CA Title IV-E Education Program
Curriculum Competencies
For Public Child Welfare

2023

Competency 1: Demonstrate Ethical and Professional Behavior 2
Competency 2: Advance Human Rights and Social, Racial, Economic, and Environmental Justice 5
Competency 3: Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice 7
Competency 4: Engage in Practice-Informed Research and Research-Informed Practice 9
Competency 5: Engage in Policy Practice 11
Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities 13
Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities 17
Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities 22
Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities 27
Appendix 29

Structure of 2023 Curriculum Competencies for Public Child Welfare

Each of the nine Curriculum Competencies for Public Child Welfare are structured as follows:

CSWE EPAS Knowledge, Values, Skills, and Cognitive and Affective Processes for Generalist Practice
CSWE EPAS Behaviors for Generalist Practice
Each of the nine competencies utilizes the Knowledge, Values, Skills, and Cognitive and Affective Processes for Generalist Practice and Behaviors for Generalist Practice from the CSWE EPAS as foundational. These have been transferred verbatim.

Behaviors for Specialized Practice: Public Child Welfare
This section outlines behaviors that Title IV-E students should be able to demonstrate as a result of their successful participation in the social work program.

Related California Child Welfare Core Practice Model (CPM) Practice Behaviors
Related Integrated Core Practice Model (ICPM) Practices and Behaviors
Practice behaviors from the CPM and the ICPM related to each of the nine competencies are included to augment the understanding of and prepare graduates for currently applied child welfare practice. These have been transferred verbatim.

Competency 1: Demonstrate Ethical and Professional Behavior

CSWE EPAS Knowledge, Values, Skills, and Cognitive and Affective Processes for Generalist Practice

Social workers understand the value base of the profession and its ethical standards, as well as relevant policies, laws, and regulations that may affect practice with individuals, families, groups, organizations, and communities. Social workers understand that ethics are informed by principles of human rights and apply them toward realizing social, racial, economic, and environmental justice in their practice. Social workers understand frameworks of ethical decision making and apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers recognize and manage personal values and the distinction between personal and professional values. Social workers understand how their evolving worldview, personal experiences, and affective reactions influence their professional judgment and behavior. Social workers take measures to care for themselves professionally and personally, understanding that self-care is paramount for competent and ethical social work practice. Social workers use rights-based, antiracist, and anti-oppressive lenses to understand and critique the profession's history, mission, roles, and responsibilities and recognize historical and current contexts of oppression in shaping institutions and social work. Social workers understand the role of other professionals when engaged in interprofessional practice. Social workers recognize the importance of lifelong learning and are committed to continually updating their skills to ensure relevant and effective practice. Social workers understand digital technology and the ethical use of technology in social work practice.

CSWE EPAS Behaviors for Generalist Practice

Social workers:

a. make ethical decisions by applying the standards of the National Association of Social Workers Code of Ethics, relevant laws and regulations, models for ethical decision making, ethical conduct of research, and additional codes of ethics within the profession as appropriate to the context;
b. demonstrate professional behavior; appearance; and oral, written, and electronic communication;
c. use technology ethically and appropriately to facilitate practice outcomes; and
d. use supervision and consultation to guide professional judgment and behavior.

Behaviors for Specialized Practice: Public Child Welfare

Social workers:

1. Guided by ethical reasoning and self-reflection, demonstrate adherence to child welfare-related laws, policies, and procedures. (See related Competency 5.)
2. Engage in active dialogue with field faculty/instructors regarding child welfare field placement agency policies and culture around behavior, appearance, communication, and the use of supervision.
3. Develop and sustain respectful and effective collaborative relationships with colleagues and community stakeholders, including those with lived experience within the child welfare system.
4. Effectively manage professional boundary issues and other challenges arising in the course of child welfare work, particularly ambiguities presented by home visits, support at visitation centers, transportation of children, youth, and families, and other highly involved and potentially emotionally triggering situations.

5. Develop and sustain relationships with interdisciplinary team members, including social workers, placement settings, primary care doctors, psychiatrists, behavioral health specialists, substance abuse treatment staff, Tribes, Tribal agencies, Tribal Courts, state court systems, and others, that reflect clear understanding of their roles in public child welfare settings.
6. Demonstrate both knowledge of the history and evolution of child welfare practice in the United States and California, and a commitment to lifelong learning around this practice.
7. Follow all ethical guidelines and legal mandates in the use of technology in order to maintain the confidentiality of all personal, child welfare-related, and health-related information.

Related California Child Welfare Core Practice Model Practice Behaviors

I. Foundational Behaviors
   2. Be accountable.
      a. Model accountability and trust by doing what you say you're going to do, be responsive (including returning calls, texts, and emails within 24 business hours), be on time (including submitting reports on time and being on time for appointments), and follow ICWA and other federal and state laws.
      b. Be aware of and take responsibility for your own biases, missteps, and mistakes.

IV. Teaming Behaviors
   8. Work with the family to build a supportive team.
      a. With the family's permission, contact family, cultural, community, and Tribal connections, and ask them to serve as team members as early as possible.
      d. Facilitate early and frequent sharing of information and coordination among parents, caregivers and agency partners.
      e. Facilitate development of a mutually supportive relationship between the parents and caregivers.
   13. Facilitate the team process and engage the team in planning and decision-making with and in support of the child, youth, young adult, and family.
      d. Make sure team members have the information they need.
      e. Facilitate critical thinking, discussion, mutual exploration of issues, and consensus building toward the goal of shared decision-making.
      f. Help the team recognize that differences will occur and assist them to work through conflicts.
      g. Develop a shared understanding about safety, permanency, and well-being issues to be addressed with the team.
      h. Ensure that all team members understand that legal, regulatory, and policy constraints may limit shared decision-making options available to address the family members' needs, including placement options, reunification, and service options.
      i. Build connections to identified services and supports by designating a team member to follow-up with that referral.
   14. Work with the team to address the evolving needs of the child, youth, young adult, and family.
      d. Explore with team members what roles they can play over time to strengthen child safety and support the family.
      e. Help the team adapt to changing team member roles.
   15. Work collaboratively with community partners to create better ways for children, youth, young adults, and families to access services.

V. Service Planning and Delivery Behaviors
   8. Work with the family and their team to build a plan that will focus on changing behaviors that led to the circumstances that brought the family to the attention of the child welfare agency and assist the child, youth, young adult, and family with safety, trauma, healing, and permanency.
      a. Encourage and support the participation of children, youth, young adults, family, Tribe, and team in identifying culturally sensitive services, supports, visitation activities, and traditions that address family members' unique underlying needs even if this means accepting practices that may be unfamiliar to the social worker.

Related Integrated Core Practice Model Practices and Behaviors

Foundational Behaviors - Enhanced

Teaming Behaviors - Enhanced

Service Planning and Delivery Behaviors - Enhanced

Competency 2: Advance Human Rights and Social, Racial, Economic, and Environmental Justice

CSWE EPAS Knowledge, Values, Skills, and Cognitive and Affective Processes for Generalist Practice

Social workers understand that every person regardless of position in society has fundamental human rights. Social workers are knowledgeable about the global intersecting and ongoing injustices throughout history that result in oppression and racism, including social work's role and response. Social workers critically evaluate the distribution of power and privilege in society in order to promote social, racial, economic, and environmental justice by reducing inequities and ensuring dignity and respect for all. Social workers advocate for and engage in strategies to eliminate oppressive structural barriers to ensure that social resources, rights, and responsibilities are distributed equitably and that civil, political, economic, social, and cultural human rights are protected.

CSWE EPAS Behaviors for Generalist Practice

Social workers:

a. advocate for human rights at the individual, family, group, organizational, and community system levels; and

b. engage in practices that advance human rights to promote social, racial, economic, and environmental justice.

Behaviors for Specialized Practice: Public Child Welfare

Social workers:

1. Clearly articulate the systematic effects of discrimination, oppression, and stigma on the quality and delivery of child welfare services, and identify and advocate for policy changes needed to address these issues.
2. Advocate for a social justice practice framework in public child welfare, and support self-advocacy for children, youth, young adults, and families receiving child welfare services.
3. Demonstrate the ability to work effectively in interdisciplinary collaborations to develop and provide interventions that confront stigma and discrimination, and provide integrated care to meet the specific needs of diverse children and families involved in the child welfare system.
4. Integrate into all aspects of policy and practice sensitivity to the reality that fundamental rights, including freedom and privacy, may be compromised for children, youth, and families who are receiving services within the child welfare system.

Related California Child Welfare Core Practice Model Practice Behaviors

II. Engagement Behaviors
    4. Demonstrate an interest in connecting with the child, youth, young adult, and family, and help them identify and meet their goals.
        g. Honor the role of important cultural, community, and Tribal leaders the child, youth, young adult, and family have identified.
    9. Support and facilitate the family's capacity to advocate for themselves.
        e. Promote self-advocacy by providing opportunities for children, youth, young adults, and families to actively share perspectives and goals.

f. Incorporate the family's strengths, resources, cultural perspectives, and solutions in all casework.

IV. Teaming Behaviors

12. Facilitate the team process and engage the team in planning and decision-making with and in support of the child, youth, young adult, and family.
    d. Ensure that all team members understand that legal, regulatory, and policy constraints may limit shared decision-making options available to address the family members' needs, including placement options, reunification, and service options.

V. Service Planning and Delivery Behaviors

12. Work with the family and their team to build a plan that will focus on changing behaviors that led to the circumstances that brought the family to the attention of the child welfare agency and assist the child, youth, young adult, and family with safety, trauma, healing, and permanency.
    d. Encourage and support the participation of children, youth, young adults, family, Tribe, and team in identifying culturally sensitive services, supports, visitation activities, and traditions that address family members' unique underlying needs even if this means accepting practices that may be unfamiliar to the social worker.

Related Integrated Core Practice Model Practices and Behaviors

Engagement Behaviors - Enhanced

Teaming Behaviors - Enhanced

Service Planning and Delivery Behaviors - Enhanced

Competency 3: Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice

CSWE EPAS Knowledge, Values, Skills, and Cognitive and Affective Processes for Generalist Practice

Social workers understand how racism and oppression shape human experiences and how these two constructs influence practice at the individual, family, group, organizational, and community levels and in policy and research. Social workers understand the pervasive impact of White supremacy and privilege and use their knowledge, awareness, and skills to engage in anti-racist practice. Social workers understand how diversity and intersectionality shape human experiences and identity development and affect equity and inclusion. The dimensions of diversity are understood as the intersectionality of factors including but not limited to age, caste, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, generational status, immigration status, legal status, marital status, political ideology, race, nationality, religion and spirituality, sex, sexual orientation, and Tribal sovereign status. Social workers understand that this intersectionality means that a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege and power. Social workers understand the societal and historical roots of social and racial injustices and the forms and mechanisms of oppression and discrimination. Social workers understand cultural humility and recognize the extent to which a culture's structures and values, including social, economic, political, racial, technological, and cultural exclusions, may create privilege and power resulting in systemic oppression.

CSWE EPAS Behaviors for Generalist Practice

Social workers:

a. demonstrate anti-racist and anti-oppressive social work practice at the individual, family, group, organizational, community, research, and policy levels; and

b. demonstrate cultural humility by applying critical reflection, self-awareness, and self-regulation to manage the influence of bias, power, privilege, and values in working with clients and constituencies, acknowledging them as experts of their own lived experiences.

Behaviors for Specialized Practice: Public Child Welfare

Social workers:

1. Engage in critical analysis of the interpersonal, community, and social structural causes and effects of disproportionality, disparities, and inequities in public child welfare.
2. Evidence respectful awareness and understanding of the challenges of being a member of a marginalized class within the context of child development and child welfare settings.
3. Demonstrate knowledge of diverse cultural norms and traditional methods of raising children, and an applied understanding of how these realities affect work with families from diverse backgrounds.
4. Develop and use practice methods that acknowledge, respect, and address how individual and cultural values, norms, and differences impact the various systems with which children, youth, and families interact, including, but not limited to, family systems, community systems, public child welfare systems, school/educational systems, Tribes, Tribal agencies, and Tribal Courts, juvenile justice, criminal justice, and court systems, integrated behavioral health care systems, and medical systems.
5. Adhere to relevant laws, policies, procedures, and government-to-government relationships with Tribes when serving American Indian/Alaska Native children and families.

Related California Child Welfare Core Practice Model Practice Behaviors

I. Foundational Behaviors
   1. Be open, honest, clear, and respectful in your communication.
      b. Ask people how they prefer to be addressed, and address individuals by the name or title and pronouns they request in person and in writing.
      c. Show deference to Tribal leadership and their titles in written and verbal communication.
      d. Be transparent about the role of the court and the child welfare agency.
   2. Be accountable.
      e. Model accountability and trust by doing what you say you're going to do, be responsive (including returning calls, texts, and emails within 24 business hours), be on time (including submitting reports on time and being on time for appointments), and follow ICWA and other federal and state laws.
      f. Be aware of and take responsibility for your own biases, missteps, and mistakes.

II. Engagement Behaviors
   4. Demonstrate an interest in connecting with the child, youth, young adult, and family, and help them identify and meet their goals.
      e. Show your interest in learning about the family and their culture, community, and Tribes.
      g. Honor the role of important cultural, community, and tribal leaders the child, youth, young adult, and family have identified
   6. Support and facilitate the family's capacity to advocate for themselves.
      c. Incorporate the family's strengths, resources, cultural perspectives, and solutions in all casework.

IV. Teaming Behaviors
   12. Work with the family to build a supportive team.
      d. Explore with the family how culture might affect the development of the team and the teaming process.

V. Service Planning and Delivery Behaviors
   12. Work with the family and their team to build a plan that will focus on changing behaviors that led to the circumstances that brought the family to the attention of the child welfare agency and assist the child, youth, young adult, and family with safety, trauma, healing, and permanency.
      d. Encourage and support the participation of children, youth, young adults, family, Tribe, and team in identifying culturally sensitive services, supports, visitation activities, and traditions that address family members' unique underlying needs even if this means accepting practices that may be unfamiliar to the social worker.

Related Integrated Core Practice Model Practices and Behaviors

Foundational Behaviors - Enhanced

Engagement Behaviors - Enhanced

Teaming Behaviors - Enhanced

Service Planning and Delivery Behaviors - Enhanced

Competency 4: Engage in Practice-Informed Research and Research-Informed Practice

CSWE EPAS Knowledge, Values, Skills, and Cognitive and Affective Processes for Generalist Practice

Social workers use ethical, culturally informed, anti-racist, and anti-oppressive approaches in conducting research and building knowledge. Social workers use research to inform their practice decision making and articulate how their practice experience informs research and evaluation decisions. Social workers critically evaluate and critique current, empirically sound research to inform decisions pertaining to practice, policy, and programs. Social workers understand the inherent bias in research and evaluate design, analysis, and interpretation using an anti-racist and anti-oppressive perspective. Social workers know how to access, critique, and synthesize the current literature to develop appropriate research questions and hypotheses. Social workers demonstrate knowledge and skills regarding qualitative and quantitative research methods and analysis, and they interpret data derived from these methods. Social workers demonstrate knowledge about methods to assess reliability and validity in social work research. Social workers can articulate and share research findings in ways that are usable to a variety of clients and constituencies. Social workers understand the value of evidence derived from interprofessional and diverse research methods, approaches, and sources.

CSWE EPAS Behaviors for Generalist Practice

Social workers:

a. apply research findings to inform and improve practice, policy, and programs; and

b. identify ethical, culturally informed, anti-racist, and anti-oppressive strategies that address inherent biases for use in quantitative and qualitative research methods to advance the purposes of social work.

Behaviors for Specialized Practice: Public Child Welfare

Social workers:

1. Demonstrate the ability to understand, interpret, and evaluate the benefits and limitations of various evidence based and evidence-informed treatment models as they influence child welfare practice.
2. Engage in critical analysis of research findings, practice models, and practice wisdom that inform child welfare practice, including how research practices have historically failed to address the needs and realities of exploited, oppressed, and/or disadvantaged communities, and how cross-cultural research practices can be used to enhance equity.
3. Clearly communicate research findings, conclusions, and implications, as well as their applications to child welfare practice across a variety of professional interactions with children, youth, young adults, families, and multidisciplinary service providers.
4. Apply research findings to child welfare practice with individuals, families, and communities and to the development of professional knowledge about the field of child welfare.

Related California Child Welfare Core Practice Model Practice Behaviors

None

Related Integrated Core Practice Model Practices and Behaviors

Foundational Behaviors - Enhanced

Promote accountability.

3. Routinely assess your own knowledge and competency levels, including emerging evidence-informed or evidence-based practice areas; obtain necessary training to improve skills or provide access to and/or consult with competent experts to ensure that the needs of children and families served are met.
5. Support and enhance juvenile court practice by providing guidance and input to advance the use of evidence-based practices in crafting expectations, requirements for treatment, and intervention plans into applicable court orders.

Service Planning and Delivery Behaviors - Enhanced

Goals, strategies, and interventions are tied to observable progress that is important to the child, youth, and family members. Plans are monitored and revised as needed to ensure that successful outcomes remain the focus.

2. When interventions are not successful in producing the desired outcome, evaluate and strengthen what was successful and/or learn from what didn't work to design something different; research evidence-based and model programs to find new approaches when necessary.
3. Ensure the use of evidence-based interventions whenever possible and support court orders.

Competency 5: Engage in Policy Practice

CSWE EPAS Knowledge, Values, Skills, and Cognitive and Affective Processes for Generalist Practice

Social workers identify social policy at the local, state, federal, and global level that affects wellbeing, human rights and justice, service delivery, and access to social services. Social workers recognize the historical, social, racial, cultural, economic, organizational, environmental, and global influences that affect social policy. Social workers understand and critique the history and current structures of social policies and services and the role of policy in service delivery through rights based, anti-oppressive, and anti-racist lenses. Social workers influence policy formulation, analysis, implementation, and evaluation within their practice settings with individuals, families, groups, organizations, and communities. Social workers actively engage in and advocate for anti-racist and anti-oppressive policy practice to effect change in those settings.

CSWE EPAS Behaviors for Generalist Practice

Social workers:

a. use social justice, anti-racist, and anti-oppressive lenses to assess how social welfare policies affect the delivery of and access to social services; and

b. apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, racial, economic, and environmental justice.

Behaviors for Specialized Practice: Public Child Welfare

Social workers:

1. Demonstrate familiarity with relevant statutes and civil codes, and the roles of relevant policy entities, including, but not limited to:
    a. Child welfare-relevant California Welfare and Institutions Code
    b. Children's Bureau Policy Manual, Child and Family Services Review process, and other child welfare-relevant Children's Bureau policy guidance
    c. Continuum of Care Reform efforts authorized through Senate Bill (SB) 1013 (Statutes of 2012)
    d. Indian Child Welfare Act of 1978
    e. Families First Prevention Services Act of 2018
    f. Other current child welfare-relevant legislation and policies
2. Understand and adhere to local policies and procedures that influence child welfare practice.
3. Engage with the political and legislative arena of public child welfare through involvement with relevant activities utilizing a social justice, anti-racist, and anti-oppressive lens, including, but not limited to:
    a. Maintaining ongoing familiarity with changes to child welfare-related legislation and the rationale for such changes, including reviewing recent All County Letters (ACLs) and All County Information Notices (ACINs) on the California Department of Social Services (CDSS) website;
    b. Reading, analyzing, and communicating in speech and writing about proposed legislation relevant to the field of child welfare; and
    c. Attending Legislative Lobby Day events in Sacramento.

4. Utilize policy knowledge to effectively develop, implement, and/or evaluate agency, local, state, and federal policies that advance human rights and social, racial, economic, and environmental justice in the course of child welfare practice.

Related California Child Welfare Core Practice Model Practice Behaviors

I. Foundational Behaviors
   2. Be accountable.
      a. Model accountability and trust by doing what you say you're going to do, be responsive (including returning calls, texts, and emails within 24 business hours), be on time (including submitting reports on time and being on time for appointments), and follow ICWA and other federal and state laws.

IV. Teaming Behaviors
   9. Facilitate the team process and engage the team in planning and decision-making with and in support of the child, youth, young adult, and family.
      e. Ensure that all team members understand that legal, regulatory, and policy constraints may limit shared decision-making options available to address the family members' needs, including placement options, reunification, and service options.

Related Integrated Core Practice Model Practices and Behaviors

Foundational Behaviors - Enhanced

Teaming Behaviors - Enhanced

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

CSWE EPAS Knowledge, Values, Skills, and Cognitive and Affective Processes for Generalist Practice

Social workers understand that engagement is an ongoing component of the dynamic and interactive process of social work practice with and on behalf of individuals, families, groups, organizations, and communities. Social workers value the importance of human relationships. Social workers understand theories of human behavior and person-in-environment and critically evaluate and apply this knowledge to facilitate engagement with clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers are self-reflective and understand how bias, power, and privilege as well as their personal values and personal experiences may affect their ability to engage effectively with diverse clients and constituencies. Social workers use the principles of interprofessional collaboration to facilitate engagement with clients, constituencies, and other professionals as appropriate.

CSWE EPAS Behaviors for Generalist Practice

Social workers:

a. apply knowledge of human behavior and person-in-environment, as well as interprofessional conceptual frameworks, to engage with clients and constituencies; and

b. use empathy, reflection, and interpersonal skills to engage in culturally responsive practice with clients and constituencies.

Behaviors for Specialized Practice: Public Child Welfare

Social workers:

1. Appropriately engage and activate children, youth, young adults, families, other care providers, Tribes, and communities in the development and coordination of case plans oriented toward safety, permanency, and wellbeing.
2. Effectively utilize interpersonal skills to engage children, youth, young adults, families, other care providers, Tribes, and communities in culturally responsive, whole-person, consumer-driven, and family-oriented care that addresses mutually agreed upon service goals; employ differential engagement techniques considering the voluntary/involuntary nature of the family members' interactions with the agency, and other factors such as trauma experiences.
3. Recognizing the complex nature of concurrent planning in child welfare, ensure that communications regarding mutually agreed upon case plans with children, youth, young adults, and families are both sensitive and transparent.
4. Manage affective responses and exercise good judgment around engaging with resistance, traumatic response, and other potentially triggering situations in children, youth, young adults, families, and other care providers.

Related California Child Welfare Core Practice Model Practice Behaviors

I. Foundational Behaviors
    8. Listen to the child, youth, young adult, and family, and demonstrate that you care about their thoughts and experiences.

b. Use language and body language that demonstrate an accepting and affirming approach to understanding the family.
c. Ask people how they prefer to be addressed, and address individuals by the name or title and pronouns they request in person and in writing.
d. Show deference to Tribal leadership and their titles in written and verbal communication.
e. Be open and honest about the safety threats and circumstances that brought the family to the attention of the agency, what information can be shared among team members, and what information will be included in court reports.
f. Be transparent about the role of the court and the child welfare agency.
g. Ask family members what method of communication they prefer, use age-appropriate language that everyone can understand, and confirm with family members that your communication meets their language and literacy needs.

II. Engagement Behaviors

8. Listen to the child, youth, young adult, and family, and demonstrate that you care about their thoughts and experiences.
    b. Listen attentively and use language and concepts that the family has used.
    c. Use a trauma-informed approach to acknowledge and validate venting, expressions of anger, and feelings of grief and loss.
    d. Reflect what you heard so the child, youth, young adult, and family can see that you understood.
9. Demonstrate an interest in connecting with the child, youth, young adult, and family, and help them identify and meet their goals.
    b. Express the belief that all families have the capacity to safely care for children and youth.
    c. Use positive motivation, encouragement, and recognition of strengths to connect with youth and express the belief that they have the capacity to become successful adults.
    d. Reach out to children and families in ways that are welcoming, appropriate, and comfortable for them, and make a special effort to engage fathers and paternal relatives to build connections and engage them as family members and team members.
    e. Affirm the unique strengths, needs, life experience and self-identified goals of each child, youth, young adult, and family.
    f. Show your interest in learning about the family and their culture, community, and Tribes.
    g. Ask global questions followed by more descriptive questions that encourage exchange.
    h. Honor the role of important cultural, community, and Tribal leaders the child, youth, young adult, and family have identified.
10. Identify and engage family members and others who are important to the child, youth, young adult, and family.
    b. Ask questions about relationships and significant others early and often.
    c. Search for all family members, including fathers, mothers, and paternal and maternal relatives through inquiry, early and ongoing Internet search, and review of records.

d. Work quickly to establish paternity and facilitate the child or youth's connection with paternal relationships.
e. Contact family, cultural, community, and Tribal connections as placement options, team members, and sources of support.

11. Support and facilitate the family's capacity to advocate for themselves.
    b. Coordinate with the family's formal and informal advocates to help the family find solutions and provide ongoing support.
    c. Promote self-advocacy by providing opportunities for children, youth, young adults, and families to actively share perspectives and goals.
    d. Incorporate the family's strengths, resources, cultural perspectives, and solutions in all casework.

III. Assessment Behaviors

8. From the beginning and throughout all work with the child, youth, young adult, family, and their team, engage in initial and ongoing safety and risk assessment and permanency planning:
    b. Explain the assessment process to the child, youth, young adult, and family so they know what to expect, and check in early and often to be sure they understand.
    c. Explore the child, youth, young adult, and family's expressed and underlying needs by engaging them in communicating their experiences and identifying their strengths, needs, and safety concerns.
    d. Talk to children, youth, and young adults about their worries, wishes, where they feel safe, where they want to live, and their ideas about permanency, and incorporate their perspective.
    e. Use tools and approaches that amplify the voices of children and youth.

IV. Teaming Behaviors

8. Work with the family to build a supportive team.
    b. With the family's permission, contact family, cultural, community, and Tribal connections, and ask them to serve as team members as early as possible.
    c. Ask initially and throughout the family's involvement if they would like a support person or peer advocate on their team.
    d. Explore with the family how culture might affect the development of the team and the teaming process.
    e. Facilitate early and frequent sharing of information and coordination among parents, caregivers and agency partners.
    f. Facilitate development of a mutually supportive relationship between the parents and caregivers.
9. Facilitate the team process and engage the team in planning and decision-making with and in support of the child, youth, young adult, and family.
    b. Facilitate critical thinking, discussion, mutual exploration of issues, and consensus building toward the goal of shared decision-making.
    c. Help the team recognize that differences will occur and assist them to work through conflicts.
    d. Develop a shared understanding about safety, permanency, and well-being issues to be addressed with the team.

Related Integrated Core Practice Model Practices and Behaviors

1. Phase 1 - Engagement, Assessment and Team Preparation

    a. Engagement:

The most powerful time in the service delivery process is the beginning. It sets expectations for what is likely to occur, creates the context for development of positive, helpful relationships, and will support or hinder the potential for positive outcomes.

Engagement should be thought of as the range of activities, behaviors, and style of interaction with CFT members that creates an effective working alliance for change. The initial activities of family engagement, particularly through the initial conversations about strengths, needs, and culture, set the tone for teamwork and team interactions that are consistent with ICPM principles. The engagement process is also where a clear understanding of the family's vision for a better future is established. Everything that follows, including the development of measurable goals and intervention strategies, will support the achievement of that personal family vision.

The Engagement, Assessment, and Team Preparation phase provides the opportunity to establish the family's orientation to service access as one in which they are recognized as an integral part of the process in which their needs and strengths are identified, and preferences are prioritized. If necessary, crisis needs are addressed immediately and safety plans established. The activities of this phase are completed relatively quickly. However, if engagement fails, it is likely that the plan will fail. If at any time the family or other team members become disengaged, the active effort and focus of engagement must be repeated. Often, hearing the family's story again will help to identify key strengths and needs that may have been missed. Disengagement often indicates that an important need is not being met.

Engagement Behaviors - Enhanced

Teaming Behaviors - Enhanced

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities

CSWE EPAS Knowledge, Values, Skills, and Cognitive and Affective Processes for Generalist Practice

Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice. Social workers understand theories of human behavior and person-in-environment, as well as interprofessional conceptual frameworks, and they critically evaluate and apply this knowledge in culturally responsive assessment with clients and constituencies, including individuals, families, groups, organizations, and communities. Assessment involves a collaborative process of defining presenting challenges and identifying strengths with individuals, families, groups, organizations, and communities to develop a mutually agreed-upon plan. Social workers recognize the implications of the larger practice context in the assessment process and use interprofessional collaboration in this process. Social workers are self-reflective and understand how bias, power, privilege, and their personal values and experiences may affect their assessment and decision making.

CSWE EPAS Behaviors for Generalist Practice

Social workers:

a. apply theories of human behavior and person-in-environment, as well as other culturally responsive and interprofessional conceptual frameworks, when assessing clients and constituencies; and

b. demonstrate respect for client self-determination during the assessment process by collaborating with clients and constituencies in developing a mutually agreed-upon plan.

Behaviors for Specialized Practice: Public Child Welfare

Social workers:

1. Identify, understand, and implement appropriate child welfare screening and assessment tools.
2. Include assessment data from all relevant parties and systems to inform appropriate and comprehensive assessment of intervention needs, while considering the voluntary/involuntary nature of family interactions. Relevant parties/systems may include, but are not limited to, children, family systems, community systems, public child welfare systems, school/educational systems, juvenile justice, criminal justice, and court systems, Tribal systems, behavioral health care systems, and medical care systems.
3. Engage in effective and ongoing critical analysis of child welfare assessment data that:
    a. Reflects child, youth, young adult, family, and support systems' strengths and desires;
    b. Acknowledges the effects of intervention on family and community members;
    c. Addresses the impacts of trauma, adverse health conditions, and co-occurring disorders; and
    d. Culminates in assessments that incorporate principles of safety, permanency, and well-being within the framework of teaming and respectful engagement.
4. Document and maintain all child welfare assessment data responsibly and balance the need for such data with child, youth, young adult, and family privacy concerns, recognizing the nature of mandated services and the need for accurate assessment data.

Related California Child Welfare Core Practice Model Practice Behaviors

II. Engagement Behaviors
   5. Identify and engage family members and others who are important to the child, youth, young adult, and family.
      a. Ask questions about relationships and significant others early and often.
      b. Search for all family members, including fathers, mothers, and paternal and maternal relatives through inquiry, early and ongoing Internet search, and review of records.
      c. Work quickly to establish paternity and facilitate the child or youth's connection with paternal relationships.
      d. Contact family, cultural, community, and Tribal connections as placement options, team members, and sources of support.
   6. Support and facilitate the family's capacity to advocate for themselves.
      a. Coordinate with the family's formal and informal advocates to help the family find solutions and provide ongoing support.

III. Assessment Behaviors
   7. From the beginning and throughout all work with the child, youth, young adult, family, and their team, engage in initial and ongoing safety and risk assessment and permanency planning:
      a. Explain the assessment process to the child, youth, young adult, and family so they know what to expect, and check in early and often to be sure they understand.
      b. Explore the child, youth, young adult, and family's expressed and underlying needs by engaging them in communicating their experiences and identifying their strengths, needs, and safety concerns.
      c. Talk to children, youth, and young adults about their worries, wishes, where they feel safe, where they want to live, and their ideas about permanency, and incorporate their perspective.
      d. Use tools and approaches that amplify the voices of children and youth.
      e. Ask the family what is working well and what they see as the solution to the circumstances that brought them to the attention of the child welfare agency.
      f. Apply information to the assessment process using the family's cultural lens.

IV. Teaming Behaviors
   8. Work with the family to build a supportive team.
      a. With the family's permission, contact family, cultural, community, and Tribal connections, and ask them to serve as team members as early as possible.
      b. Ask initially and throughout the family's involvement if they would like a support person or peer advocate on their team.
      c. Explore with the family how culture might affect the development of the team and the teaming process.
      d. Facilitate early and frequent sharing of information and coordination among parents, caregivers and agency partners.
   9. Facilitate the team process and engage the team in planning and decision-making with and in support of the child, youth, young adult, and family.
      a. Make sure team members have the information they need.
      b. Facilitate critical thinking, discussion, mutual exploration of issues, and consensus building toward the goal of shared decision-making.

10. Work with the team to address the evolving needs of the child, youth, young adult, and family.
    a. Facilitate dialogue about how supports and visitation plans are working.
    b. Explore with team members what roles they can play over time to strengthen child safety and support the family.

V. Service Planning and Delivery Behaviors

12. Work with the family and their team to build a plan that will focus on changing behaviors that led to the circumstances that brought the family to the attention of the child welfare agency and assist the child, youth, young adult, and family with safety, trauma, healing, and permanency.
    a. Describe how family strengths, safety threats, and priority needs will be addressed in the plan.
    b. Describe strengths in functional terms that can support the family members in completing their plan.
    d. Encourage and support the participation of children, youth, young adults, family, Tribe, and team in identifying culturally sensitive services, supports, visitation activities, and traditions that address family members' unique underlying needs even if this means accepting practices that may be unfamiliar to the social worker.
    e. Ask the family members if they need help meeting basic needs for food, shelter, and medication so they can focus on addressing the problems underlying their involvement with the child welfare agency.
    h. Adapt services and supports to meet changing family needs based on ongoing assessment, progress toward goals, and decisions made by the family and their team.

Related Integrated Core Practice Model Practices and Behaviors

1. Phase 1 - Engagement, Assessment and Team Preparation

b. Assessment:

Assessment refers to both formal initial and informal continuous processes that occur across all disciplines within the system of care. It is a part of the engagement process that allows practitioners to understand what has happened to the child/ youth and family, including their current priority needs and the strengths that have helped them to survive their past.

CDSS has selected the Child and Adolescent Needs and Strengths (CANS) as the functional assessment tool to be used with the CFT process to guide case planning and placement decisions for child welfare. The CANS is a multi-purpose assessment tool developed to assess well-being, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision-making, and monitor outcomes of individuals, providers, and systems.

The assessment process begins at the first contact with the parent(s), child, and/or youth when the provider begins to elicit the family's story, as individual strengths and needs begin to be identified. It continues during the identification and involvement of other potential sources of information and support during the development of the CFT. The initial CANS assessment is created to identify prioritized views of the strengths and needs of the family, including the reconciliation of perspectives within the

team when differences occur. This shared understanding can be used to guide development of an integrated service plan for the family.

In child welfare, the focus of the assessment process is on identification of risks to the child's safety, the risk of future maltreatment, parental protective capacity, and child well-being. In juvenile probation, assessment includes identification of the youth's and/or family members' criminogenic needs (antisocial attitudes, values and beliefs; low self-control; criminal peers; substance abuse; and family issues that may be dysfunctional to successful family life). As a part of the formal assessment process, all children and youth must be screened for indications of mental health needs (ACL 15-11). Standardized screening may indicate the need for a more in-depth mental health assessment done by a credentialed professional. By itself, a screening does not determine either the actual need for mental health services or the kinds of services that may be needed.

If the screen is positive, the child/youth must be referred for a mental health assessment which will include a psychosocial assessment to evaluate the status of a child or youth's mental, emotional, or behavioral health to support a diagnosis that substantiates medical necessity, as appropriate, and includes a broad assessment of psychosocial risk factors related to the child's environment and trauma exposure.

The specific child welfare and juvenile probation assessments should be comprehensive enough to obtain information about the relevant events and behaviors that brought the children and families into service, as well as an initial identification of the child, youth's, and family members' underlying strengths and needs. This discovery process can help children and families self-identify the needs that brought them into care, but also begin to develop a vision of what the family members' lives might be like if they could achieve a better life as they define it. Assessment also includes determining the willingness, capability, and availability of resources to achieve safety, permanency, and well-being for children and safety for the community. This assessment information should be used to inform the shared CANS assessment process.

The shared standardized CANS assessment process enhances care coordination, family engagement, collaborative decision-making and consensus-building across systems, and provides the opportunity for shared monitoring of child and family outcomes and well-being. The use of a cross-agency CANS process creates a common language and shared understanding across disciplines, and the CFT membership facilitates shared decision-making and results in more comprehensive, integrated service plans.

The CANS will serve as the formal initial and continuous child welfare assessment tool used within the CFT to inform the case plan goals and placement decisions for the child, youth, and family. Case plan "means a written document which is developed based upon an assessment of the circumstances which required child welfare services intervention; and in which the team has identified goals and the objectives to be achieved, the specific services to be provided, and case management activities to be performed." See MPP 31-002(c)(2). The CDSS and DHCS have adopted the 50 Core Items, known as the CANS Core 50, as the State required assessment data fields. Counties will have the option to add questions specific to their local needs, if desired. The CANS scores must accurately reflect the consensus of the CFT members.

At times, information may be most appropriately gathered in individual conversations outside of the CFT meetings, protecting privacy and confidentiality as needed. There are a variety of tools and techniques that are part of Safety Organized Practice such as the Three Houses, as well as scaling questions and motivational interviewing techniques that can help elicit necessary information and provide opportunity

for individuals to decide how to share information with the CFT in ways that do not compromise their right to privacy. The CANS scores should be discussed and understood within the CFT meeting environment to inform decisions made by the team.

CANS results can assist the CFT to determine the following, which includes, but is not limited to:

- Placement and housing decisions;
- Identifying services and supports needed by the child or youth;
- Determine if the child or youth is impacted by trauma and has unmet mental health needs;
- Developing basic and advanced life skills for transitional age youth;
- Determine educational needs; and/or
- Assist in identifying any immediate supports needed for the family and/or care provider, such as childcare.

Counties may develop models of collaborative CANS development sharing responsibility to complete sections of the CANS consistent with their role and taking advantage of information gleaned in the first encounters with the family during the engagement process. Generally, for any child or youth in care who is receiving SMHS, completion of CANS scoring document will be the responsibility of mental health, assuming that the contracted or county CFT facilitator will be responsible for coordinating with the county social worker and/or juvenile probation officer and facilitating the CFT meeting.

For children or youth who are already in care and not currently receiving SMHS, the county social worker and/or juvenile probation officer will complete an updated MH screen. If the child/youth does not meet the criteria for referral to mental health, the CFT facilitator will have the responsibility to ensure that the CANS scoring document is completed.

The CFT works together to identify the child or youth and family's strengths, as well as needs. This information is comprised of team members' input, mandates, requirements, and safety recommendations. Information should also be included from any formal assessments. Actionable items will be addressed in the plan in priority order, with urgent items addressed first, and deliberately including those identified by the family as priority. The CFT will assign responsibility to team members for follow up activities related to accomplishment of the plan, (with due dates) and incorporated by the county social worker and/or juvenile probation officer into the case plan, as appropriate.

The informal assessment process, and the use of an updated CANS assessment as clinically indicated, continues throughout the service delivery process, as well as when circumstances change, or new information becomes available.

Assessment Behaviors - Enhanced

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

CSWE EPAS Knowledge, Values, Skills, and Cognitive and Affective Processes for Generalist Practice

Social workers understand that intervention is an ongoing component of the dynamic and interactive process of social work practice. Social workers understand theories of human behavior, person-in-environment, and other interprofessional conceptual frameworks, and they critically evaluate and apply this knowledge in selecting culturally responsive interventions with clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand methods of identifying, analyzing, and implementing evidence-informed interventions and participate in interprofessional collaboration to achieve client and constituency goals. Social workers facilitate effective transitions and endings.

CSWE EPAS Behaviors for Generalist Practice

Social workers:

a. engage with clients and constituencies to critically choose and implement culturally responsive, evidence-informed interventions to achieve client and constituency goals; and

b. incorporate culturally responsive methods to negotiate, mediate, and advocate with and on behalf of clients and constituencies.

Behaviors for Specialized Practice: Public Child Welfare

Social workers:

1. In partnership with children, youth, young adults, families, and Tribes, develop appropriate case plans based on key principles and contemporary theories/models of child welfare with a focus on safety, permanency, and well-being. Plans should:
    a. Reflect cultural humility and acknowledgement of individualized needs;
    b. Incorporate child and family strengths;
    c. Utilize community resources and natural supports;
    d. Incorporate multidisciplinary team supports and interventions;
    e. Focus on permanency and concurrent planning; and
    f. Consider multiple systems interactions and complex family relationships involving the maltreatment that initiated the family's involvement with the child welfare system.
2. Apply the principles of teaming, engagement, inquiry, advocacy, and facilitation within interdisciplinary teams to the work of supporting children, youth, young adults, family members, and service providers to accomplish intervention goals.
3. Demonstrate effective case management skills with families with the goals of safety, permanency, and wellbeing. This may include referring families to services, preparing for and participating in judicial determinations, supporting safe visitation, developing effective case plans and case plan updates, and the development of concurrent plans for permanency. When necessary, this may include demonstrating knowledge and sensitivity around the process of terminating parental rights.
4. Effectively plan for interventions in ways that incorporate thoughtfully executed transitions during time-limited internships, recognizing that families' needs for support may continue beyond these time periods.

Related California Child Welfare Core Practice Model Practice Behaviors

I. Engagement Behaviors
   5. Identify and engage family members and others who are important to the child, youth, young adult, and family.
      b. Search for all family members, including fathers, mothers, and paternal and maternal relatives through inquiry, early and ongoing Internet search, and review of records.
      c. Work quickly to establish paternity and facilitate the child or youth's connection with paternal relationships.
      d. Contact family, cultural, community, and Tribal connections as placement options, team members, and sources of support.
   6. Support and facilitate the family's capacity to advocate for themselves.
      a. Coordinate with the family's formal and informal advocates to help the family find solutions and provide ongoing support.

IV. Teaming Behaviors
   8. Work with the family to build a supportive team.
      a. With the family's permission, contact family, cultural, community, and Tribal connections, and ask them to serve as team members as early as possible.
      b. Ask initially and throughout the family's involvement if they would like a support person or peer advocate on their team.
      e. Facilitate development of a mutually supportive relationship between the parents and caregivers.
   9. Facilitate the team process and engage the team in planning and decision-making with and in support of the child, youth, young adult, and family.
      e. Make sure team members have the information they need.
      f. Facilitate critical thinking, discussion, mutual exploration of issues, and consensus building toward the goal of shared decision-making.
      g. Help the team recognize that differences will occur and assist them to work through conflicts.
      h. Develop a shared understanding about safety, permanency, and well-being issues to be addressed with the team.
      i. Ensure that all team members understand that legal, regulatory, and policy constraints may limit shared decision-making options available to address the family members' needs, including placement options, reunification, and service options.
      j. Build connections to identified services and supports by designating a team member to follow-up with that referral.
   10. Work with the team to address the evolving needs of the child, youth, young adult, and family.
      e. Facilitate dialogue about how supports and visitation plans are working.
      f. Explore with team members what roles they can play over time to strengthen child safety and support the family.
      g. K the team adapt to changing team member roles.

V. Service Planning and Delivery Behaviors
   12. Work with the family and their team to build a plan that will focus on changing behaviors that led to the circumstances that brought the family to the attention of the child

welfare agency and assist the child, youth, young adult, and family with safety, trauma, healing, and permanency.

a. Describe how family strengths, safety threats, and priority needs will be addressed in the plan.
b. Describe strengths in functional terms that can support the family members in completing their plan.
c. Share information about agency programs, providers, resources, and supports.
d. Encourage and support the participation of children, youth, young adults, family, Tribe, and team in identifying culturally sensitive services, supports, visitation activities, and traditions that address family members' unique underlying needs even if this means accepting practices that may be unfamiliar to the social worker.
e. Ask the family members if they need help meeting basic needs for food, shelter, and medication so they can focus on addressing the problems underlying their involvement with the child welfare agency.
f. Advocate for, link the family to, and help family members access the services, supports, and visitation activities identified in the plan.
g. Assure the family receives needed information, preparation, guidance, and support.
h. Adapt services and supports to meet changing family needs based on ongoing assessment, progress toward goals, and decisions made by the family and their team.

VI. Transition Behaviors

13. Work with the family to prepare for change in advance and provide tools for managing placement changes, social worker changes, and other significant transitions.
    a. Reduce the role of child welfare and professional services over time and facilitate an increased role for the family's network and natural supports to help the family build an ongoing support system.
    b. Coordinate with the family's formal and informal advocates to help the family find solutions and provide ongoing support after the child welfare agency is no longer involved.

Related Integrated Core Practice Model Practices and Behaviors

1. Phase 1 - Engagement, Assessment and Team Preparation

c. Team Preparation:

The team building process begins with the initial interactions between the child welfare worker or the probation officer and the child, youth, and family. From the initial conversations, engagement is critical. By eliciting the family's story, the worker can begin to understand the child, youth, and family member's strengths, self-identified needs, culture, and vision for the future. The tone for teamwork begins to be established. As staff learns about the family, they will also ask about the family members' support system to identify the important family resources and potential members of the CFT including the strengths and resources they may bring to the team.

The importance of natural supports cannot be overstated. In addition to continued support and resources when formal service is over, these natural supports can add wider perspectives about the family's strengths and needs. Identification of relationships with extended family members, neighbors,

clergy, tribal members, and other individuals should be explored early in the process, so that the team can be developed, begin meeting, and feel their ownership and investment in the CFT process as quickly as possible. As the strengths and underlying needs of the child, youth, and family are identified over time, the original team may expand or change to include other members as necessary and appropriate to increasing the positive assets of the team. Additionally, changes in professional work assignments may require members be replaced, or members may leave as specific needs are resolved.

Starting with the first contacts with the family, staff introduces the values and principles of the ICPM, including how they will create a team with the child, youth, family, and their identified supports to make plans and share decisions. It is important to discuss the pros and cons of sharing information among team members, so the child, youth, and family members understand their rights to privacy and confidentiality, and can make informed decisions about information they want to share. The ultimate decision lies with the family members. Necessary and appropriate consents to share or releases of information should be obtained. As the team is established and individual members outside of the family are being prepared to participate, the issues of privacy and confidentiality should be openly discussed, including team ground rules about protecting private information. As new members join the team, these discussions should be revisited.

There is significant flexibility in who must be included on the team in addition to the child, youth, and family, with the exception of those individuals whose role requires responsibility to provide care coordination, especially if the court is involved, and who must be on the team to ensure the plan for services is integrated and service strategies and activities are coordinated. Another common guideline is that there should be more informal support persons than professionals on the team.

If the child, youth, and the family is already being served by one or more of the child serving systems, the practitioner should discuss the importance of integrated planning and service delivery in achieving positive outcomes, and the benefit of including the other practitioners as members of the CFT. This conversation must include shared access to, and understanding of, how the CANS assessment and outcomes tracking will be coordinated. Again, inclusion of the professional responsible to the court for service planning and coordination must be a member of the CFT.

2. Phase 2 - Initial Service Planning

Team trust and mutual respect are built while the team creates an initial integrated plan of care using a high-quality planning process that reflects the practice principles. Children, youth, and family members should feel consistently heard, that the needs chosen for initial focus are ones the family members want to work on (potentially in addition to any that are legally mandated and identified as urgent in the initial CANS process), and that the options chosen to implement interventions or other activities have a reasonable chance of helping them meet these needs. The team must recognize that respect for the family's preference in choosing intervention strategies is important. Even if those strategies do not work, freely chosen mistakes provide an important opportunity for learning.

When planning intervention strategies, reliance on informal supports and resources are emphasized. Participation in activities and resources that can be used by anyone in the community should be preferred over formal services and resources if similar outcomes can be achieved. This initial planning phase should be completed during one or two meetings that take place quickly (within 2 weeks) after the initial intake process is completed. A rapid time frame is intended to promote team cohesion and shared responsibility toward achieving the team's mission or overarching goal.

3. Phase 3 - Monitoring and Adapting

Throughout the CFT process, team members work together to ensure that the integrated plan provides access to needed services, monitors the child, youth, and family's progress, and makes individualized adaptations as they learn together what does or does not work, so that the family's goals and team-identified outcomes can be achieved.

During this phase, successes are celebrated, and progress continually reviewed, all while maintaining, or building, team cohesiveness and mutual respect. Revisions to the plan are based on what the team has learned and included in updates to the CANS assessment. The revised plan is implemented, and the process repeated until the family's goals are met, the team's mission is achieved, and formal services are no longer needed.

4. Phase 4 - Transition

As progress moves forward, plans include discussion of the resources needed for purposeful transition out of formal services. This may include a potential mix of formal and natural supports in the community (and, if appropriate, to services and supports in the adult systems). The focus on transition is continual during the CFT process, and the preparation for transition is apparent, even during the initial engagement activities. The family should be able to manage a planning and intervention process on their own, should new challenges arise. Services are not closed until the transition plan has been implemented and all necessary connections for the future have been made.

Teaming Behaviors - Enhanced

Service Planning and Delivery Behaviors - Enhanced

Transition Behaviors - Enhanced

Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

CSWE EPAS Knowledge, Values, Skills, and Cognitive and Affective Processes for Generalist Practice

Social workers understand that evaluation is an ongoing component of the dynamic and interactive process of social work practice with and on behalf of diverse individuals, families, groups, organizations, and communities. Social workers evaluate processes and outcomes to increase practice, policy, and service delivery effectiveness. Social workers apply anti-racist and anti-oppressive perspectives in evaluating outcomes. Social workers understand theories of human behavior and person-in-environment, as well as interprofessional conceptual frameworks, and critically evaluate and apply this knowledge in evaluating outcomes. Social workers use qualitative and quantitative methods for evaluating outcomes and practice effectiveness.

CSWE EPAS Behaviors for Generalist Practice

Social workers:

a. select and use culturally responsive methods for evaluation of outcomes; and

b. critically analyze outcomes and apply evaluation findings to improve practice effectiveness with individuals, families, groups, organizations, and communities.

Behaviors for Specialized Practice: Public Child Welfare

Social workers:

1. Record, track, and monitor assigned cases accurately and according to field education agency policies and guidelines in Child Welfare Statewide Automated Child Welfare Information System (SACWIS).
2. Conduct accurate process and outcome data analysis of engagement, assessment, and interventions in child welfare practice.
3. Use evaluation results to develop recommendations for improved interdisciplinary team coordination, as well as agency and community-level policies to best support families and the systems that serve them.
4. Share both the purposes of such data collection and the overall results of data analysis with children, youth, young adults, and families whenever possible, with the goal of engaging them more meaningfully in the evaluation process.

Related California Child Welfare Core Practice Model Practice Behaviors

I. Assessment Behaviors
   A. From the beginning and throughout all work with the child, youth, young adult, family, and their team, engage in initial and ongoing safety and risk assessment and permanency planning:
      1. Explain the assessment process to the child, youth, young adult, and family so they know what to expect, and check in early and often to be sure they understand.

V. Service Planning and Delivery Behaviors

12. Work with the family and their team to build a plan that will focus on changing behaviors that led to the circumstances that brought the family to the attention of the child welfare agency and assist the child, youth, young adult, and family with safety, trauma, healing, and permanency.
    h. Adapt services and supports to meet changing family needs based on ongoing assessment, progress toward goals, and decisions made by the family and their team.

Related Integrated Core Practice Model Practices and Behaviors

Service Planning and Delivery Behaviors - Enhanced

Goals, strategies, and interventions are tied to observable progress that is important to the child, youth, and family members. Plans are monitored and revised as needed to ensure that successful outcomes remain the focus.

2. When interventions are not successful in producing the desired outcome, evaluate and strengthen what was successful and/or learn from what didn't work to design something different; research evidence-based and model programs to find new approaches when necessary.

Appendix

Background

Per the Council on Social Work Education (CSWE) 2022 Educational Policy and Accreditation Standards (EPAS) website, "CSWE's Commission on Accreditation (COA) and Commission on Educational Policy (COEP) are responsible for developing the 2022 Educational Policy and Accreditation Standards (EPAS). The educational policy was developed by COEP and approved by the CSWE Board of Directors on June 3, 2022. The accreditation standards were developed and approved by COA on June 9, 2022." The EPAS include nine social work competencies. "Each competency describes the knowledge, values, skills, and cognitive and affective processes that make up the competency at the generalist level of practice, followed by a set of behaviors that integrate these components. These behaviors represent observable components of the competencies, and the descriptions that precede them represent the underlying content and processes that inform the behaviors" (EPAS, 2022).

Per the EPAS, social work programs may extend and enhance the competencies for specialized practice areas. As such, the California Social Work Education Center (CalSWEC) began planning for the associated update of the Curriculum Competences in 2022.

The previous Curriculum Competencies update was released in August 2017, and was based on the 2015 EPAS update.

2015 to 2022 EPAS Changes

What are the major changes between the 2015 EPAS and 2022 EPAS? (from 2022 EPAS Frequently Asked Questions)

- Competency 2 and Competency 3
    - Competency 2: Advance Human Rights and Social, Racial, Economic, and Environmental Justice in 2022 EPAS was Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice in 2015 EPAS.
    - Competency 3: Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice in 2022 EPAS was Competency 2: Engage Diversity and Difference in Practice in 2015 EPAS.
- Behaviors
    - The behaviors associated with the nine competencies have been reduced from 31 to 20.

California Child Welfare Core Practice Model

In an effort to link classroom and practicum learning to current child welfare practice, each of the Competencies for Public Child Welfare is linked with related CPM practice behaviors.

The California Child Welfare Core Practice Model (CPM) is a statewide effort, led by the counties, to develop and implement a framework to support child welfare practice and allow child welfare professionals to be more effective in their roles. The CPM is intended to guide practice, service delivery, and decision-making. (CalSWEC. *About the Core Practice Model*. https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/core-practice-model/about)

> Core Practice Model behaviors are the action oriented aspect of the practice model that defines expected leadership and social work practice. For practitioners they bring the model's theoretical

framework, values, and elements to life by clearly describing the interactions between social workers and families, children, youth, young adults, communities, and tribes. Practice behaviors provide guidance about how to use the practice model, ensuring staff and agency behavior are consistent with the practice model's theoretical framework, values, and elements.

(*California Child Welfare Core Practice Model*. https://calswec.berkeley.edu/sites/default/files/cpm_packet_rev0816_p7.pdf)

Integrated Core Practice Model

In an effort to link classroom and practicum learning to current child welfare practice, each of the Competencies for Public Child Welfare is linked with related Integrated Core Practices and Behaviors (ICPB) from the ICPM.

"Released in 2018, … the ICPM is an articulation of the shared values, core components, and standards of practice expected from those serving California's children, youth, and families. ICPM provides practical guidance and direction in the delivery of timely, effective, and collaborative services. Additionally, the ICPM helps create a culturally relevant and trauma-informed systems of care that strengthens the voice and choice of the child, youth, and family and builds consensus around their strengths and needs in service planning and delivery." (California Department of Social Services (CDSS). *The Integrated Core Practice Model (ICPM)*. https://www.cdss.ca.gov/inforesources/the-integrated-core-practice-model/about-icpm)

III. CHAPTER 3: INTEGRATED CORE PRACTICES AND BEHAVIORS (ICPB)

A. Working Within the Child and Family Team

The practice of working together as a team with children, youth, and families is at the heart of this ICPM and central to the implementation of family-centered practice. In this practice, it is important to distinguish between the child and family team (CFT) and the meetings, which are a primary way the team shares responsibility for assessing, coordinating care, and delivering services.

The CFT describes the child, youth, and family members plus the people they have agreed will participate on their team who will help and support them, as well as a plan to help them achieve change in their lives. This includes figuring out options and making decisions about the activities, interventions, and supports that will help them achieve success, monitoring how well that plan is working, and changing the plan when interventions and strategies do not work as envisioned, and deciding when they are ready to transition away from the intensive support of the service systems.

The CFT meeting is an efficient way to support close communication and integrated activity within the team. Who participates in a CFT meeting may vary depending on the stage of team formation, the phase of service delivery, the focus of the meeting agenda, or what supports and resources are required at a given moment in time. Whether or not every team member is physically participating at a meeting, it is critical that all team members have the information they need to fulfill their role on the team.

A member of the team should serve as the CFT facilitator. The facilitator's role is to set the meeting agenda with prior input from the members, convene, and ensure the meeting runs

smoothly and with fidelity to the ICPM. A comprehensive integrated training plan to ensure effective practice has been developed to support staff development in the required skills.

What is different about the ICPM from practice as usual is commitment from the professionals working with the child, youth, and family to recognize they are not working alone within their own disciplinary silo. Rather, the commitment to using the CFT structure requires working across the systems, building positive relationships, and sharing creative energy and resources that result in an integrated approach to meet the family's needs.

(CDSS, & Department of Health Care Services (DHCS). *The California Integrated Core Practice Model for Children, Youth, And Families*. https://www.cdss.ca.gov/Portals/9/CCR/ICPM/ICPM%20document%20with%20CDSS%20and%20DHCS%2012-17-2018%20FINAL.pdf?ver=2019-01-14-094317-290)

Review and Finalization of Curriculum Competencies for Public Child Welfare

Like the 2022 EPAS, the Curriculum Competencies for Public Child Welfare are mostly unchanged from the 2017 Competencies. A draft of the competencies was released for public comment from February 28 - March 31, 2023. This final version was released on April 19, 2023. This version of the updated Curriculum Competencies for Public Child Welfare should be integrated into the curriculum for Title IV-E students beginning in FY23-24.