

**CHILD WELFARE SERVICES:
SUCCESSFUL REUNIFICATION
OF FAMILIES**

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**LIVE WELL
SAN DIEGO**

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**LIVE WELL
SAN DIEGO**

San Diego County's vision of region that is
Building Better Health, Living Safely and Thriving

BUILDING BETTER HEALTH Improving the health of residents and supporting healthy choices	LIVING SAFELY Ensuring residents are protected from crime and abuse, neighborhoods are safe, and communities are resilient to disasters and emergencies	THRIVING Cultivating opportunities for all people and communities to grow, connect and enjoy the highest quality of life
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COUNTY OF SAN DIEGO

**LIVE WELL
SAN DIEGO**

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

Vision:
Healthy, safe, thriving
San Diego
communities

Agency Mission:
Make people's lives
safer, healthier and self-
sufficient by delivering
essential services in San
Diego County

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Tell us about yourself...

Social Worker?
Community Service Provider?
Probation?
Treatment Provider?
Mental Health Provider?
Other?

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SAFETY ENHANCED TOGETHER
County of San Diego Child Welfare Services

Vision
Every child grows up safe and nurtured.

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Safety Enhanced Together: Core Values 

 Relationships with children, youth, and families are the foundation	 Shared responsibility with community partners
 Collaborative partnerships with kinship and resource families	 A strong working relationship with the legal system
 Helping children and youth achieve their full potential and develop lifelong relationships	 A workplace culture characterized by reflection, appreciation and ongoing learning

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PRIORITIES 

<p>1. Safely stabilize and preserve families; and if that is not possible...</p>	<ul style="list-style-type: none"> • About 80% of all referrals do not require further intervention. • About 41% of the cases opened each year are voluntary cases and the children are not removed from the home. 61% of these voluntary cases successfully strengthen and preserve the family.
<p>2. Safely care for children and reunify children to their families of origin; and if reunification is not possible...</p>	<ul style="list-style-type: none"> • About 60% of children removed reunify with their family within 3 years.
<p>3. Safely support the development of permanency and lifelong relationships for children and youth.</p>	<ul style="list-style-type: none"> • About 82% of children removed find permanency either with their family of origin or a new family within 3 years.

Data as of CY2018 7

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Minimum sufficient level of care:

Keeping the child in the home when it is possible to do so and still keep the child safe. Children should only be removed when the parents cannot provide this level of care. It is determined by a number of factors and in relation to that particular case.

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INVESTIGATION OCCURS 

- Referrals occur based on allegations of abuse or neglect
 - Physical Abuse
 - Sexual Abuse
 - Emotional Abuse
 - General Neglect / Severe Neglect
 - Caretaker Absence / Incapacity

Three possible outcomes: Unfounded, Inconclusive, Substantiated

Options upon closure: Close referral without services, Close referral with community services, open a case (Voluntary or Continuing)

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ASSESSMENT 

FACTORS THE SOCIAL WORKER CONSIDERS:

- History
- Interviews / additional evidence
- Strengths of the family
- Needs of the Family
- Complicating factors
- Safety Threats

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INTERVENTION FACTORS 

SAFETY THREAT AND SAFETY NETWORK

Safety Threat
There is evidence that abuse occurred
AND
This caused imminent danger to the child(ren)

Safety Network
Anyone able and willing to support a safety plan that will mitigate immediate danger and future harm

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HARM, DANGER, AND SAFETY 



Harm Statement
What already happened

Danger Statement
What we worry will happen next

Goal Statement
What we hope happens instead

NOW

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VOLUNTARY SERVICES 

Offered when the parent can create safety without Juvenile Court involvement, typically with the involvement of the Child and Family team, utilizing their safety network

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COURT ORDERED SERVICES 

If a family is unable to create safety in the home without court involvement the Juvenile Court may become involved.

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PLACEMENT OPTIONS 

If the child cannot remain safely in the home with the parent:

- Always look to relative, NREFM (non-relative extended family member)
- Goal is to keep in familiar environment, school of origin whenever possible
- Resource Family – can be relative, NREFM, foster parent)
- San Pasqual Academy
- Foster Family Agency
- Group Home

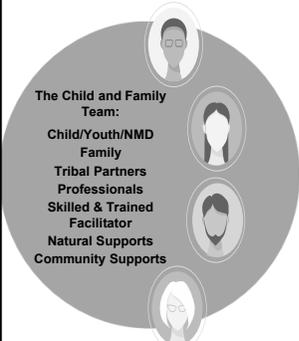
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CASE PLAN – VOLUNTARY OR COURT 

- A case plan is a written document that details how the family will demonstrate over time they can safety care for their child(ren).
- The case plan services are determined in a Child and Family Team (CFT) meeting where the Child and Adolescent Needs and Strengths (CANS) is finalized to determine what referrals the family needs to create safety in their home.

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THE CHILD AND FAMILY TEAM 



The Child and Family Team:
Child/Youth/NMD
Family
Tribal Partners
Professionals
Skilled & Trained Facilitator
Natural Supports
Community Supports

CFT meetings are one tool of the CFT engagement and service delivery process.

Team meetings are critical opportunities to demonstrate the principles of effective core practice, including empathy, empowerment, and awareness about the impact of trauma.

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Teams vs. Meetings 

- Placing agencies must convene the meeting.
- Facilitation of the CFT process may or may not be the responsibility of the placing authority.
- There will be only one team process for any single family in care.
- It is only a CFT meeting if decisions about goals and the strategies to achieve them, are made with involvement of the child, youth, and family members.



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CANS 

WHAT IS THE CANS?

- Child and Adolescent Needs and Strengths (CANS) is an evidence based tool that determines which key strengths and needs the Child and Family Team (CFT) should focus on to best support the child and family
- The CANS assessment process captures the views of the family and those close to the child which then informs and guides the treatment / case planning process
- The single assessment process creates and establishes authentic partnerships with children, youth and families, which results in coordinated and integrated plans that are individualized to address the unique needs of each child / youth / family members
- Training and certification is required for all staff administering the CANS

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SO WE HAVE A CASE PLAN, NOW WHAT?

- Timelines for reunification
 - Child 3 or younger; 6 months minimum
 - Children over 3; 12 months minimum

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COURT HEARINGS 

STATUTORY COURT HEARINGS

- Required every 6 months to update the Court and legal partners on families progress in their court ordered services
- Ensure transparent communication between CWS, the Court, and Legal counsel
- Ensure that family strengths and challenges are equitably addressed and shared with the Court
- Ensure the child's voice is included
- Ensure that regular communication is occurring with caregivers and community service providers and include their feedback is included in the court report
- Ensure that CWS is exercising all efforts in support of safety, permanency and well-being.
- Ensure that collaborative decision are made on behalf of the child/family.

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CONTACTS 

Contacts are purposeful interactions between the SW, children, youth, parents, and caregivers that reflect engagement and contribute to the assessment and case planning process – minimum of once a month.



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CONTACT CHARACTERISTICS 



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CONTACT REQUIREMENTS 

- At minimum once per month in-person with the child and parents.
- The majority of the visits need to be in home of the child (parent or caregiver).
- More frequent contacts should be made especially if the child has high needs (child behaviors, unstable placement, etc.).
- Be announced and unannounced visits.

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CONTACTS 

- Ensure child safety
- Develop trusting relationships with families
- Observe youth, children, and families in their home setting
- Assess ongoing progress with the case plan services and progress towards reunification
- Address the specific needs of the children, youth, parents, and caregivers and identify opportunities for support
- Collaborate with the families to identify strengths, challenges, needs, and address barriers

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SOCIAL WORKER EXPECTATIONS 

- Respectful communication at all times
- To be part of the case planning process and ensure parents are part of their children's medical / dental / mental health services unless the court has ordered otherwise
- Prompt response (within 1 business day) to questions or requests for information
- Visitation with children and siblings unless the court has ordered otherwise
- If a social worker is not responding, speak with the supervisor or manager to ensure the needs of the family are met timely

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PARENT EXPECTATIONS 

- **Be an active participant in your case plan** – show us what you learn
- **Be in contact with the social worker** – we recommend calling at least once a week to say what you are learning in services or something good that happened on your visit
- **Self Advocacy** – let the social worker know what you need or your worries so they can assist you
- **Visitation** – Attend, be on time – recommend bringing healthy snacks and focusing on child throughout the visit
- **Communication** – Please refrain from cursing or threatening your social worker – it's OK to be angry and upset but how you communicate helps you get your families needs met

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CASE PLAN SERVICES 

- Group Therapy (better outcomes for protective capacity)
- Individual Therapy / Conjoint Therapy
- Substance Use Disorder treatment services
- Parenting education
- Anger management
- Intensive Family Preservation Program (IFPP)
- Visitation
- In Home Services

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SUBSTANCE USE DISORDER (SUD) 

SUD AND CHILD MALTREATMENT

- In 1999, the U.S. Department of Health and Human Services (HHS) reported that between one-third and two-thirds of child maltreatment cases were affected by substance use. More recent studies, suggest this may be even wider.
- Estimated 12% of children who live in this country live with a parent who is dependent on or abuses alcohol or drugs.
- More than 400,000 infants each year are exposed to substances prenatally.
- Children with parents who abuse alcohol or drugs are more likely to experience abuse or neglect than children in other households.
- Once a report is substantiated, children of parents with substance use issues are more likely to be placed out of home care and more likely to stay in care longer than other children.

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SUBSTANCE USE DISORDER (SUD) 

IMPACT ON PARENTING

- Reduced capacity to respond to a child's needs and cues
- Disruptions in healthy parent and child attachment
- Spending funds and resources on alcohol and drugs rather than food, clothing, household needs, etc.
- Spending time seeking out, manufacturing, and/or using alcohol or drugs
- Lack of supervision (including incarceration)
- Estrangement from family and other social supports
- Physical and/or mental impairments caused by alcohol or drugs

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SUBSTANCE USE DISORDER (SUD) 

IMPACT ON CHILD

- Poor cognitive, social, and emotional development
- Depression, anxiety, and other trauma and mental health symptoms
- Physical and health issues
- Substance use problems
- Attachment difficulties

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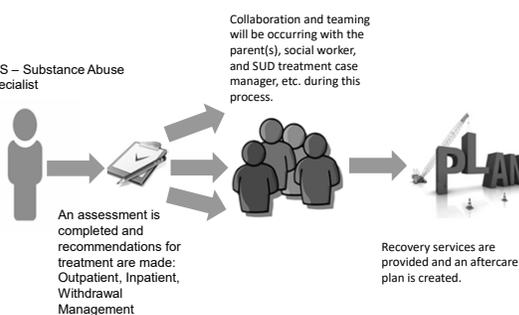
SUBSTANCE USE CASES 

Total Open Cases	3,058	100 %
Substance Use in Open Cases	2,338	76%

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SUBSTANCE USE DISORDER (SUD) 

SAS – Substance Abuse Specialist



An assessment is completed and recommendations for treatment are made: Outpatient, Inpatient, Withdrawal Management

Collaboration and teaming will be occurring with the parent(s), social worker, and SUD treatment case manager, etc. during this process.

Recovery services are provided and an aftercare plan is created.

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DEPENDENCY DRUG COURT  

The Dependency Drug Court Program (DDCP) provides support to parent's struggling in SUD treatment services. The parent is assessed by the SAS and then court ordered into the program if appropriate.

The main components of DDCP include:

- Active and regular involvement with the court
 - Peer Support
 - Accountability
 - Recognition

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INTENSIVE FAMILY PRESERVATION PROGRAM (IFPP)  

IFPP is a voluntary program that provides short term, intensive, in home services to families. The goal is to partner with the family to have children remain in their home, or return home timely, while their parents work to create and demonstrate sustained safety. Services may include:

- Support funds
- Crisis intervention
- Role modeling
- Resources and community referrals
- Supporting parents in applying techniques learned from services
- Mentoring and ongoing instruction
- Assistance on developing safety networks

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VISITATION  

- Visits help dispel a child's feelings of rejection, abandonment, and loss of family and kinship group.
- Visits help reassure parents that the child is being well cared for and that placement is not intended to take the children from them permanently.
- Visits help keep parents motivated to work with the social worker and on their case plan.

Visitation is considered the highest predictor of eventual reunification.

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VISITATION RESEARCH 

- The initial bond between a child age 0-3 and a primary caregiver is crucial because it provides the base for the child's subsequent relationships, impacting their expectations for and responses to others.
- Poor primary attachment can affect a child's normal psychological development and can lead to future behavioral and relationship difficulties.
- The number of visits a child in out-of-home care received and the consistency of the parent(s) visits were both significantly correlated with increased quality of attachment.
- Adolescents approach important interpersonal developments, like building identity and learning to relate to others, based on the expectations for interactions they developed in their relationships with primary caregivers.

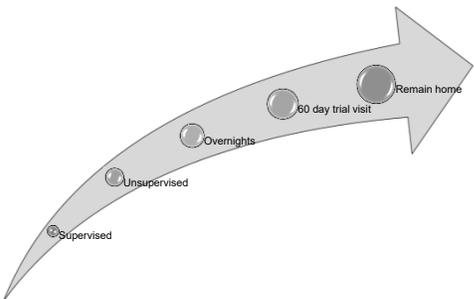
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SOCIAL WORKER VISITATION RESPONSIBILITIES 

- Arrange visitation to allow the parent and child to have the **maximum** contact in the **least** restrictive setting.
- Ensure the visitation plan follows all orders made by the court.
- Observe three entire visits between the children and parents at least three times in a 6-month period.
- Until visits are at unsupervised, review the visitation plan and risk level every 30 days.

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PROGRESSION OF VISITATION 



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FAMILY VISITATION COACHING INCLUDES: 

- How to plan to give their child their full attention at each visit
- Reach agreement with the parent about the child's needs to be met in visits
- Prepare parents for their child's reactions
- Appreciate the parent's strengths in responding to their child and coaching them to improve their skills
- Supportively remind parents immediately before and during the visit of how they plan to meet the particular needs of their child/children
- Help parents cope with their feelings in order to visit consistently

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When does reunification occur?

- The parent(s) must demonstrate they can create safety in their home for the child(ren) to return/stay home
 - Active participation and demonstration of learned behaviors from case plan services demonstrated during visitation and in other interactions
- Ideally the CFT members have ongoing relationship and provide support to the family

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Who is involved in determining if reunification occurs?

- Child and parent(s)
- Service providers / Education providers
- CASA
- Safety Network / relatives
- Social Worker / Supervisor
- Legal Partners: child's and parents attorney, county counsel, Judge

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SUCCESSFULLY CLOSING CASES  

Arrange a CFT prior to closing the case to create an ongoing safety plan with the family.

- Ensure that a safety network has been established and that the family knows how to utilize support systems and resources independently.
- Recognize and highlight positive changes that the family has made as well as any issues that may remain.
- Discuss steps and strategies for addressing any of these issues and others that may arise once the case is closed.
- Provide the family and the safety and support network with community resources and put any services into place that can assist the family once the case closes.

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If reunification is not in the child's best interest:

- Agency recommends termination of reunification services
- Typically there is a trial where all parties present evidence and Judge ultimately decides outcome
- 120 day period to determine the permanent plan

Options: Adoption, Guardianship, APPLA

- Relatives get first preference for permanent plan

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QUESTIONS? 

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Top 2 San Diego Mottos:
Yes We CANS!
Viva La CANS!



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