CHARTING THE COURSE TOWARDS PERMANENCY FOR CHILDREN IN PENNSYLVANIA: A Knowledge and Skills-Based Curriculum

MODULE TEN (10) INTRODUCTION TO COMMUNITY AND COMMUNITY PARTNERSHIPS/PANEL

A Training Outline

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August 2007

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Module 10: Introduction to Community and Community Partnerships/Panel

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Agenda for One-Day Workshop on Module 10: Introduction to Community and Community Partnerships/Panel

Estimated Time	Content	Page
30 minutes	Section I: Introduction	3
50 minutes	Section II: Collaborating with Multiple Service Systems Break	7
1 hour	Section III: Making Referrals and Coordinating Services	12
25 minutes	Section IV: Using Interactional Skills to Develop Community Partnerships	23
2 hours, 45 minutes	Section V: Developing Community Partnerships	26
30 minutes	Section VI: Self Assessment/Transfer of Learning/Wrap-Up	35

Module 10: Introduction to Community and Community Partnerships/Panel

Section I: Introduction

Estimated Length of Time:
30 minutes

Learning Objectives:
Participants will be able to:
✓ Recognize the competencies and learning objectives for this workshop

Methods of Presentation:
Lecture, Individual Activity

Materials Needed:
✓ Name tents
✓ Masking tape
✓ Colored markers
✓ 2 Flip chart stands
✓ 2 Blank flip charts
✓ Overhead projector and screen
✓ **Overhead #1 (Agenda)**
✓ **Overhead #2 (Learning Needs)**
✓ **Handout #1 (Learning Objectives and Competencies)**
✓ **Handout #2 (Agenda)**

Outline of presentation:
- Welcome trainees to Charting the Course for Children in Pennsylvania
- Introduce himself/herself to the group
- Review the learning objectives for the session using **Handout #1 (Learning Objectives and Competencies)**
- Encourage participants to take risks that will help them to learn and try out new skills in the safety of the classroom
- Identify struggles to coordinating social service delivery to families

Section I: Introduction

Trainer Note: Prepare a poster for the wall entitled WIIFM (What's In It For Me)?

Trainer Note: Prepare the training room in advance by placing name tents, markers, and handout packets at each table. As participants arrive, greet each one.

Mandatory Pre-work Activity for Preparation to attend Module 10 – Community Partnerships:

1) Bring a case that you are currently working on or are aware of in your agency that would be suitable to present to a panel of community partner experts. The case should have at least one of the following issues as an area of concern in the subject family: mental health issues, mental retardation issues, drug and alcohol issues, and/or domestic violence issues. While being mindful of the confidentiality laws, be prepared to share the details of this case with your cohort group.

2) Find out if your agency has a list of community resources that are available in your county; If you do have a list of agencies, then bring it to the training. If your agency does not have a list, then learn how you would find out what services exist.

3) Find out what services exist to meet the possible unique ethnic, religious, and physical needs of a family or child.

Recommended Pre-work Activity for Module 10 – Community Partnerships:
1) Go to a local activity that is part of a culture that is different from yours (religious, social, educational) and *Tune in to Self* to understand clients experiences (*Tuning in to Others*) when they are working with community agencies that have different cultural and ethnic histories.

Step 1: (5 minutes)
Lecture

Start the training session promptly at 9:00 AM. Reinforce the established training room culture. Later—during introductions—reinforce other important guidelines as needed.

Trainer Note: If this training is for a cohort group, participants do not need to review each guideline unless you feel they need to be reinforced to ensure they are being followed. If this training session is not part of a cohort group, guide participants through reviewing all of the training room guidelines.

Welcome participants to the training; introduce yourself and the co-trainer if one is present.

Review the identified training room guidelines.

- ✓ Be on time
- ✓ Training Schedule – 9:00 to 4:00 with Breaks
- ✓ Document your presence -sign-in sheet
- ✓ Provide Constructive and Motivational Feedback
- ✓ Respect
- ✓ Risk taking
- ✓ Practice makes permanent
- ✓ Focus on Learning - No cell phones & only contact office for emergencies

Step: 2: (5 minutes)
Individual Activity

Again, if this training is for a cohort group of participants, they will complete their name tents upon arrival and this step may be deleted and trainees can just place their names on their name tents.

If this training session is not part of a cohort group, guide participants through the completion of their name tents.

County	Unit/Department
Length of time in position	One or two guidelines that makes training effective for them

The trainer instructs participants to write the county in which they work in the top right corner of the nameplate. The trainer instructs participants to write their position in the agency in the top left corner.

The trainer asks participants to write the amount of time they have been in their position in the bottom left corner. The trainer asks participants to write two guidelines to make training effective for them. (An alternative: have participants list what they believe to be one or two signs of child abuse and neglect . . .)

When the name and four corners are complete, the trainer asks participants to stand their name tent in front of them.

The trainer asks participants to share introductory information from their name plates with the others seated at their table.

Step 3: (10 minutes)
Lecture

Inform participants that the last module focused on how to assess physical, cognitive, and socio-emotional characteristics of a child’s development. This module will concentrate on the areas of domestic violence, mental illness, substance abuse, and mental retardation, examine their influence on child abuse and neglect, and cover how to make referrals to address these needs.

Trainer should ask participants to think of one thing that they want to learn about obtaining necessary community services for the families that they work with. Participants should write this thought on the WIIFM poster. At the end of the training, review the WIIFM poster and make sure that all of the concerns and questions have been addressed.

Provide an overview of the training day by reviewing **Handout #1 (Learning Objectives and Competencies)**. Describe how the learning objectives will be accomplished using **Handout #2 (Agenda)** and **Overhead #1 (Agenda)**.

Step 4: (10 minutes)

Ask participants to spend 5 minutes in their table groups by completing these statements:

“When trying to get concrete needs for families/individuals, the things I struggle with most are …”

“When obtaining services for families/individuals related to domestic violence, mental illness, cognitive limitations or substance abuse, the things I struggle most with are …”

Overhead #2 (Learning Needs) is available as a guide.

Go around the room and ask each group to share one response to each question.

Complete this section by explaining to participants that the purpose of this training is to focus on the casework task of referral/coordination with community agencies and how to network in order to familiarize themselves with resources available in the community. The module will conclude with presentations by trainees to a panel of service providers from the relevant local helping agencies.

Module 10: Introduction to Community and Community Partnerships/Panel

Section II: Collaborating with Multiple Service Systems

Estimated Length of Time:
50 minutes

Learning Objectives:
Participants will be able to:
- Recognize the natural support systems available to the family in the neighborhood/ community, and whether the family has used, or is currently using, these services.

Methods of Presentation:
Lecture, Large Group Discussions, Small Group Activity, Individual Activity

Materials Needed:
- ✓ 2 Flip chart stands
- ✓ 2 Blank flip chart pads
- ✓ Prepared flip chart
- ✓ Colored markers
- ✓ Masking tape
- ✓ Overhead projector and screen
- ✓ **Overhead #3 (Roles and Responsibilities Activity)**
- ✓ **Handout #3 (Eco-Map)**

Outline of presentation:
- Create an eco-map
- Identify stigmas associated with receiving social services
- Identify the primary role of Child Welfare Professionals

Section II: Collaborating with Multiple Service Systems

Trainer Note: Have a prepared blank eco-map drawing on a flip chart sheet of paper at the front of the room. Use **Handout #3 (Eco-Map)** as a sample eco-map.

Step 1: (10 minutes)
Individual Activity

Explain to participants that they are going to brainstorm all the various service systems that may provide services/support to a family.

Distribute **Handout #3 (Eco-Map).** Ask participants to write in the name of the family – or any fictitious family – on the middle line. Then ask them to spend a few minutes filling in all the outer circles with all the various service systems that may provide services/support to a family.

Using a round robin format go around the room and ask participants to read the service/ system that they listed on their handout. Use the blank eco-map flip chart sheet at the front of the room to document all the responses. Minimally, the eco-map must include the following:

- School
- Spiritual/ Religious
- Medical/ Physical Health
- Drug/ Alcohol
- Mental Health
- Mental Retardation
- Domestic Violence
- Public Assistance (TANF)
- Recreation
- Legal System
- Education
- Child Welfare Agency

(If participants do not offer these, trainer should fill in the information)

Also explain to participants that although friends and extended family are not service systems, they are critical support systems to individuals and families.

Step 2: (10 minutes)
Large Group Discussion

Ask participants, which service systems carry a stigma for those individuals referred to them. Place an asterisk next to the services/systems the participants list.

Ask participants why a stigma is connected to being involved with the identified systems?

What do they think about people who are involved with the systems?
Record the responses on a flip chart. Gather a variety of responses that include: weak, lack of effort, laziness, something is wrong with you, bad person etc.

Continue the conversation by asking participants how they feel these stigmas may impact on service delivery? Tell them to *Tune in to Self* and write down what they think about someone on public assistance, who goes to mental health counseling, who is cognitively limited, who beats his wife, or is strongly religious?

Explain to participants that it is understandable that stigmas exist as we receive messages throughout our lifetime that people involved with certain systems have negative characteristics. Explain how culture-based attitudes and perceptions of Child Welfare Professionals and service provider agency staffs could impact the quality of services provided to families that represent different cultural, racial, and socio-economic groups. In these situations, Child Welfare Professionals must recognize factors that negatively impact the quality of services to child welfare families and advocate for equality in services. It is our responsibility as professionals to base our interventions on facts, not stigmas.

Step 3: (25 minutes)
Small Group Activity

Ask Participants, “What is our primary role as Child Welfare Professionals?” Try to elicit a participant to provide the answer; “To ensure child safety”. Reinforce that although we have multiple roles and responsibilities, our number one task is always to ensure child safety. Often child safety can be ensured by establishing connections to formal and informal community service providers.

Inform participants they are going to work on an activity that will have them identify their role in ensuring child safety by connecting families to community service providers.

Have participants work in their table groups. Assign each group to one of the following:

- Parents
- Children
- Community Agency
- Cultural/Ethnic Concerns/Needs

Inform each group that they will spend 10 minutes identifying their role/responsibility as Child Welfare Professionals to the assigned category. Give each table a sheet of flip chart paper and markers to document their answers. Use the following as a guide for this activity.

Roles and Responsibilities Activity:

Identify your role/responsibility related to each group (parents, children, community agency, and cultural/ethnic concerns) during intake phase and permanency planning and placement phase by answering the following questions:

- What do you need to do to connect individuals to appropriate services?
- What do you need to do to help people maintain connections to services?
- What Interactional Skill will you need to use to fulfill your role?

Overhead #3 (Roles and Responsibilities Activity) is available to post the instructions for the activity. Each group will have 5 minutes to present their information.

If there are less then 4 table groups, the trainer can demonstrate the activity using one of the unassigned categories.

Presentations must include this information.

Parents:

Intake phase

·Get all relevant information
·Begin to build trust/establish rapport
·Assess needs

In-home and permanency phase

·Recognize indicators of concerns
·Build the partnership
·Refer to appropriate services
·Assist in transporting

Children:

Intake phase

·Get all relevant information
·Begin to build trust/establish rapport
·Assess safety
·Assess needs

In-home and permanency phase

·Ensure safety
·Ensure permanency
Ensure well-being
·Ensure timeliness
·Refer to appropriate services
·Assist in transporting

Community Agency:

Intake phase

·Understand the role of the agency
·Establish rapport with service provider
·Make appropriate referrals

In-home and permanency phase

·Continue to assess needs
·Engage in follow-up
·Maintain involvement

Cultural/Ethnic Concerns:

Intake phase

·Tune in to Self

In-home and permanency phase

·Learn more about

·Tune in to Others
·Show respect for differences

differences
·Focus on partnering with families

It is critical that in all instances confidentiality is maintained. Confidentiality will be discussed in more detail in another section.

Step 4: (5 minutes)
Lecture

Inform Participants that today they will practice making referrals to community agencies. In doing so they will learn:

a.) How to facilitate effective collaboration with other community service providers.
b.) How to identify characteristics that indicate the presence of domestic violence, mental health, drug/alcohol, or mental retardation issues.
c.) How to communicate with service providers regarding the need for a referral to community agencies.

Remind participants that they must be able to identify characteristics of the presenting problem. In Module 7: Assessing Risk, they learned the basic behaviors and signs to look for related to drug and alcohol abuse, mental health and mental retardation issues, and domestic violence issues. It is critical that all Child Welfare Professionals take advanced level training in all of these areas.

In the next section, they will learn about how to make referrals once they have used their assessment skills to identify that a referral is needed.

Module 10: Introduction to Community and Community Partnerships/Panel

Section III: Making Referrals and Coordinating Services

Estimated Length of Time:
1 hour

Learning Objectives:
Participants will be able to:
- ✓ Recognize the Pennsylvania Practice Standards that guide service coordination and referrals
- ✓ Recognize the accepted guidelines for making a referral to a provider agency
- ✓ Recognize confidentiality guidelines related to making service referrals

Methods of Presentation:
Lecture, Small group activities, Large group discussion

Materials Needed:
- ✓ 2 Flip chart stands
- ✓ 2 Blank flip chart pads
- ✓ Prepared flip charts
- ✓ Colored markers
- ✓ Masking tape
- ✓ Overhead projector and screen
- ✓ **Overhead #4 (Standard III-B)**
- ✓ **Overhead #5 (Standard III-D)**
- ✓ **Overhead #6 (Standard III-H)**
- ✓ **Overhead #7 (Activity – Referrals)**
- ✓ **Handout #4 (Phases of Casework Practice: Navigational Guide)**
- ✓ **Handout #5 (Guidelines for Making Referrals)**
- ✓ **Handout #6 (Service Referrals Case Examples)**

Outline of Presentation:
- Identify when in the casework process it is appropriate to make referral to community services
- Identify Pennsylvania standards associated with making referrals to community agencies
- Review guidelines for making a referral to a community agency
- Review confidentiality laws
- Review sample cases

Section III: Making Referrals and Coordinating Services

Step 1: (10 minutes)
Lecture, large group discussion

At this time, the trainer should ask participants if they brought their pre-work for Module 10. The pre-work was:

1) In Module 10, you will be presenting a case to a panel of social services experts from the fields of mental health, mental retardation, drug and alcohol, and domestic violence. In order to make the experience real for you, review with your supervisor your current cases or ones that your are aware of in your agency and consider if one of those cases would be appropriate to present to the panel for input, help with case planning, help with accessing services, etc. Be prepared to present your case to the panel.

2) Find out if your agency has a list of community resources that are available in your county. If you do have a list, bring it to the training. If your agency does not have a list learn how you would find out what services exist.

3) Find out what services exist to meet the possible unique ethnic, religious, physical needs of a family or child.

Review the pre-work with participants.

Distribute **Handout #4 (Phases of Casework Practice: Navigational Guide)** and direct participants attention to the “Make Community Referrals” block. Explain that this is the place in the casework sequence when referrals may be made as well as after the Family Service Plan and Child’s Permanency Plan is developed.

Ask trainees for examples of when referrals may have been made at other times. Some answers may include for emergency services to meet concrete needs at the beginning of an investigation or intervention. Sometimes we refer for services to begin immediately without an FSP being in place because the safety needs are so clear. Also, at Intake, Child Welfare Professionals may refer families to community agencies if there is no child abuse and neglect allegations, but only request information or assistance. If during the investigation the worker cannot substantiate the allegations of child maltreatment, but identifies other needs, s/he may refer the family to community agencies.

Explain that the PA Practice Standards have been developed to guide service referrals. Review **Overhead #4 (Standard III-B)**, **Overhead #5 (Standard III-D)**, and **Overhead #6 (Standard III-H)**.

Overhead #4 (Standard III-B) outlines that the agency is expected to:
- Establish service linkages between public & private agencies
- Assure family gets planned services
- Assure cultural responsiveness
- Assure timeliness

- o Provide referral processes (assessment of availability & readiness)
- o Assess service linkages through at least monthly case management contact

This is the standard that establishes “at least monthly” contact for case management cases, in which other service providers are delivering the services directly.

Overhead #5 (Standard III-D) outlines that the agency is expected to assure service needs by:

- Coordinating delivery of services
- Meeting identified needs
- Achieving permanence through:
  - Ongoing assessments
  - Case management
  - Referral to community resources
  - Advocacy
  - Provisions of supportive & rehabilitative services

Overhead #6 (Standard III-H) outlines that the agency is expected to provide service delivery that:

- Meets both concrete & therapeutic services
- Meets daily, basic needs
- Meets emotional and developmental needs
- Supports the resolution of problems
- Is culturally sensitivity
- Is provided in a timely manner

Step 2: (2 minutes)
Lecture

Refer participants back to **Handout #4 (Phases of Casework Practice: Navigational Chart)** and ask them to locate the “Implement Plan” block. Explain that one of the ways that we implement the plan is to begin to make the required referrals indicated in the FSP or CPP.

New child welfare professionals are often required to gather information from a family or from the case record and to use that information in making appropriate referrals for services to be provided according to the Family Service Plan, Child’s Permanency Plan, or a recent review.

Child Welfare Professionals must know how to evaluate appropriateness of community agencies in terms of a family’s service needs. Child Welfare Professionals must use different sources of information and knowledge of community agencies to determine whether the agency employees have the skills and resources to meet the needs of the child, parent/caretaker, and foster parents. It is important to collaborate with public and private workers so you understand the referral policies and procedures that guide the process of accepting families for services, sharing information, and complying with service outcome requirements.

Step 3: (13 minutes)
Large Group Discussion

Ask participants to identify the items that they believe are useful and should be included in a referral. Use a flip chart to record this list. Typically, these items are needed at the time of a referral:

- Family Name
- Reason for Referral
- Composition of the Family
- Contact Information (address, phone numbers, directions to the home, if home-based services, etc.)
- Desired Outcome(s)
- History of Agency Involvement
- Consent to Release/Exchange Information
- Determination of Eligibility
- Payment Information
- A copy of the Family Service Plan showing the Service Provider's Role and Responsibilities
- Requested Frequency or Contact
- Reporting Expectations
- Court Requirements

Distribute **Handout #5 (Guidelines for Making Referrals)** to participants which has the above information on page 2.

Step 4: (10 minutes)
Lecture

Use **Handout #5 (Guidelines for Making Referrals)** to briefly review pages 2-4 on confidentiality.

CPSL section 6339 – Confidentiality of reports and CPSL section 6340 - Release of information in confidentiality reports provide guidelines for sharing information.

CPSL section 6340(a) (1 thru 15) identifies agencies and persons to whom confidential reports are made available, in addition to agencies in other counties or states where the child has moved. It is important to explain that public or private agencies are not included in the list of persons to whom confidential reports are made available. Therefore, releases of information must be obtained from the individuals in order to share the specifics of the child abuse investigation or finding.

§ 6340. Release of information in confidential reports.

(a) General rule.--Reports specified in section 6339 (relating to confidentiality of reports) shall only be made available to:

(1) An authorized official of a county agency or of an agency of another state that performs protective services analogous to those services performed by county agencies or the department in the course of the official's duties, multidisciplinary team members assigned to the case and duly authorized persons providing services pursuant to section 6370(a) (relating to voluntary or court-ordered services; findings of child abuse).

(2) A physician examining or treating a child or the director or a person specifically designated in writing by the director of any hospital or other medical institution where a child is being treated when the physician or the director or the designee of the director suspects the child of being an abused child or a child alleged to be in need of protection under this chapter.

(3) A guardian ad litem or court designated advocate for the child.

(4) An authorized official or agent of the department in accordance with department regulations or in accordance with the conduct of a performance audit as authorized by section 6343 (relating to investigating performance of county agency).

(5) A court of competent jurisdiction pursuant to a court order.

5.1 A court of common pleas in connection with any matter involving custody of a child. The department shall provide to the court any reports and files which the court considers relevant.

(6) A standing committee of the General Assembly, as specified in section 6384 (relating to legislative oversight).

(7) The Attorney General.

(8) Federal auditors if required for Federal financial participation in funding of agencies except that Federal auditors may not remove identifiable reports or copies thereof from the department or county agencies.

(9) Law enforcement officials of any jurisdiction, as long as the information is relevant in the course of investigating cases of:

(i) Homicide, sexual abuse, sexual exploitation or serious bodily injury perpetrated by persons whether or not related to the victim.

(ii) Child abuse perpetrated by persons who are not family members.

(iii) Repeated physical injury to a child under circumstances that indicate that the child's health or welfare is harmed or threatened.

(iv) A missing child report.

(10) Law enforcement officials who shall receive, immediately after the county agency has ensured the safety of the child, reports of abuse, either orally or in writing, according to regulations promulgated by the department, from the county agency in which the initial report of suspected child abuse or initial inquiry into the report gives evidence that the abuse is:

(i) homicide, sexual abuse, sexual exploitation or serious bodily injury perpetrated by persons, whether or not related to the victim; or

(ii) child abuse perpetrated by persons who are not family members.

(11) Designated county officials, in reviewing the competence of the county agency or its employees pursuant to this chapter. Officials under this paragraph are limited to the following:

(i) The board of commissioners in counties other than counties of the first class.

(ii) Mayor in a city of the first class under the act of April 21, 1949 (P.L.665, No.155), known as the First Class City Home Rule Act.

(iii) An individual serving as a county chief executive as designated by a county home rule charter or optional plan form of government pursuant to the act of April 13, 1972 (P.L.184, No.62), known as the Home Rule Charter and Optional Plans Law.

(12) A mandated reporter of suspected child abuse as defined in section 6311 (relating to persons required to report suspected child abuse) who made a report of abuse involving the subject child, but the information permitted to be released to the mandated reporter shall be limited to the following:

(i) The final status of the child abuse report following the investigation, whether it be indicated, founded or unfounded.

(ii) Any services provided, arranged for or to be provided by the county agency to protect the child.

(13) Persons required to make reports under Subchapter C.1 (relating to students in public and private schools). Information under this paragraph shall be limited to the final status of the report following the investigation as to whether the report is indicated, founded or unfounded.

(14) A prospective adoptive parent, approved by an adoption agency, when considering adopting an abused child in the custody of a county agency. The county agency having custody of the child and the adoption agency shall determine the scope and detail of information, which must be provided so that the prospective parent may make an informed decision to adopt.

(15) Appropriate officials of another county or state regarding an investigation related to child abuse or protective services when a family has moved to that county or state. Reports under this paragraph shall include general protective service reports and related information. Reports and information under this paragraph shall be provided within seven calendar days. The department shall promulgate regulations as necessary to carry out the purposes of this paragraph.

(b) Release of information to subject of report.--At any time and upon written request, a subject of a report may receive a copy of all information, except that prohibited from being disclosed by subsection (c), contained in the Statewide central register or in any report filed pursuant to section 6313 (relating to reporting procedure).

(c) Protecting identity of person making report.--Except for reports pursuant to subsection (a)(9) and (10), the release of data that would identify the person who made a report of suspected child abuse or the person who cooperated in a subsequent investigation is prohibited unless the secretary finds that the release will not be detrimental to the safety of that person. Law enforcement officials shall treat all reporting sources as confidential informants.

(d) Exclusion of administrative information.--Information maintained in the Statewide central register which was obtained from an investigating agency in relation to an appeal request shall not be released to any person except a department official, as provided by regulation.

(16) A federal agency that has a need in order to fulfill its duties to protect children from abuse and neglect.

In making a referral, ask participants if they can openly share the family information with the service provider. If the answer is yes, they may share specific information if the purpose of sharing the information is to protect a child.

Section 3490.91 (a) (1) of the Protective Services Regulations provides guidelines of persons to whom child abuse information shall be available to protect the safety and well-being of a child. Included (but not limited to) on the list are:

1. An authorized official of a county agency or of an agency of another state that performs services analogous to those services performed by county agencies, multidisciplinary team members, and authorized persons providing services (to CYS) by referral.

Section 3130.44 (c) : Confidentiality of family case records, allows information necessary to protect the safety and well-being of a child to be released. Included (but not limited to) on the list are:

….another county agency and other providers of services to children and families who are accepted for service by the county agency may have access to and the right to use information identifying recipients of children and youth services. The amount and type of information to be released shall be determined by the county agency and shall be limited to information needed by the service provider to carry out its responsibilities.

The decision to release information shall be based on the county agency's assessment of the individual case record and the responsibilities of a service provider. Information released may include part or all of the case record.

Review **Handout #5 (Guidelines for Making Referrals [page 6])** to explain guidelines that can be used in order to determine whether or not a specific service provider is appropriate for the family.

1) Will the selected services address the contributing factors to the risk of maltreatment?
2) Is the service best suited to deal with the particular problems and needs identified during the assessment?
3) Will the services be culturally appropriate?
4) What skills are required of the service provider? Does s/he have the required competence?

5) What factors enhance or prohibit the family's participation and cooperation?
6) Could the agency provide the services directly rather than through a purchase of service contract? Are you expected to provide these services yourself? Is that appropriate? Do you have the required competency to do so?
7) Can various methods of service delivery be used concurrently? How would this benefit the family?
8) How soon are the services available? (Research indicates that families benefit more from intensive services during the first several months of service and are more likely to alter their behavior as close to the initial point of referral as possible.)

Explain that many agencies have their own intake requirements and dictate the kind of information required to consider a family for service delivery. Others expect the referring agency to disclose as much information as they have; allowing the private service delivery agency to decide what information is useful to retain and to use.

Ask participants, "How much information can you share with friends, neighbors, and extended family?"

The response is in general, confidentiality laws prevent Children Child Welfare Professionals from sharing information about a client family with the client family's friends, neighbors, or family members. In order for a Child Welfare Professional to enlist the aid of family members, friends, or neighbors to lend supportive services to a client family, the worker must have the client family's permission to do so.

Ask participants, "Given the confidentiality laws, how does one engage family or friends in providing supportive services to a family?"

Best practice would dictate that the Child Welfare Professional meet with the client family ahead of time and agree on what necessary information can be shared, and that an adult member of the client family be present when the case is discussed with the supportive neighbor, friend, or family member.

Ask participants, "Given the confidentiality laws, what does a Child Welfare Professional do if a family moves to another state or county? Does the worker need to make a referral to another county agency?"

Step 5: (25 Minutes)
Small Group Activity

Give each table group **Handout #6 (Service Referrals Case Examples)**. Inform the groups that they are to: a) review the case information, b) identify the appropriate referral(s), c) list the information they are going to share with the referral source, and d) be able to say what they are going to tell the individual/family about the referral. **Overhead #7 (Activity – Referrals)** is available for display on the overhead. Tell participants to use the questions on page 6 of **Handout #5 (Guidelines for Making Referrals)** as a guide.

After about ten minutes, bring the group back together and have each table group report out their answers. The following information should be included in the discussion for each group:

Referral to parenting group with no CYS services:

On January 3, 2005, CYS received an anonymous referral, which alleged that Mary Jones, mother of three preschoolers, was using corporal punishment to discipline her unruly children. The anonymous caller alleged that she hears the children screaming and crying “all day long” and has observed the mother hitting the children on the buttocks with her hand. This was CYS’s first referral on the Jones family.

When the caseworker arrived at 1:30 p.m. on January 5, the children, ages 1 ½, 2 ½, and 4 were jumping on the furniture and screaming. They were dressed only in tee shirts and diapers/underwear. The mother was sitting at the kitchen table drinking coffee. The caseworker asked and received mother’s permission to see the children’s bodies to check for injuries. There were no injuries on any of the children and they appeared to be healthy although clearly out of control behaviorally. The caseworker then met with mother who explained that she had been a heroin addict but had been clean for 2 years. She had overdosed in 2002 and was, according to her, “scared straight.” Mary told the CYS worker that she was HIV positive but did not as yet have full-blown AIDS. Mother admitted to having very little control of the children’s behavior and feeling a bit hopeless at times.

After the interview was completed, the caseworker told mother about a parenting class at the church just down the block from her. The 12-week classes provided babysitting services and were designed to help mothers with young children learn peaceful parenting techniques, schedule their day, and plan healthy nutritious meals. After the 12 formal classes were completed, the participants graduated to an ongoing support group, which met weekly. Mary was very interested in attending the parenting classes and asked the caseworker to make the referral for her. What information can the caseworker share with the staff of the parenting program?

- Biographical data on the family: names, ages, address, etc
- Presenting problem: single mom with 3 pre-school children, children out of control, mom’s feeling of hopelessness and inability to control the children’s behavior
- The worker’s observations of the children’s behaviors
- The worker cannot share the former heroin addiction or the HIV positive status of the mother
- Note, Mary told the CYS worker that she was HIV positive, but did not as yet have full-blown AIDS. The caseworker did not obtain information whether the mother needs or is receiving treatment/services for HIV.

Referral for teen Mental Health Counseling

Mark Simpson is a 15 year-old 8th grader at the Valley Middle School. Mark is in the custody of Cumberland County Children and Youth Services and was placed at the Cumberland County. Youth Shelter on February 5, 2005 after his parents had called CYS and requested that he be placed out-of-home. According to his parents, Mark has consistently refused to go to school and they were being fined weekly. He frequently stays out at night with his friends until after midnight and comes home smelling of alcohol. Mark is becoming increasingly violent; he has broken objects in the home, constantly fights with and threatens violence toward his10 year-old sister, and has recently hit his mother with a portable phone. When the caseworker met with Mark's parents, she found out that Mark had been adopted when he was 5 years old.

He had been severely physically abused by both of his birth parents and had some minor brain damage from being shaken by his birth father. According to the adoption agency records, Mark's birth mother was an alcoholic. The court has ordered that Mark undergo a mental health evaluation. What information can the caseworker share with the staff of the Mental Health program?

- All of the above information can be shared with the assessment staff of the mental health program. In order for a complete and accurate mental health assessment to be done, the assessor must have as much history and current information as the CYS worker can provide.

Referral for Drug/Alcohol Assessment:

The Jackson family had been referred to CYS by the local police in the spring of 2004 when Juanita Jackson had left her 5 children home alone all night. At the time, the children's ages ranged from 5 months to 11 years old. Juanita explained that she was at a party and had had too much to drink and had fallen asleep. When she awoke at 7:00 a.m., she went home to find that CYS had been called by the police and had placed the children with their grandmother, Freda Jackson. After the requisite juvenile court hearing, the children were returned to Juanita with CYS providing in-home protective services.

Throughout the next several months, Juanita Jackson and her caseworker, Laurie Goodall, developed a good working relationship. Juanita shared with Laurie that she had grown up very poor and her mother was an alcoholic (now in recovery for 5 years) who had brought a parade of men in and out of the family's home. Juanita recalled that she had been sexually abused by several of the men. When she as 17, Juanita had been raped at a party by a classmate and in fact her oldest child was a product of that rape.

In January of 2005, CYS on-call worker John Zimmerman was called by the local police to the Jackson residence at 3:30 a.m. When Zimmerman arrived, Juanita was clearly intoxicated and the home was in total disarray with the children crying and huddled in a back bedroom. Juanita was explaining to the police that she had a date that evening and when she brought the man home to spend the night, she had awakened at 2:00 a.m. to find the man in her 5 yr. old daughter's bed. She had gone on a rampage, throwing breakable objects at the man and demanding that he leave her home. She hit the man in the head with an ashtray and he was in route to the hospital. Juanita was arrested for assault and taken to jail for the night. The children were again temporarily placed with Freda Jackson and among other things Juanita was court ordered to get a drug and alcohol evaluation at the county D&A program. What information can the caseworker share with the staff of the D&A program?

- Biographical data on the family: names, ages, address, etc
- The presenting problem: CYS had observed the results of mother's excessive drinking on 2 occasions: once in the spring of 2004 when she left the children home alone all night and once in January of 2005 when she went on a rampage in her home and was arrested for assaulting her date.
- The assessment was ordered by the court.
- CYS cannot share that the mother was raped when she was 17, that she had been sexually abused as a child, or that Freda Jackson is a recovering alcoholic. However, these facts may be brought out by the mother during the D&A assessment.

Module 10: Introduction to Community and Community Partnerships/Panel

Section IV: Using Interactional skills to Develop Community Partnerships

Estimated Length of Time:
25 minutes

Learning Objectives:
Participants will be able to:
- ✓ Recognize the value of using Interactional Skills to make referrals and plan on-going services with community agencies.
- ✓ Recognize barriers that may impede making referrals and planning on-going services with community agencies

Methods of Presentation:
Lecture, Trainer Demonstration

Materials needed:
- ✓ 2 Flip chart stands
- ✓ 2 Blank flip chart pads
- ✓ Colored markers
- ✓ Masking tape
- ✓ Overhead projector and screen
- ✓ **Overhead #8 (Collaboration Involves)**
- ✓ **Overhead #9 (Why Collaboration May be Difficult)**
- ✓ **Handout #7 (Barriers to Collaboration)**
- ✓ **Handout #8 (Referral Script)**

Outline of Presentation:
- Review collaboration with social service agencies

Section IV: Using Interactional Skills to Develop Community Partnerships

Step 1: (10 minutes)
Lecture

Child Welfare Professionals must rely on community agencies to access health, mental health, substance abuse, and concrete services that families need to assure safety and well-being of children. The range of services provided by these agencies depends on each agency's goals, objectives, sponsorships, and funding sources. Each service agency has its own policies, procedures, and philosophies that govern the services they provide to families. Child welfare agencies must procure services from community agencies to assist client families. In this task, Interactional Skills are as relevant when collaborating with service provider agencies as they are when working with child welfare families. However, application of these skills has different purposes and objectives when collaborating with community agencies. The Interactional Skills of Clarifying Purpose of the Referral, Reaching for Feedback, Questioning, Communicating Information, and Tuning in to Self and Others can be effectively used when coordinating services. Child Welfare Professionals need to acquire these skills to build trusting relationships, and to resolve conflicts and disagreements. Discussion of confidentiality of reports, which must adhere to federal and state laws, is part of building working relationships with community agencies.

Use **Overhead #8 (Collaboration Involves)** to explain that collaboration involves:

- Jointly developing and agreeing to a set of common goals and directions.
- Sharing responsibility for attaining the goals.
- Working together to achieve the goal by using the expertise of each collaborator.
- Obtaining quarterly reports on services provided to child welfare families.

Ask participants for reasons why collaboration is difficult. **Overhead #9 (Why Collaboration May Be Difficult)**, is available to insure they cover these points:

- It threatens agencies
- It requires staff time
- It requires involvement of top authority
- It requires giving line staff more authority
- It may run counter to current funding patterns
- It may run counter to current confidentiality restrictions
- It requires change

Use **Handout #7 (Barriers to Collaboration)** to provide participants with tips that will assist them as they collaborate with other service providers.

Explain that since there are so many similarities between the interpersonal processes of partnering with families and partnering with individuals from other agencies, use of the Interactional Skills can help in our efforts to collaborate.

Step 2: (15 minutes)
Trainer Demonstration:

Trainer Note: The trainer may want to ask one of the participants to read one of the parts in the referral script.

Refer participants to **Handout #8 (Referral Script)**. Inform participants that they will now observe the trainer (Child Welfare Professional) making a referral to a mental health center. Ask participants to focus on which Interactional Skills are demonstrated by the trainer.

Ask participants to identify the Interactional Skills, which they observed during the demonstration. They should have recognized:

- Tuning in to Self (prior to the dialog)
- Clarifying Worker's Purpose and Role
  ("Hello, Mark/ Megan, this is (Trainers Name) from the Carbon County Children and Youth office. I'd like to talk with you about a possible referral.)
- Communicating Information (throughout script)
- Tuning in to Others
  ("I can see where the lack of any current suicidal threats is a concern, and I'm sure you're swamped and don't really need yet another case, but I think we can work together to make something happen with this family.)

Remind participants that the same Interactional Skills are used in multiple situations and context. The skills are the same skills that Child Welfare Professionals use with clients; we adapt them to various situations and need. In future modules, they will practice applying the skills to other casework situations.

Explain that this afternoon; participants will have an opportunity to practice these skills when they present a case scenario to a local service provider.

Module 10: Introduction to Community and Community Partnerships/Panel

Section V: Developing Community Partnerships

Estimated Length of Time:
2 hours, 45 minutes

Learning Objectives:
Participants will be able to:
- ✓ Recognize how making referrals to community agencies will lead to the goal of the CFSR outcomes of safety, permanency, and well-being.

Methods of Presentation:
Participant Presentations, Small Group Activity

Materials Needed:
- ✓ 2 Flip chart stands
- ✓ 2 Blank flip chart pads
- ✓ Colored markers
- ✓ Masking tape
- ✓ **Handout #9 (The Jones Family)**
- ✓ **Handout #10 (The Johnson Family Case Study)**
- ✓ **Handout #11 (Barbara's Case)**
- ✓ **Handout #12 (Heidi's Case)**

Outline of Presentation:
- Prepare and present cases for presentation to community panel

Section V: Developing Community Partnerships

Trainers Note: In order to maximize the usefulness of this panel presentation, it will be helpful if you are very familiar with the service agencies in your community. Based on your own networking, you should make an effort to invite specific individuals whom you know and who are effective presenters. Emphasize in advance that you want panel members to inform new Child Welfare Professionals on how to make appropriate referrals. Panel members should be fully prepared to delineate the referral process for their respective agencies.

Specifically, each presenter should be asked to focus on his/her agency's purpose, client population, treatment approach, and *how* the service provider coordinates services with Children and Youth Agencies. Of course, the representative should speak to coordination issues with child welfare families.

It is of critical importance that the time be closely monitored. Under no circumstances should any presentation/agency response exceed 30 minutes!

Step 1: (20 minutes)
Small Group Activity

Trainer Note: Trainer should remind participants to be mindful of the Interactional Skills of Tuning into Self, Tuning into Others, Clarifying Purpose, Function and Role, Reaching for Feedback, Dealing With Issues Of Authority, Questioning, Reaching Inside the Silence, Communicating Information, and Summarizing when preparing their presentations.

Trainer Note: As part of their pre-work, participants were asked to bring a case that they thought was appropriate for presentation to the panel of experts. The trainer should briefly review with the trainees the cases that they brought. Make sure that there is at least one case that primarily focuses on each of the following issue areas: mental health issues, mental retardation issues, drug and alcohol issues, and domestic violence issues. If there are multiple pre-work cases dealing with the same issue areas, the group can decide which case would be best to present to the panel. If one or more of the issue areas are not represented, choose an appropriate case provided in **Handout #9 (The Jones Family), Handout #10 (The Johnson Family Case Study), Handout #11 (Barbara's Case), Handout #12 (Heidi's Case).**

The participants should be divided into 4 groups with one group presenting a case primarily focusing on each of the issue areas.

Trainer Note: Delineate the following on a prepared flip chart:

Each group should be prepared to present the following information to the panel:

1. Present a synopsis of their case to the panel emphasizing the primary issue area(s), makeup of the family, ages of the children
2. Why is Children and Youth involved with the family
3. What services are being provided to the family: by whom
4. Real or anticipated barriers to referring or obtaining needed services for the family
5. Strengths of the family
6. Possible risks and safety concerns for the child(ren)

Inform participants that they will have 10 minutes to present their case, and then will collaborate with the professional service provider to determine the best plan of action for the family. In the process the service provider will educate them about their referral process and services that are available.

Since a representative from each of the four subject areas will be invited, each table group will designate a spokesperson to formally refer the case to the appropriate agency. The presentation will be to all participants as well as to the panel of agency representatives. The service provider will be expected to take the briefing, share his/her expertise relative to the mechanics of the referral process, and present information on how to access services to his or her agency.

Trainer Note: The trainer should be prepared to facilitate the presentations and be sure that each of the following areas is addressed.

Panelists should be prepared to address the following areas:

1. What is your agency's purpose, client population, treatment approach?
2. What services are offered by your agency?
3. Is this case appropriate for your services?
4. Why or why not is the case appropriate?
5. Who in the family should be referred for services? What services?
6. Who does the family access for your services? What is your referral process?
7. What obstacles might CYS encounter when trying to access your services for a client?
8. How are your services paid for?
9. Does your agency work closely with CYS in your county? How so?

<u>Alternative Format:</u>

Should a representative from one of the service areas decline/be unable to attend, the trainer must assume the role of agency staff. If there are not enough participants, grouped in quads, to assign four cases, table group configuration should be altered to triads, or even dyads, to ensure that all four issue areas are discussed.

Step 2: (20 minutes)
Small Group Activity

Table groups will prepare their presentations. The trainer can float from group to group to assist.

Step 3: (10 Minutes)
Participant Presentation

Explain that throughout the day, we have discussed the kinds of difficulties that a Child Welfare Professional will likely encounter in their partnering with families. According to the Pennsylvania Standards for Child Welfare Practice, a Child Welfare Professional must ensure that a continuum of care is maintained in addressing the array of problems. To the extent that Child Welfare Professionals are successful in partnering with staff from community agencies, they are more likely to be effective in delivering services to these families. For the remainder of the day the focus will be on collaboration and team-building. We have the opportunity to meet and hear from representatives from a Domestic Violence Shelter, Mental Health Center, Drug and Alcohol treatment Facility, and Mental Retardation provide through effective partnering we can particularly address the CFSR Outcomes of Safety (protecting children from abuse and neglect and well-being-by seeing that children receive proper services).

Introduce the panel members, then present the format to participants, saying: "Each guest was asked to hear the case presentation, then to identify prospective obstacles to service delivery, and suggest actions which child welfare professionals might take to overcome these obstacles and effect a smooth referral.

Step 4: (1 hour, 55 minutes total, 25 minutes per presentation, 15 minutes for transitions between presentations)

Allow 25 minutes for each topic. It is critical that you closely monitor the time so each group has an opportunity to present their case to the appropriate panel member.

After each presentation thank the panel members and reaffirm the importance of collaboration in service to clients.

Presentation: Domestic Violence Referral:

-INSTRUCTOR COPY-

The Jones Family Case Study
Questions:

1.) What are the behaviors of Steve Jones that indicate he may be an abuser?

Intimidation: He has a history of violent behavior with Joanne.

<u>Threats</u>: Stated he would retain full custody of Timmy.
<u>Economic Abuse</u>: He had taken over the checkbook several years ago.
<u>Isolation</u>: He didn't like her to be around family and friends.
<u>Emotional Abuse</u>: He criticized her in front of other couples.

2.) What protective measures had Joanne Jones tried to protect herself and the children?

- She complies with demands to placate abuser/isolating herself from family and friends.

  Steve didn't like to be around her family and friends, and he didn't have many friends himself so their social life consisted of going out with coworkers from the firm occasionally.

- Trying to improve the relationship.

  Joanne had tried many ways to keep him from getting angry. She had tried to explain to him that he was mistaken to think that she did not love him. She had tried to help him to see that he was overly fearful about her because of what he had gone through as a child, and that she really understood and sympathized with that. She suggested marriage counseling.

- Having sex to placate the abuser.

- Drinking with the abuser.

3.) What factors are immediate safety issues for the children if any?

- Father's behavior is violent or out of control.

- Father has caused moderate or severe harm to his spouse.

4.) What factors indicate the risk of future harm?

- Family dynamics indicate a likelihood of future domestic violence.

- There are previous incidents of domestic violence.

- The primary care giver appears unable or unwilling to protect herself in the event of future domestic violence.

- There is inadequate social support for the primary care giver.

5.) What immediate response do you need to make?

The first priority is to engage Mrs. Jones in safety planning. When interviewing this family, domestic violence should never be discussed in the presence of Mr. Jones, the perpetrator. Interviews should be conducted with parents and children separately. Partnering with domestic violence specialists should begin immediately. It should occur at the initial contact with the abused spouse and continue through assessment of the precipitating incident and family interactions, safety and service planning, development of the overall case plan, and evaluation of client progress.

CASE WORKER SHOULD REVIEW THE FOLLOWING POINTS WITH MRS. JONES:

a.) In and emergency what works best to keep her and the children safe?

b.) Who can she call in a crisis?

c.) Would she call the police if the violence starts again? Is there a phone in the house or can she work out a signal with the children or the neighbors to call the police or get help?

d.) If she needs to flee temporarily, where can she go? Help her think through several places where she can go in a crisis. Write down the addresses and phone numbers.

e.) Would a protection order help her?

f.) If she needs to flee, where are the escape routes from the house?

g.) Identify dangerous locations in the house and advise her to try not to be trapped in them.

h.) If there are weapons in the house, explore ways to have them removed.

i.) Advise her to make an extra set of car keys and to hide some money in case of an emergency.

j.) Remind her that the in the middle of a violent assault, it is always best for her to trust her judgment about what is best – sometimes it is best to flee, sometimes to placate the assailant, anything that works to protect herself and the children.

6.) What community resources are available to support the family?

- Community domestic violence program
- Community mental health center
- Public assistance office
- Legal Aid

Presentation: Mental Health Referral:

The Johnson Family Case Study:

1.) What behaviors does the father exhibit that are symptomatic of his bi-polar disorder?

- Sleeplessness indicates the presence of some kind of anxiety-related issue.
- Spending money excessively
- Remaining in bed and exhibiting erratic behavior.
- Mood swings.

2.) How might the father's symptoms impact the children?

a.) Physically/biologically
- They are at risk of physical harm. Also, their needs are not being met (he did not give them breakfast).

b.) Psychologically
- Possible low self-esteem due to dad's neglect/abusive behavior.

c.) Socially
- They may feel/become isolated due to embarrassment about dad's unpredictability, thus avoid bringing friends to the home.

Identify Risk Factors
- The history of father's physical abuse. Possible neglect due to father's diagnosis and mother's unavailability.

3.) To what mental health services could this family be referred for assistance?

- Psychological/psychiatric evaluation for father – possible hospitalization and medication management. Psych services/pediatric services for children's ADHD evaluation. Marital/family counseling.

4.) What impact might culture play in this scenario?

- People might overlook a problem because father is college educated/professional. People might attribute problems to the bi-racial relationship.

5.) What impact might there be on the safety of the children?

- Children are at risk due to threat/history of physical abuse and erratic behavior of father when he is not medicated. There is the possibility of the children not having needs met regarding food. Also, there is an apparent lack of supervision.

Presentation: Drug/Alcohol Referral:

Barbara's Case Study:

1.) What ecological risk factors does Barbara have?

- Loss of foster home due to AOD use and sexual activity
- Unstable foster are placement for three years
- Living in group home

2.) What factors in this family's environment increase risk?

- Physical and sexual abuse
- Lack of kin support
- Loss of foster family
- Parents not involved in permanency planning
- Unstable placement history

3.) How did Barbara's behavior increase risk?

- Hid feelings
- Ran away
- Used drugs
- Used sex

4.) What are the external positive factors in Barbara's current environment?

- Good school environment
- Receiving quality services
- Willing to enter rehab

5.) What strengths does Barbara have that also protect her?

- Above average intelligence
- Developing healthier outlook
- Seems to make friends easily

Presentation: Mental Retardation Referral:

Trainer Note: Phenylketonuria (PKU) is a genetic disorder that is characterized by an inability of the body to utilize the essential amino acid, phenylalanine. In PKU, the liver is unable to convert phenylalanine to tyrosine, resulting in a buildup of phenylalanine in the blood, which eventually passes into the brain, causing mental retardation and other neurological problems. Infants with PKU appear normal at birth. Many have blue eyes and fairer hair and skin than other family members. Currently, most symptoms of untreated PKU are avoided by newborn screening, early identification, and management.

Heidi's Case Study:

1.) What ecological risk factors does Heidi have?

- Alone without any informal support network
- Living conditions appear unsanitary, and perhaps even dangerous (temperature of the apartment)

2.) What factors in the family's environment increase risk?

- Heidi's mental retardation
- Lack of Kin support
- Mother evidencing possible depression
- Risks attached to Jonathon's PKU diagnosis
- Hi maintenance/Vulnerability of infant son

3.) How might Heidi's behavior increase risk?

- Concerns about cognitive limitations – diminished capacity/awareness
- Lethargy/depression could make her non-attendant, perhaps even suicidal

4.) What are the external positive factors in Heidi's current environment?

- She is connected with public assistance, thus assuring some degree of financial support
- She is described as well intentioned, cooperative, and a loving mother

5.) What strengths does Heidi have that also protect her?

- She seems to have some survival instincts (e.g. knew enough to move into an apartment with others upon mother's death, held onto two children on her own)
- Was motivated enough to get the stock clerk's job
- Recognized a need to connect with public assistance

6.) Does a referral need to be made? If so to where?

- Yes, initially to office of Mental Retardation. They can offer supported living and the MH/MR office can provide early intervention services for the children. Mental health staff should be involved to assess Heidi's depression. C and Y can offer parenting classes.

Module 10: Introduction to Community and Community Partnerships/Panel

Section VI: Self-Assessment and Transfer of Learning

Estimated Length of Time:
30 minutes

Learning Objectives:
Participants will be able to:
✓ Complete a self-assessment and a plan for the successful transfer of learning to the workplace.

Methods of Presentation:
Individual activity, Lecture, Large Group Discussion

Materials Needed:
✓ **Handout #13 (Self Assessment for Module 10)**
✓ **Handout #14 (Transfer of Learning for Module 10)**

Outline of Presentation:
- Presenter facilitates trainer self-assessments and transfer of learning plans

Section VI: Self-Assessment and Transfer of Learning

Trainer Note: This is a critical section and will need the entire 30 minutes assigned. Review the WIIFM poster and be sure that all of the questions and concerns have been addressed.

Step 1: (5 minutes)
Lecture

The trainer advises the group that they have reached the stage of the training that requires a transfer of learning plan to implement upon return to their agencies. The plan is their key to transferring what they learned to their work behavior.

Using **Handout #13 (Self-Assessment for Module 10),** the trainer reviews the objectives of the training day. Note these are the same as the self-assessment knowledge and skill categories.

Step 2: (15 minutes)
Individual Activity

The trainer refers participants again to **Handout #14 (Transfer of Learning Plan for Module 10),** and instructs participants to complete the Self Assessment Transfer of Learning Plan. Inform the participants that it is important that they accurately assess their abilities. It is not expected at this stage of training to have mastered all the areas of training. It is through their recognition of a need to continue to grow that they take the steps necessary to do so. For each item, participants list who will do what, by when. Participants should not feel limited by the prescribed form and should list additional items if they choose.

The trainer then asks participants to individually complete their plans.

As they are completing the plan, the trainer will review the completed sheets with each participant and assist them in identifying their next steps.

Ask trainees to complete the Training Program evaluation, encouraging them to include written comments in addition to the feedback scores. Tell them that the comments are usually the most useful information for us in improving the curriculum and presentation.

Step 3: (5 minutes)
Large Group Discussion

When participants have completed their plans, the trainer concludes the activity by asking several volunteers to each share an action they will take to transfer their learning.

Step 4: (5 minutes)
Lecture

If this is a cohort:

Using **Handout #14 (Transfer of Learning for Module 10)** remind participants of their next day of training and their required pre-training responsibilities.

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