Source: Mundt et al (3).

MOTIVATIONAL INTERVIEWING

R

RESIST telling them what to do:
Avoid telling, directing, or convincing your friend about the right path to good health.

U

UNDERSTAND their motivation:
Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors.

L

LISTEN with empathy:
Seek to understand their values, needs, abilities, motivations and potential barriers to changing behaviors.

E

EMPOWER them:
Work with your friends to set achievable goals and to identify techniques to overcome barriers.

Table 1: OARS Components and Examples

Open Questions (Open-Ended Questions): A question that invites a person to think a bit before responding.	<ol style="list-style-type: none"> 1. "How do you hope your life might be different 5 years from now?" 2. "Where did that happen?"
Affirming: To recognize and acknowledge that which is good; to support and encourage.	<ol style="list-style-type: none"> 1. "Look at this; you did a good job of keeping records this week." 2. "I noticed your great effort this week."
Reflective Listening: Designed to clarify your understanding and convey this understanding.	<ol style="list-style-type: none"> 1. "It sounds like you've lost a lot." 2. "It sounds like it doesn't seem right to you."
Summarizing: Reflections that pull together several things that a person has told you.	<ol style="list-style-type: none"> 1. "So one thing you hope will be different a year from now is that you will have a good job." 2. "So here is what you've told me so far...."

The Four Strategies of Motivational Interviewing are Called the OARS:

- Open ended questions
- Affirmation
- Reflections (Reflective Listening)
- Summaries

Open-ended questions: Encourage a dialogue

Open-ended questions are not easily answered by yes or no; they encourage elaboration. By asking open-ended questions, you can encourage a people to tell their story.

How do you ask open-ended questions?

- Begin the question with "What, Who or How"⁴:
 - "What are your ideas..."
 - "Who has helped you..."
- Probe for more information:
 - Please elaborate
 - Tell me more about...
- Ask general open-ended questions:
 - "How does this make you feel?"
 - "How do you feel about that?"
- Avoid asking "why" (everydayleaners.org)
 - "Why" can sound judgmental or threatening

Affirmations: Give an accurate description of his or her strengths

You can empower a person by helping them recognize their strengths and see themselves more positively.

How do you give "affirmations?"

- You can use affirmative and positive language¹:
 - "I appreciate that you are willing to talk about this."
 - "That's a good idea."
- Emphasizing past successes may help you demonstrate the patient's strengths²
 - "You have struggled, but you have had some real successes."
 - "You are clearly a very resourceful person."
- Reframe behaviors or concerns as evidence of strengths. For example³:
 - "You've had a setback, but you are really trying. Look at the progress you are making."

Reflections: Help the patient listen to themselves

Reflective listening can also help people listen to themselves, provoking thought and consideration of inconsistencies.

How do you listen reflectively?

- Repeat or rephrase
 - By repeating the same words (or similar) people may be able to hear themselves and clarify, or dive deeper into a subject. For example:
 - *Jane:* “I feel like it’s so difficult to avoid eating snacks at work.”
You: “It sounds like it’s difficult for you to avoid snacks at work.”
Jane: “Yes, I think it’s because...”
 - How do you start the reflective-phrase and not sound like a robot?
 - *So, you feel...*
 - *It sounds like you...*
 - *You’re wondering if...*
 - *What I hear you saying is...*
- Paraphrase
 - Make a statement that reflects what the patient is staying. For example:
 - *Jane:* “I know I should exercise, it’s just that I can’t seem to start.”
You: “You are aware of all the reasons you should be exercising, so sounds like it has been hard to find the motivation to start.”
- Reflect the feelings
 - You may be able to tell what a patient is feeling (from verbal or non-verbal cues) and give him or her words for those feelings
 - *Jane:* *Appears despondent*
Your Response: “How have you been feeling? Do you feel like you have lost hope?”
You can express empathy for the patient’s feelings and emotions

- Ask questions to prompt the patient to give themselves affirmations, for example¹:
 - “What have you noticed about yourself in the past few months since you started coming here?”
- But, be realistic and sincere³
 - Your relationship with the patient should be based on mutual respect and trust

Summarize: Looking at the bigger picture

Summarizing storylines can help people get motivated to make a change by helping them see the bigger picture.

A summary may:

- Help you encourage a cue to action or an “Aha moment”
- Give an alternative view of options
- Prepare someone to move on²
- Help someone see both sides of his or her ambivalence for change³

How do you summarize your conversation?

- Pull together the information
- Create the storyline – identify the:
 - Problems/concerns/challenges
 - Potential solutions
 - Patient’s strengths
 - Feelings and emotions expressed
- How do you start the summary?
 - “If we add up the puzzle pieces and put them together...”
 - “The picture that I see is...”
- How do you encourage the patient with a summary?
 - Demonstrate misalignment in thoughts, feelings, and actions – can help see the reasons for ambivalence
 - Don’t include everything you’ve learned in the summary – be strategic and use the information that will encourage the patient

SOLUTION-FOCUSED QUESTIONS

1. Use Open-Ended Questions
 - “Can you tell me who your support people are and how they help you?”
 - “Can you tell me more about how that made you angry?”
2. Allow for Silence: Allow 15 to 20 seconds to allow the individual to respond. Resist the temptation to fill in the silence.
3. Summarize: Periodically relay back to the individual his/her feeling or thoughts.

Types of Questions

Coping Questions

Shift the focus from the problem to how that individual is coping.

“What have you found to be helpful in this situation?”

“You say you’ve been very depressed these past few weeks, how have you managed to get to school?”

Exception Questions

Focus on who, what, when and where the condition that helped the exception to occur.

“Have there been times in the past few weeks that you were able to do your homework?”

“What was different about that day?”

Scaling Questions

In these questions, the individual rates their answer on a scale of 0 to 10.

“On a scale of 0 to 10, with 0 being not serious at all and 10 being most serious, how worried are you about going home right now?”

“What would it take to increase, by just one point, being less worried about going home?”

“On a scale of 0 to 10, with 0 being no chance at all to 10 being for sure, how likely is it that you will be able to say ‘No’ to using drugs?”

Indirect Questions

These questions provide the individual with the opportunity to consider how others feel about their life, actions, etc.

“Has anyone ever told you that they think you are not safe with your boyfriend?”

“How do you think your mother will react when you tell her that you haven’t attended school all week?”

Miracle Question

This question can help develop goals. It gives the individual permission to think about infinite possibilities.

"I want you to think about the future where your current problems no longer exists. What has happened to make things are different and working well in your life?"

Follow-Up Questions

Through follow-up questions, you gain more information.

"Tell me more about that...?"

"What else happened...?"

Quality Case Worker Visits

The Face-to-Face Visit with the Parent

Caseworkers must complete a comprehensive assessment of the parent's needs. What does the parent need to do to provide appropriate care and supervision and to ensure the well-being of their children? This includes:

- Mental and physical health needs that impact parenting capacity
- Needs related to developing parent's relationship with children/youth if established relationship did not exist prior to foster care entry
- Parent's role in the case plan and achievement of permanency goals
- Continuing efforts to locate and identify relatives over time including relatives the parent no longer communicates with.

The Face-to-Face Visit with Caregivers

Information to discuss with the caregiver:

1. Follow-up on areas from last visit
2. Changes in household and relationships within family
3. Social support/respite needs
4. Explanation of court process
5. Child/youth's behaviors and adjustment
6. Child/youth's well-being (health, education, mental health, and development)
7. Concurrent planning and permanency

The Face-to-Face Visit with the Child/Youth

- Discuss with child/youth and caregiver any immediate needs, concerns and victories worth celebrating.
- Review the agenda to inform the purpose of the meeting; make changes or additions and set times for the items
- Review all progress and any challenges since last visit.
- Caseworker reviews the content of visit with the focus on assessing safety, well-being and permanency.

When meeting with the youth alone, questions regarding their safety should be asked. Some examples are:

- What happens when you do not follow the rules or you get into trouble?
- How do adults in the home settle arguments?
- Is there an adult you can talk to if you are worried or scared?

Foster Youth Rights

Foster Youth Rights must be discussed and provided to the children/youth every 6 months in an age-appropriate manner. The review of foster youth rights needs to be done with children as soon as the child can understand them. Provide the child/youth with the PUB 396 and brochure and review the handout and brochure. These conversations with the youth must be documented in CWS/CMS.

Reproductive and Sexual Health

New case plan requirements preventing unintended pregnancy for a youth 10 years of age or older or NMD, the case plan shall be reviewed, updated if needed, annually to indicate:

- That the minor/NMD received the required sexual health education compliant with the CA Healthy Youth Act in school at least once in junior high and once in high school
- If the minor/NMD has not received or will not receive this instruction through school, the case plan shall document how the county ensured the youth or NMD received education through an alternative source that meets the standards of the CA Healthy Youth Act
- That the youth was informed, in an age and developmentally appropriate manner, of their right to consent to sexual and reproductive health services and their confidentiality rights to those services
- That the youth was informed of how to access reproductive and sexual health care service
- That they have access to that care including removing any barriers to care

Note: Law specifies that these new requirements shall not be construed to affect any applicable confidentiality law.

Credit Reports

A credit report must be completed annually for all foster youth 14 and older. The caseworker must discuss the credit report with the youth. If the credit agency reports a record, the caseworker must explain the report to the youth and assist the youth with clearing the report.

Transitional Independent Living Plan (TILP)

The caseworker should review the Transitional Independent Living Plan (TILP) at each visit for youth 14 and up. A new TILP must be developed with the youth every six months.

For all 14 and older youth, the social worker or probation officer must complete a life skills assessment such as the Ansell-Casey Life Skills Assessment, and in collaboration with their caseworker, every 6 months, the youth must complete the Transitional Independent Living Plan and Agreement (TILP). It can be found in CWS/CMS. The TILP provides the “roadmap” for the youth and his/her support system. Reviewing the TILP regularly highlights successes and identifies new and continuing challenges/barriers and a focus for further work on overcoming challenges.

CWS/CMS Documentation

Discuss these areas in the contact narrative:

- Purpose for the visit
- Who is involved in the visit; specify private time and non-private time
- Location of visit and observations
- Reasonable efforts
- Results of safety, threat and risk assessments
- Concurrent or relative placement issues
- Education issues
- Placement issues
- Progress/barriers to case plan goals
- Visitation
- Health and education issues
- Child/youth's perspective on what is working well, worries and requests
- Caregiver's perspective on what is working well, worries, and requests

Well-written contact notes save time during deadlines for preparing court reports and case plan assessments. Writing in complete sentences and avoiding use of abbreviations allows the opportunity to copy and paste these contacts directly into reports or assessments when appropriate. Remember that caseworker contacts are discoverable and can be ordered by the Court to be provided to attorneys.

Never put the following information in contacts:

- Information that identifies child abuse and neglects referral
- Confidential names, addresses or telephone numbers
- Social Security Numbers
- Information protected by HIPAA (e.g., HIV status)
- Substitute care providers' (SCPs') last names, addresses, phone numbers or email addresses.
- If the placement is known to the parents, the care provider's first name may be used.
- If the placement is confidential, only use "SCP."
- Never document any communication whatsoever with the department's attorney (for CWS – do not document conversations with County Counsel).
- Do not document internal staffings or conversations with a supervisor.

Monthly face-to-face case contacts with youth must be entered into CWS/CMS by the last day of the month to be in compliance. If a child/youth is seen on last day of the month, the contact should be entered that day.

FFA social workers are required to provide visit information to the caseworker monthly. These FFA visits must be documented on a new form called the FFA CWS/CMS Contact/Service Delivery Log, otherwise known as the (SOC 160). At minimum, contacts documented on the SOC 160 must include the following key elements: Participants, purpose, type, location, date, and lastly a narrative that captures the details of the visit.

Missing or AWOL Youth

For monthly visitation requirements when the child/youth's whereabouts are unknown, the caseworker must notify the Court. The caseworker must make attempts to locate the child/youth and the caseworker's efforts must be documented in CWS/CMS. Due diligence must be completed in locating the child/youth every 30 days from the initial date of discovery. Attempts to locate the child/youth should be made with family, friends, social media and school.

Protocol for Minor Dependents

When a dependent child/youth under the age of 18 is missing or has run away from placement (or the home of their parent, in a Family Maintenance Case), the responsibilities of the case-carrying SW are as follows:

1. Direct the caregiver to immediately make a Missing Persons Report to the law enforcement agency that has jurisdiction. Under no circumstance should contact with law enforcement be delayed more than 24 hours. Confirm with the law enforcement agency that the information will be entered into the Federal Bureau of Investigation's National Crime Information Center (NCIC).
2. Direct the caregiver to inquire among neighbors, peers, school, etc. Ask the caregiver to immediately report any information about the missing child/youth.
3. Notify the minor's attorney that the youth is AWOL/missing.
4. For CWS, file a request for runaway warrant with the Court as soon as possible, no later than 24 hours from the time CWS learns the child/youth is missing.
5. Contact the caregiver by the next business day and confirm the Missing Persons Report was filed with law enforcement. Obtain the report number and document the information in CWS/CMS Contact Notebook. If the caregiver has not filed the Missing Persons Report, immediately contact law enforcement and file the report.
6. Immediately tell the child/youth's parent or legal guardian that the child/youth has run away and inquire if they know his or her whereabouts. Ask the parent to contact CWS immediately if they get any information about the child/youth's whereabouts.
 - a. If there is a no contact order with the parents or parental rights have been terminated, consult with your supervisor to determine if it is appropriate to contact the parents.
 - b. If the parent's whereabouts are known and the parent has no phone, and the parent lives close, make a home visit as soon as possible, no later than the next business day from the date of learning the child/youth went missing or has run away.
7. Make inquiries with people or systems suitable to the situation, for example:, parents, NREFMs, siblings, former out-of-home caregivers, relatives, friends, attorney, former SW, school, Facebook and other social media
8. Continue to make inquiries with noted parties weekly until the child/youth is found. Follow all leads as new information is received about the location of the child/youth.
9. Document all contacts and efforts made to find the child/youth in CWS/CMS Contact Notebook and in the next court report.
10. If the child/youth is missing from a foster care placement for seven or more days, end placement payment after seven days.
11. Confirm and document in the child's/youth's case record that the child's/youth's whereabouts are unknown once every 30 days from the date of the initial discovery that the child/youth went missing or was abducted.

Protocol for Non-Minor Dependents

If a non-minor dependent leaves placement or is missing, the SW shall:

1. Notify the NMD's attorney.
2. Contact individuals or systems involved in the youth's life to determine if they know where the youth is. Ask that contact be made with CWS immediately if any information about the youth's whereabouts is obtained.
3. Check the youth's Facebook and other social media accounts to see if there are leads on the youth's whereabouts.
4. Continue to make efforts to contact the youth and make inquiries with noted parties weekly until the youth is found. Follow all leads as new information is received about the location of the youth.
5. Continue efforts to find the NMD until the court is told the youth's whereabouts are unknown and the court terminates jurisdiction.

NOTE: If a non-minor dependent (NMD) leaves placement or is missing and the circumstances of their disappearance are concerning, the SW is to file a Missing Persons Report within 24 hours to the law enforcement agency that has jurisdiction, get the report number and document the information in the Contact Notebook, in addition to completing the above steps to try to locate the youth

Protocol for Commercially Sexually Exploited Children (CSEC) or at Risk Missing/Runaways

Senate Bill 794 amends PC 11166(j)(3) to state: "When a child/youth is receiving child welfare services and who is reasonably believed to be the victim of commercial sexual exploitation, as defined in Section 11165.1, is missing or has been abducted, the county probation or welfare department shall immediately, or in no case later than 24 hours from receipt of the information, report the incident to law enforcement for entry into the National Crime Information Center database or the FBI and to the National Center for Missing and Exploited Children (NCMEC)." This includes all placement youth! Monthly due diligence (Division 31-320) for all missing youth is a mandate. The caseworker should document their efforts!

Upon receipt of information that any child/youth under the age of 18 in an open Child Welfare/Probation case is reasonably believed to be a victim, or is at risk of becoming a victim, of Commercial Sexual Exploitation (CSE), AND is missing or abducted, the caseworker shall:

1. Attempt to locate the child/youth and document those attempts in the case record. The social worker must confirm and document in the child's/youth's case record that the child's/youth's whereabouts are unknown once every 30 days from the date of the initial discovery that the child/youth went missing or was abducted.
2. Report the missing/abducted child/youth immediately (no later than within 24 hours) to law enforcement. Confirm with the law enforcement agency that the information will be entered into the Federal Bureau of Investigation's National Crime Information Center (NCIC) database. Document in the child's/youth's case record which law enforcement agency was contacted, the corresponding missing person report number and whether information will be entered into the NCIC database.

Note: No law enforcement agency can establish or maintain any policy that requires the observance of any waiting period before accepting a missing child/youth or unidentified person report.

3. Report the missing/abducted child/youth immediately or within 24 hours to the National Center for Missing and Exploited Children (NCMEC).

a. Social workers shall make this report either via the web-based reporting system, which can be found at <https://cmfc.missingkids.org/reportit>, or by calling the call center at 1-800-843-5678.

b. When making a report to NCMEC, it is important to have the following information readily available to expedite the reporting process:

- Child/youth's full name
- Child/youth's date of birth and their physical description.
- Date and location the child/youth went missing (to the best of your knowledge)
- Name and contact of the investigating law enforcement agency
- Law enforcement report/case number
- Guardian information (for dependent children/youth and NMDs, this will be the child welfare or probation for all other children/youth, this will most likely be the parent/guardian).

Ensure the reporting person is authorized to release photographs and all appropriate information relevant to locating the missing child/youth. If the person making the report to NCMEC does not have authorization to release photographs and information, it is important that the reporting caseworker provide NCMEC with contact information for the person who is authorized to release photographs and information

Continuous Quality Improvement (CQI)

CWS are responsible for ensuring that children are safe and their needs are met. There should be a continuing effort to do right by families. After each visit, caseworkers should ask these questions:

What worked well during this visit and how can I apply these lesson to other visits?

What challenges did I experience during the visit and how might I address these challenges more effectively?

What did I learn during the visits that needs to be addressed or followed up on?

INFORMATION SHARING BY 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.
- 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.

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 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 family. The child welfare agency should be explicit about the type of information to be shared, the persons with whom the 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 refer to All County Information Notice No: I-05-14

