North Carolina Department of Health and Human Services
Child Welfare Pre-Service Training

Week Four

Core Participant's Workbook

November 2023

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This curriculum was developed by the North Carolina Department of Health and Human Services, Division of Social Services and revised by Public Knowledge® in 2022 and 2023.

Content in this training was created specifically for child welfare professionals in response to the Administration for Children and Families (ACF) policy regarding the integration of principles of equity, inclusion and diversity into the policies, practices, and training of child welfare workers by the North Carolina Department of Health and Human Services.

The training workshops are interactive in nature, and the focus is on practical knowledge and skills that participants can apply within the workplace while respecting the dignity of others, acknowledging the right of others to express differing opinions, and the right to freedom of speech and association.

The training is not intended to, and should not be understood to, solicit or require an employee to endorse or opine about beliefs, affiliations, ideals, or principles regarding matters of contemporary political debate or social action as a condition of employment and are not intended to, and should not be understood to, solicit or require an employee or applicant to describe their actions in support of, or in opposition to, those beliefs, affiliations, ideals, or principles.

Table of Contents

Instructions

This course was designed to guide child welfare professionals through the knowledge, skills, and behaviors needed to engage with families in need of child protection services. The workbook is structured to help you engage in the lesson through reflection and analysis throughout each week of training. Have this workbook readily available as you go through each session to create a long-lasting resource you can reference in the future.

If you are using this workbook electronically: Workbook pages have text boxes for you to add notes and reflections. Due to formatting, if you are typing in these boxes, blank lines will be "pushed" forward onto the next page. To correct this when you are done typing in the text box, you may use delete to remove extra lines.

Course Themes

The central themes of the Pre-Service Training are divided across Foundation Training and Core Training topics.

Foundation Training

- Pre-Work e-Learning
- Introduction to the Child Welfare System
- Identification of Child Abuse and Neglect
- Introduction to Child Development
- Historical and Legal Basis of Child Welfare Services
- Ethics and Equity in Child Welfare
- Key Issues in Child Welfare: Substance Use, Family Violence, and Mental Health
- Overview of Trauma-Informed Practice

Core Training

- Pre-Work e-Learning
- Child Welfare Overview: Roles and Responsibilities
- Introductory Learning Lab
- Diversity, Equity, Inclusion, and Bias
- Indian Child Welfare Act (ICWA)
- Engaging Families Through Family-Centered Practice
- Engaging Families Learning Lab
- Quality Contacts
- Overview of Child Welfare Processes: Intake and CPS Assessments
- Intake and CPS Assessments Learning Lab
- Overview of Child Welfare Processes: In-Home Services
- In-Home Services Learning Lab
- Overview of Child Welfare Processes: Permanency Planning Services
- Permanency Planning Services Learning Lab
- Key Factors Impacting Families and Engaging Communities
- Documentation

- Documentation Learning Lab
- Self-Care and Worker Safety

Training Overview

Training begins at 9:00 a.m. and ends at 4:00 p.m. If a holiday falls on the Monday of training, the training will begin on Tuesday at 9:00 a.m. This schedule is subject to change if a holiday falls during the training week or other circumstances occur. The time for ending training on Fridays may vary and trainees need to be prepared to stay the entire day.

Attendance is mandatory. If there is an emergency, the trainee must contact the classroom trainer and their supervisor as soon as they realize they will not be able to attend training or if they will be late to training. If a trainee must miss training time in the classroom, it is the trainee's responsibility to develop a plan to make up missed material.

Pre-Work Online e-Learning Modules
There is required pre-work for the North Carolina Child Welfare Pre-Service Training in the form of online e-Learning modules. Completion of the e-Learnings is required prior to attendance at the classroom-based training. The following are the online e-Learning modules:

1. Introduction to North Carolina Child Welfare Script
2. Child Welfare Process Overview
3. Introduction to Human Development
4. Maslow's Hierarchy of Needs
5. History of Social Work and Child Welfare Legislation
6. North Carolina Worker Practice Standards

Foundation Training
Foundation Training is instructor-led training for child welfare new hires that do not have a social work or child welfare-related degree. Staff with prior experience in child welfare or a social work degree are exempt from Foundation Training. The purpose of this training is to provide a foundation and introduction to social work and child welfare. After completing Foundation training, new hires will continue their training and job preparation with Core Training. Foundation Training is 28 hours (4 days) in length.

Core Training
Core Training is required for all new child welfare staff, regardless of degree or experience. This course will provide an overview of the roles and responsibilities of a child welfare social worker in North Carolina, including working with families throughout their involvement with the child welfare system. The course will provide opportunities for skills-based learning labs. Core Training includes 126 hours (18 days) of classroom-based training, completed over six consecutive weeks.

Throughout the pre-service training, learners may have required homework assignments to be completed within prescribed timeframes.

In addition to classroom-based learning, learners will be provided with on-the-job training at their DSS agencies. During on-the-job training, supervisors will provide

support to new hires through the completion of an observation tool, coaching, and during supervisory consultation.

Transfer of Learning
Transfer of learning means that learners apply the knowledge and skills they learned during the training back to their daily child welfare work at their DSS agencies. During the pre-service training, learners will complete a transfer of learning tool at various points:

- Pre-training
- During training
- Post-training

The transfer of learning tool will enable learners to create a specific action plan they can use to implement the training content on the job. A key component of successful child welfare practice is the involvement of supervisors in the reinforcement of new knowledge and skills. Supervisors will assist new workers in the completion and review of their transfer of learning tool and will support workers to apply what they have learned in training to their child welfare roles and responsibilities through action planning. Completion of the transfer of learning tool is required to complete the training course.

Training Evaluations
At the conclusion of each week of training, learners will complete a training evaluation tool to measure satisfaction with training content and methods. The training evaluation tool is required to complete the training course. Training evaluations will be evaluated and assessed to determine the need for revisions to the training curriculum.

All matters as stated above are subject to change due to unforeseen circumstances and with approval.

Week Four, Day One Agenda

Pre-Service Training: Child Welfare in North Carolina

I.	Welcome	9:00 – 9:30
	Overview of Child Welfare Processes, Part 1: Intake and CPS Assessments (continued)	
II.	CPS Assessment Learning Lab (continued)	9:30 – 10:40
	BREAK	10:40 – 10:55
III.	Safety Assessments (continued)	10:55 – 12:05
	LUNCH	12:05 – 1:05
IV.	Safety Planning and Temporary Parental Safety Agreements	1:05 – 2:15
	BREAK	2:15 – 2:30
V.	CPS Assessment Learning Lab (continued)	2:30 – 3:45
VI.	Wrap-Up	3:45 – 4:00

Welcome

- How are people feeling today?
- What was your main "takeaway" from last week?
- Is there any clean-up we need to do?
- Review agenda and learning objectives for the day

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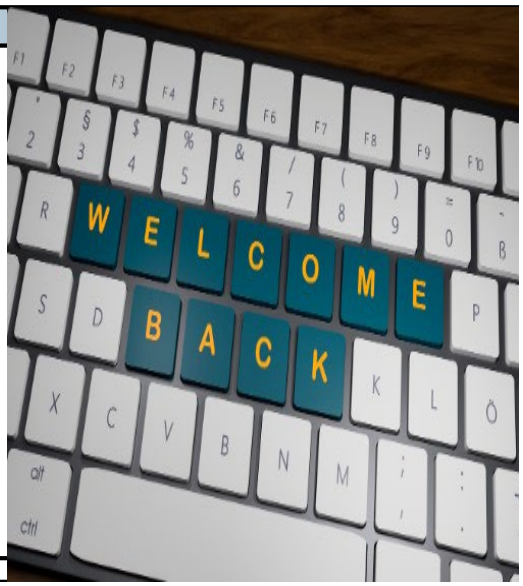

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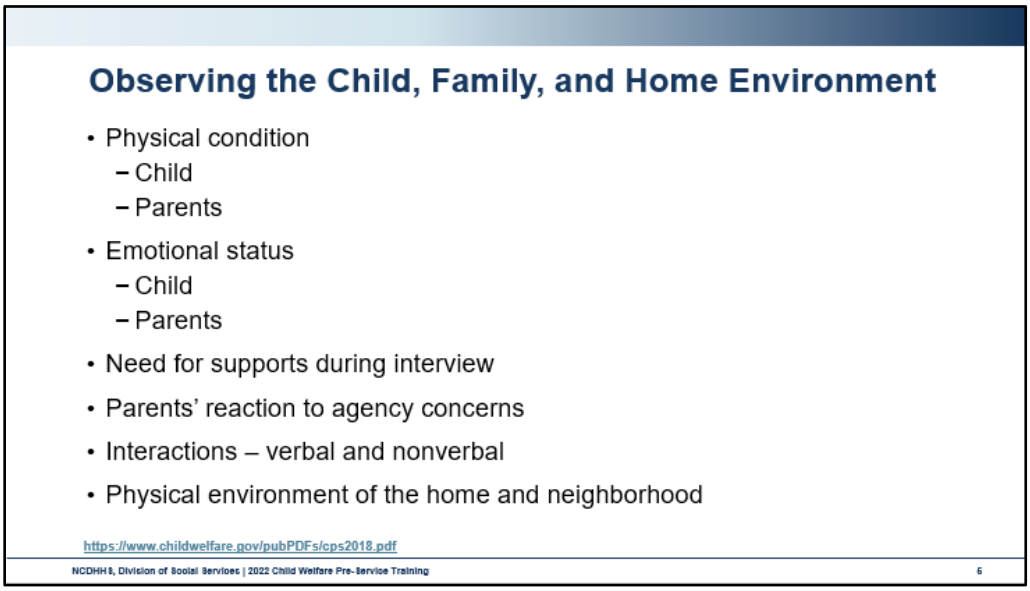
Overview of Child Welfare Processes, Part 1: Intake & CPS Assessments

CPS Assessment Learning Lab (continued)

Observing the Child, Family, and Home Environment



Handout: Home Environment Safety Checklist

This safety factor checklist is not all-inclusive. It can be used to help guide the social worker's safety assessment. This checklist should be discussed with the parent or caretaker of all children during all investigations.

Answer the following questions with Yes, No, or Not Applicable:

<u>Poisons</u>

1. Are dangerous/poisonous items kept out child's reach? (i.e. medicines, lighters, matches, dye, bleach, poisons, cleansers, mothballs, motor oil, antifreeze)

<u>Fire Hazards</u>

2. Are utilities obtained legally?
3. If electricity/gas are off, is the means of heating and lighting safe? (i.e. candles should not be near curtains and no open flames)
4. If heating with a fireplace, wood heaters, etc., is there a protective barrier between the heater and the child? (i.e. gate, screen guard, etc.)
5. Is there a safe place for the child to be while the parent is cooking or unable to give the child their full attention? (i.e. playpen, crib, highchair)

6. Are electrical cords/plugs in good condition)? (i.e. no loose wires coming out of the wall)
7. Are electrical outlet covers on all plugs not in use?
8. Is there a fire extinguisher in the home in working condition?
9. Is there a working smoke alarm in the home? (test it)
10. Is the temperature of the hot water heater between 120 and 130 degrees Fahrenheit?

Drowning Hazards

11. Is there constant supervision while the child is bathing or near water?
12. Are toilet seats kept down and do sinks and tubs drain properly to prevent unwanted collections of water? (Child can drown in less than 2 inches of water)
13. If mop buckets are used in the home, are they emptied and stored away after use?
14. If the home has a pool, is the pool properly safe guarded with a fence and life-saving devices?

Firearm Hazards

15. If guns are in the home, are they locked away from children?
16. Is ammunition kept in a separate place from the firearms and is it locked away or out of the child's reach?

Car Safety

17. Does the child have a car seat?

General Safety

18. Does the child have a safe and secure sleeping space? (Children have suffocated when sleeping with adults; they have fallen off adult beds and sofas and have become lodged between the wall and the bed).
19. Is the home free of rat or roach infestation? (Both carry diseases that can be harmful to adults and children.)
20. Are kitchen knives stored out of children's reach?
21. Is there a caretaker available to provide supervision if the parent has to leave the home for any amount of time? (Children should not be left without proper adult supervision.)
22. Is the inside of the home free of any hazardous debris? (Undisposed trash, cans, bottles, etc.)
23. Is the outside of the home free of any hazardous debris? (Undisposed trash, cans, bottles, glass, exposed rusty nails, tall grass, weeds, car parts, etc.)

Video: How to Read People: Decode Seven Body Language Cues

Visit: How to Read People to learn how to read nonverbal body language cues to help us understand some of the unspoken communication during family interactions.

Use this space to record notes.

Activity: What Do You See?

The trainers will display several slides of various home environments.

You will work in groups at your table to document your home environment observations in your case narrative using the following worksheet titled “What Do You See?”

Worksheet: What Do You See?

Home Environment: Livingroom, children ages: 5 and 2 years, and 13 months
Is there danger? If so, where?

Is there risk? If so, where?

What additional information might you need to determine whether or not there is danger present?

Home Environment: Bathroom, children ages: 5 and 2 years, and 13 months
Is there danger? If so, where?

Is there risk? If so, where?

What additional information might you need to determine whether or not there is danger present?

Home Environment: Kitchen, children ages: 5 and 2 years, and 13 months
Is there danger? If so, where?

Is there risk? If so, where?

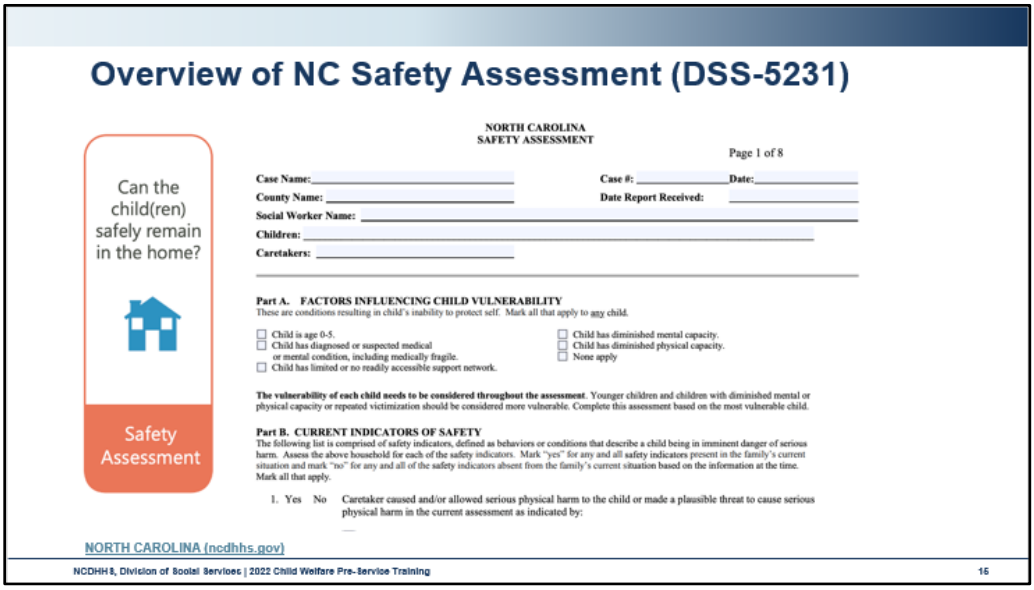
What additional information might you need to determine whether or not there is danger present?

Questions and Reflections

Use this space to record questions and reflections about what you have learned.

Safety Assessments (continued)

Overview of North Carolina Safety Assessment (DSS-5231)

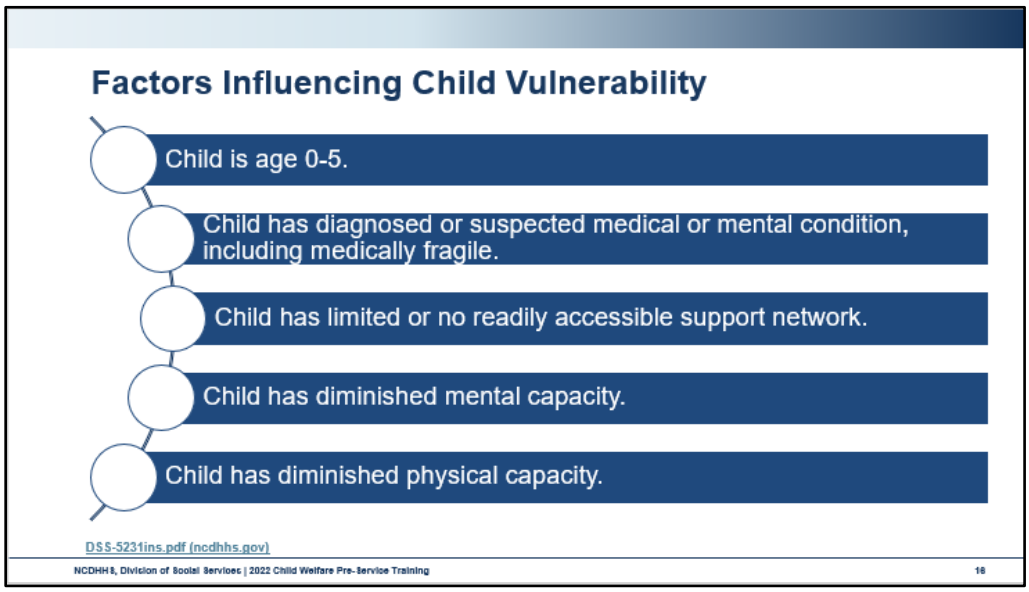


The North Carolina Safety Assessment (DSS-5231) is completed in all CPS Assessment cases on the first visit. It is completed for Family and Investigative Assessments regardless of whether the allegation is of abuse, neglect, or dependency.

It is used to make formal determinations of child safety and create safety plans, or Temporary Parental Safety Agreements (TPSA), and to answer the question "can the child remain safely in the home?" It must be completed:

- At the time of the first face-to-face contact with the family and prior to allowing the child to remain in the household;
- Prior to the case decision;
- Prior to the removal of a child from the home;
- Prior to the return home in cases where the caretaker temporarily places the child outside the home as a part of a safety agreement;
- At any point a new report is received;
- At any other point that safety issues are revealed.

Factors Influencing Child Vulnerability



Child vulnerability is a key consideration in safety assessment. Child vulnerability generally refers to how vulnerable a child is to a safety threat and their ability to protect themselves against it. The Safety Assessment tool should be completed with the most vulnerable child in mind and safety interventions must protect the most vulnerable child in the home.

Current Indicators of Safety

There are 16 safety indicators on the assessment, and they allow you to consider most of the possible behaviors and conditions that indicate immediate harm to a child could occur. When using the tool, review each factor and select “yes” or “no.” The notes section is a great place to document the impact of the caregiver’s behavior on the child.

Questions and Reflections

Use this space to record questions and reflections about what you have learned.

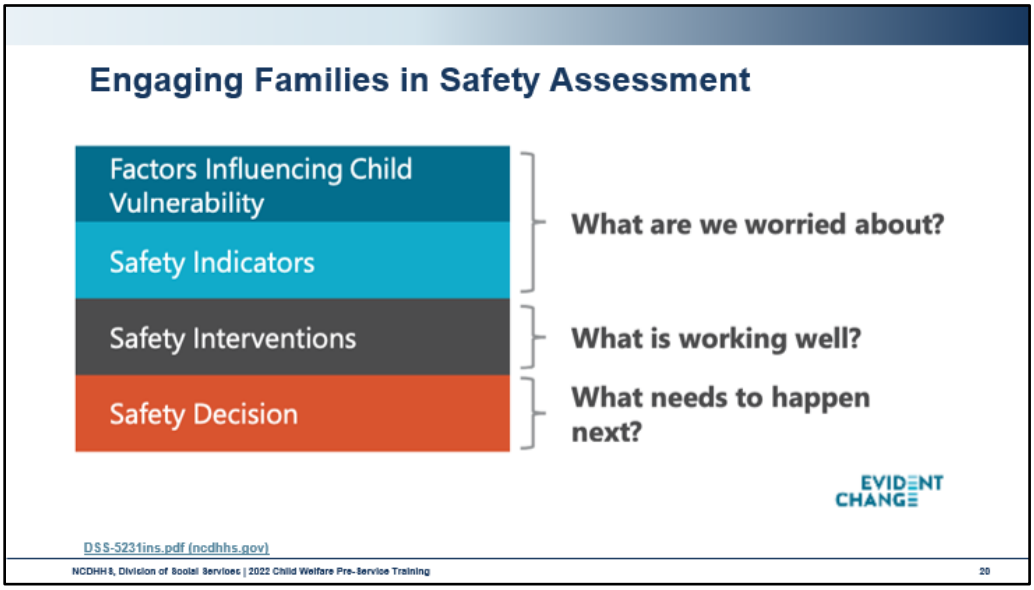
Activity: Safety Indicators Practice

Review your assigned scenario with your group and decide which safety indicator, if any, applies. Throughout this exercise, be sure to notate your thought processes and why you are making decisions.

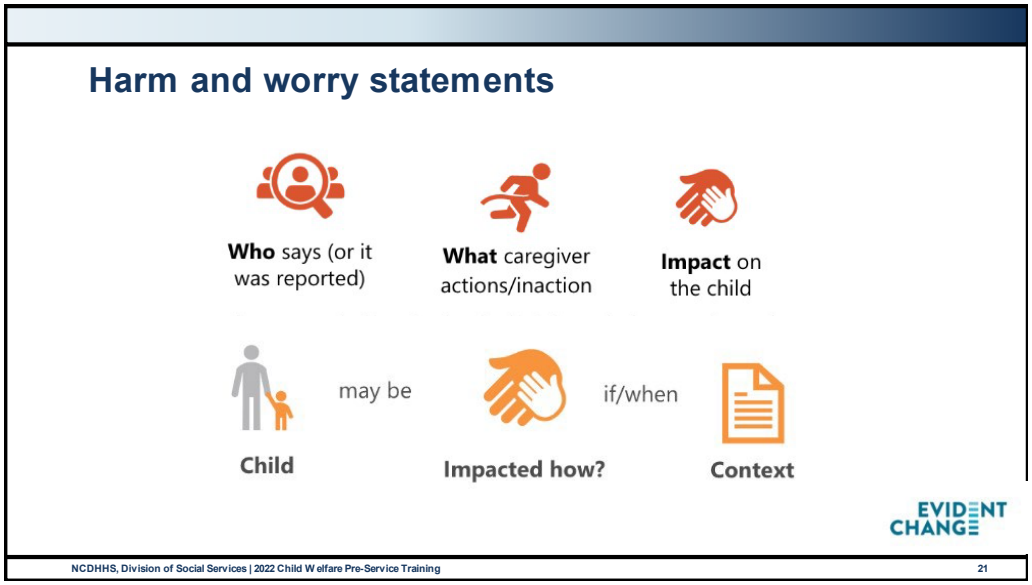
Scenario A
Upon the first face-to-face visit, the worker noticed that a 10-year-old had a large bruise on his upper arm as well as several smaller “fingerprint” bruises on his lower arm. When the worker interviewed the child alone, the child said that his dad got mad when the child got an answer wrong on his math homework. The child stated that his dad hit him with a closed fist on the upper arm as the child tried to shield himself. He said that his dad grabbed his arm and dragged him to his bedroom. The child said dad told the child he had to stay up there the rest of the night. The child reports this happened around 6:00 PM and he did not get dinner that night.

Scenario B
Upon the first face-to-face visit, the worker noticed that a 10-year-old had a large bruise on his upper arm as well as several smaller “fingerprint” bruises on his lower arm. When the worker interviewed the child alone, the child said that his dad got mad when the child got an answer wrong on his math homework. The child stated that his dad hit him with a closed fist on the upper arm as the child tried to shield himself. He said that his dad grabbed his arm and dragged him to his bedroom Child said dad told the child he had to stay up there the rest of the night. The child reports this happened around 6:00 PM and he did not get dinner that night. The father says that he became frustrated with the 10-year-old while he was doing his homework and sent him to timeout but denies hitting him. He states the bruise is from a soccer game over the weekend.

Engaging Families in Safety Assessment



Harm and Worry Statements



Harm statements and worry statements are short, simple, behavior-based statements workers can use to help family members, collaterals, and departmental staff clearly understand what happened in the past, why DSS is involved with a particular family, and what the concerns for the future are. These statements allow important, difficult conversations to occur and help ensure that we talk with families about the most critical items to address.

Harm and Worry Statements: Scenario

During a visit to the hospital, the social worker learned from the nurse that the mother tested positive for heroin and methamphetamines throughout her pregnancy. She had given birth a few days earlier, the infant is showing signs of withdrawal, has a low birth weight and slow reflexes. The mother says her baby is fine and would like to leave the hospital soon to take care of the baby at home.

Create a harm statement.

Create a worry statement.

Handout: Harm and Worry Statements

CREATING HARM AND WORRY STATEMENTS

Harm statements and worry statements are short, simple, behavior-based statements workers can use to help family members, collaterals, and departmental staff clearly understand what happened in the past, why the Department of Social Services (DSS) is involved with a particular family, and what the concerns for the future are. These statements allow important, difficult conversations to occur and help ensure that staff talk with families about the most critical items to address.

As much as possible, try to use the family's own language for these statements. Remember that these statements are best used to help ensure that all key stakeholders, especially the family, understand why DSS is involved, what DSS is worried about, and what needs to happen next. The statements should be written in honest, detailed, nonjudgmental "just-the-facts" language.

HARM STATEMENTS

Harm statements are clear and specific statements about the harm or maltreatment experienced by a child. The harm statement includes specific details: who reported the concern (when possible to share), what exactly happened, and the impact on the child. While it is never a guarantee about the future, a *clear understanding of the past (harm) is vital as our best guide to understanding what we should be worried about in the future.*

Who says (or it was reported)

What caregiver actions/inaction

Impact on the child

Example: Sam *reported* to his teacher that when his dad, Jerry, drank too many beers and got mad at his mom, Helen, Sam saw Jerry hit Helen across the face. Sam felt really scared, cried, and hid in his room.

WORRY STATEMENTS

One of the most crucial parts of this work is creating detailed statements about the resulting concerns DSS and others have. Worry statements answer two questions.

What are we worried will happen to the children if nothing else changes?

In what situations or context are we worried this could happen?

Sharing worry statements with the family, DSS, and other professionals allows a sharper focus on key elements that need to change for the case to move forward and helps prevent "case drift."

Worry statements are composed of the following.

Example: Sam (age 6) may be injured (hit or caught in the middle of the violence) when Jerry becomes drunk and yells at or hits Helen.

Sam may be emotionally harmed (scared and confused) when Jerry becomes drunk and yells at or hits Helen.

FAMILY- AND SAFETY-CENTERED PRACTICE

Whenever possible, involve children, family, extended family, and network members in the creation of harm and worry statements. These statements are meant as a bridge between professionals and family members. Perhaps the most important use of these statements is to help family members, network members, and professionals reach agreement about what everyone is worried about and what needs to happen to address concerns and DSS's bottom lines.

When these statements are not created in partnership with families (e.g., at a case consult or in supervision), they should still be shared with families and their network to help ensure that everyone who cares about the child understands why DSS is involved and what the family is being asked to do differently.

One way to think about best practices when creating these statements is to follow these steps.

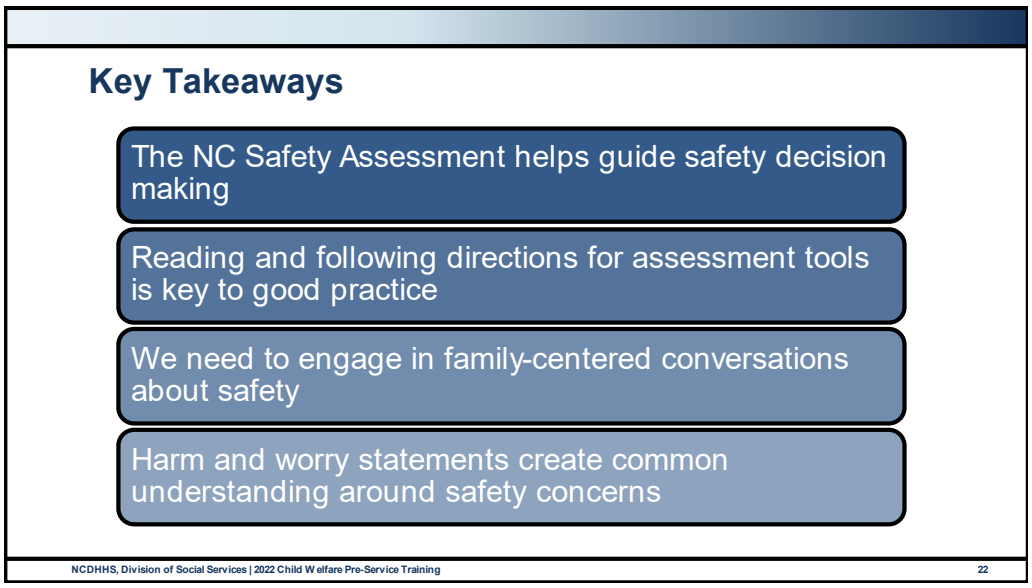
1. Make sure the worry statements address DSS's bottom lines.
2. Share and refine them with the family (while still holding the bottom lines).
3. Use solution-focused questions to collaboratively develop statements that address DSS's bottom lines *and* have family approval.

EXAMPLES OF HARM AND WORRY STATEMENTS

HARM STATEMENT	WORRY STATEMENT
Domestic violence witnessed by child It was reported that 6-year-old Jason came to school multiple times stating that his stepfather, John, has gotten drunk and hit Jason's mother, Susan. Jason has witnessed the fights, which have included his parents hitting, punching, and throwing things at each other. During this time, Jason's grades and attendance have dropped; and many at school now worry that Jason may not be able to pass his grade level.	Jason may be seriously injured when John is violent and Jason tries to protect his mother. Jason may be seriously scared or confused when John is violent and Jason tries to protect his mother. Jason may do poorly at school and not pass his grade level when John is violent and Jason tries to protect his mother.
Physical abuse It was reported that 14-year-old Caleb was punched, hit, and kicked by both of his parents, Paul and Liz, on Saturday night, resulting in multiple bruises on his face, hands, and chest.	Caleb may be injured like this again—or receive even more serious injuries—when punched, hit, or kicked by his parents. Caleb may experience serious emotional harm when he is punched, hit, or kicked by his parents. He may be so angry and scared about what is happening that he will continue to run away, sleep on the streets, use alcohol and drugs, or place himself in dangerous situations. Caleb may be physically or emotionally harmed by others when he is fearful of his parents and runs away.
Injured infant; doctors say parent's explanation does not match injuries *Sometimes it is not clear how the child was injured, making a harm statement difficult to write. However, concern for the future can be described, and workers can write a worry statement that makes these concerns clear.*	Because no one knows how she suffered an injury while in the care of her caretakers in October, Chelsea may be seriously injured again, suffer permanent brain damage, have bleeding in the brain, or even die when she does not receive knowledgeable care and support to keep her safe and free from injuries.
Theft with child present Police reported that Rebecca took her 9-year-old daughter, Lisa, to the Stop & Shop today and while she was there, Rebecca attempted to steal $45 worth of products. Lisa became very upset when her mother was arrested, and she could not be soothed until her grandmother picked her up from the police station.	Lisa may be scared and confused when her mother exposes her to criminal activities and/or gets arrested while she is caring for Lisa. Lisa may be socially harmed and/or lose connection with her mother when her mother exposes her to criminal activities and/or gets arrested while she is caring for Lisa.

HARM STATEMENT	WORRY STATEMENT
Grandparent who could not continue with placement for adolescent Police reported that while interviewing 15-year-old Lesley about the reports of her assault and battery charges and selling marijuana, Lesley's grandfather, Herb, became so upset that he threw up his hands and said, "I can't do this anymore! Call child welfare and tell them to take her!" Herb walked out of the police station. Lesley became quite angry—spitting, swearing, and eventually crying a great deal.	Lesley may be beaten or taken advantage of when she is selling marijuana on the streets and is without the help and support she needs. Lesley may lose her independence if she is arrested on suspicion of selling drugs or assault and battery. Lesley may be scared, confused, or angry when her grandfather gets so overwhelmed that he asks for her to be removed from his care.
Neglect due to substance abuse, methamphetamine At Atrium Health Mercy hospital, Kim's landlady and Kim's 10-year-old son, Paul, reported that Kim overdosed on meth and passed out while cooking dinner. Paul was home at the time. A neighbor heard the smoke alarm and called the police.	Paul may be physically harmed (by leaving the home and being taken advantage of, or by fires in the home) when Kim is using methamphetamine and becomes distracted and unavailable. Paul may get sick when Kim is using methamphetamine and Paul has contact with drugs or drug paraphernalia. Paul may be scared or confused when Kim is using methamphetamine and becomes distracted and unavailable.

Key Takeaways



Questions and Reflections

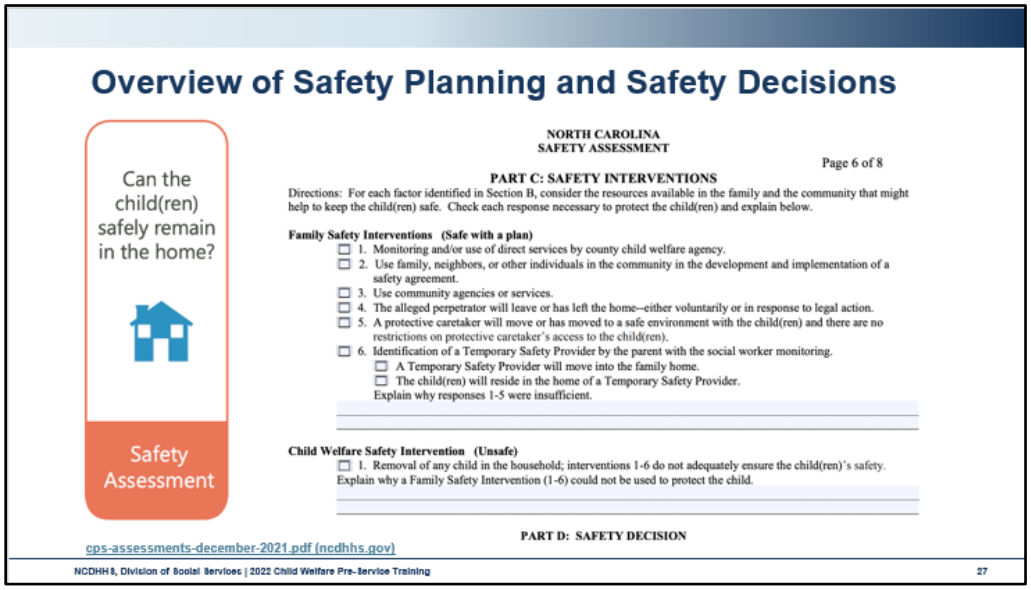
Use this space to record questions and reflections about what you have learned.

Safety Planning and Temporary Parental Safety Agreements

Learning Objectives

• Identify appropriate safety interventions based on case scenarios.
• Articulate the connection between current indicators of safety and Temporary Parental Safety Agreements.
• Explain the appropriate use of temporary safety providers.
• Demonstrate family engagement skills when safety planning with children and families.

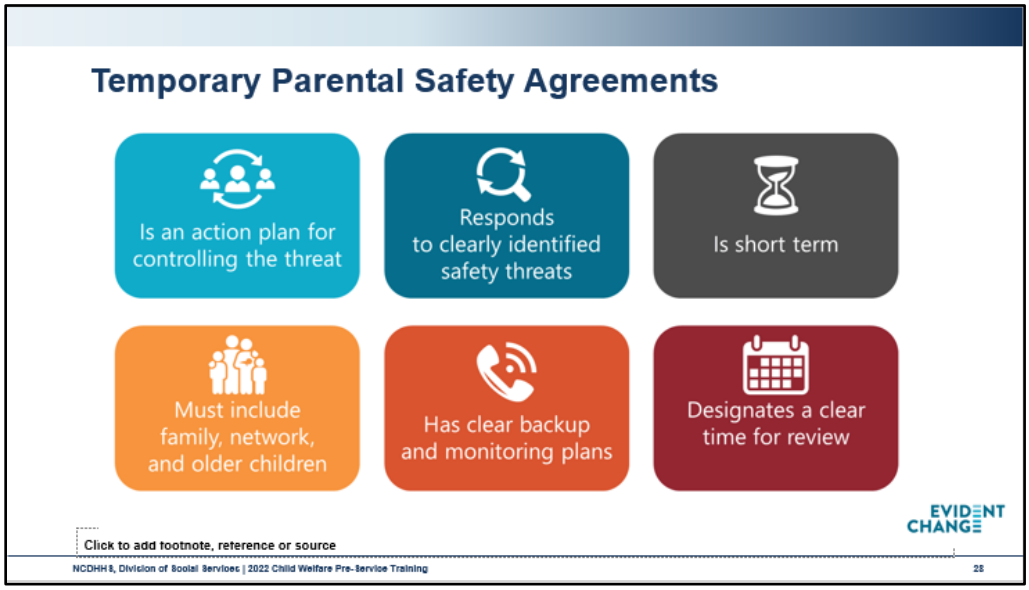
Overview of Safety Planning and Safety Decisions



The Safety Assessment lists potential safety interventions that can be put in place to keep a child safe. Please follow along with the Safety Assessment instructions in your Tools Workbook. Those are:

- Monitoring and/or use of direct services by county child welfare agency.
- Use of family, neighbors, or other individuals in the community in the development and implementation of a safety agreement.
- Use community agencies or services.
- The alleged perpetrator will leave or has left the home—either voluntarily or in response to legal action.
- A protective caretaker will move or has moved to a safety environment with the child(ren).
- Use of Temporary Safety Provider.

Temporary Parental Safety Agreements



Handout: SDM Steps for Creating a Safety Agreement


STEP 5: Act
Plans include action steps to keep the child safe.
Identify family/network roles and actions
Develop backup plan
STEP 6: Agree
All participants must agree to the plan.
Willingness/confidence
Capacity
STEP 7: Bring it Back to the Child
Ask the child for ideas to create a sense of ownership.
Caretaker informs child
Invite child to participate
STEP 8: Monitor, Adapt, and Strengthen
Create a timetable and measurements for safety agreement review.
Revisit and revise
Acknowledge successes!
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SAFETY AGREEMENT VERSUS FAMILY SERVICES AGREEMENT

SAFETY AGREEMENT	FAMILY SERVICES AGREEMENT
Involves **temporary** changes to how the child will be cared for to provide immediate safety.	Describes daily and weekly actions caretakers and network will take to ensure child's **long-term** safety and well-being.
Is *not* about long-term behavior change (no unrealistic goals).	*All about* long-term behavior change
Is immediate or short term.	Is long term.
Begins to involve a network (including at least one person who could not have caused the harm).	Identifies people who will be involved as part of the network and their role in maintaining and reviewing the plan.
Identifies how the agreement will be monitored (daily to begin with) and what will happen if it is not followed.	Identifies how DSS (and others) will monitor the plan and describes what will happen if the plan is not working.
Always includes a backup plan (at least a Plan B).	Always includes backup plans (preferably a Plan B and a Plan C).
Has a date when the agreement will be reviewed.	Is updated when progress is made or new issues arise (and at minimum every 90 days per policy), especially if a new safety agreement is needed.

EXERCISE: SAFETY AGREEMENT VERSUS FAMILY SERVICES AGREEMENT

EXAMPLE

SAFETY INDICATOR	SAFETY AGREEMENT INTERVENTION IDEA	FAMILY SERVICES AGREEMENT IDEA (Do not use in safety agreement)
Sexual abuse	Dad agrees to stay with his friend until investigation is concluded. He agrees to have no contact with [child] in person or by phone, mail, email, text, or third party. (DSS filed a petition with the court regarding the father's contact with the child.)	Dad will successfully complete sexual perpetrator therapy.

ACTIVITY

For each scenario, list at least one safety agreement intervention idea and one family services agreement intervention idea.

SAFETY INDICATOR	SAFETY AGREEMENT INTERVENTION IDEA	FAMILY SERVICES AGREEMENT INTERVENTION IDEA
Physical harm/unable to protect: Maternal grandfather regularly uses inappropriate physical discipline on the children, leaving marks. Mother relies on grandfather for childcare every weekday afternoon.		
Substance misuse/inadequate supervision: Mother drinks alcohol at least four nights a week to the point of passing out. Her 5-year-old son recently got out of the house one evening while she was passed out. Her neighbor found him and contacted law enforcement. The mother has several family members and friends in the area.		

SAFETY INDICATOR	SAFETY AGREEMENT INTERVENTION IDEA	FAMILY SERVICES AGREEMENT INTERVENTION IDEA
Failure to protect: Mother's boyfriend is on the central registry for severe previous child maltreatment, and mother routinely leaves him alone with her children.		
Medical neglect/failure to thrive: A 5-month-old was diagnosed with non-organic failure to thrive and has a G-tube. The parents have not been waking up during the night to feed the child. The G-tube has also become infected due to the parents not cleaning it correctly.		
Mental health: The mother has been previously diagnosed with bipolar disorder and is currently not medicated. She has had several manic episodes where she was driving erratically with the children ages 6, 10, and 15 in the car. She has also been sleeping excessively, and the children have had to fend for themselves for food and to get to school.		
Physical harm: Non-mobile infant has suffered a serious head injury while in the care of his mother and father. Parents state they do not know how the child was injured. The doctor is not able to confirm whether it was abuse. The parents live with the maternal grandparents, but the grandparents were on vacation at the time of the incident.		

ESSENTIAL ELEMENTS OF A SAFETY AGREEMENT

1. **Identification of safety indicators.** The SDM safety assessment provides the framework for safety planning. When one or more SDM safety indicators are identified in a household, protective intervention should be considered to allow the child to remain safely in the home whenever possible and appropriate. If, after considering child vulnerabilities, household strengths, and protective actions, it is determined that in-home interventions can be initiated to temporarily control the safety indicator, the safety decision is "safe with a plan." This plan—the safety agreement—should clearly identify the safety indicator that would prompt protective placement if immediate action is not taken.
2. **Clear description of caretaker actions or inactions and their impact on the child.** A safety agreement should link each identified indicator to a household-specific, behavior-based description of a caretaker's actions or inactions that create a safety indicator for the child. Worry statements are used to structure this description. Statements should be written in plain language that the family understands (i.e., avoid jargon) and be as behavior-specific as possible to support rigorous planning for how to best create safety.
3. **Immediate actions to control the safety indicator.** A safety agreement should include a specific set of action steps to be taken by a sufficient number of family members, network members, and others; or resources that are immediately available; to temporarily control the safety indicator. Referrals to long-term services or resources that do not support an immediate change in the care environment are not sufficient; they might be more appropriate for the family services agreement.
4. **Network involvement.** At least one family or network member besides the caretaker must support the safety agreement. Each participant must clearly understand the safety threat and be committed to their role in implementing the action steps to control the safety indicator. They also must be involved in monitoring the safety agreement .
5. **Monitoring agreement.** A safety agreement should clearly describe how the worker and family will monitor how well the agreement is working and actions to take if it is not. What is the backup safety agreement?
6. **Time limit.** A safety agreement must have a specific timeframe—best practice is no more than 14 days—to remain in effect; or a specific date on which it will be reviewed and renewed, strengthened, or resolved.
7. **Signatures that indicate agreement.** At least one legal caretaker, the child welfare worker, and at least one network member who agrees to be part of the safety agreement must provide signatures. Obtain verbal approval from the worker's supervisor.

SAFETY AGREEMENT CHECKLIST

HOT SPOTS	SOLUTIONS	COVERED?
The only intervention is that the perpetrator promises not to repeat a behavior.	If the caretaker could do that independently, protective custody would not be under consideration at all. Make sure at least one other protective participant involved in the intervention will act or call for help.	☐
There is jargon in the harm or worry statements.	Craft family-friendly harm and worry statements with the family using their own words.	☐
Network agrees to help, but no legal caretaker is included.	At least one caretaker agrees to the interventions.	☐
The caretaker is coerced into agreeing by the threat of a child's removal.	Explain planning process to caretaker and network. Include them in planning so they freely consent to the plan.	☐
The non-perpetrating caretaker is left to keep an perpetrator out of the home without the perpetrator's consent.	• Perpetrator agrees to the plan. • The victim and children leave to be safe and together. • A network member comes to stay in the home to monitor.	☐
The only intervention is a temporary restraining order.	Any restraining order is augmented with one of the three options above.	☐
A victim is expected to protect the children when they are not demonstrating their own protection.	More mature children and network members contribute to keep young children safe.	☐
A caretaker's constitutional rights (fourth and 14th amendments) are violated: Caretaker is forced to leave home, is deprived of visits with child, or non-caretaker is given custody without consent or knowledge.	• Gain informed consent for interventions. • Consider that a protective caretaker may have to leave with the children to be safe and together. • If no caretaker is available to help with a safety agreement, protective custody is probably the only option.	☐
A safety agreement is written when protective custody is not really being considered.	• Carefully review safety indicator definitions. • Document efforts to gain agreements with the family for future safety and close the investigation assessment or promote to a case for ongoing services.	☐
The safety agreement does not have a meaningful time limit.	Initial safety agreements should expire within about seven to 14 days; and it is best practice to hold a child and family team meeting (CFT) to review effectiveness, make improvements, and determine next steps.	☐

HOT SPOTS	SOLUTIONS	COVERED?
There is no *clear* way to monitor whether the safety agreement is working, and there is no fail-safe behavior if it is not working.	Clearly describe the behavior that will affirm that the safety agreement is working and who will do what if it is not working (e.g., whom they will contact, how they will intervene). If this is not possible, the household may be found unsafe.	☐
The voice of the child is missing.	Include the voice of the child by including them in the planning process when age appropriate. If appropriate, have the parent review the safety agreement with the child to help promote buy-in from the parent and child.	☐

Activity: Safety Circles

You will work in pairs for this activity. One of you will agree to be the social worker and the other will be the family member. For the family members, consider a difficult situation in your life. ***You do not need to disclose the situation.***

Utilize the information and questions in the following handout to complete the activity.

Use this space to record notes.

Handout: Safety Circles

Child Welfare Resources on Using Safety Circles to Build Safety Networks with Families

Using Safety Circles to create Safety Networks with Families

What are Safety Networks?

An important part of family and safety-centered practice is helping the family build and strengthen a safety network—made up of family, friends, and involved professionals. A safety network supports caregivers to develop and maintain a safety plan for the children. It is hoped that the family's safety network will continue in this role after professional services end or are no longer needed.

They are a group of family, friends, or professionals who:

1. Care about the child and family.
2. Are willing to engage with child welfare.
3. Understand the safety concerns child welfare and others have.
4. Are willing to do something that supports the family and keeps the child safe.

Why are Safety Networks important?

A strong, active safety network assures child welfare professionals that the caregivers have the support they need to use the safety plan for as long as the children remain vulnerable to the identified concerns or dangers within the family. For cases with an identified danger to the children, establishing a safety network is critical when developing the safety plan. The rationale for building a safety network includes:

1. Child protective services involvement is temporary.
2. Visits by a social worker twice a month is often not enough to ensure safety for a child. A safety network is needed to enhance safety.
3. Families often have people involved in helping care for their children even when child welfare is not involved. These people help with supporting permanency and well-being of a child. It takes a village/network of ongoing support, services, and love to raise a child.

How can Safety Circles help develop a Safety Network?

Safety circles are a visual tool to help identify people for the family's safety network and to help professionals and family members talk about the network's role and who can be part of it.

The primary focus of the initial visit with a family during the assessment is safety. It can be beneficial to start the discussion of a safety network, at this point. Using the safety circle diagram on the following page will help families identify who may already be a part of their network, and who could become a part of their network. People in the network will work together to help the caregivers build and follow a safety plan that assures the children will always be safe.

Engaging parents/caregivers using the Safety Circle tool is a good first step to helping them understand what a safety network is and who needs to be a part of the safety planning process. Share with parents that the network is built by them and can include family, tribes, friends, neighbors, service providers, and others that they believe will be beneficial.

Using Safety Circles to Build Safety Networks with Families
Child Welfare Policy Manual Resources
December 2021

Remember, children also have a role providing valuable information when discussing safety networks! During interviews with children, listen for friends, relatives, etc. who they could see as a support.

Safety Circle Tool:
To start the discussion about safety circles, discuss each layer of the circle.

It is important to emphasize to the family the focus of this process is their child(ren). The social worker should ***use the child(ren)'s first names*** *when explaining this to the family because it personalizes the conversation. Having a picture of the child(ren) available is also helpful.*

Family Safety/Support Circle :

- How did you find the courage to tell the people you have?
- Where do you find the strength?
- Who was the hardest person to tell?
- What helped you tell that person?
- Who is most helpful and supportive to you and your children?

Child Welfare Resources on Using Safety Circles to Build Safety Networks with Families

Inner Circle: Ask parents/caretaker: Who supports you the most?
1. Who already knows everything that has happened? 2. With whom do the children feel the most connected? Who are the first people you call when you are in need? *(At this point in the process compliment the parents/caretaker by saying: how did you find the strength to reach out to them about this?)*
Middle Circle: Ask the parents/caretaker:
1. Who supports you a little? 2. With whom do your children feel some connection? 3. Who knows a little about what is going on?
Outer Circle: Ask the parents/caretaker:
1. Who knows nothing about what is going on? 2. Who creates challenges/barriers for your family? 3. Who have you not reached out to, but could see yourself reaching out to in the future, maybe a childhood friend, a relative you don't see often? 4. Who is willing to support you but you don't feel comfortable asking them to help you? What is holding you back from asking them? Is there someone that used to support you? Could we engage them again? 5. Who is in your phone/contact list? Who do you connect with on social media?
Moving people from outer to inner circles: Ask the parents/caretaker:
1. What would it take to move someone from the outer circle to the inner circle? 2. Who needs to move to an inner circle? 3. Who would grandma/the children/the social worker want to see move to the inner circle? 4. Is there anyone you thought of telling but just haven't reached out to yet?
Helpful questions to ask when a family has a hard time identifying supports:
1. If you were in an accident and were taken to the hospital, who would you call to pick up your children from school? 2. If your house was on fire and burned to the ground who would you call? 3. If you won the lottery, who would be the first person you call? 4. Who would your children say they want to spend the night with if you needed to go out of town and couldn't take them with you? 5. If you died tomorrow, who would you want to take your children in and care for them until they are adults?

3

6. Who is someone who has shown a lot of interest and support to your children now or in the past? (teacher, neighbor, counselor, church member, someone you work with?)
7. Who can help you move closer to your goals? (Boss, co-worker, counselor, neighbor, friend of a friend)
8. Do you belong to a church, club, support group, sports team? If so, who are some people who have been there for you and your children?
9. Who do you look up to? Who encourages you when you are having a bad day?
10. Has there ever been a time you felt no one cared about you and your feelings? Who is someone who stepped up and made you feel better?
11. Tell me about a time when things were working well for your family, what did that look like and who helped you and your children at that time?
12. Who in your life has had a tragedy and you helped them through that difficult time?
13. Create a family tree with the parent/caretaker and ask about communication and location of these individuals.

Remember: What are our safety goals?

1. What do we want to achieve?
2. What will we do to move forward to the next phase?
3. How will we know we are on track?
4. How long do we expect this process to take?

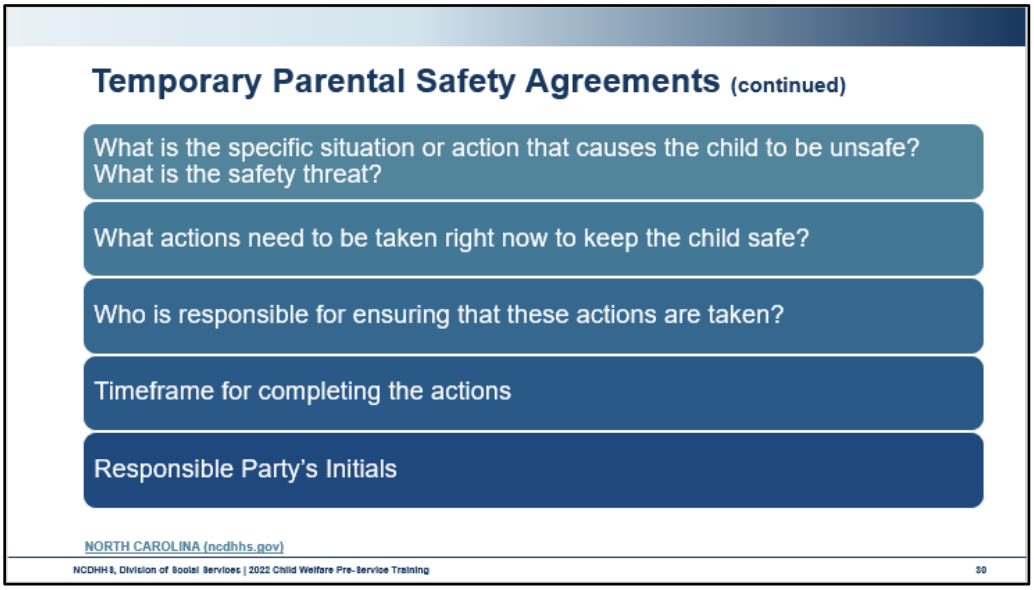
Debrief

What was the experience like for those of you who were family members? Did it help you see your network?

What was the experience like for those of you who were social workers?

Do you see how this could be effective in helping a family identify support?

Temporary Parental Safety Agreements (continued)



Steps to safety planning:

1. Assessing to identify safety threats and the impact of caregiver actions on children
2. Created harm and worry statements to describe the safety concerns
3. Explaining to the family what a safety agreement is, and
4. Identifying and engaging the network
5. Identify the action steps to keep the child safe. Action steps include:
    a. Specific activities by the caregiver and safety network that prevent harm to the child. An example of this could be, mother agrees to not leave child unattended, she will call grandmother who is available to babysit before she leaves for work.
    b. Activities should have specific timeframes associated with them when they will occur and for how long.
    c. Immediate referrals to services. Services like substance use disorder treatment do not immediately ensure safety and should not be on a TPSA. A referral to housing or a food bank eliminates a safety concern related to a lack of shelter or food would.
    d. DSS role and involvement in the plan. Does the social worker need to make a referral or take other steps to facilitate the implementation of the plan? How often will visits occur?

6. Everyone must agree to the plan
    a. Any network member who is part of the plan needs to clearly understand their role and agree to it.
    b. All actions parents agree to must be voluntary. Safety agreements cannot legally restrict a parent's access to a child. Any agreement by a parent to leave a home or for a protective parent to leave a child must be voluntary.
7. Involve the child in an age-appropriate manner
8. Adapt and monitor the plan
    a. The plan should be revisited at every contact to ensure it is effectively addressing safety concerns

Questions and Reflections

Use this space to record questions and reflections about what you have learned.

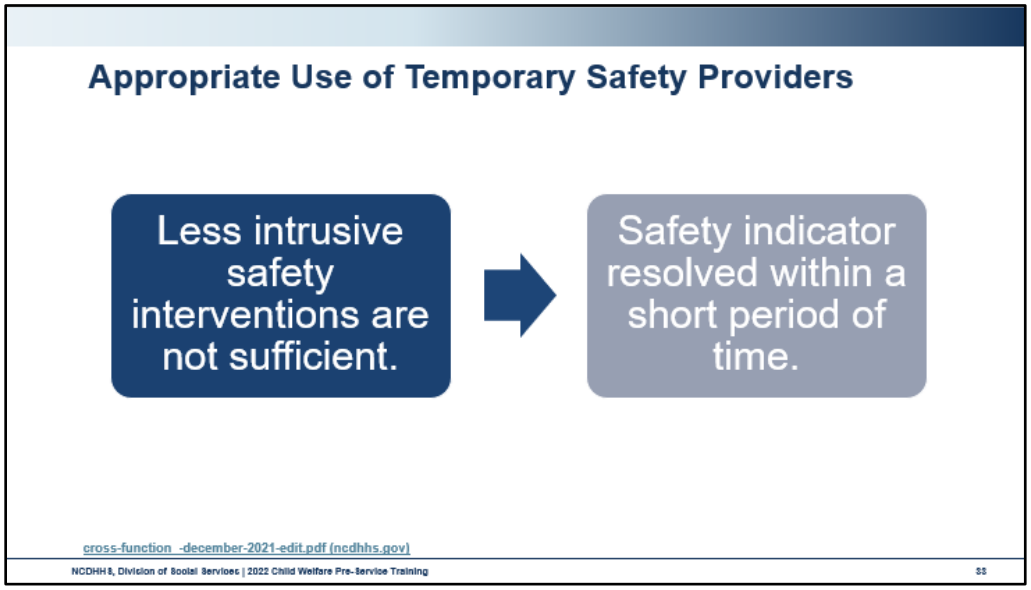
Activity: Communicating Safety Plans

Use this space to draw the image described by the volunteer leader.

Debrief

How did you feel during the activity? How does this activity relate to safety planning with families?

Appropriate Use of Temporary Safety Providers

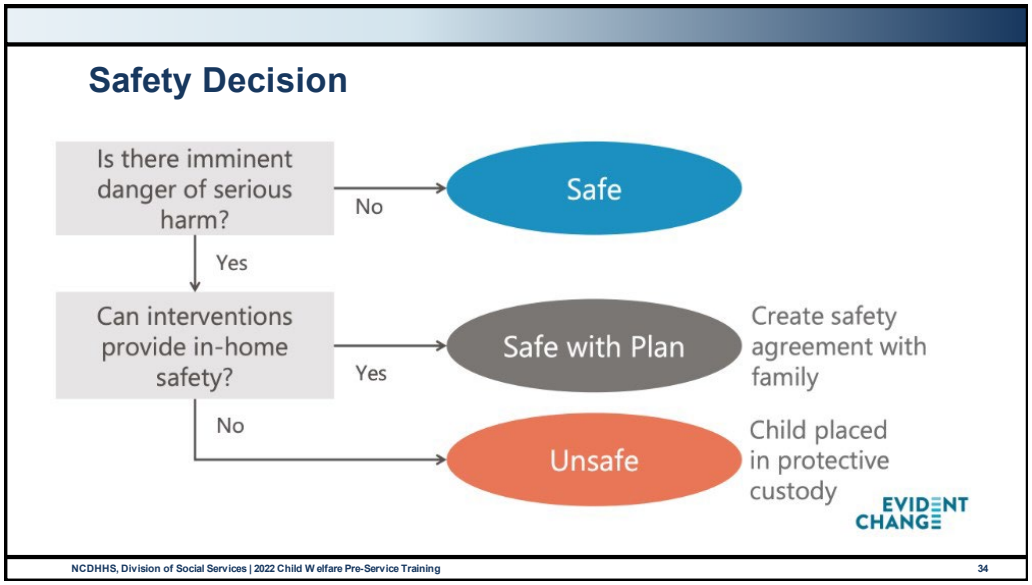


Temporary Safety Providers (TSPs) are voluntary interventions where an individual identified by the parent or caregiver provides care for the children outside of their home or provides supervision of the parent's contact with the children in their home. TSPs must only be considered if all other options are exhausted.

Examples of situations where a TSP might be appropriate are:

- If a parent is incarcerated and has a known release date and will be able to care for the child after the release;
- A safety concern related to dangerous housing will be eliminated by repair or a move;
- A parent has a spot in a residential treatment facility that allows children but has a brief, specified wait prior to admission.

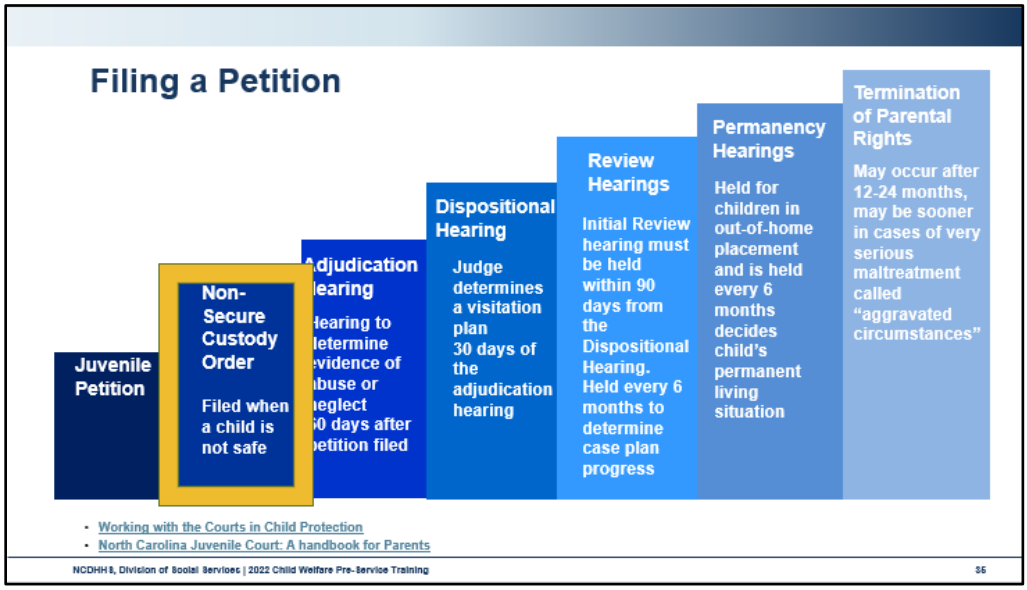
Safety Decision



The Safety Decision is on the Safety Assessment Tool and walks us through the process of deciding by asking two additional questions:

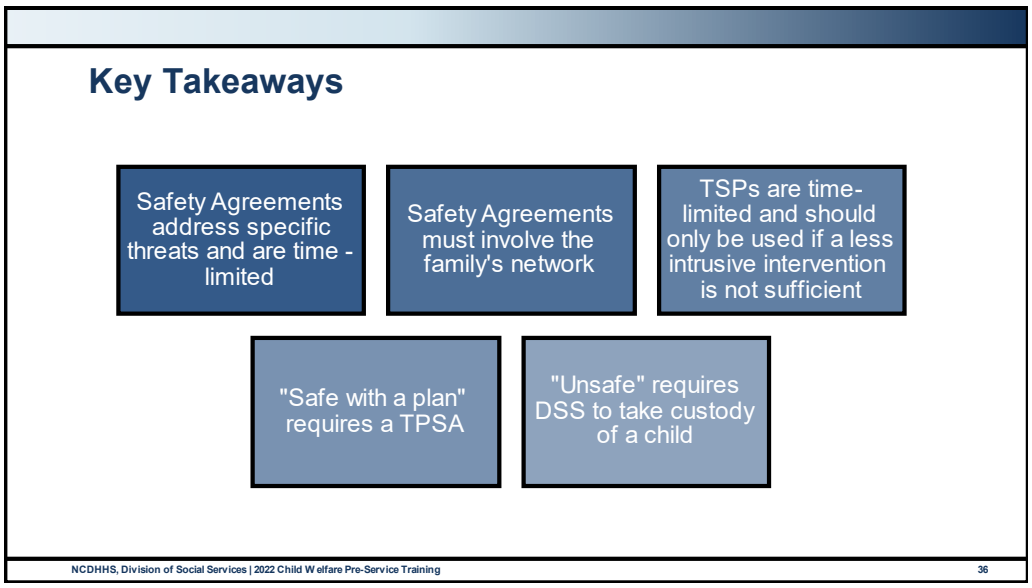
1. Is there imminent danger of serious harm?
2. Can interventions provide in-home safety?

Filing a Petition



If the determination of the Safety Assessment is that the child is unsafe, the agency moves forward with filing a petition for non-secure custody. Filing a petition initiates legal action and juvenile court involvement in the case. The decision to file a child maltreatment petition is made by the social worker and their supervisor, often in consultation with the agency's lawyer. The decision to file should always be based on safety considerations and not on how likely it is that the case can or cannot be won in court.

Key Takeaways



Questions and Reflections

Use this space to record questions and reflections about what you have learned.

CPS Learning Lab (continued)

Activity: Evans Family Safety Assessment

1. Review information gathered from initial interviews and home visits listed in the following worksheet.
2. Respond to the nine safety assessment questions on the worksheet.
3. Complete the North Carolina Safety Assessment in the Tools Workbook through page 5 using form instructions and the case scenario.

Worksheet: Evans Family Intake Information

Mother: Shonda Evans, 35, Black

Father: Rudy Evans (deceased), 38 Black

Child(ren): Keisha, 15, Black

Kevin, 6, Black

Angela, 18 months, Black

Paternal Grandmother: Kim Evans 60 (lives nearby)

Known at Intake:

- Paternal Grandmother, Kim Evans is the reporter.
- Rudy Evans died approximately 8 months ago, and the family has struggled since his death.
- Shonda Evans lost her job recently and spends most of her time sleeping in her room.
- While Mrs. Evans is in her room, she leaves Kevin and Angela unattended.
- Reporter went over to their home the day before the report and found Kevin trying to give Angela a bath unattended. Mrs. Evans was in her bedroom with the door closed at the time.
- Reporter also expressed concerns that Mrs. Evans is alone with Angela all day and she does not know how she is cared for during the day.
- Reporter also expressed concern that there is not enough food in the house and she doesn't know if Mrs. Evans is feeding the children well.
- Reporter also expressed concern about the condition of the home being too messy and Mrs. Evans not staying on top of housekeeping.
- 15-year-old Keisha is in high school and has extracurricular activities and does not get home until 6 or 7 PM every day.
- Reporter indicated that the family has a history of In-Home cases with the family.

Previous History

- 2010: CPS Assessment finding Services Needed. In-Home case open for three months. At that time, Keisha was three and was found wandering the streets. Mrs. Evans could not be located. She took parenting classes, and the case was closed in 2011.
- 2019: CPS Assessment finding Services Needed. In-home case: open for six months. Report alleged that Mrs. Evans beats her children and leaves bruises and that the children were dirty and had untreated medical needs. Mrs. Evans admitted to physical discipline but denied abuse. Services were needed due to supervision issues. During the case, Keisha disclosed that her maternal uncle,

Jake Brown sexually abused her. Mrs. Evans believed Keisha and called the police. Criminal charges were filed. During the in-home case, Mrs. Evans received counseling from the local mental health center with Dr. Felicia Jones. She was diagnosed with depression and prescribed medication.

Current Report Notes:

Person/Role: information known at intake

Name	Age	Sex	Race	Role	HH Status

Report Information

Allegation	Caregiver Behavior	Safety Concern

Maltreatment Screening Tool:

Which tool(s) did you use? Why?

What was the outcome of the tool?

County Assignment:

What county did you assign this CPS Assessment to?

Response Priority:

Which Response Priority Decision Tool did you use? Why?

What response time did you assign?

Assessment Approach:

Which CPS Assessment track is appropriate for this case (Investigative Assessment or Family Assessment)?

Why is this the appropriate track?

Information Learned from Initial Interviews

Ms. Shonda Evans:

- Ms. Evans said that managing since her husband died has been very difficult. They had a good relationship, and he helped a lot with the kids. He worked an early shift and would always meet Kevin at the bus and pick Angela up from daycare.
- Ms. Evans had worked as a receptionist at an office until 3 weeks ago. The company changed its structure, and she was laid off. Angela had been in daycare until that time. She pulled Angela out of daycare to save money.
- Ms. Evans stated that she has felt especially bad since losing her job. She says she spends most of the day looking at social media on her phone or watching TV. She said she takes care of Angela, feeds her meals and snacks, changes her diapers, and plays with her. She keeps Angela in her room with her during the day.
- Ms. Evans stopped attending counseling and taking medication approximately two years ago. She says she is always so tired now and can sleep during the day but has a hard time falling asleep at night. Ms. Evans states that she feels depressed and hopeless most days since she lost her job but denies any thoughts of wanting to harm herself. She denied any current or previous substance misuse.
- On the day of the incident reported by her mother-in-law, Ms. Evans admits she was unaware that Kevin was giving Angela a bath. She said Kevin has tried to be "the man of the house" since his father died and says she feels like she has been relying on Keisha and Kevin too much to help around the house. She understands that Kevin giving Angela a bath can be dangerous and says she spoke to Kevin about not bathing Angela without an adult helping.
- Ms. Evans tries to be at the bus stop every day to get Kevin but has missed it a few times in the last few weeks. On those days he walked half a block home and let himself in the back door.
- Ms. Evans said Keisha is doing well in school and is a big help, she is very busy with her extracurricular activities.
- Ms. Evans said her support system is her mother-in-law, her friend from high school who lives in town, and two older women from church. She feels disconnected from all these people since Mr. Evans' death.
- Ms. Evans found her previous counseling helpful.
- Ms. Evans expressed concern about money. She has some income from Mr. Evans' SSI but does not think they can manage bills very long if she is unemployed.
- Ms. Evans reports that she grounds Keisha and takes away her phone if she gets in trouble, that she spanks Kevin when he gets in trouble, and she will pop Angela on the hand if she is trying to get something she shouldn't have.

- Mrs. Evans says she loves her children more than anything in the world and will do anything to keep them. She understands her current situation is not sustainable or good for her family.

Keisha Evans

- Keisha attends school, has a B + average, and is a cheerleader and in chorus.
- Keisha said she wakes herself up in the morning, eats breakfast and lunch at school, and usually makes something for herself when she gets home.
- Keisha reported that her mother has seemed sad since her father died. She got a lot worse since she lost her job. Keisha says she tries to stay busy and out of the house as much as she can because it makes her sad to see her mom like this.
- Keisha tries to help with the dishes and says she makes Kevin dinner most nights and eats with him. She also supervises his homework.
- Keisha said she hasn't really thought about what her mom does at home with Angela all day, but that Angela seems fine.
- Keisha says her mother does spank Kevin and he cries but it doesn't leave any marks.

Kevin Evans

- Kevin attends elementary school and says he likes it.
- Kevin says he is a big boy and tries to help mommy out with the baby.
- Kevin said his mom is really sad since his dad died and started crying when talking about it.
- Kevin eats breakfast and lunch at school, he said that Keisha makes him dinner most nights, but sometimes he heats food for him and Angela in the oven if his mom is asleep and Keisha is not home.
- Kevin had scraped knees, he said he fell on the playground and had no other visible marks or bruises.

Angela Evans

- Ms. Evans said Angela can say a few words, but she did not speak during the initial visit.
- Angela did walk around the living room. She picked up a book when the social worker asked her to and was able to point at pictures.
- Angela cried when separated from her mother.
- Angela appeared to have very dry, cracked skin on her arms and legs and have a diaper rash.

Kim Evans

- Ms. Evans said that she did not want to call CPS but felt that her daughter-in-law has pushed her away since her son's death.
- Ms. Evans said she did not have concerns about how her son and daughter-in-law took care of the children prior to his death.
- Ms. Evans says she only works part-time now and wants to be a help to the family.
- Ms. Evans is worried that Angela is not getting the care she needs during the day. When she stops in, her daughter-in-law appears groggy and is always in her room with Angela with the door closed.
- Ms. Evans has seen Kevin try to make Angela dinner and snacks on multiple occasions. She said the other day he told her he was giving Angela a bath because he fed her dinner and she got really messy, and he didn't want his mom to get mad.

House walk-through:

- The initial home safety check noted the following:
- Used bathwater remained in the bathtub.
- Dirty dishes were stacked in the sink and on the counters and kitchen table.
- There were also dirty dishes in other rooms in the house.
- There was minimal food in the refrigerator. One this day there was a pack of hotdogs – opened in the refrigerator – with 4 hot dogs left in the package.
- There was a carton of milk – sell by date was checked – the milk was out of date and smelled sour.
- There was a 6 pack of Jello in the little plastic containers.
- There were two lbs. of raw ground beef in the refrigerator.
- In the cabinet were two large boxes of cereal – Cheerios.
- There was some dry biscuit mix and a cornbread mix.
- There was a can of spaghetti sauce and a box of spaghetti.
- There is one bathroom in the home and the toilet had not been flushed after use – although it could flush.
- There is hot and cold running water in the home.
- The home has electricity – appears to be wired legally and there is heat and air conditioning.
- Appliances all were in working order. Stove, Refrigerator, and Microwave.
- Sleeping space was examined and the following was noted:
  - One double bed for mom with a crib in the room for Angela. Keisha and Kevin each have twin beds in their own rooms.
- Ms. Evans does have a car with a car seat for Angela.

Safety Assessment Questions

1. Based on the report, what is the extent of the current maltreatment?

2. Based on the report, what are the circumstances surrounding the current maltreatment?

3. Based on the report and past history, describe the functioning of each child.

4. Based upon the report, describe the functioning of the mother, Shonda, Evans.

5. Based on the report, describe the current parenting practices.

6. Based on the report and past history, describe the discipline practices.

7. What are some significant events and milestones in the life of the family?

8. Identify potential trauma and the impact it may have on safety and risk.

9. Based on the report and past history, describe parental protective capacities.

Activity: Evans Family Harm and Worry Statements

Refer to the previous Harm and Worry Statements handout. Using the Evans Family scenario, work with your partner to role-play engaging with Mrs. Evans to develop a harm statement.

When time is called, you will switch roles and then engage with Mrs. Evans to develop a worry statement.

Use this space to record notes.

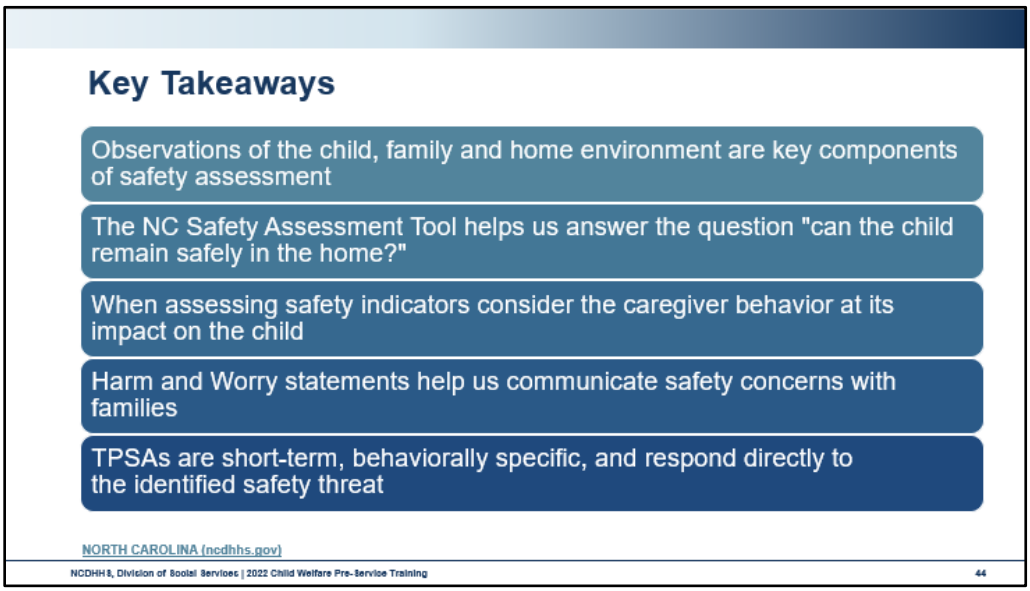
Activity: Evans Family Safety Interventions

Walk around the room and reflect on the posters labeled with each of the Safety Interventions. Think about the Evans Family scenario and determine if each Safety Intervention is appropriate for their situation. Mark the poster with a “yes” or “no” based on your decision.

Recall that safety interventions are:

- Time-limited
- Clearly respond to safety threats
- Include family, network, and older children

Key Takeaways



Questions and Reflections

Use this space to record questions and reflections about what you have learned.

Pre-Work Reminder

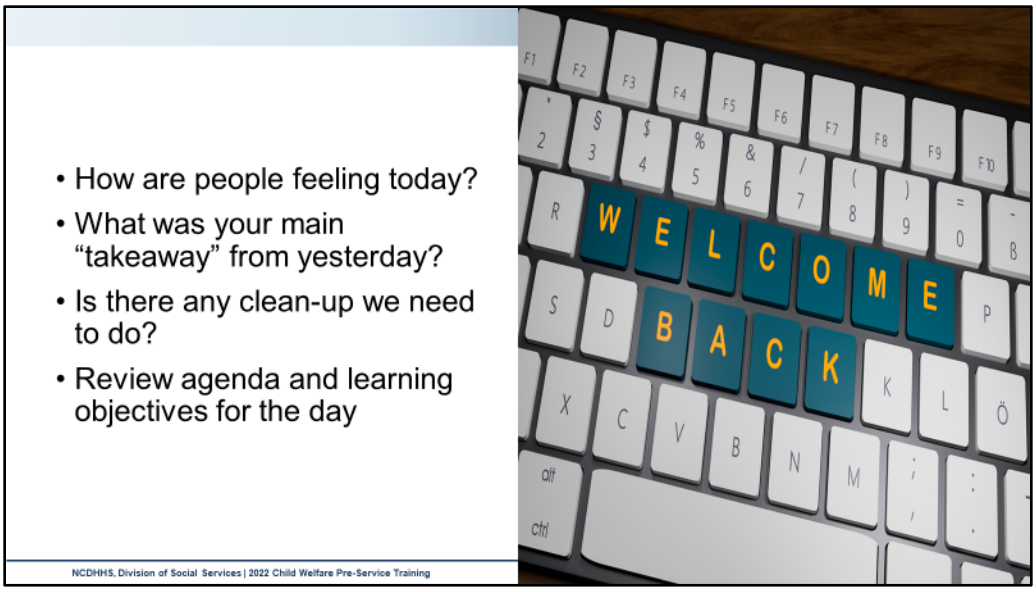
Your homework for tonight is to review parts C, D, and E of the Safety Assessment form and consider how the ideas we discussed for safety interventions can be used to develop a TPSA for the Evans Family.

Week Four, Day Two Agenda

Pre-Service Training: Child Welfare in North Carolina

I.	Welcome	9:00 – 9:30
	Overview of Child Welfare Processes, Part 1: Intake and CPS Assessments (continued)	
II.	CPS Assessment Learning Lab (continued)	9:30 – 10:15
III.	Additional Information to Support Assessment	10:15 – 10:45
	BREAK	10:45 – 11:00
	Additional Information to Support Assessment (continued)	11:00 – 11:20
II.	Risk Assessments	11:20 – 12:30
	LUNCH	12:30 – 1:30
III.	Family Assessment of Strengths and Needs	1:30 – 1:55
IV.	CPS Assessment Learning Lab (continued)	1:55 - 2:15
V.	Assessment Decisions	2:15 – 2:50
	BREAK	2:50 – 3:05
VI.	CPS Assessment Learning Lab (continued)	3:05 – 3:50
VII.	Key Takeaways	3:50 – 3:55
VIII.	Self-Care Exercise and Wrap-Up	3:55 – 4:00

Welcome



Use this space to record notes.

Overview of Child Welfare Processes, Part 1: Intake and CPS Assessments (continued)

CPS Assessment Learning Lab (continued)

Use this space to record notes about the recap of yesterday's Learning Lab and the homework assignment.

Debrief

- As a group, discuss and reach a consensus on the specific situation or action that causes the child in the Evans Family scenario to be unsafe.
- Discuss which actions need to be taken right now to keep the child safe. For each one of these, identify a responsible party and timeframe for completing the actions.
- Write up a TPSA that reflects the best thinking of the group.

Additional Information to Support Assessment

Learning Objectives

• Describe appropriate information to obtain from collateral contacts based on case circumstances.
• Demonstrate interviewing techniques.
• Explain what information can be shared with collateral contacts during CPS Assessments.

Collateral Contacts

When identifying who to interview as a collateral, consider:

- Anyone who may have witnessed the alleged maltreatment
- Who knows the family well
- If there are any pieces of information you are missing from the “big picture” of the assessment and who might be able to provide them.

Who might be collateral contacts in a CPS case? What types of information would these individuals have that could inform your assessment?

Policy Requirements and Confidentiality

At least two collateral contacts must be made during the CPS Assessment, but the appropriate number depends on the circumstances of the case and the information needed and is often more than two. Certain allegations require specific collateral contacts and anyone who is listed as a collateral at intake must be contacted during the Assessment Phase.

Collateral contacts should have significant knowledge of and contact with the family, so they are able to answer questions related to child safety and risk. Individuals who must be contacted include:

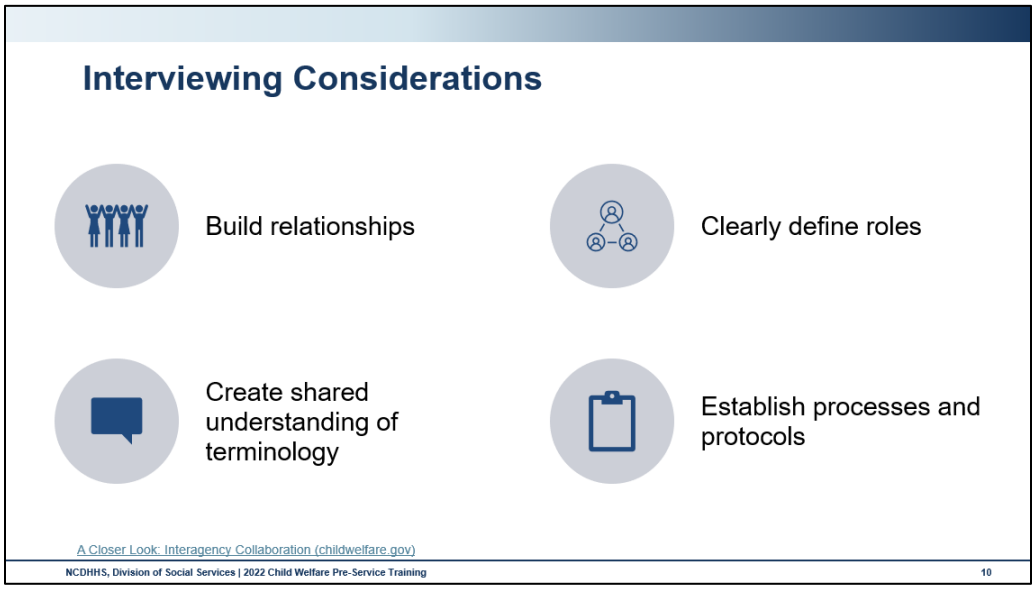
- People identified by the family as collateral contacts
- People identified on the Structured CPS Intake Form
- Other agencies are known to have current involvement with the family or to have knowledge of the current situation.

Deciding who to contact depends on the nature of the allegation, the type of information you need, and the information provided by the family. Information received from collaterals is recorded on the CPS Documentation Tool. Collateral contacts should be made early in the assessment period so that information can be incorporated into decisions. Ongoing or follow-up contact may be needed.

Approaching and interacting with collaterals in a way that is respectful of child and family privacy and maintains confidentiality is key. During CPS Assessments, you should advise parents that you plan to contact a collateral information source and share with them the information you learned. It may be appropriate in some circumstances for parents to be present during interviews with collaterals.

A good general rule with collaterals is to think of your interaction with them as a one-way street. Information only comes to you from the collateral source, you do not provide the contact any information about the family. You need to identify yourself as a DSS social worker, explain your role, and explain the purpose of the interview. You may not share details of the allegation or any other information you have learned about the family.

Interviewing Considerations



As a group, brainstorm how you might initiate contact with a collateral.

Handout: Collateral Contacts

Source: Pennsylvania Child Welfare Resource Center, Module #3 Using Interactional Skills to Achieve Lasting Change, HO28_IntrvwngCllterlCntcts.pdf (pitt.edu))

Collateral contacts can include the referral source, other family members, professionals who have contact with the family, or people in the community, whose contact with one of the members may have given them the knowledge that would relate to the family assessment. Collateral contacts may be able to provide information such as identifying information - full name, dates of birth/age, address, parents' names, and social security numbers - as well as information about family dynamics and relationships.

It is important to remember when interviewing extended family members that loyalties are often conflicted: they may wish to believe the child's story but feel it would be wrong to provide negative information about the parent. They also may want to focus on the fact that other family members are not "doing their part" to help the child or family.

Child welfare professionals can help families deal with these conflicted loyalties by:

- asking family members to focus on the safety of the child or children;
- letting family members know that the child welfare professional believes the child;
- urging family members to spend energy on helping family members rather than defending the family against outsiders; and
- being sensitive to family members who may be asked to help in ways that burden them financially or emotionally.

Family members can serve as valuable resources. They can provide corroborating information as well as provide concrete help, such as financial, emotional, or physical aid to the family. Family members might also be able to provide an informal or kinship care placement for the identified child and siblings if the non-offending parent cannot protect the child or children from abuse or retaliation.

Family members should also be made aware of any community resources which can be of help to them, especially if they are to provide care to the children. Special attention should be given to any religious beliefs, especially regarding the selection of counselors. If possible, children should remain in their home school districts, to minimize the impact of the trauma, separation, and placement. If the children are placed with a non-relative, every effort should be made to ensure that the child is able to attend family functions, have sibling visits, and maintain cultural and religious ties to their own community. Support should be given to caregivers, including transportation assistance and coordination of visits in the most home-like setting possible.

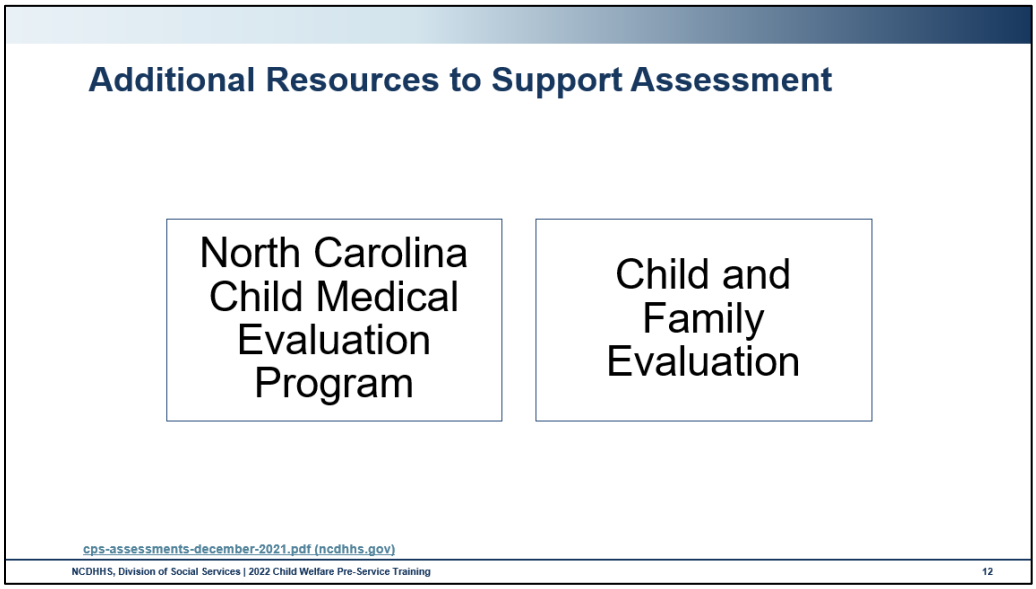
Referral sources and other community professionals are also important resources. For instance, school personnel, especially teachers and school nurses, are also excellent sources of corroborating information that can help you confirm or deny the allegation being considered. They may be able to offer information on children's behaviors; have

insight into the child's relationship with his/her family members; or have observed medical or psychological conditions that might be associated with the current allegation.

Because of the information they are required to share, school personnel (as well as other community professionals) often feel uninformed. They often want to know more about the family than can be released due to confidentiality requirements of the laws. The child welfare professional should share information with the teacher or nurse up to the limits of the law and their own agency's policy. The child welfare professional should explain why more information cannot be shared and should also educate the referral source regarding the meaning of the various findings. It is important to emphasize to them that any information released cannot be shared with others.

The child welfare professional should also pursue having releases signed by the parent and/or child to be able to share needed information with collateral contacts, as it relates to the child’s health, safety, and treatment.

Additional Resources to Support Assessment



The NC Child Medical Evaluation Program (CMEP) is a resource to child welfare agencies in assessing physical and mental health evidence of child maltreatment, including physical and/or sexual abuse as well as neglect. There are specific cases that must be referred to CMEP per policy. Please take a moment to review those on the CMEP handout in your Participant Workbook. Upon referral, a CMEP physician, PA, or Nurse Practitioner conducts an outpatient medical evaluation of suspected child maltreatment.

North Carolina's Child/Family Evaluation Program (CFEP) is a forensically informed mental health evaluation for children and youth who are being actively investigated by child protective services as possible victims of abuse or neglect. CFEs should be considered when a social worker has concerns about:

- Significant delay in the child's developmental skills;
- Children are affected when one parent abuses the other; or
- Sexual contact between children initiated as a CPS assessment for parental supervision issues

Both of these resources are available statewide and require parental consent on the form DSS-5143.

Handout: North Carolina Child Medical Evaluation Program (CMEP)

Website: www.med.unc.edu/cmep
Phone Number: 919-843-9365
See also: CPS Assessment Policy, Protocol and Guidance (December 2021)

NC CMEP provides a structured system for medical and mental health evaluations in alleged cases of child maltreatment. These evaluations are performed at the request of the Department of Social Services in the investigative assessment phase of a CPS case. The examiners for these evaluations are rostered by the NC CMEP and have agreed to perform the evaluations in accordance with program guidelines. The NC CMEP office also provides case consultation (medical and social work investigations), assistance to child welfare workers to find providers, training on the identification of child maltreatment, administration of payment for rostered services, and recruitment for medical and mental health providers.

CME- Child Medical Evaluation:
Comprehensive medical evaluation and medical interview: The appointment consists of interviews of the child and caretaker for the purposes of obtaining medical and social history, a complete medical exam, documentation of any visible injuries or medical conditions indicative of abuse or neglect and includes diagnostic tests and screening as determined by the medical provider. Payment is made by Medicaid (if applicable) or by CMEP funds.

Role of the child welfare worker: Locate a rostered provider to make an appointment, complete necessary forms (DSS 5143 consent), collect medical records to provide to the CME provider, attend the appointment to provide history, and prepare the family for the exam. https://www.med.unc.edu/cmep/files/2018/01/dss-5143-jan07.pdf

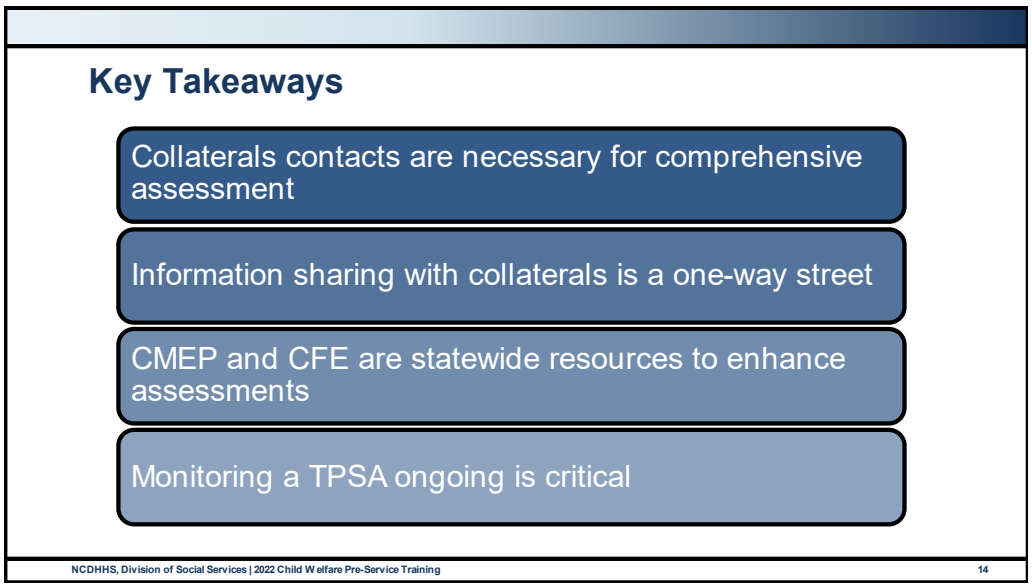
CFE- Child and Family Evaluation:
Provides forensically informed mental health evaluations for children/adolescents who are being investigated as possible victims of abuse or neglect. These evaluations typically include a review of salient records and interviews with the child, and caregivers, as well as relevant collaterals. CFE evaluations are designed to assist in decision-making and case disposition, with an emphasis on treatment planning. These evaluations are requested and utilized in cases in which there has not been and is unlikely to be a determination of case decision through standard CPS investigative processes or CME. In cases of alleged physical or sexual abuse (and certain other forms of maltreatment), a CME is typically expected before a CFE will be authorized.

Role of the child welfare worker: Locate a rostered provider, collect all records (prior history, evaluations, school records, medical records, etc.), complete authorization request and DSS 5143 and send to NCCMEP office (see contact info). The child welfare worker is required to provide a list of questions to the provider as a guide for the evaluation and recommendations for the case.

Ongoing Quality Contacts

The frequency of ongoing contacts during a CPS Assessment is based on safety and risk. Face-to-face contact is required at least twice a month and contacts must be a minimum of 7 days apart if the child and family are only being seen twice a month. Case circumstances frequently exist where you will need to see a child or family for more immediate follow-up to ensure safety and the efficacy of a safety plan, meaning you will see the child and family more than twice a month during the assessment period. The most important consideration is child safety, and you should always consult your supervisor about the most appropriate level of contact with a child and family based on what is happening in the family at that time.

Key Takeaways



Questions and Reflections

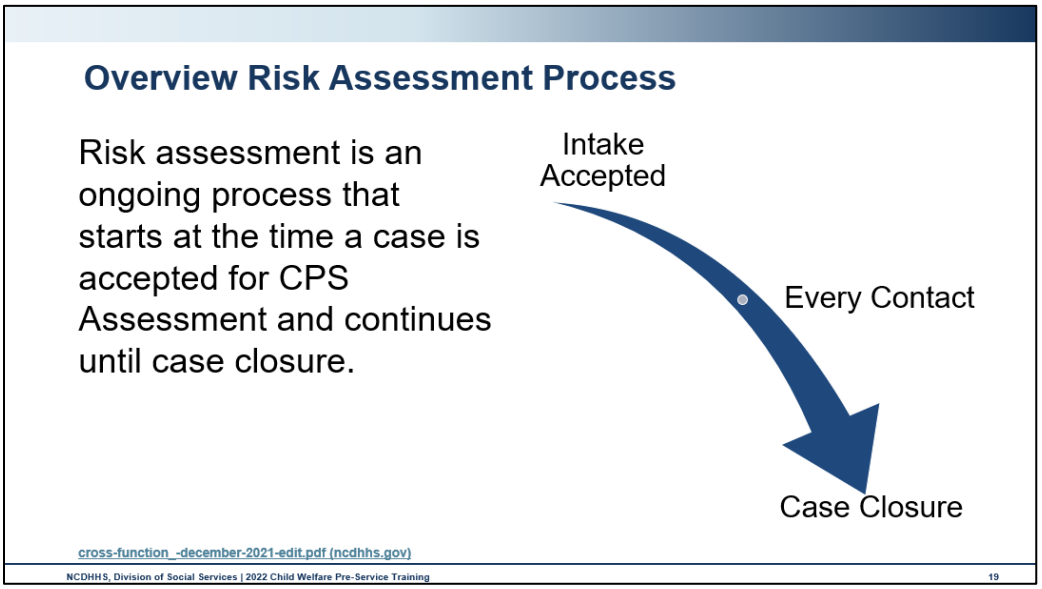
Use this space to record questions and reflections about what you have learned.

Risk Assessment

Learning Objectives

• Identify risk factors in child welfare cases.
• Identify protective capacities in child welfare cases.
• Describe how to complete the Family Risk Assessment of Abuse and Neglect Tool and when it is used.
• Apply findings of the Family Risk Assessment of Abuse and Neglect Tool to the next steps in case planning.
• Demonstrate strategies for engaging families in the assessment process.

Overview Risk Assessment Process



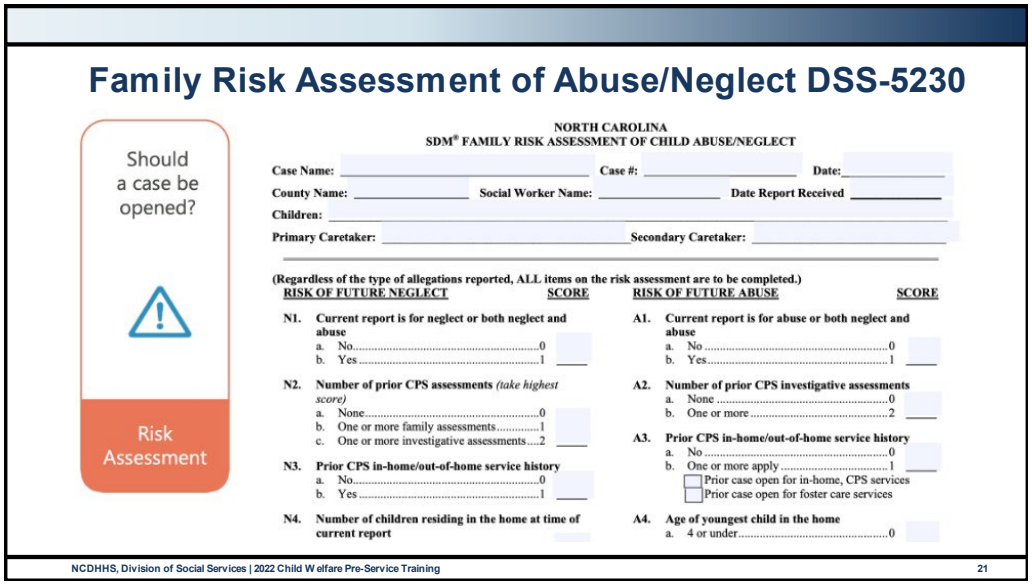
Recall the following:

- **Have you completed your assessment?**
- **How was risk defined earlier this week?**
- **What do you remember about risk?**

Activity: Family-Centered Risk Assessment

What are skills and strategies you have learned that will help you take a family-centered approach to risk assessment?

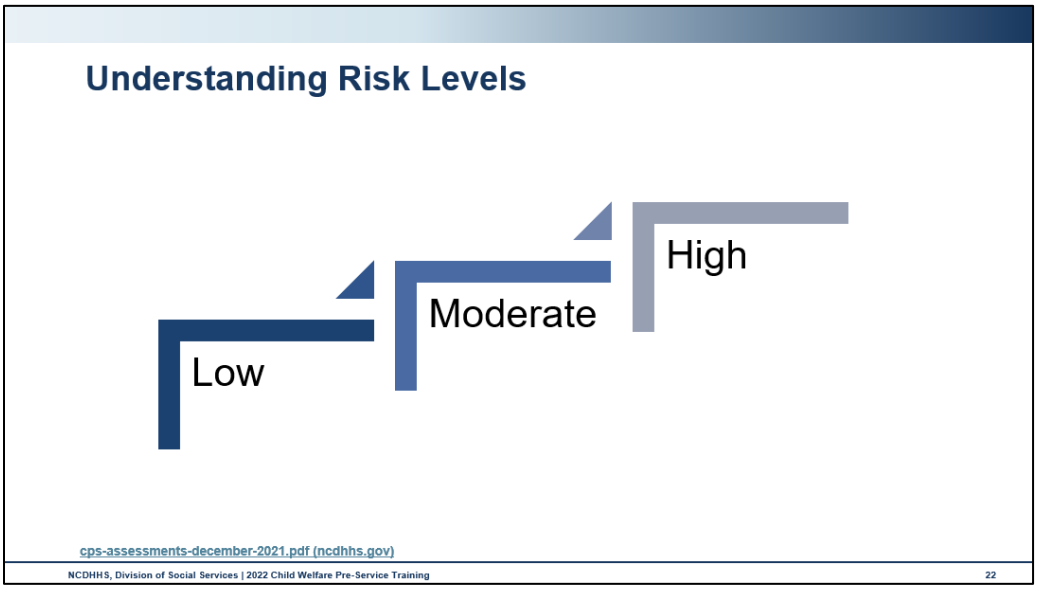
Family Risk Assessment of Abuse/Neglect (DSS-5230)



Why do you think you should complete the Risk Assessment early in a case?

What are some of the tips you remember about using SDM tools from earlier?

Understanding Risk Levels



When making an assessment decision, you will consider the outcomes of both the safety and risk assessment tools. There is no magic combination of safety and risk scores that determines the case decision. Each provides you with information that you have to analyze and synthesize to formulate conclusions and make decisions with your supervisor and the family.

Activity: Identifying Risk Items

- Read the statement on the scenario.
- Determine the corresponding risk item.
- Write the risk item and score on the back of a post-it and place it next to the scenario.

Scenarios:

- A family has three previous CPS Assessments: two for neglect, and one for abuse. (N2, score1; A2, score 2)

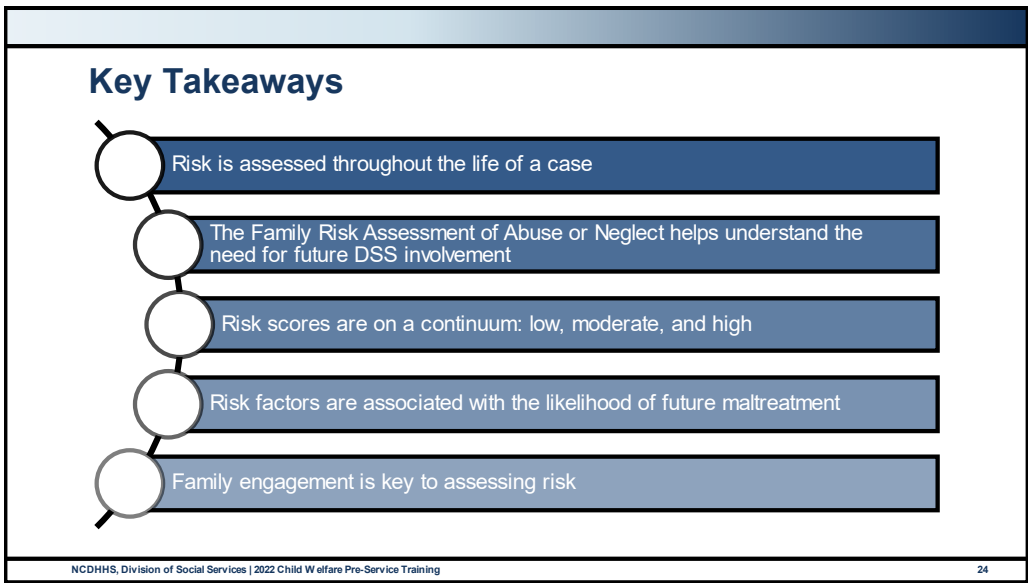
- A 3-year-old child is diagnosed with ADHD and Autism. (N6, score 0; N14 score 1; A4, score 0; A7 score 1)

- Primary caretaker believes hitting his child was ok because his child was not listening and hitting his child will teach his child to listen. (A1, score 1 (this is assumed); N12, 1 (Use of excessive physical/verbal discipline; Lacks knowledge of child development)

- Primary caretaker is diagnosed with depression. She is currently seeing a therapist and taking medications. (N10, score 2. This is a challenging one, while the caretaker is demonstrating good coping skills, the scenario indicates a diagnosis of a mental health concern.

- Primary caretaker denies having a drinking problem and has never received treatment. He drinks every day, lost his job due to showing up drunk multiple times and was arrested last month for driving under the influence. (N9 score 1). While he denies the problem, it meets the criteria for the item because it has impacted his employment and he has a DUI.

Key Takeaways



Questions and Reflections

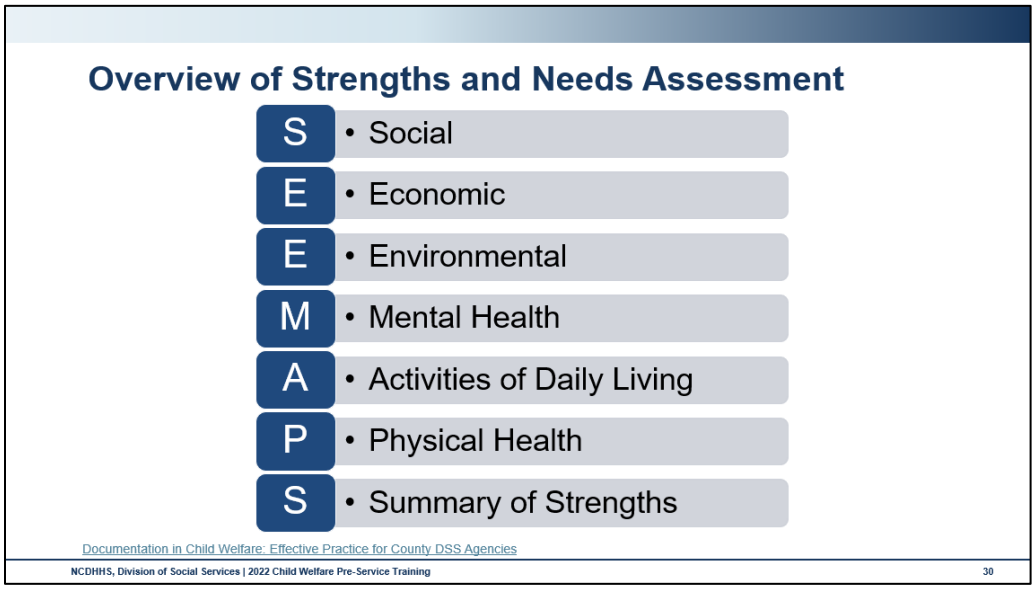
Use this space to record questions and reflections about what you have learned.

Family Assessment of Strengths and Needs

Learning Objectives

• Identify and describe family strengths.
• Identify and describe family needs.
• Describe how to complete the Family Strengths and Needs Assessment.
• Apply findings of the Family Strengths and Needs Assessment to case decisions and planning.
• Demonstrate strategies for engaging families in the assessment process.

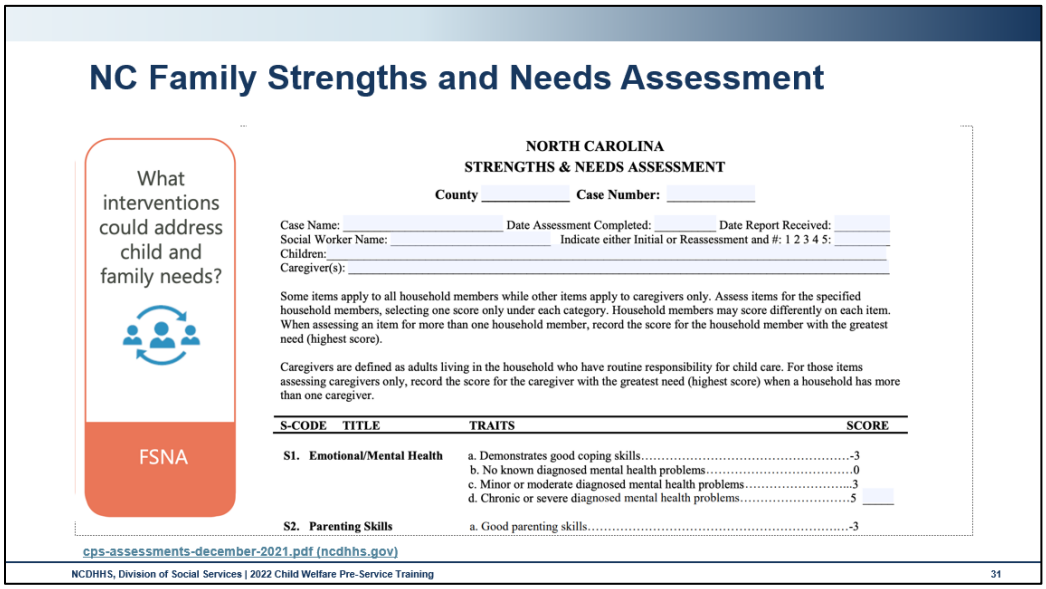
Overview of Strengths and Needs Assessment



These domains help us to ensure we are getting comprehensive information about a family that informs our assessments of safety, risk, strengths, and needs. We document it in the CPS Assessment documentation tool as part of the case record.

Why do you think we are showing this slide again here?

North Carolina Family Strengths and Needs Assessment



The North Carolina Strengths and Needs Assessment:

- Evaluates the presenting strengths and needs of the family, and
- Identifies family strengths and needs to be utilized in case planning.

It helps us answer the question “what interventions could address child and family needs.”

The Family Strengths and Need Assessment is completed in all CPS Assessment cases prior to a case decision. Unlike the other SDM tools we have discussed, it is required in in-home and permanency planning cases, too.

Questions and Reflections

Use this space to record questions and reflections about what you have learned.

CPS Assessment Learning Lab (continued)

Activity: Risk Assessment and FSNA

- **Refer to the Evans family demographic information on the previous worksheet and continue this activity by reading the following information from Collaterals.**
- **Then complete the Risk Assessment and Family Strengths and Needs Assessment in the Tools Workbook.**

Ms. Anne Tate, LPC, counselor at Family Hope Services

- With encouragement from the social worker, Mrs. Evans reached back out to the counseling center where she received services previously the week after the report. She was able to be seen quickly since she was a previous client.
- She completed an intake assessment with Ms. Tate. Mrs. Evans's diagnosis is Major Depressive Disorder, and the staff psychiatrist has prescribed her an anti-depressant medication. Ms. Evans has previously been treated for Major Depression and reported a history of physical abuse and neglect by her mother.
- Ms. Tate has only seen Ms. Evans twice, but she is encouraged by her willingness to process the grief she is experiencing and the hope she expresses for taking better care of her children.

Dr. Steven Fener, school counselor at Kevin's elementary school

- Dr. Fener reports that this school year Kevin has been tardy at least twice a week and that his teacher has expressed concerns about Kevin being emotional in class (crying) and isolating from his peers.
- Dr. Fener said Mrs. Evans has not been responsive to attempts by the school to contact her to schedule a conference this year.
- Prior to this school year, there is no history of concerns about Kevin.

Mary McKinley, Director, Little Hands Daycare

- Angela has been reenrolled in daycare for 2 weeks. Mrs. Evans or her mother-in-law has picked her up on time every day.
- Angela had a significant diaper rash when she was first reenrolled, but Mrs. Evans provided them with prescription cream, and it cleared up.
- Prior to Angela's withdrawal, Mrs. Evans had been late on multiple occasions (at least 3x/month) to pick up Angela. Mr. Evans always picked up Angela prior to his death.

- Ms. McKinley said Angela is developmentally on track and while they have been worried about Mrs. Evans, they have not identified any signs of maltreatment or developmental concerns for Angela.

Sarah Wexler, Practice Administrator, Guildford Co Pediatrics

- All the Evans children are up to date on shots and have regular EPSDT screening visits.
- Mrs. Evans brought Angela in a week ago. She was prescribed an ointment for a significant diaper rash and diagnosed with eczema. Mrs. Evans was provided care instructions for treating her skin ongoing.
- The practice is aware of Keisha's history of sexual abuse. They know she participated in counseling at the time, but it was discontinued after about 18 months.

Mrs. Denise Shaver, friend of Mrs. Evans

- Social worker met with Mrs. Shaver and Mrs. Evans together. Mrs. Evans is the wife of the pastor at Mrs. Evans' church. She expressed deep concern that Mrs. Evans is struggling the way she is.
- Mrs. Shaver has organized a meal train for the Evans family so a church member will stop by 3 nights a week with a prepared dinner for the Evans family. Mrs. Evans has agreed to this help and to invite the church member to stay for dinner for additional company.
- Mrs. Shaver has agreed to come pick up the Evans family on Sunday morning to take them to church and Sunday School. There is a widow's group that meets once a month at a church member's house, and she will connect Mrs. Evans to that network.

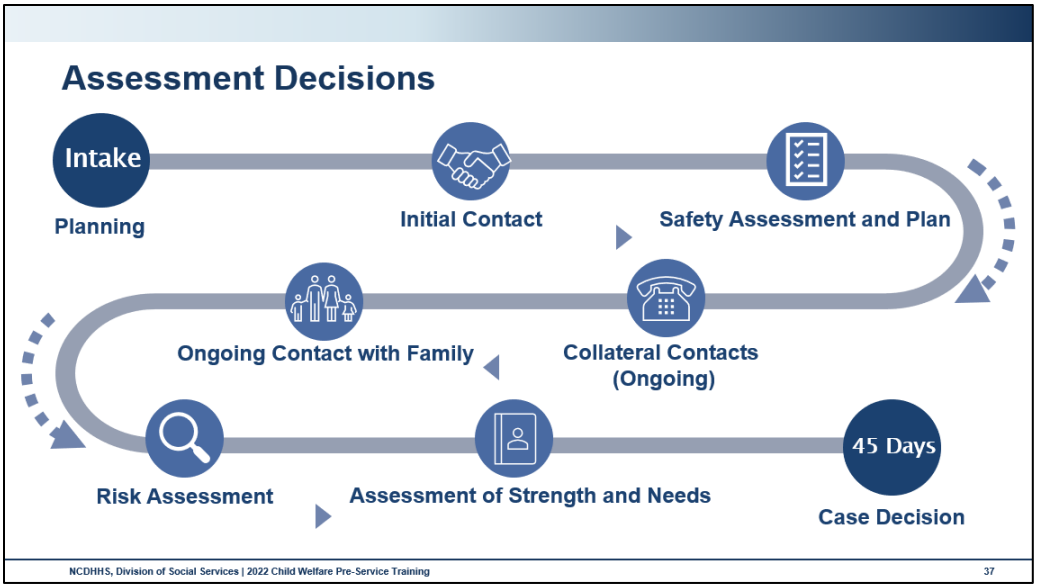
Case Closure Information

- During the 45-day period, the social worker has seen the Evans family every other week in the home and made the collateral contacts listed above.
- Mrs. Evans has followed the safety plan and according to Mrs. Evans, her mother-in-law, and Keisha, Mrs. Evans has stayed out of bed when Kevin and Angela get home until they go to bed.
- Mrs. Evans is accepting support from her mother-in-law and church members.
- Mrs. Evans is participating in counseling and taking her medication as prescribed.
- Kevin has started group counseling at the same practice where Mrs. Evans has therapy.
- The safety assessment completed 5 days ago had a finding of "safe."

Assessment Decisions

Learning Objectives

• Describe the appropriate criteria for safe case closure.
• Incorporate information from the assessment process into case decisions.
• Explain the importance of supporting children and families through closure or transition.

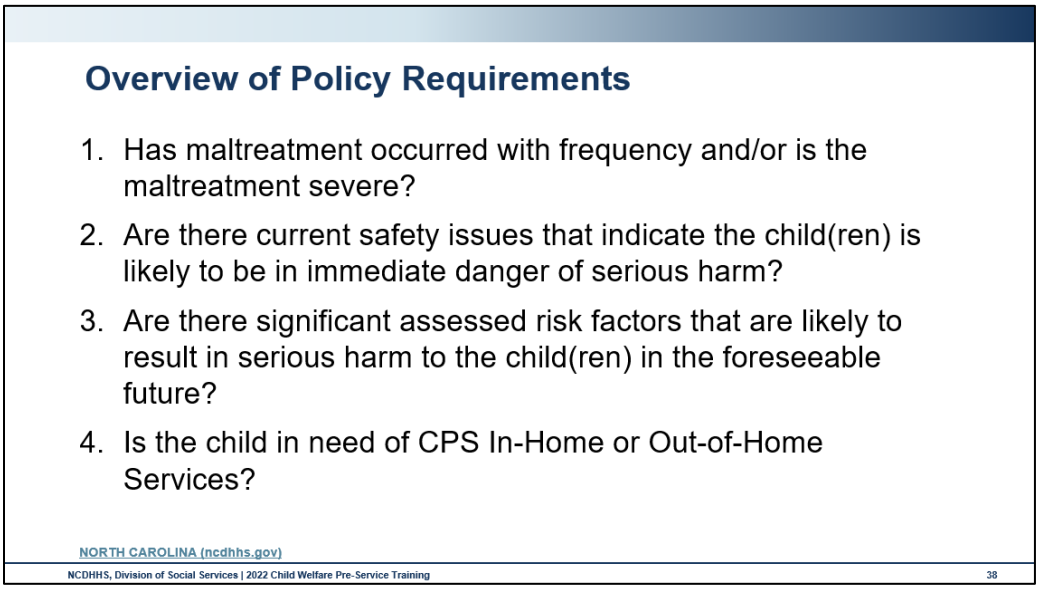


By the end of the 45-day CPS Assessment period, you will have completed all the steps on this timeline.

You will have:

- Made initial contact with the family
- Completed the Safety Assessment tool with the family
- Created, implemented, and monitored a Temporary Parental Safety Agreement if needed
- Contacted collaterals and individuals in the family's safety network to gather additional information that is incorporated into your assessment
- Had ongoing contact with the family to:
  - Monitor the TPSA if one is in place
  - Complete a comprehensive functional assessment
  - Complete the Risk Assessment tool and Family Strengths and Needs Assessment tool
  - Discuss and implement interventions and strategies to address identified needs

Overview of Policy Requirements



What are some factors you would consider when responding to question number four?

Handout: Assessment Case Decisions

Source: NC Child Welfare Manual CPS Assessments Policy, Protocol, and Guidance (November 2023)

Family Assessment Case Findings
The purpose of the case decision is to determine whether a family is in need of child protective services.

Child Protective Services Needed - This finding is appropriate when neglect and/or dependency was found to have occurred, and where there are safety issues and a future risk of harm, the agency must provide nonvoluntary protective services to ensure the safety of the child. The finding of Child Protective Services Needed must be made, and the county child welfare services agency must continue to provide involuntary CPS In-Home Services in every case the agency believes:

- The family must be involved with services (of any type, provided by any agency or individual) for the child to safely remain in the home; or
- The child would not be safe if the family ever becomes noncompliant with services.

A finding of Child Protective Services Needed must be made if the answer is yes to one or more of the questions on the structured CPS Assessment Documentation Tool (DSS-5010) concerning frequency and severity of:

- Maltreatment;
- Current safety issues;
- Risk of future harm; and
- Child in need of protective services.

There must be documentation to support the answers included on the case decision tool.

If the decision of the North Carolina Safety Assessment is “Safe”, and the findings of the North Carolina Family Risk Assessment of Abuse/Neglect and the North Carolina Family Assessment of Strengths and Needs are both “Low,” then the case would not be found “Child Protective Services Needed,” unless there are unusual circumstances where there is a continued need to ensure safety. In those cases, the supervisor must complete the “Rationale for Case Decision/Disposition” to justify the change.

Services Provided, Child Protective Services No Longer Needed - This finding is appropriate for all CPS reports of neglect and dependency assigned to the Family Assessment response in which the safety of a child and future risk of harm were at some point in the assessment high enough to require non-voluntary services, but the successful provision of services during the assessment has mitigated the risk to a level in which involuntary services are no longer necessary to ensure the child’s safety. To close cases with this finding, at the time of case decision, the child cannot have current or ongoing neglect and/or dependence concerns, and the safety and future risk of harm

of the child is not an issue. This case decision can only be chosen when non-voluntary protective services are not required to keep the children safe. A case decision of Services Provided is not appropriate for cases where the family is engaged in service provision that if ended once the case is closed would result in safety concerns for the children.

Child Protective Services Not Needed - This finding is appropriate for all CPS reports of neglect and dependency assigned to the Family Assessment response in which the safety of the child is not an issue, there is no concern for the future risk of harm to the child. This case decision is chosen when non-voluntary protective services are not required to keep the children safe.

For all Family Assessments, the case finding will be reported to the Central Registry (DSS-5104) with no perpetrator information entered.

Investigative assessment
Initiation
The interviewing sequence in an Investigative Assessment is:

- All children living in the home;
- The non-perpetrating parent;
- he perpetrator; and then
- Collaterals

There are times when this order may not be feasible or the most appropriate. The county child welfare services agency must consider the individuals and allegations involved in each situation and must conduct the interviews in the order that is least likely to increase the risk of harm to the alleged victim child or other children in the home.

The child must be interviewed:

- Individually; and
- Under no circumstances in the presence of the person or persons alleged to have caused or allowed abuse and/or neglect.

For DV cases, refer to DV initiation protocol.

Case-decision making
The findings in an Investigative Assessment must be either substantiated or unsubstantiated.

To make a case decision to substantiate, the answer to one or more of the following questions must be “yes” to one of the 4 questions on the CPS Assessment Documentation Tool. See Making the Case Decision.

When a report of neglect is being completed using the Investigative Assessment track, there are two points to consider when deciding on the case finding:

- The first decision is to determine if the case decision is to be substantiated; and

- The second decision for substantiations of neglect is to determine if the neglect is "serious." A definition for "serious neglect," as well as other information regarding the Responsible Individuals List, can be found in Appendix 1, CPS Data Collection in the NC Child Welfare manual.

When the Identity of the Perpetrator Is Unknown

There are instances when a child has been abused and/or neglected but the identity of the perpetrator cannot be determined. In such situations, there must be a case decision that ensures the ongoing safety of the child and data entries must reflect that the perpetrator is "unknown."

Handout: Two-Level Decision-Making in CPS Assessments

Source: *NC Child Welfare Policy Manual: CPS Assessments Policy, Protocol and Guidance (December 2021)*

The social work supervisor and assigned child welfare case worker must staff each assessment case:

- Frequently enough to ensure the safety of all victim children, but at a minimum of once every other week; and
- Whenever there is a change in circumstances that impacts the safety and/or risk to a child(ren).

Staffing must cover but not be limited to:

- Risk of maltreatment;
- Safety and Temporary Parental Safety Agreement, if in place;
- Family home environment;
- Family's strengths and needs;
- Child well-being, parent well-being, and family well-being;
- Progress toward addressing any safety threat or risk;
- Review of the ongoing family and collateral contacts; and
- Safety Networks

Two-level decisions/reviews must occur on every CPS Assessment at the following times:

- When the Risk Assessment and Strengths and Needs Assessment are completed;
- Prior to initiating or terminating the use of a Temporary Safety Provider;
- At the completion of the Safety Assessment and prior to the implementation of a Temporary Parental Safety Agreement;
- Before modification of a Temporary Parental Safety Agreement;
- Regarding diligent efforts to locate a child/family and when these efforts can end;
- At case decision;
- Prior to filing a petition; and
- Whenever there is a change in circumstance that impacts the safety and/or risk to a child(ren).

Two-level decisions/reviews must occur within the context of a staffing between the county child welfare worker and a county child welfare supervisor at a minimum.

Handout: Central Registry Reference Sheet

Source: *NCDSS CPS Data Collection (Non-NCFAST) Appendix 1*
https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/modified-manual- 1/appendix-1-cps-data-collection.pdf

What is the Central Registry?
North Carolina G.S. § 7B-311 requires the Department of Health and Human Services (DHHS) to maintain a Central Registry of child abuse and neglect cases. DHHS shall also maintain in the Central Registry dependency cases and child fatalities that are the result of alleged maltreatment. This statute makes it mandatory for the Director of the county child welfare agency to report to the Central Registry all cases of child abuse, neglect, and dependency accepted for CPS assessment.

Child Welfare Worker's /Agency's Responsibility?
During the CPS Assessment:
After a two-party review and an agency decision to accept a report for a CPS Assessment, county child welfare agencies are required to conduct a search of the Central Registry. (It is not acceptable to conduct the Central Registry check during the screening process and prior to the decision to accept the report for a CPS Assessment.) Intake: Collection of Information and Assessing Agency History

After a Case Decision is Made:
Once a case decision is made the statute requires the agency to report the case findings to the central registry. County child welfare agencies make the required reports to the Central Registry by use of the Report to the Central Registry/CPS Application, Form DSS-5104. The DSS-5104 is used as the application for protective services. It documents the receipt of a report of abuse, neglect, or dependency. Data is to be entered within ten (10) working days after a case decision is made as to whether abuse, neglect, or dependency is found. In all Family Assessment cases regardless of case decision, no perpetrator is named in the Central Registry. In Investigative Assessments when the case decision is substantiated a perpetrator is named in Central Registry. Each child must have a copy of a completed DSS-5104 paper form in their case record. Although there may be multiple DSS-5104 paper forms for one assessment, there is only one form number per assessment.

How is the Central Registry Information Used?
The county director to identify:

a. Whether a child who is the subject of a current CPS Assessment has been previously reported as abused, neglected or dependent;
b. Whether a child is a member of a family in which a child fatality has occurred previously and there is suspicion that the death was due to abuse, neglect, or dependency;
c. Whether an adult suspected of current abuse, neglect, or dependency has had previous substantiations for abuse, neglect, or dependency; and/or

d. Whether an adult is appropriate to be a temporary safety provider during a current CPS Assessment. The central registry may only be accessed for temporary safety provider placements during a current (open) CPS Assessment. Once a case decision has been made, further assessments of kin for kinship placements must request information from the RIL or internal agency records, not the central registry.

Handout: Responsible Individuals List (RIL) Reference Sheet

Source: *NC DSS CPS Data Collection (Non-NCFAST)*
https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/modified-manual- 1/appendix-1-cps-data-collection.pdf

What is the RIL?
The Responsible Individuals List (RIL) is used to identify parents, guardians, caretakers, or custodians that have been named as responsible individuals in all substantiated cases of abuse and /or serious neglect. Only case decisions made as a result of an Investigative Assessment can result in RIL placement.
The responsible individual's name shall be placed on the RIL, only after one of the following has occurred:

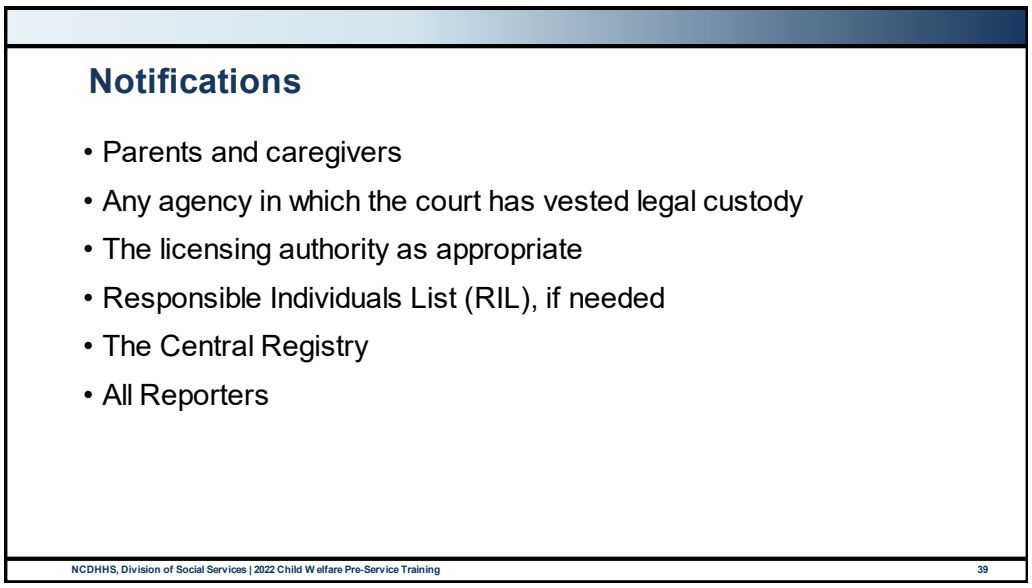
- The responsible individual is properly notified of their right to request a Judicial Review and fails to file a petition (AOC-J-131) for a Judicial Review in a timely manner: (within 15 days of the receipt of the case decision/possible RIL placement)
- The court determines that the individual is a responsible individual as a result of a hearing on the individual's petition for judicial review; or
- The individual is criminally convicted as a result of the same incident involved in the Investigative Assessment (The DA shall inform the director of the result of a criminal proceeding)

Child Welfare Worker's/Agency's Responsibility?
The child welfare worker shall make face-to-face contact with the alleged responsible individual expeditiously regarding the case decision of abuse and/or serious neglect, to explain the reason for the decision, to provide written notice of the decision (including the steps to request a judicial review) and to explain the potential for the individual's name to be placed on the RIL. (It is permissible for a child welfare worker other than the child welfare worker that conducted the assessment to deliver the case decision notice.)

If it is not possible to make face-to-face contact with the alleged responsible individual to deliver the written notice expeditiously the child welfare worker shall make diligent and persistent efforts to make contact. If the worker is unsuccessful in contacting the alleged responsible individual, the notice shall be sent by registered or certified mail, return receipt requested, and addressed to the individual at the individual's last known address.

How is the RIL Information Used?
Information from the RIL is only available to authorized persons for the sole purpose of determining the fitness of individuals to care for or adopt children. RIL checks are mandated for foster parent and adoptive parent applicants, temporary safety providers, and kinship care providers. The RIL may not be used as part of the employment process unless the employee will have responsibility for caring for children (either on a temporary or permanent basis).

Notifications



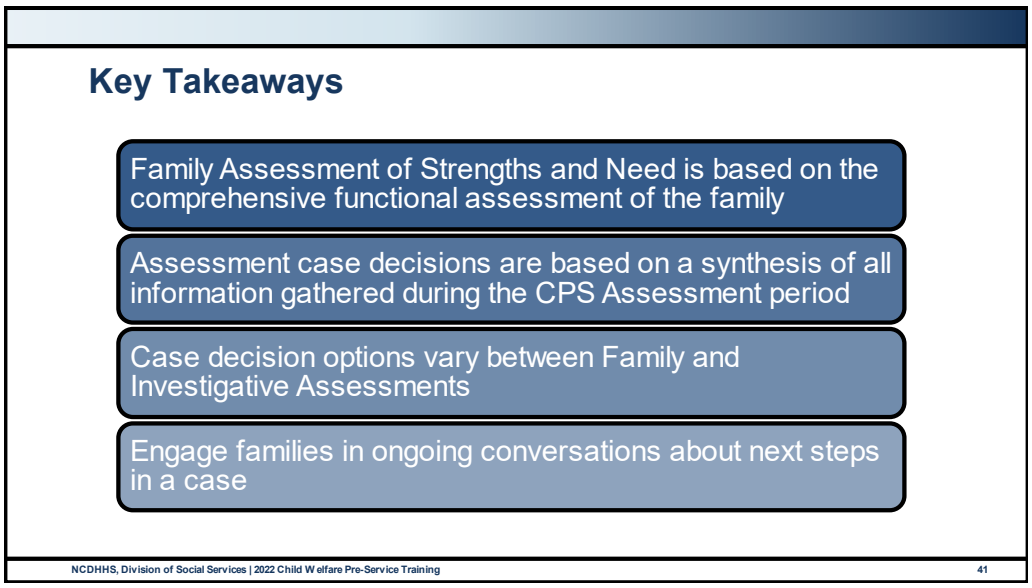
The listed individuals must be notified in writing of the CPS Assessment case decision within five (5) business days.

Family Engagement in Assessment Decision Making

While you are required to send written notice of a case decision to a family, you should also be engaging them ongoing about the next steps in the case. If the case continues to in-home or out-of-home a CFT is held. Prior to a CFT, you should meet with the in-home or permanency planning social worker to review your documentation and information about the family. Work to facilitate a "warm handoff" of the family to their new social worker.

If the CPS-Assessment closes with no ongoing DSS involvement, what are some ways you would close out the case with the family?

Key Takeaways



Questions and Reflections

Use this space to record questions and reflections about what you have learned.

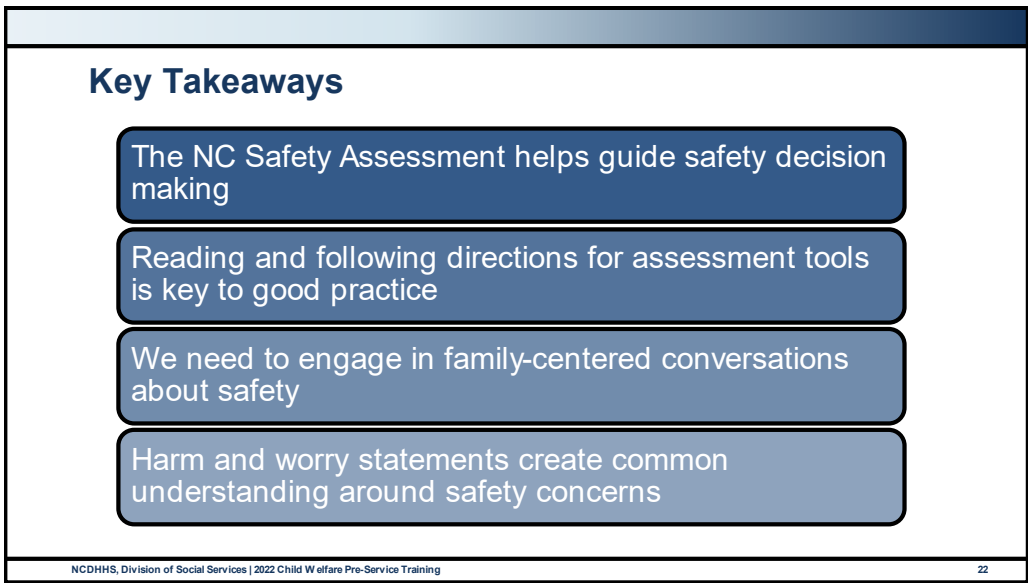
CPS Assessment Learning Lab (continued)

Activity: Evans Family Assessment Decision

- Refer back to the Evans Family scenario.
- Read the descriptions of the four possible findings in your Tools Workbook: services needed; services recommended; services provided, protective services no longer needed; services not recommended.
- With your group, review and respond to the questions on DSS 5010 and make a recommended finding.

Use this space to record notes.

Key Takeaways



Questions and Reflections

Use this space to record questions and reflections about what you have learned.

Self-Care Exercise

Activity: Mindfulness Activity – Breath, Sound, Body Meditation

This activity is a guided mindfulness exercise. There is no wrong way to do this exercise. This exercise itself will last about three minutes and there will be a chime sound when it is over. When it has concluded you are free to go.

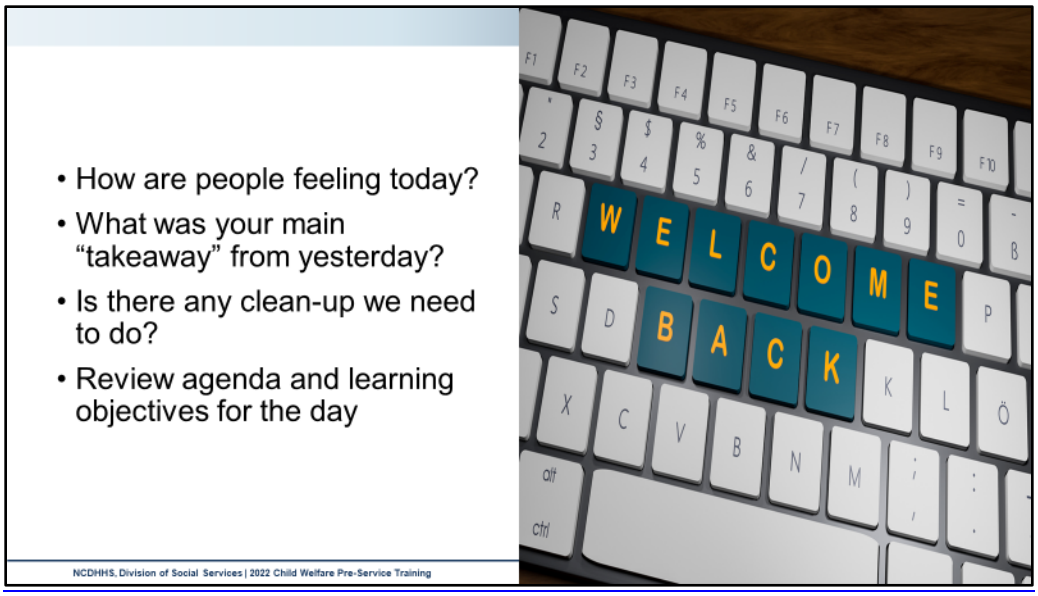
- https://d1cy5zxxhbcbkk.cloudfront.net/guided-meditations/02_Breath_Sound_Body_Meditation.mp3
- UCLA Guided Meditations: https://www.uclahealth.org/marc/mindful-meditations#english

Week Four, Day Three Agenda

Pre-Service Training: Child Welfare in North Carolina

I.	Welcome	9:00 – 9:30
	Overview of Child Welfare Processes, Part 2: In-Home Services	
II.	Engaging Families: In-Home Services	9:30 – 10:50
	BREAK	10:50 – 11:05
III.	Engaging Families: In-Home Services Learning Lab	11:05 – 12:00
	LUNCH	12:00 – 1:00
IV.	Developing and Monitoring In-Home Family Services Agreements	1:00 – 1:40
VI.	Interviewing for Strengths and Needs Learning Lab	1:40 – 2:20
	BREAK	2:20 – 2:35
VII.	Developing and Monitoring In-Home Family Services Agreements (continued)	2:35 – 3:00
VIII.	In-Home Services: Safe Case Closure	3:00 – 3:20
IX.	Safe Case Closure Learning Lab	3:20 – 3:50
	Wrap-Up	3:50 – 4:00

Welcome



Use this space to record notes.

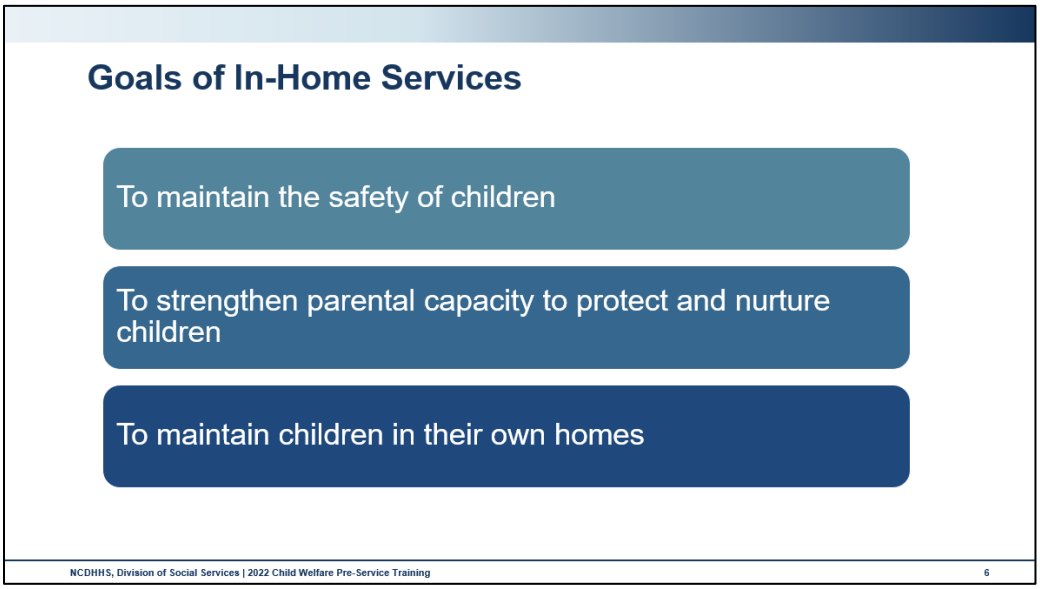
Overview of Child Welfare Processes, Part 2: In-Home Services

Engaging Families: In-Home Services

Learning Objectives

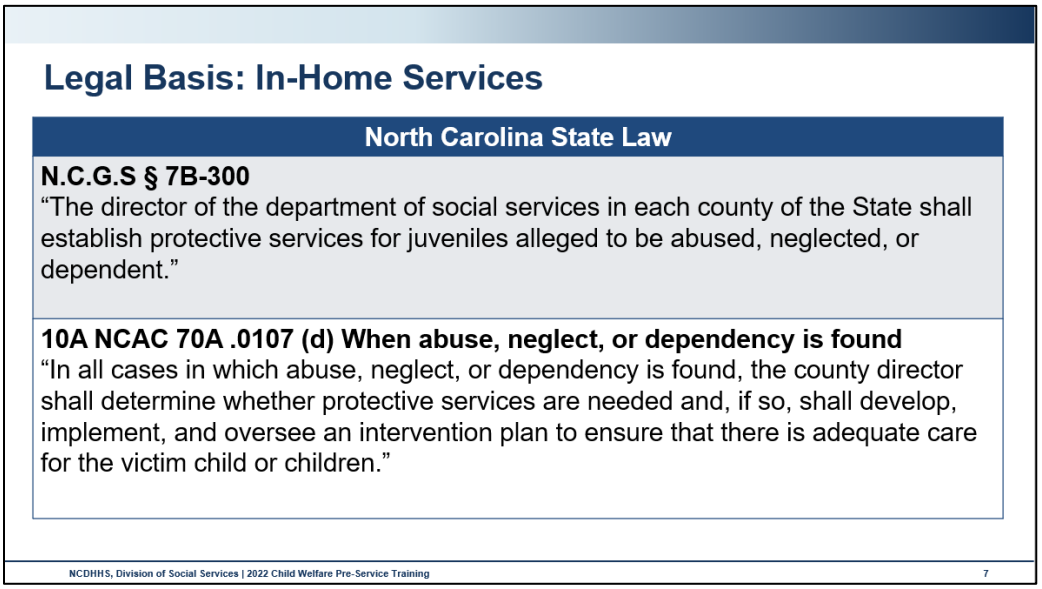
• Identify ways to ensure children's physical and emotional safety.
• Identify ways to strengthen parental protective capacity.
• Strategize ways to foster and advocate for services needed for families so that children remain safely within their homes.
• Identify ways to engage community resources to partner with families for needed supportive services.

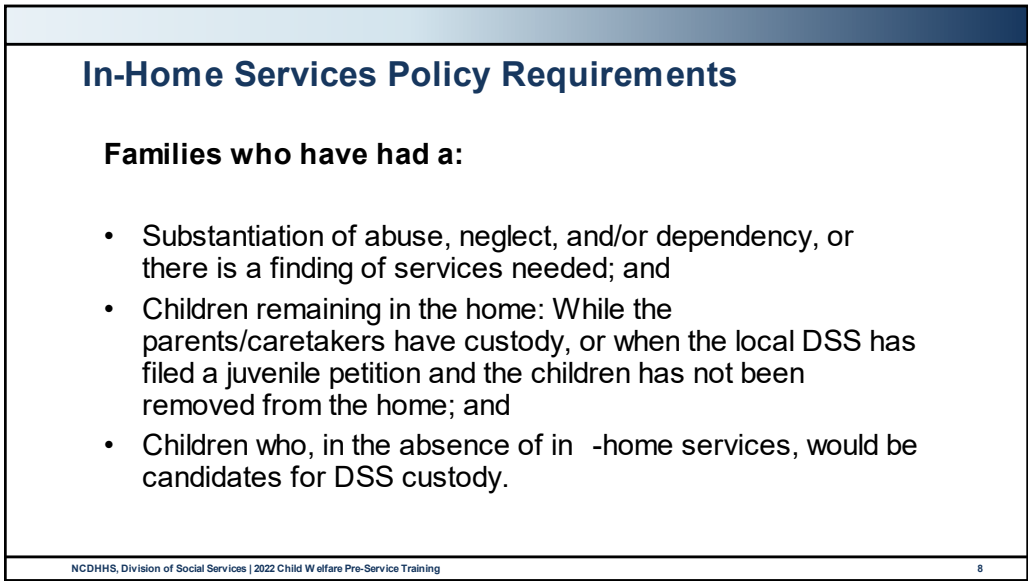
Goals of In-Home Services



In-home services are services aimed to assist families in meeting the child and family's needs within their own home by eliminating safety threats and reducing the risk of future harm.

Legal Basis: In-Home Services





Policy states that the county child welfare services agency must provide, arrange for, and coordinate interventions and services that focus on:

- Child safety and threat factors and protection;
- Family preservation; and
- The prevention of further abuse or neglect.

Questions and Reflections

Use this space to record questions and reflections about what you have learned.

Activity: Guided Visualization - Initial Family Contact

Follow the trainer's instructions for a guided visualization exercise.

Debrief

How did you feel with someone from DSS standing in your doorway?

What was your initial reaction?

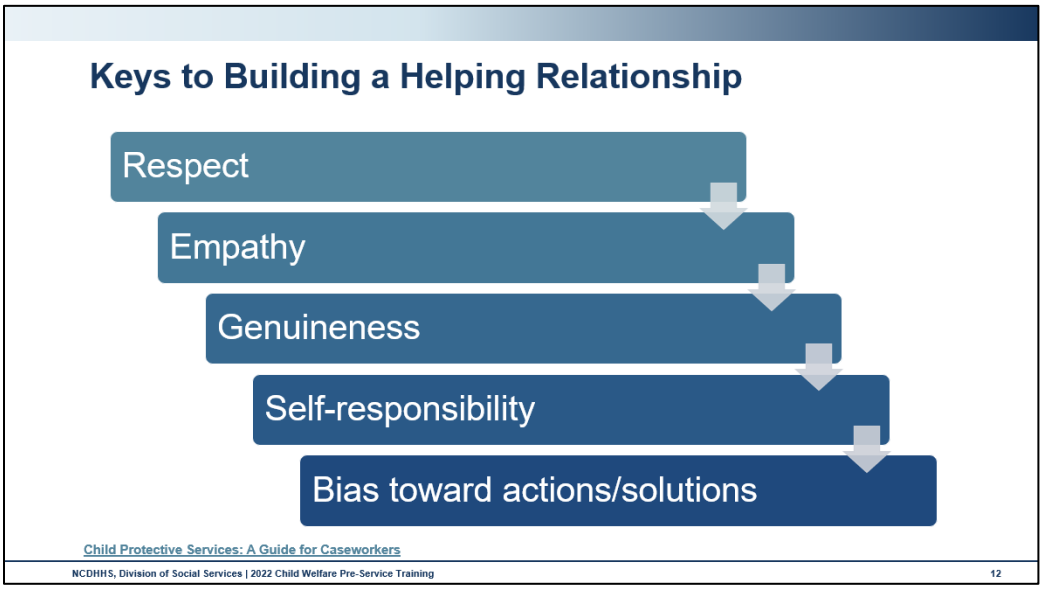
Did you envision a person older, a person the same race as you, a person the same gender as you?

What would need to happen before you would be willing to work with this person?

What characteristics would this helping person need to possess to help you begin the process of change?

How can we relate this to our work with families?

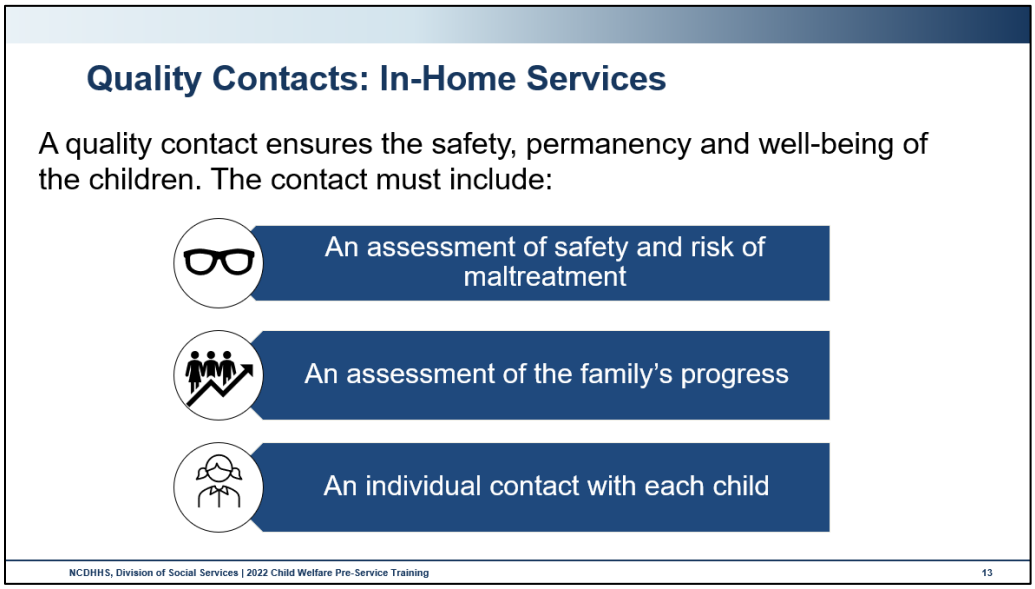
Keys to Building a Helping Relationship



These five keys are very similar to the principles of family-centered practice.

Which of these five keys do you think the social worker would need to begin to engage you in a helping relationship?

Quality Contacts: In-Home Services



All contacts with a family should serve a purpose, meaning contacts should be directly linked to an activity within the Family Services Agreement. Quality contacts and documentation from those contacts are vital to assessing safety, risks, and progress in achieving needed change.

In-Home Services: Initial Contact

In-Home Services: Initial Contact

- First contact must be made with 7 days of case opening
- Inform the parents of the reason for the in -home services case being opened
- Obtain parents signature on the Ongoing Needs and Safety Requirements form (DSS -5010A)
- Review any existing safety plan

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In-Home Services: Ongoing Contacts

In-Home Services: Ongoing Contacts

Risk Level	Children	Parents	Home
Moderate	• Face-to-Face • Twice per month and 15 days apart ○ Visits may increase due to safety concerns • Observe interaction with parents once per month	• Face-to-Face • Twice per month and 15 days apart	• Once per month
High	• Face-to-Face • Once per week • Observe family interactions twice per month	• Face-to-Face • Once per week	• Twice per month • All other children in the home once per month
Collateral Contacts: Two per month			

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Questions and Reflections

Use this space to record questions and reflections about what you have learned.

Engaging Families in In-Home Services Learning Lab

Activity: In-Home Services – A Home Visit

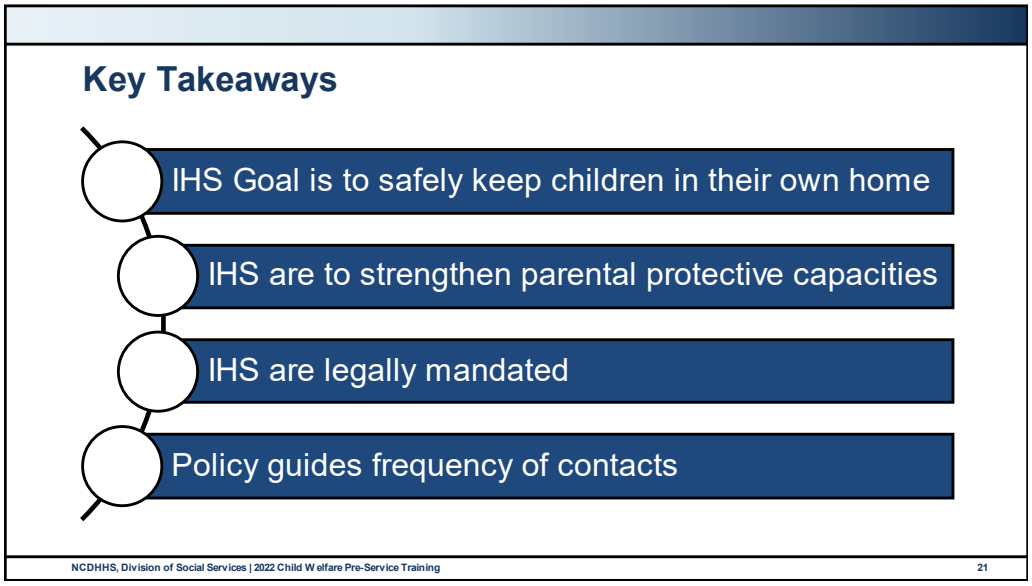
Work with your team to create a poster listing every possible thing you may need to do at an in-home visit. The goal is to write as many items as possible in the time allotted.

You will work in small groups and be assigned a card with either a place or person listed on it. Brainstorm with your group what you need to do in that space or with that person on an in-home visit.

Debrief

What are some things you will remember from this exercise?

Key Takeaways



Questions and Reflections

Use this space to record questions and reflections about what you have learned.

Developing and Monitoring In-Home Family Services Agreements (IH-FSA)

Learning Objectives

• Describe the purposes of the In-Home Family Services Agreement and when the agreement is used.
• Explain how the In-Home Family Services Agreement guides case planning and services provision.
• Discuss the importance of inclusion of the child and family's voice in completion of the In-Home Family Services Agreement and will be able to provide examples of how to do so.

Video: A Day in the Life of a Social Worker

Visit: A Day in the Life of a Social Worker for a video highlighting what a day can look like for a CPS in-home services worker.

Use this space to record examples of family engagement and family involvement.

Debrief

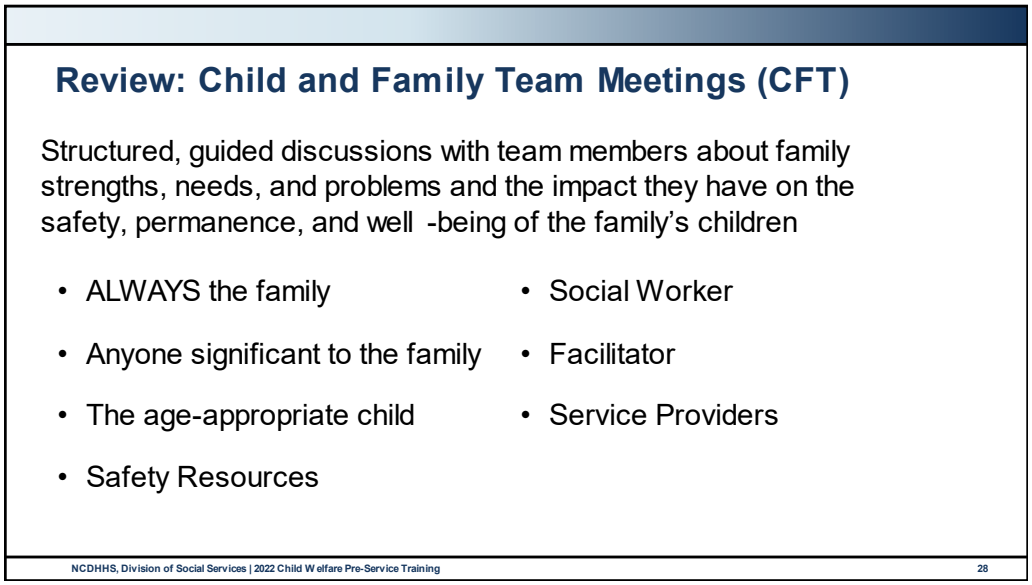
What were some of the ways the social worker demonstrated family-centered practice principles?

What ways did the worker engage the families she was working with?

What examples can you give of the worker including family members?

What did this worker say is her "why"?

Review: Child and Family Team Meetings (CFT)



Child and Family Teams develop the objectives and activities for the In-Home Family Services Agreement. The team's primary function is to address the needs that place the children at risk of removal from their homes.

Handout: Non-Resident Parents are Family, Too

Non-Resident Parent involvement is required whenever possible throughout the life of the case.

Who is a non-resident parent?

A non-resident, often described as a noncustodial parent, is a parent that does not typically live in the home where the child neglect, abuse, or dependency allegations are being assessed. Diligent efforts to contact are required.
The agency must make diligent efforts to contact that parent and get their input on the allegations as well as the overall safety and risk in the home. If this absent parent cannot be located, the record shall include documentation showing what efforts have been made to locate him/her.

Discussions with the non-resident Parent should include:

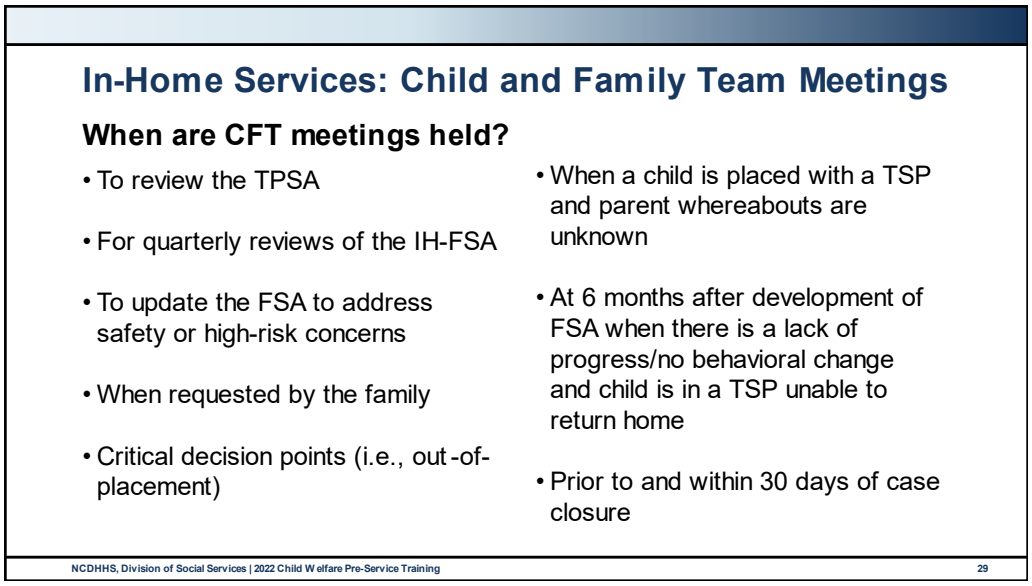
- The level of their involvement with their child.
- If their relatives may be a resource in supporting the child.
- If the non-resident parent or their family is not involved in the child's life, it may be beneficial to ask what it would take for them to become involved.

Resistance from the parent/primary caretaker parent to involve or discuss the non-resident parent:

At times, the parent/primary caretaker parent may report that the non-resident parent is not involved with the child to limit any involvement in the CPS assessment. This may provide a good opportunity to discuss the parent's relationship with each other as well as information about the non-resident parent's last contact with the child and what the quality of the contacts has been. The child may also be able to report on their own relationship with the non-resident parent as well as their contacts.

When contacting the non-resident parent is assessed as aggravating the risk of harm to the child or the custodial parent:

There shall be specific information about the risk of harm documented in the case record to state the reasons why it was not in the best interest of the child's and/or custodial parent's safety to contact the absent parent. If not, a child welfare worker must continue to complete their diligent efforts to contact the non-resident parent.



In addition to the initial CFT meetings and the required follow-up quarterly meetings, there are critical points during the life of an in-home services case that requires additional team meetings. If the family has a Temporary Parental Safety Agreement, the CFT should review it when the in-home services case is opened. The CFT should meet whenever there is a need to address safety and risk concerns, if the family requests a meeting, during critical decisions about the case, if a child is placed with a Temporary Safety Provider, when there has been no progress toward meeting Family Service agreement goals, and within thirty days of case closure.

Handout: Child and Family Team Meetings – Throughout the Life of a Case

During the Assessment Phase

- To explore safety arrangements and possible placements if the children must be removed
- Prior to filing a petition
- Initial planning for a CFT is initiated even if a CFT is not held during the assessment phase

(NC Child Welfare Policy: CPS Assessments, Required time frames pg. 9)

During In-Home Services

- To review the Temporary Parental Safety Agreement (TPSA)
- For quarterly reviews of the IH-FSA
- To update the Family Services Agreement to address safety or high-risk concerns, including, but not limited to:
  - Identification of a new safety threat
  - High-risk "stuck cases"
- When requested by the family
- At critical decision points, to include possible out-of-home placement
- When a child is placed with a TSP and the parent cannot be located and/or there is no parent to make decisions regarding the child
- Six months after development of the In-Home Family Services Agreement:
  - There is a lack of progress as indicated by no activities completed nor any behavioral changes demonstrated that mitigate risk; or
  - The child(ren) in the care of a TSP is unable to return home
- Prior to and within 30 days of case closure in cases that are repeat recipients of CPS In-Home or received Permanency Planning services to specifically address the plan the family will follow to prevent repeat maltreatment

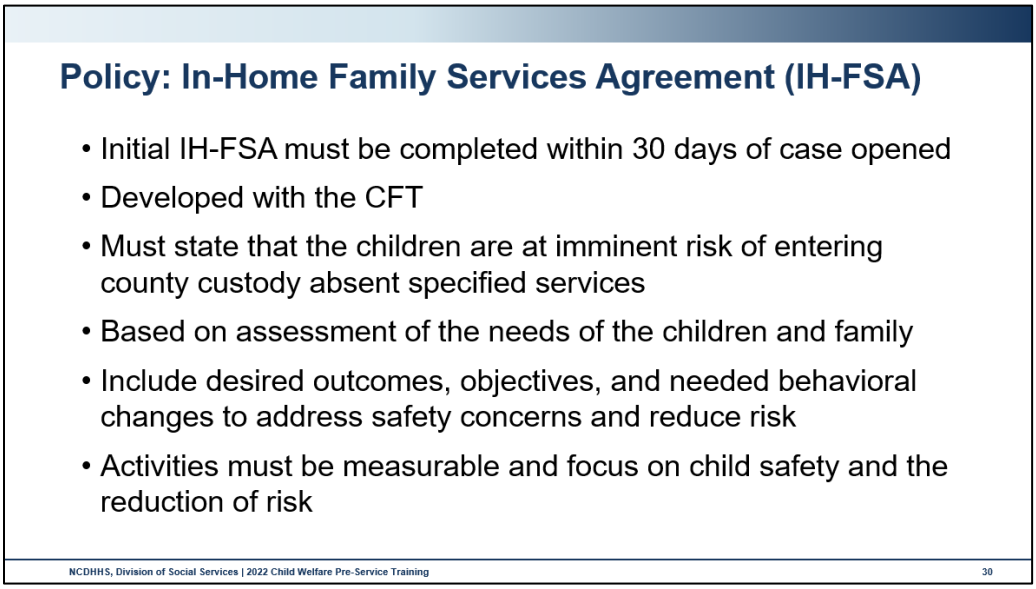
(NC Child Welfare Policy: In-Home Services, Review of Services/Family Services Agreements, pgs. 31-32)

During Permanency Planning and Adoption

- Any time there is a change in the permanent plan
- Any time there is a need to change placement
- Any time there is a significant change in the case, including a school change
- Any time the family requests a meeting

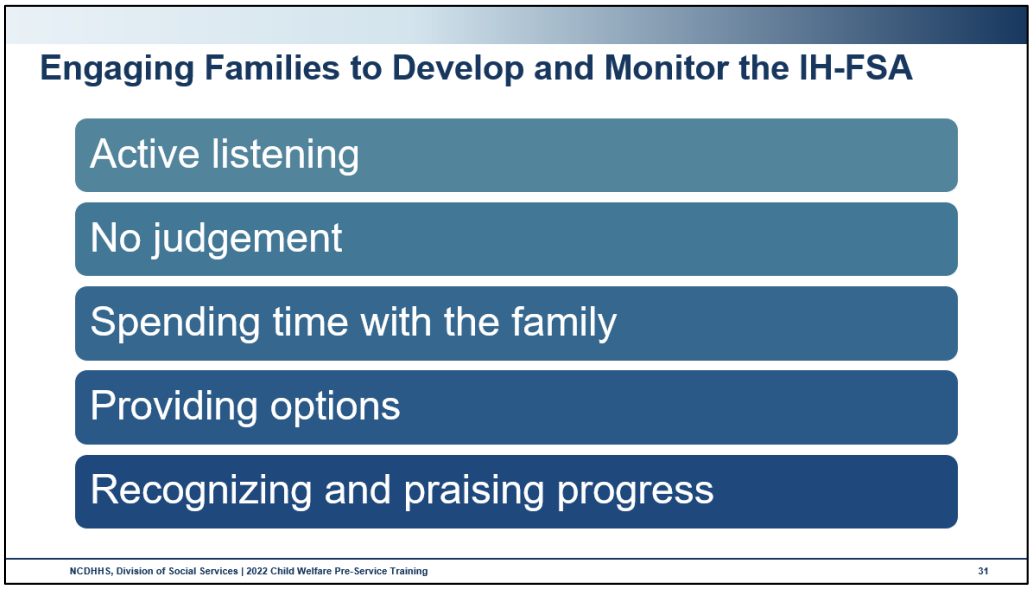
(NC Child Welfare Policy: Permanency Planning Services, Required Timeframes, pg. 11)

Policy: In-Home Family Services Agreement (IH-FSA)



The strength and needs of the family are identified through the Safety Assessment, Risk Assessment, Family Assessment of Strengths and Needs, and in the Case Decision Summary located in the DSS-5010. These assessments help identify what needs to be addressed in the IH-FSA as well as what strengths the family brings to the table.

Engaging Families to Develop and Monitor the IH-FSA



Successfully involving parents in all aspects of case planning may be the most critical component in child welfare practice. When parents are engaged and have a significant role in case planning activities, they are more motivated to actively commit to achieving the identified goals. Engaged parents are more likely to recognize and agree with the identified needs and problems to be resolved, perceive goals as relevant and attainable, and be satisfied with the planning and decision-making process.

Are there any other strategies you think should be added to this list?

Questions and Reflections

Use this space to record questions and reflections about what you have learned.

Interviewing for Strengths and Needs Learning Lab

Activity: Interviewing for Strengths and Needs

Review the following scenario for the Evans Family and the handout titled "Interviewing Resources for Strengths and Needs Assessment".

Work with your partner to practice asking questions and listening to responses for your assigned family members.

Handout: Evans Family Case Scenario Part 2

Mother: Shonda Evans, 35, Black
Father: Rudy Evans (deceased), 38 Black
Child(ren): Keisha, 15, Black
Kevin, 6, Black
Angela, 18 months, Black
Paternal Grandmother: Kim Evans 60 (lives nearby)

Information Learned from Initial Interviews

Ms. Shonda Evans:

- Ms. Evans said that managing since her husband died has been very difficult. They had a good relationship, and he helped a lot with the kids. He worked an early shift and would always meet Kevin at the bus and pick Angela up from daycare.
- Ms. Evans had worked as a receptionist at an office until 3 weeks ago. The company changed its structure, and she was laid off. Angela had been in daycare until that time. She pulled Angela out of daycare to save money. She noted that she didn't have oil change or gas money and that she feels bad in the morning anyway and she would be paying for day care when Angela wasn't there as it is often too difficult to get up in the morning.
- Ms. Evans stated that she has felt especially bad since losing her job. She says she spends most of the day sleeping, looking at social media on her phone or watching TV. She said she takes care of Angela, takes naps with Angela, feeds her meals and snacks, changes her diapers, and plays with her. She keeps Angela in her room with her during the day. Most days they are in the bedroom all day with the door closed.
- Ms. Evans stopped attending counseling and taking medication approximately two years ago. She says she is always so tired now and can sleep during the day but has a hard time falling asleep at night. Ms. Evans states that she feels depressed and hopeless most days since she lost her job but denies any thoughts of wanting to harm herself. She denied any current or previous substance misuse. She shared there is a family history of severe depressive episodes. Her mother suffered from severe depression. She would often be home but be absent from their lives for months. Her mother would sleep all the time and rarely get out of bed.
- Ms. Evans remembers as a young child taking care of herself and wondering if her mother was okay because it was at times impossible to wake her mother up.
- Ms. Evans did sign a release of information so that her mental health history could be obtained by the Department.)
- On the day of the incident reported by her mother-in-law, Ms. Evans admits she was unaware that Kevin was giving Angela a bath. She said Kevin has tried to be "the man of the house" since his father died and says she feels like she has been relying on Keisha and Kevin too much to help around the house. She understands that Kevin giving Angela a bath can be dangerous and says she spoke to Kevin about not bathing Angela without an adult helping. As the

conversation continued without judgement, Ms. Evans shared that Kevin bathes Angela on a routine basis.

- Ms. Evans tries to be at the bus stop every day to get Kevin but has missed it a few times in the last few weeks. On those days he has walked half a block home and let himself in the back door. It was difficult for Ms. Evans to clarify what a few times meant. She said that she is not trying to withhold information. She said her memory is just not very clear.
- Ms. Evans said Keisha is doing well in school and is a big help, she is very busy with her extracurricular activities.
- Ms. Evans said her support system is her mother-in-law, her friend from high school who lives in town, and two older women from church. She feels disconnected from all these people since Mr. Evans' death. Ms. Evans shared that she feels judged by her mother-in-law and that she hasn't wanted her around and that she has made excuses to her other friends as she doesn't want them coming to her house right now. She shared they would be worried, and she just wants to be left alone.
- Ms. Evans found her previous counseling helpful.
- Ms. Evans expressed concern about money. She has some income from Mr. Evans' SSI, but does not think they can manage with bills very long if she is unemployed.

- Ms. Evans reports that she grounds Keisha and takes away her phone if she gets in trouble, that she spanks Kevin when he gets in trouble, and she will pop Angela on the hand if she is trying to get something she shouldn't have.

- Mrs. Evans says she loves her children more than anything in the world and will do anything to keep them. She understands her current situation is not sustainable or good for her family.

Keisha Evans

- Keisha attends school, has a B + average, is a cheerleader and in chorus.
- Keisha said she wakes herself up in the morning, eats breakfast and lunch at school and usually makes something for herself when she gets home.
- Keisha reported that her mother has seemed sad since her father died. She got a lot worse since she lost her job. Keisha says she tries to stay busy and out of the house as much as she can because it makes her sad to see her mom like this.
- Keisha tries to help with the dishes and says she makes Kevin dinner most nights and eats with him. She also supervises his homework.
- Keisha said she hasn't really thought about what her mom does at home with Angela all day, but that Angela seems fine.
- Keisha says her mother does spank Kevin and he cries but it doesn't leave any marks.

Kevin Evans

- Kevin attends elementary school and says he likes it.
- Kevin says he is a big boy and tries to help mommy out with the baby.

- Kevin said his mom is really sad since his dad died and started crying when talking about it.
- Kevin eats breakfast and lunch at school, he said that Keisha makes him dinner most nights, but sometimes he heats food for him and Angela in the oven if his mom is asleep and Keisha is not home.

- Kevin had scraped knees, he said he fell on the playground and had no other visible marks or bruises.

Angela Evans

- Ms. Evans said Angela can say a few words, but she did not speak during the initial visit.
- Angela did walk around the living room. She picked up a book when the social worker asked her to and was able to point at pictures.
- Angela cried when separated from her mother.
- Angela appeared to have very dry, cracked skin on her arms and legs and have a diaper rash.

Kim Evans

- Ms. Evans said that she did not want to call CPS but has felt that her daughter-in-law has pushed her away since her son's death.
- Ms. Evans said she did not have concerns about how her son and daughter-in-law took care of the children prior to his death.
- Ms. Evans says she only works part time now and wants to be a help to the family.
- Ms. Evans is worried that Angela is not getting the care she needs during the day. When she stops in, her daughter-in-law appears groggy and is always in her room with Angela with the door closed.

- Ms. Evans has seen Kevin try to make Angela dinner and snacks on multiple occasions. She said the other day he told her he was giving Angela a bath because he fed her dinner and she got really messy, and he didn't want his mom to get mad.

House walk through:

The initial home safety check noted the following:

- Used bathwater remained in the bathtub.
- Dirty dishes were stacked in the sink and on the counters and kitchen table.
- There were also dirty dishes in other rooms in the house.
- There was minimal food in the refrigerator. On this day there was a pack of hotdogs – opened in the refrigerator – with 4 hot dogs left in the package.
- There was a carton of milk – sell by date was checked – the milk was out of date and smelled sour.
- There was a 6 pack of Jello in the little plastic containers.
- There were two lbs. of raw ground beef in the refrigerator.
- In the cabinet were two large boxes of cereal – Cheerios.

- There was some dry biscuit mix and a cornbread mix.
- There was a can of spaghetti sauce and a box of spaghetti.
- There is one bathroom in the home and the toilet had not been flushed after use – although it could flush.
- There is hot and cold running water in the home.
- The home has electricity – appears to be wired legally and there is heat and air conditioning.
- Appliances were all in working order. Stove, Refrigerator and Microwave.
- Sleeping space was examined and the following was noted:
- One double bed for mom with a crib in the room for Angela.
- Keisha and Kevin each have twin beds in their own rooms.
- Ms. Evans does have a car with a car seat for Angela.

Updated Additional Information:

- Ms. Shonda Evans was open and cooperative with the DSS worker in the development of a Family Service Agreement. She invited her mother-in-law to the initial Family Services Team meeting and to each meeting after the initial meeting. Ms. Shonda Evans also desired the inclusion of her children in the FSA Team meeting. Although it was painful to hear at times, she encouraged the voice of her children in these meetings. Ms. Shonda Evans has “used’ her meetings to assist her in meeting goals. She has requested meetings and has helped facilitate the most recent meetings.

- Ms. Shonda Evans sought out the assistance of her mother-in-law and has welcomed her back into their home and lives.

- Ms. Evans has worked with the DSS worker to secure mental health services. She has completed a mental health assessment. Keisha and Kevin have also completed mental health assessments. The family members, Ms. Shonda Evans and Keisha and Kevin, are all receiving individual therapy and they have recently begun having family therapy sessions.

- Ms. Evans has partnered with the DSS worker to locate income-based day care for Angela. Angela now attends day care 5 days a week 8 a.m. – 5:30 p.m., close to the family’s home. The DSS worker was also able to locate a private organization that provides gas cards to struggling families for a specific period – up to six months. The family is now receiving $100 a month in gas cards and Angela attends day care regularly.

- Ms. Evans is now actively receiving support from the local Job Services program.

- Ms. Evans has applied for Snap benefits and has been approved for these services.

- Ms. Evans, with the support of her DSS worker, has met with the counselor at each of her children's schools. The counselors have begun meeting the children once a week and they will meet with Ms. Evans as needed or once a month.

- Ms. Evans has had a medical exam and each of the children completed their child wellness checkups.

- Ms. Evans and the children have all had dental exams in the past six months.

- Ms. Evans, with the support of her DSS worker, explored grief and loss programs in the area, that also provided childcare. She attends an adult grief and loss support group at the same time Keisha and Kevin attend child/youth support groups at a church in their community they used to attend before their father died.

- Ms. Evans' natural supports, in addition to her mother-in-law, are beginning to re-enter the Evan's life. Ms. Evans is also expanding this support naturally through her involvement in the local church support group.

Handout: Interviewing Resources for Strengths and Needs Assessment

Purposes for Using Questions

- Beginning an interview
- Obtaining specific information
- Checking the accuracy of information
- Inviting a person to explore feelings and ideas
- Focusing on a topic
- Bringing up sensitive topics

Types of Questions Source: *PA Child Welfare Resource Center:* SOLUTION-FOCUSED INTERVIEWING SKILLS (pitt.edu) *and Northern California Training Academy Solution-Focused Questions & Appreciative Inquiry* - Solution-Focused Questions & Appreciative Inquiry - Google Drive

Open

Questions that encourage the client to use their own words and to elaborate on a topic. For example:

- How…
- Could you tell me
- What…

Closed

Questions that can be answered with one or two words. For example:

- Do
- Have
- Where
- How many
- How much

Indirect

Statements that are made for the purpose of seeking information. For example:

- I'd like to know
- I'm wondering if
- I'd like you to tell me

Solution-Focused Interviewing Questions

Exception Questions

Exception questions help clients think about times when their problems could have occurred but did not – or at least were less severe. Exception questions focus on who, what, when, and where (the conditions that helped the exception to occur) - NOT WHY; should be related to client goals.

- Are there times when the problem does not happen or is less serious? When? How does this happen?

- Have there been times in the last couple of weeks when the problem did not happen or was less severe?
- How was it that you were able to make this exception happen?
- What was different about that day?
- If your friend (teacher, relative, spouse, partner, etc.) were here and I were to ask him what he noticed you doing differently on that day, what would he say? What else?

Coping Questions
Coping questions attempt to help the client shift his/her focus away from the problem elements and toward what the client is doing to survive the painful or stressful circumstances. They are related in a way to exploring exceptions.

- What have you found that is helpful in managing this situation?
- Considering how depressed and overwhelmed you feel how is it that you were able to get out of bed this morning and make it to our appointment (or make it to work)?
- You say that you're not sure that you want to continue working on your goals. What is it that has helped you to work on them up to now

Scaling Questions
Scaling questions invite the clients to put their observations, impressions, and predictions on a scale from 0 to 10, with 0 being no chance, and 10 being every chance. Questions need to be specific, citing specific times and circumstances.

- On a scale of 0 to 10, with 0 being not serious at all and 10 being the most serious, how seriously do you think the problem is now?
- On a scale of 0 to 10, what number would it take for you to consider the problem to be sufficiently solved?
- On a scale of 0 to 10, with 0 being no confidence and 10 being very confident, how confident are you that this problem can be solved?
- On a scale of 0 to 10, with 0 being no chance and 10 being every chance, how likely is it that you will be able to say "No" to your boyfriend when he offers you drugs?
- What would it take for you to increase, by just one point, your likelihood of saying "No"?
- What's the most important thing you have to do to keep things at a 7 or 8?

Indirect (Relationship) Questions
Indirect questions invite the client to consider how others might feel or respond to some aspect of the client's life, behavior, or future changes. Indirect questions can be useful in asking the client to reflect on narrow or faulty perceptions without the worker directly challenging those perceptions or behaviors.
Examples:

- "How is it that someone might think that you are neglecting or mistreating your children?"
- "Has anyone ever told you that they think you have a drinking problem?"

- "If your children were here (and could talk, if the children are infants or toddlers) what might they say about how they feel when you and your wife have one of those serious arguments?'
- "At the upcoming court hearing, what changes do you think the judge will expect from you to consider returning your children?"
- "How do you think your children (spouse, relative, caseworker, employer) will react when you make the changes we talked about?"

Miracle Questions
The Miracle Question is a special type of preferred future question that can help people get clarity on how the problem impacts their daily life and what life would look like without the problem happening.

Example: "Imagine you woke up tomorrow and a miracle had happened overnight, and all the trouble was gone. How would you know it was over? What would be different that would tell you the problem was no longer happening? What is the first thing you would be doing to start the day? What would the rest of your day look like? What would things look like for your children?"

Inappropriate Use of Questions
Double Questions:
Asking two questions at the same time, for example:

- Have you decided to quit your job or are you going to stick with it?
- Can I help you with this problem or would you rather wait?

Bombarding:
Asking multiple questions with little or no break between questions, little or no warmth, or affective response. For example:

- I've got a number of things to ask. Where do you live? Have you moved in the last year? Have you applied for food stamps? What are the ages of your kids?

Statement or Leading Questions
Expressing your own opinions in the form of a question. Such questions may impose your own ideas or values on the client rather than encourage the client to express her or his own feelings or opinions. For example:

- Don't you think it's time to stand up to your husband?
- Do you think an abortion might be a good idea?

"Why" Questions:
Often understood as referring to inner motivation; may create a feeling of defensiveness in another person.

- Why did you miss your appointment last week?
- Why don't you apply for a job?

Loaded Questions:

Asking direct questions about a sensitive area in an accusatory way; includes asking personnel questions unrelated to the purpose of the interview.

- Have you been beating your kids again?
- Have you been drinking lately?

Gotcha Questions:
Asking loaded questions for the purpose of "setting up" the client to lie and then confronting

- Has Jennifer missed any days at school this week? *(Client responds)* The principal tells me she's missed four.
- Have you sexually molested your daughter? *(Client responds)* A medical examination has shown that your daughter has experienced penetration, and she claims that you have repeatedly molested her.

Handout: Blank Family Services Agreement (FSA)

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

County: **Case Number:**

Case Name:	
Agency Worker Name, Phone Number & Email	
Agency Supervisor Name Phone Number & Email	

This document serves multiple purposes. It:

- Compiles important information about the family and children, including their strengths and needs
- Documents how all participants will work together to achieve the identified goals and the progress toward those goals
- Meets federal and state requirements

Family Demographics	Name & Address		
Child		DOB:	Age:
Child		DOB:	Age:
Child		DOB:	Age:
Child		DOB:	Age:
Child		DOB:	Age:
Child		DOB:	Age:
Mother		Phone:	Age:
Father of:		Phone:	Age:
Father of:		Phone:	Age:
Other Caregiver		Phone:	Age:
Other Caregiver		Phone:	Age:

Temporary Safety Provider	Name & Address
Caregiver	
Caregiver	
Caregiver	
Caregiver	

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NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Strengths & Resources

Identify family and family member strengths.

Identify services in place for the family & Describe family's use of those services.

Identify natural family supports, including extended family members. Specify current involvement of those supports, including the CFT meeting participants.

The following build upon family strengths and resources to address family issues and needs. They also address the findings of the CPS Assessment, which are based on the NC Child Welfare assessment tools, and provide specific activities to prevent the child(ren) from entering county child welfare custody.

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Objectives and Activities to Address Identified Safety Threats.

Include safety activities identified on the TPSA that have not been completed. If child(ren) are placed with a Temporary Safety Provider, specify what needs to take place for the child(ren) to return to the care of one or both of their parents and what services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the child(ren).

Is there a current Safety Threat? ☐ **Yes, complete this page** ☑ **No, go to objectives and activities**

If there is more than 1 safety threat, duplicate this page for each safety threat.

Describe Behaviors of Concern:	
Objective:	

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Addressing the Identified Safety Threats

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

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NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Is there a Temporary Safety Provider? ☐ Yes ☑ No

Provider Name: **Child(ren) Name:**

What services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the children?

Comprehensive Provider Assessment completed and approved? ☐ Yes ☐ No

If no, reason:

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Objectives and Activities to Address Identified Factors

Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children):	
Describe Behaviors of Concern:	
Objective:	

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Factor

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

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☐ Not Completed	

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Objectives and Activities to Address Identified Factors

Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children):	
Describe Behaviors of Concern:	
Objective:	

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Factor

Review status: Date	Comments:
☐ Objective Achieved in full	
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☐ Not Completed	

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NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Objectives and Activities to Address Identified Factors

Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children):	
Describe Behaviors of Concern:	
Objective:	

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Factor

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Parent/Caretaker Well-Being Needs

Parent Name(s):

Are all the parent(s)/caretaker(s) wellbeing needs (educational, physical health and mental health) incorporated into the objectives and activities of the Family Services Agreement above? ☐ Yes ☑ No

If not, how are these needs being addressed?

Voluntary Services

Other needs of the parent/caretaker that may impact achievement of goal

Identify any voluntary services that are not addressed in the Plan:

Progress toward meeting the parent/caretaker voluntary services:

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Child Specific Review (Complete this section for each child/youth. Make extra copies as needed.)

Childs Name:

Service Provider and Contact Information		Needs/Issues/Strengths	Follow Up/Next Steps, if needed
Educational / Developmental	School/Daycare: Grade: Has the child ever been retained/advanced in a grade? ☐ Yes: Explain: ☑ No Services in place, IEP, A/G:	☑ Yes ☐ No Explain:	Progress / Follow Up / Next Steps, if needed:
Physical / Medical/ Medication	Physician/Address/Phone: Immunizations current? ☑ Yes ☐ No Date of last medical checkup?	Any health needs/issues/strengths (i.e., Allergies, medications)?	Progress / Follow Up / Next Steps, if needed:
Dental	Dentist/Address/Phone: Date of last dental appointment?	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
Mental Health / Behavioral Health / Juvenile Justice needs	Provider/Address/Phone: Diagnosis/Behavior Concern:	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
Social / Other	Activities:	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
Health Insurance	Service Provider & Contact information:	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
Child/Youth's Participation in Case Planning	How was the child provided an opportunity to participate in the development of this In-Home Family Services Agreement and identify their input (concerns, desires)?		

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Child(ren):

Is the child at imminent risk of removal? ☐ Yes ☑ No

If Yes, provide clear and concise language regarding the specific reason that the child(ren) is/are at imminent risk of removal if services are not promptly provided to prevent county child welfare agency custody. Absent the following preventative services,

If there is a non-resident parent, describe how they (and their family members) are assisting in the planning of the child(ren)/youth's safety. Describe the engagement of the non-resident parent, if applicable.

If the child cannot be safely maintained in the home, what are the parent's preferences for placement?

Describe any knowledge of the family having American Indian Heritage and agency efforts to notify the tribe if applicable.

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Court

Is there an open legal action on this case? ☐ Yes ☑ No

If yes, are the orders of the court incorporated into the objectives and activities of the Service Agreement?

☐ Yes ☐ No If not, explain:

Date of Next Court Review:

Recommendations regarding the parents/caretakers or barriers for the next court hearing:

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Confidentiality & Signatures In signing below, I understand that the information obtained during this meeting shall remain **confidential** and not be disclosed. Strict confidentiality rules are necessary for the protection of the child(ren). Information will be shared only for the purpose of providing services to the child and family, and in accordance with North Carolina General Statute and Part V, Privacy Act of 1974. Any information about child abuse or neglect that is not already known to the child welfare agency is subject to child abuse and neglect reporting laws. Any disclosure about intent to harm self or others must be reported to the appropriate authorities to ensure the safety of all involved. My signature indicates that I participated in this meeting for the development and/or update of the Family Services Agreement.

Role	Signature & Comments	Date	Received copy
Parent			☐ Yes ☐ No
Parent			☐ Yes ☐ No
Child			☐ Yes ☐ No
Child			☐ Yes ☐ No
Child			☐ Yes ☐ No
Child			☐ Yes ☐ No
Agency Worker			☐ Yes ☐ No
Agency Supervisor			☐ Yes ☐ No
Temporary Safety Provider (if being used)			☐ Yes ☐ No
Other Agency/Phone/Email			☐ Yes ☐ No
Other Agency/Phone/Email			☐ Yes ☐ No
Other Agency/Phone/Email			☐ Yes ☐ No
Others invited but unable to attend:			

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Debrief

Rate your comfort level for the following on the 1 – 10 scale with 10 being total comfort and 1 being not all comfortable.

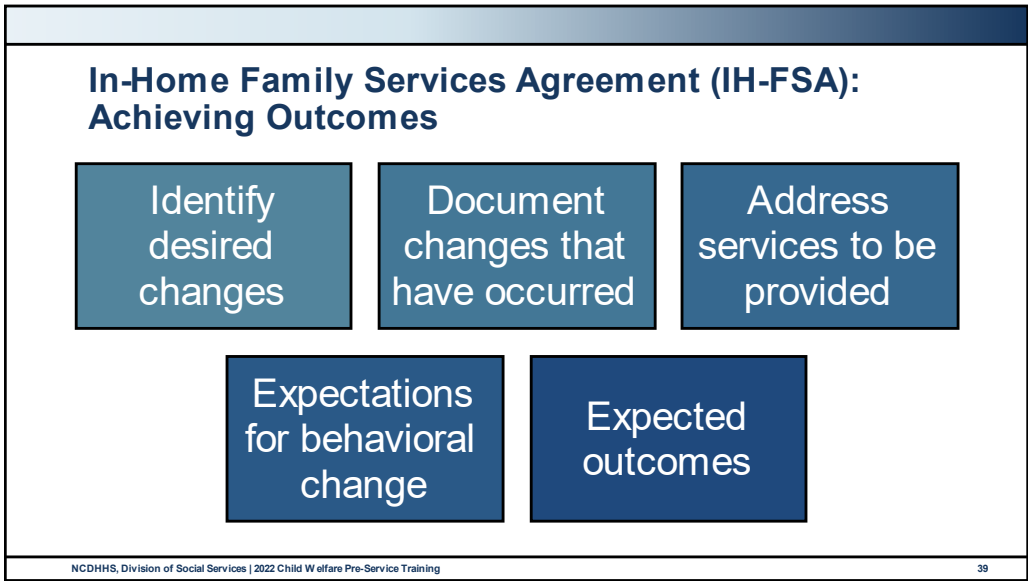
What was your level of comfort in asking the questions?
What made questioning difficult? What would it take to make you feel more comfortable?
What do you think contributed to your level of comfort with this interviewing exercise?

Questions and Reflections

Use this space to record questions and reflections about what you have learned.

Developing and Monitoring In-Home Family Services Agreements (IH-FSA) (continued)

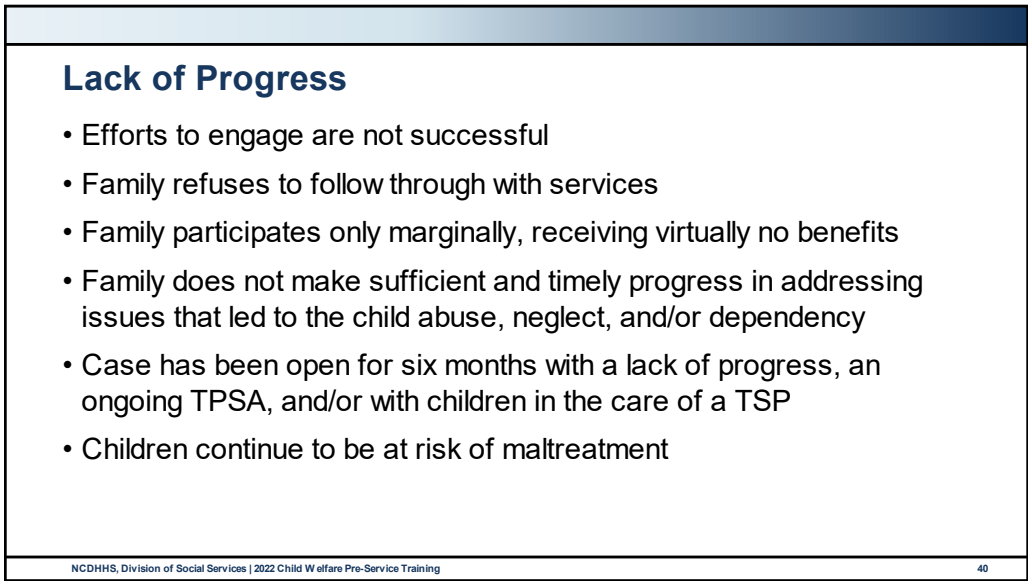
In-Home Family Services Agreement (IH-FSA): Achieving Outcomes



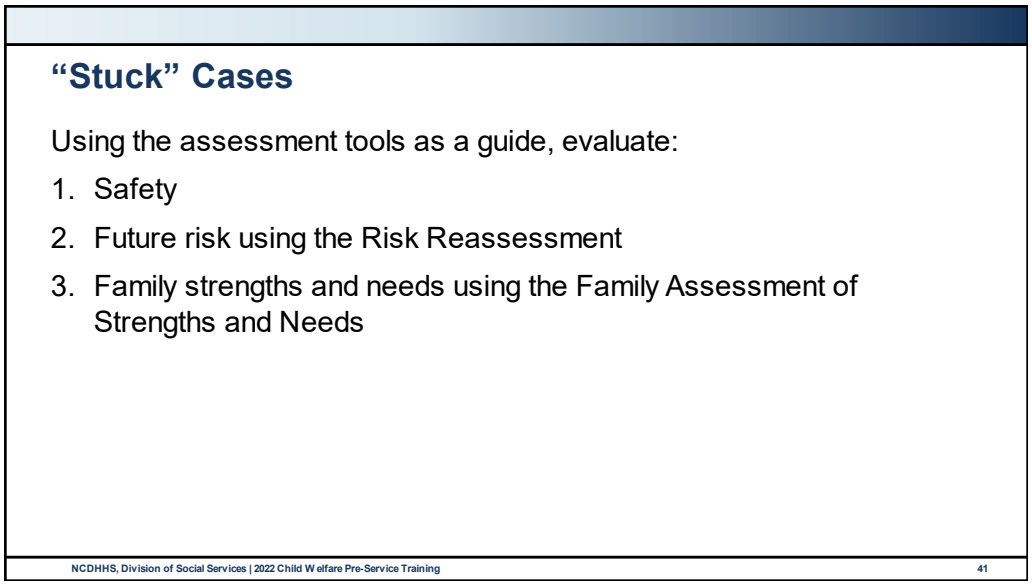
The IH-FSA addresses the following areas:

- Clarify with the family reasons for child welfare involvement
- Identify the family's needs and activities to address those needs associated with child welfare involvement
- Clarify expectations for behavioral change
- Review the family's progress toward accomplishing objectives and activities associated with the parental behaviors of concern that are the basis for agency involvement
- Identify child and parent well-being needs and the follow-up required to address those needs
- Identify resources within the family that will help the child achieve safety within the home
- Identify any barriers to completion of the FSA, along with activities to address those barriers
- Acknowledge the family's strengths and commitment to their child

Lack of Progress



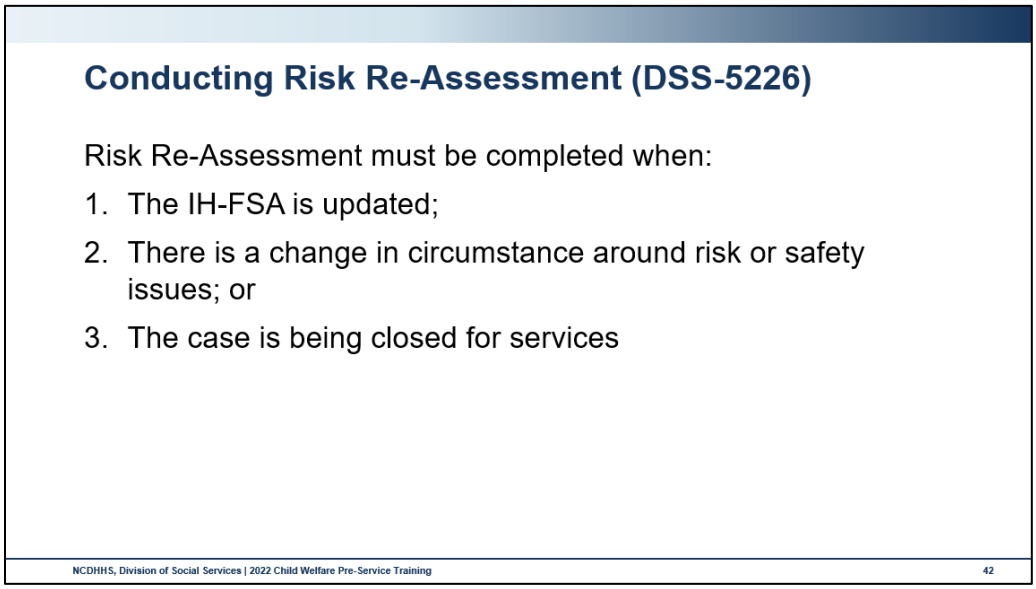
If a family does not make sufficient and timely progress in addressing the issues that led to the child maltreatment, the agency should consider the impact of filing a petition alleging that the child is abused, neglected, and/or dependent as well as the risk to the child if in-home services were no longer provided.



Stuck cases are defined as situations where the risk of maltreatment remains moderate, and the family is not making progress or simply not cooperating. If there are no high-risk issues present, the social worker should discuss the case with their supervisor and using the assessment tools as a guide evaluate the following three areas:

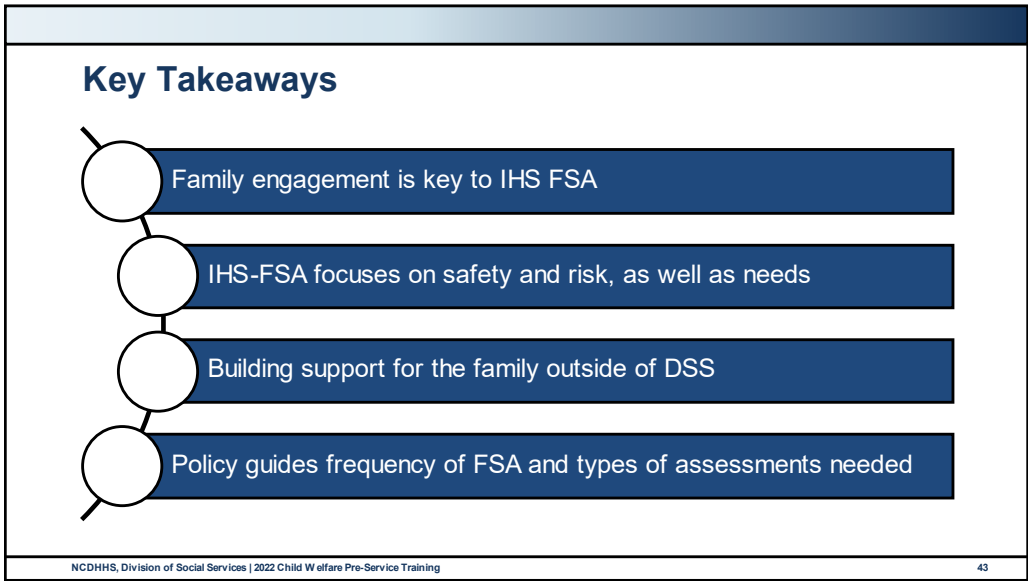
1. Safety: Have other reports been received, assessed, and found to be substantiated or "Services Needed"? What are the current safety issues?
2. Future Risk: Using the Risk Reassessment, what is the risk, and how does risk affect the children now and since working with them?
3. Family Strengths/Needs: Using the Family Assessment of Strengths and Needs, what identified family issues remain unaddressed?

Conducting Risk Re-Assessment (DSS-5226)



The purpose of the Family Risk Re-assessment is to indicate a change in the risk level achieved due to progress on the IH-FSA; therefore, completion of the Risk Re-assessment at the time that the IH-FSA is developed is not appropriate.

Key Takeaways



Questions and Reflections

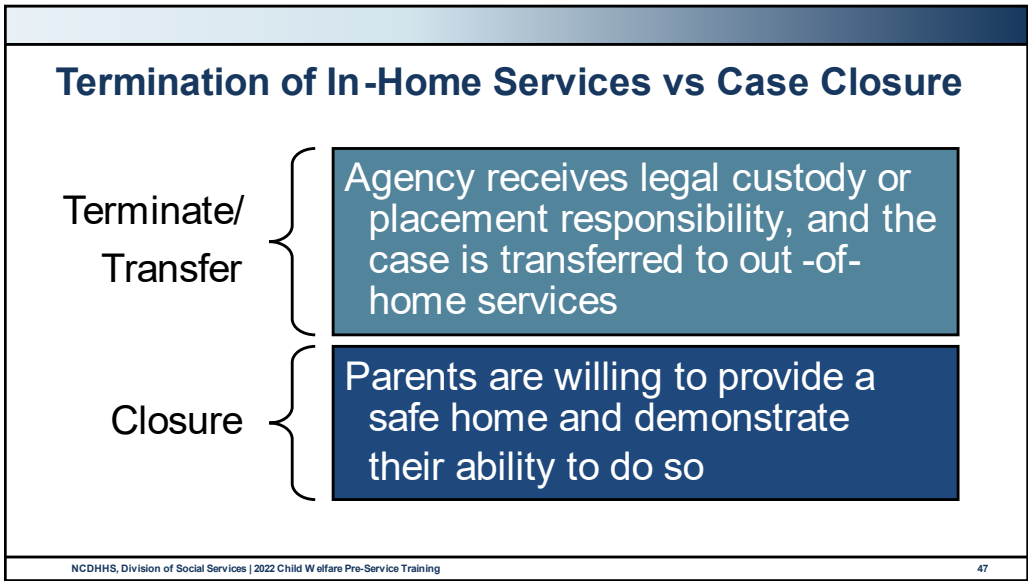
Use this space to record questions and reflections about what you have learned.

In-Home Services: Safe Case Closure

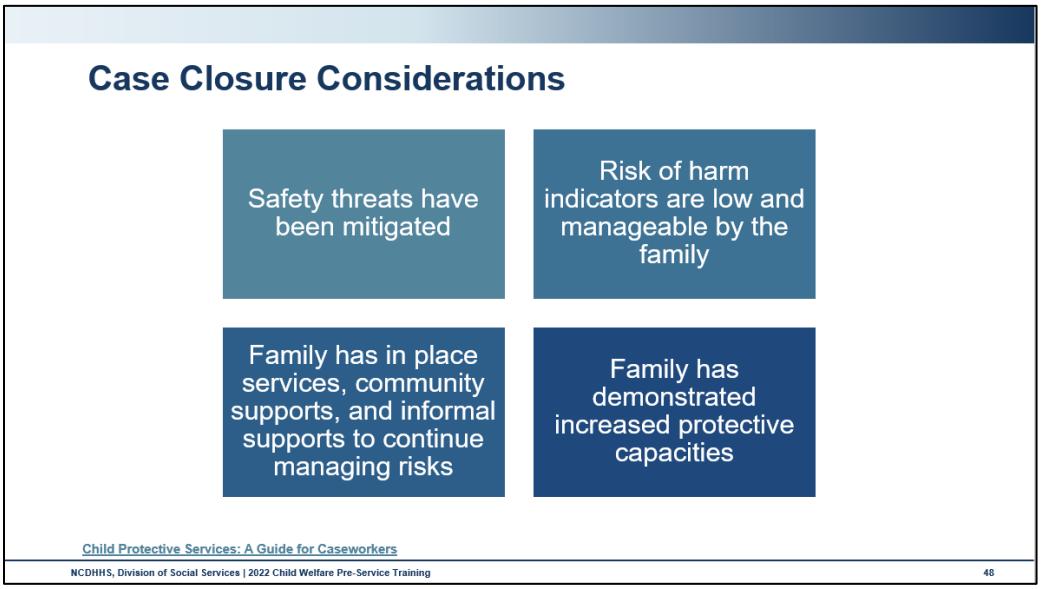
Learning Objectives

- Describe the appropriate criteria for safe case closure.
- Provide examples of ways to plan for and prepare children, families, and placement providers for safe case closure.
- Explain the importance of supporting children and their families through case closure to ensure lasting safety, permanency, and well-being.

Termination of In-Home Services vs. Case Closure

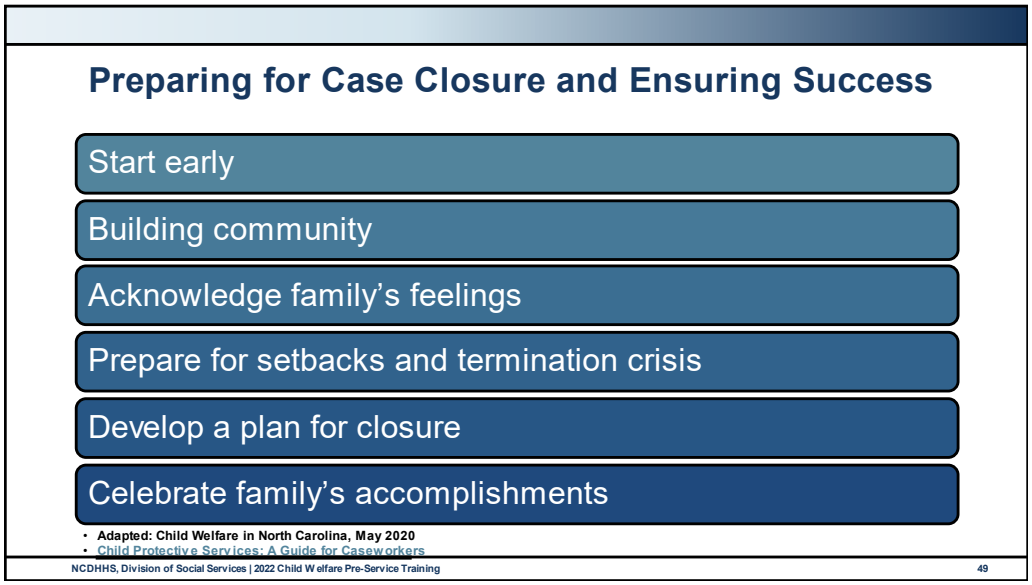


Case Closure Considerations



In most in-home services cases, the decision that a case can be closed is made when it is with reasonable surety that the child will be safe, is no longer at risk, and will not be subjected to further maltreatment.

Preparing for Case Closure and Ensuring Success



Why is using family-centered principles important at case closure?

Questions and Reflections

Use this space to record questions and reflections about what you have learned.

Safe Case Closure Learning Lab

Activity: Safe Case Closure

Work with your group to discuss the question: "What is the main thing you are looking for to safely close a case?"

Come to a consensus to select only one answer that will be shared with the large group.

Who should decide whether the circumstances that brought the family to the attention of Child Protective Services have been resolved?

Debrief

Determine if the correct answer is yes or no to the following statements:

1. A caseworker decides to close a case due to lack of activity, stating, “I haven’t seen the family in quite a while, and I haven’t had any referrals on them, so they must be doing OK.”

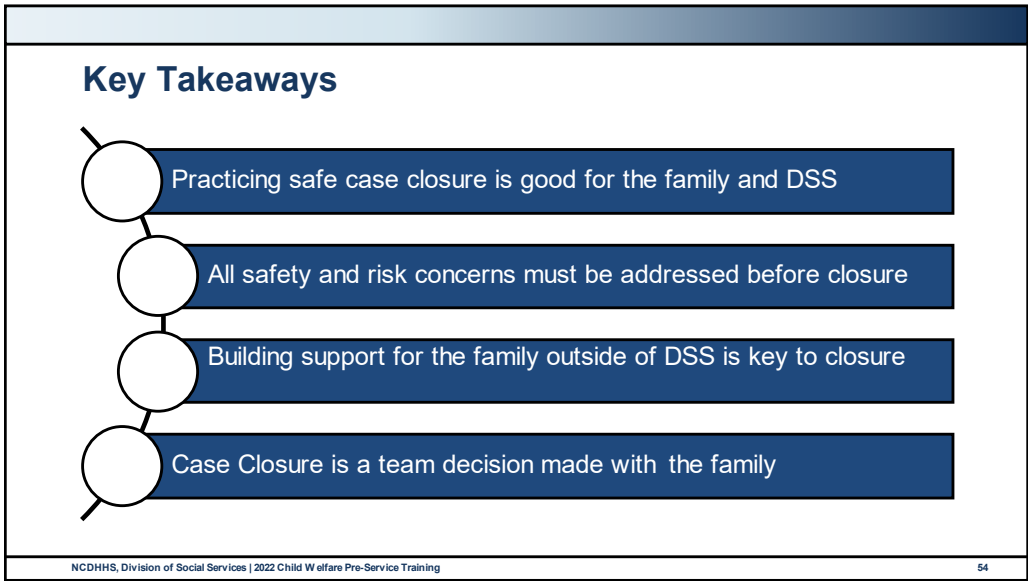
2. The contributing factors to safety, risk, and maltreatment have been addressed and the risk re-assessment indicates the children are at low risk.

3. Ms. Smith has completed the goals in her IH-FSA and demonstrated consistent changes in the way she disciplines her children. Ms. Smith has joined a community-based mom’s group and continues to meet with her therapist to manage her anxiety.

4. Ms. Jones and her partner have met the goals in their IH-FSA and continue to contact their DSS social worker to assist them with managing their daily tasks, like paying bills, making their appointments for them, etc.

5. A social worker meets with her supervisor to talk about a family in their caseload. The social worker indicates that all goals within the IH-FSA have been completed, all safety concerns have been addressed, and the recent risk re-assessment indicates the children are at low risk. But the social worker does not want to close the case because they know how families who are affected by “substance misuse are”. The social worker shares their own experience with having a parent who struggles with substance misuse. The supervisor directs the social worker to close the case with this family after the social worker makes sure the family has been referred to community support services.

Key Takeaways



Questions and Reflections

Use this space to record questions and reflections about what you have learned.

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Appendix: Handouts

Home Environment Safety Checklist

This safety factor checklist is not all-inclusive. It can be used to help guide the social worker's safety assessment. This checklist should be discussed with the parent or caretaker of all children during all investigations.

Answer the following questions with Yes, No, or Not Applicable:

Poisons

1. Are dangerous/poisonous items kept out child's reach? (i.e. medicines, lighters, matches, dye, bleach, poisons, cleansers, mothballs, motor oil, antifreeze)

Fire Hazards

2. Are utilities obtained legally?
3. If electricity/gas are off, is the means of heating and lighting safe? (i.e. candles should not be near curtains and no open flames)
4. If heating with a fireplace, wood heaters, etc., is there a protective barrier between the heater and the child? (i.e. gate, screen guard, etc.)
5. Is there a safe place for the child to be while the parent is cooking or unable to give the child their full attention? (i.e. playpen, crib, highchair)
6. Are electrical cords/plugs in good condition)? (i.e. no loose wires coming out of the wall)
7. Are electrical outlet covers on all plugs not in use?
8. Is there a fire extinguisher in the home in working condition?
9. Is there a working smoke alarm in the home? (test it)
10. Is the temperature of the hot water heater between 120 and 130 degrees Fahrenheit?

Drowning Hazards

11. Is there constant supervision while the child is bathing or near water?
12. Are toilet seats kept down and do sinks and tubs drain properly to prevent unwanted collections of water? (Child can drown in less than 2 inches of water)
13. If mop buckets are used in the home, are they emptied and stored away after use?
14. If the home has a pool, is the pool properly safeguarded with a fence and life-saving devices?

Firearm Hazards

15. If guns are in the home, are they locked away from children?
16. Is ammunition kept in a separate place from the firearms and is it locked away or out of the child's reach?

Car Safety

17. Does the child have a car seat?

General Safety

18. Does the child have a safe and secure sleeping space? (Children have suffocated when sleeping with adults; they have fallen off adult beds and sofas and have become lodged between the wall and the bed).
19. Is the home free of rat or roach infestation? (Both carry diseases that can be harmful to adults and children.)
20. Are kitchen knives stored out of children's reach?

21. Is there a caretaker available to provide supervision if the parent has to leave the home for any amount of time? (Children should not be left without proper adult supervision.)
22. Is the inside of the home free of any hazardous debris? (Undisposed trash, cans, bottles, etc.)
23. Is the outside of the home free of any hazardous debris? (Undisposed trash, cans, bottles, glass, exposed rusty nails, tall grass, weeds, car parts, etc.)

Harm and Worry Statements

CREATING HARM AND WORRY STATEMENTS

Harm statements and worry statements are short, simple, behavior-based statements workers can use to help family members, collaterals, and departmental staff clearly understand what happened in the past, why the Department of Social Services (DSS) is involved with a particular family, and what the concerns for the future are. These statements allow important, difficult conversations to occur and help ensure that staff talk with families about the most critical items to address.

As much as possible, try to use the family's own language for these statements. Remember that these statements are best used to help ensure that all key stakeholders, especially the family, understand why DSS is involved, what DSS is worried about, and what needs to happen next. The statements should be written in honest, detailed, nonjudgmental "just-the-facts" language.

HARM STATEMENTS

Harm statements are clear and specific statements about the harm or maltreatment experienced by a child. The harm statement includes specific details: who reported the concern (when possible to share), what exactly happened, and the impact on the child. While it is never a guarantee about the future, a *clear understanding of the past (harm) is vital as our best guide to understanding what we should be worried about in the future.*

Who says (or it was reported)

What caregiver actions/inaction

Impact on the child

Example: Sam *reported* to his teacher that when his dad, Jerry, drank too many beers and got mad at his mom, Helen, Sam saw Jerry hit Helen across the face. Sam felt really scared, cried, and hid in his room.

WORRY STATEMENTS

One of the most crucial parts of this work is creating detailed statements about the resulting concerns DSS and others have. Worry statements answer two questions.

What are we worried will happen to the children if nothing else changes?

In what situations or context are we worried this could happen?

Sharing worry statements with the family, DSS, and other professionals allows a sharper focus on key elements that need to change for the case to move forward and helps prevent "case drift."

Worry statements are composed of the following.

Example: Sam (age 6) may be injured (hit or caught in the middle of the violence) when Jerry becomes drunk and yells at or hits Helen.

Sam may be emotionally harmed (scared and confused) when Jerry becomes drunk and yells at or hits Helen.

FAMILY- AND SAFETY-CENTERED PRACTICE

Whenever possible, involve children, family, extended family, and network members in the creation of harm and worry statements. These statements are meant as a bridge between professionals and family members. Perhaps the most important use of these statements is to help family members, network members, and professionals reach agreement about what everyone is worried about and what needs to happen to address concerns and DSS's bottom lines.

When these statements are not created in partnership with families (e.g., at a case consult or in supervision), they should still be shared with families and their network to help ensure that everyone who cares about the child understands why DSS is involved and what the family is being asked to do differently.

One way to think about best practices when creating these statements is to follow these steps.

1. Make sure the worry statements address DSS's bottom lines.
2. Share and refine them with the family (while still holding the bottom lines).
3. Use solution-focused questions to collaboratively develop statements that address DSS's bottom lines *and* have family approval.

EXAMPLES OF HARM AND WORRY STATEMENTS

HARM STATEMENT	WORRY STATEMENT
Domestic violence witnessed by child It was reported that 6-year-old Jason came to school multiple times stating that his stepfather, John, has gotten drunk and hit Jason's mother, Susan. Jason has witnessed the fights, which have included his parents hitting, punching, and throwing things at each other. During this time, Jason's grades and attendance have dropped; and many at school now worry that Jason may not be able to pass his grade level.	Jason may be seriously injured when John is violent and Jason tries to protect his mother. Jason may be seriously scared or confused when John is violent and Jason tries to protect his mother. Jason may do poorly at school and not pass his grade level when John is violent and Jason tries to protect his mother.
Physical abuse It was reported that 14-year-old Caleb was punched, hit, and kicked by both of his parents, Paul and Liz, on Saturday night, resulting in multiple bruises on his face, hands, and chest.	Caleb may be injured like this again—or receive even more serious injuries—when punched, hit, or kicked by his parents. Caleb may experience serious emotional harm when he is punched, hit, or kicked by his parents. He may be so angry and scared about what is happening that he will continue to run away, sleep on the streets, use alcohol and drugs, or place himself in dangerous situations. Caleb may be physically or emotionally harmed by others when he is fearful of his parents and runs away.
Injured infant; doctors say parent's explanation does not match injuries *Sometimes it is not clear how the child was injured, making a harm statement difficult to write. However, concern for the future can be described, and workers can write a worry statement that makes these concerns clear.*	Because no one knows how she suffered an injury while in the care of her caretakers in October, Chelsea may be seriously injured again, suffer permanent brain damage, have bleeding in the brain, or even die when she does not receive knowledgeable care and support to keep her safe and free from injuries.
Theft with child present Police reported that Rebecca took her 9-year-old daughter, Lisa, to the Stop & Shop today and while she was there, Rebecca attempted to steal $45 worth of products. Lisa became very upset when her mother was arrested, and she could not be soothed until her grandmother picked her up from the police station.	Lisa may be scared and confused when her mother exposes her to criminal activities and/or gets arrested while she is caring for Lisa. Lisa may be socially harmed and/or lose connection with her mother when her mother exposes her to criminal activities and/or gets arrested while she is caring for Lisa.

HARM STATEMENT	WORRY STATEMENT
Grandparent who could not continue with placement for adolescent Police reported that while interviewing 15-year-old Lesley about the reports of her assault and battery charges and selling marijuana, Lesley's grandfather, Herb, became so upset that he threw up his hands and said, "I can't do this anymore! Call child welfare and tell them to take her!" Herb walked out of the police station. Lesley became quite angry—spitting, swearing, and eventually crying a great deal.	Lesley may be beaten or taken advantage of when she is selling marijuana on the streets and is without the help and support she needs. Lesley may lose her independence if she is arrested on suspicion of selling drugs or assault and battery. Lesley may be scared, confused, or angry when her grandfather gets so overwhelmed that he asks for her to be removed from his care.
Neglect due to substance abuse, methamphetamine At Atrium Health Mercy hospital, Kim's landlady and Kim's 10-year-old son, Paul, reported that Kim overdosed on meth and passed out while cooking dinner. Paul was home at the time. A neighbor heard the smoke alarm and called the police.	Paul may be physically harmed (by leaving the home and being taken advantage of, or by fires in the home) when Kim is using methamphetamine and becomes distracted and unavailable. Paul may get sick when Kim is using methamphetamine and Paul has contact with drugs or drug paraphernalia. Paul may be scared or confused when Kim is using methamphetamine and becomes distracted and unavailable.

SDM Steps for Creating a Safety Agreement


STEP 5: Act
Plans include action steps to keep the child safe.
Identify family/network roles and actions
Develop backup plan
STEP 6: Agree
All participants must agree to the plan.
Willingness/confidence
Capacity
STEP 7: Bring it Back to the Child
Ask the child for ideas to create a sense of ownership.
Caretaker informs child
Invite child to participate
STEP 8: Monitor, Adapt, and Strengthen
Create a timetable and measurements for safety agreement review.
Revisit and revise
Acknowledge successes!
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SAFETY AGREEMENT VERSUS FAMILY SERVICES AGREEMENT

SAFETY AGREEMENT	FAMILY SERVICES AGREEMENT
Involves **temporary** changes to how the child will be cared for to provide immediate safety.	Describes daily and weekly actions caretakers and network will take to ensure child's **long-term** safety and well-being.
Is *not* about long-term behavior change (no unrealistic goals).	*All about* long-term behavior change
Is immediate or short term.	Is long term.
Begins to involve a network (including at least one person who could not have caused the harm).	Identifies people who will be involved as part of the network and their role in maintaining and reviewing the plan.
Identifies how the agreement will be monitored (daily to begin with) and what will happen if it is not followed.	Identifies how DSS (and others) will monitor the plan and describes what will happen if the plan is not working.
Always includes a backup plan (at least a Plan B).	Always includes backup plans (preferably a Plan B and a Plan C).
Has a date when the agreement will be reviewed.	Is updated when progress is made or new issues arise (and at minimum every 90 days per policy), especially if a new safety agreement is needed.

EXERCISE: SAFETY AGREEMENT VERSUS FAMILY SERVICES AGREEMENT

EXAMPLE

SAFETY INDICATOR	SAFETY AGREEMENT INTERVENTION IDEA	FAMILY SERVICES AGREEMENT IDEA (Do not use in safety agreement)
Sexual abuse	Dad agrees to stay with his friend until investigation is concluded. He agrees to have no contact with [child] in person or by phone, mail, email, text, or third party. (DSS filed a petition with the court regarding the father's contact with the child.)	Dad will successfully complete sexual perpetrator therapy.

ACTIVITY

For each scenario, list at least one safety agreement intervention idea and one family services agreement intervention idea.

SAFETY INDICATOR	SAFETY AGREEMENT INTERVENTION IDEA	FAMILY SERVICES AGREEMENT INTERVENTION IDEA
Physical harm/unable to protect: Maternal grandfather regularly uses inappropriate physical discipline on the children, leaving marks. Mother relies on grandfather for childcare every weekday afternoon.		
Substance misuse/inadequate supervision: Mother drinks alcohol at least four nights a week to the point of passing out. Her 5-year-old son recently got out of the house one evening while she was passed out. Her neighbor found him and contacted law enforcement. The mother has several family members and friends in the area.		

SAFETY INDICATOR	SAFETY AGREEMENT INTERVENTION IDEA	FAMILY SERVICES AGREEMENT INTERVENTION IDEA
Failure to protect: Mother's boyfriend is on the central registry for severe previous child maltreatment, and mother routinely leaves him alone with her children.		
Medical neglect/failure to thrive: A 5-month-old was diagnosed with non-organic failure to thrive and has a G-tube. The parents have not been waking up during the night to feed the child. The G-tube has also become infected due to the parents not cleaning it correctly.		
Mental health: The mother has been previously diagnosed with bipolar disorder and is currently not medicated. She has had several manic episodes where she was driving erratically with the children ages 6, 10, and 15 in the car. She has also been sleeping excessively, and the children have had to fend for themselves for food and to get to school.		
Physical harm: Non-mobile infant has suffered a serious head injury while in the care of his mother and father. Parents state they do not know how the child was injured. The doctor is not able to confirm whether it was abuse. The parents live with the maternal grandparents, but the grandparents were on vacation at the time of the incident.		

ESSENTIAL ELEMENTS OF A SAFETY AGREEMENT

1. **Identification of safety indicators.** The SDM safety assessment provides the framework for safety planning. When one or more SDM safety indicators are identified in a household, protective intervention should be considered to allow the child to remain safely in the home whenever possible and appropriate. If, after considering child vulnerabilities, household strengths, and protective actions, it is determined that in-home interventions can be initiated to temporarily control the safety indicator, the safety decision is "safe with a plan." This plan—the safety agreement—should clearly identify the safety indicator that would prompt protective placement if immediate action is not taken.
2. **Clear description of caretaker actions or inactions and their impact on the child.** A safety agreement should link each identified indicator to a household-specific, behavior-based description of a caretaker's actions or inactions that create a safety indicator for the child. Worry statements are used to structure this description. Statements should be written in plain language that the family understands (i.e., avoid jargon) and be as behavior-specific as possible to support rigorous planning for how to best create safety.
3. **Immediate actions to control the safety indicator.** A safety agreement should include a specific set of action steps to be taken by a sufficient number of family members, network members, and others; or resources that are immediately available; to temporarily control the safety indicator. Referrals to long-term services or resources that do not support an immediate change in the care environment are not sufficient; they might be more appropriate for the family services agreement.
4. **Network involvement.** At least one family or network member besides the caretaker must support the safety agreement. Each participant must clearly understand the safety threat and be committed to their role in implementing the action steps to control the safety indicator. They also must be involved in monitoring the safety agreement .
5. **Monitoring agreement.** A safety agreement should clearly describe how the worker and family will monitor how well the agreement is working and actions to take if it is not. What is the backup safety agreement?
6. **Time limit.** A safety agreement must have a specific timeframe—best practice is no more than 14 days—to remain in effect; or a specific date on which it will be reviewed and renewed, strengthened, or resolved.
7. **Signatures that indicate agreement.** At least one legal caretaker, the child welfare worker, and at least one network member who agrees to be part of the safety agreement must provide signatures. Obtain verbal approval from the worker's supervisor.

SAFETY AGREEMENT CHECKLIST

HOT SPOTS	SOLUTIONS	COVERED?
The only intervention is that the perpetrator promises not to repeat a behavior.	If the caretaker could do that independently, protective custody would not be under consideration at all. Make sure at least one other protective participant involved in the intervention will act or call for help.	☐
There is jargon in the harm or worry statements.	Craft family-friendly harm and worry statements with the family using their own words.	☐
Network agrees to help, but no legal caretaker is included.	At least one caretaker agrees to the interventions.	☐
The caretaker is coerced into agreeing by the threat of a child's removal.	Explain planning process to caretaker and network. Include them in planning so they freely consent to the plan.	☐
The non-perpetrating caretaker is left to keep an perpetrator out of the home without the perpetrator's consent.	• Perpetrator agrees to the plan. • The victim and children leave to be safe and together. • A network member comes to stay in the home to monitor.	☐
The only intervention is a temporary restraining order.	Any restraining order is augmented with one of the three options above.	☐
A victim is expected to protect the children when they are not demonstrating their own protection.	More mature children and network members contribute to keep young children safe.	☐
A caretaker's constitutional rights (fourth and 14th amendments) are violated: Caretaker is forced to leave home, is deprived of visits with child, or non-caretaker is given custody without consent or knowledge.	• Gain informed consent for interventions. • Consider that a protective caretaker may have to leave with the children to be safe and together. • If no caretaker is available to help with a safety agreement, protective custody is probably the only option.	☐
A safety agreement is written when protective custody is not really being considered.	• Carefully review safety indicator definitions. • Document efforts to gain agreements with the family for future safety and close the investigation assessment or promote to a case for ongoing services.	☐
The safety agreement does not have a meaningful time limit.	Initial safety agreements should expire within about seven to 14 days; and it is best practice to hold a child and family team meeting (CFT) to review effectiveness, make improvements, and determine next steps.	☐

HOT SPOTS	SOLUTIONS	COVERED?
There is no *clear* way to monitor whether the safety agreement is working, and there is no fail-safe behavior if it is not working.	Clearly describe the behavior that will affirm that the safety agreement is working and who will do what if it is not working (e.g., whom they will contact, how they will intervene). If this is not possible, the household may be found unsafe.	☐
The voice of the child is missing.	Include the voice of the child by including them in the planning process when age appropriate. If appropriate, have the parent review the safety agreement with the child to help promote buy-in from the parent and child.	☐

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Safety Circles

Child Welfare Resources on Using Safety Circles to Build Safety Networks with Families

Using Safety Circles to create Safety Networks with Families

What are Safety Networks?

An important part of family and safety-centered practice is helping the family build and strengthen a safety network—made up of family, friends, and involved professionals. A safety network supports caregivers to develop and maintain a safety plan for the children. It is hoped that the family's safety network will continue in this role after professional services end or are no longer needed.

They are a group of family, friends, or professionals who:

1. Care about the child and family.
2. Are willing to engage with child welfare.
3. Understand the safety concerns child welfare and others have.
4. Are willing to do something that supports the family and keeps the child safe.

Why are Safety Networks important?

A strong, active safety network assures child welfare professionals that the caregivers have the support they need to use the safety plan for as long as the children remain vulnerable to the identified concerns or dangers within the family. For cases with an identified danger to the children, establishing a safety network is critical when developing the safety plan. The rationale for building a safety network includes:

1. Child protective services involvement is temporary.
2. Visits by a social worker twice a month is often not enough to ensure safety for a child. A safety network is needed to enhance safety.
3. Families often have people involved in helping care for their children even when child welfare is not involved. These people help with supporting permanency and well-being of a child. It takes a village/network of ongoing support, services, and love to raise a child.

How can Safety Circles help develop a Safety Network?

Safety circles are a visual tool to help identify people for the family's safety network and to help professionals and family members talk about the network's role and who can be part of it.

The primary focus of the initial visit with a family during the assessment is safety. It can be beneficial to start the discussion of a safety network, at this point. Using the safety circle diagram on the following page will help families identify who may already be a part of their network, and who could become a part of their network. People in the network will work together to help the caregivers build and follow a safety plan that assures the children will always be safe.

Engaging parents/caregivers using the Safety Circle tool is a good first step to helping them understand what a safety network is and who needs to be a part of the safety planning process. Share with parents that the network is built by them and can include family, tribes, friends, neighbors, service providers, and others that they believe will be beneficial.

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Using Safety Circles to Build Safety Networks with Families
Child Welfare Policy Manual Resources
December 2021

Remember, children also have a role providing valuable information when discussing safety networks! During interviews with children, listen for friends, relatives, etc. who they could see as a support.

Safety Circle Tool:
To start the discussion about safety circles, discuss each layer of the circle.

It is important to emphasize to the family the focus of this process is their child(ren). The social worker should ***use the child(ren)'s first names*** *when explaining this to the family because it personalizes the conversation. Having a picture of the child(ren) available is also helpful.*

Family Safety/Support Circle :

- How did you find the courage to tell the people you have?
- Where do you find the strength?
- Who was the hardest person to tell?
- What helped you tell that person?
- Who is most helpful and supportive to you and your children?

Child Welfare Resources on Using Safety Circles to Build Safety Networks with Families

Inner Circle: Ask parents/caretaker: Who supports you the most?
1. Who already knows everything that has happened? 2. With whom do the children feel the most connected? Who are the first people you call when you are in need? *(At this point in the process compliment the parents/caretaker by saying: how did you find the strength to reach out to them about this?)*
Middle Circle: Ask the parents/caretaker:
1. Who supports you a little? 2. With whom do your children feel some connection? 3. Who knows a little about what is going on?
Outer Circle: Ask the parents/caretaker:
1. Who knows nothing about what is going on? 2. Who creates challenges/barriers for your family? 3. Who have you not reached out to, but could see yourself reaching out to in the future, maybe a childhood friend, a relative you don't see often? 4. Who is willing to support you but you don't feel comfortable asking them to help you? What is holding you back from asking them? Is there someone that used to support you? Could we engage them again? 5. Who is in your phone/contact list? Who do you connect with on social media?
Moving people from outer to inner circles: Ask the parents/caretaker:
1. What would it take to move someone from the outer circle to the inner circle? 2. Who needs to move to an inner circle? 3. Who would grandma/the children/the social worker want to see move to the inner circle? 4. Is there anyone you thought of telling but just haven't reached out to yet?
Helpful questions to ask when a family has a hard time identifying supports:
1. If you were in an accident and were taken to the hospital, who would you call to pick up your children from school? 2. If your house was on fire and burned to the ground who would you call? 3. If you won the lottery, who would be the first person you call? 4. Who would your children say they want to spend the night with if you needed to go out of town and couldn't take them with you? 5. If you died tomorrow, who would you want to take your children in and care for them until they are adults?

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6. Who is someone who has shown a lot of interest and support to your children now or in the past? (teacher, neighbor, counselor, church member, someone you work with?)
7. Who can help you move closer to your goals? (Boss, co-worker, counselor, neighbor, friend of a friend)
8. Do you belong to a church, club, support group, sports team? If so, who are some people who have been there for you and your children?
9. Who do you look up to? Who encourages you when you are having a bad day?
10. Has there ever been a time you felt no one cared about you and your feelings? Who is someone who stepped up and made you feel better?
11. Tell me about a time when things were working well for your family, what did that look like and who helped you and your children at that time?
12. Who in your life has had a tragedy and you helped them through that difficult time?
13. Create a family tree with the parent/caretaker and ask about communication and location of these individuals.

Remember: What are our safety goals?

1. What do we want to achieve?
2. What will we do to move forward to the next phase?
3. How will we know we are on track?
4. How long do we expect this process to take?

Collateral Contacts

Source: Pennsylvania Child Welfare Resource Center, Module #3 Using Interactional Skills to Achieve Lasting Change, HO28_IntrvwngCllterlCntcts.pdf (pitt.edu))

Collateral contacts can include the referral source, other family members, professionals who have contact with the family, or people in the community, whose contact with one of the members may have given them the knowledge that would relate to the family assessment. Collateral contacts may be able to provide information such as identifying information - full name, dates of birth/age, address, parents' names, and social security numbers - as well as information about family dynamics and relationships.

It is important to remember when interviewing extended family members that loyalties are often conflicted: they may wish to believe the child's story but feel it would be wrong to provide negative information about the parent. They also may want to focus on the fact that other family members are not "doing their part" to help the child or family.

Child welfare professionals can help families deal with these conflicted loyalties by:

- asking family members to focus on the safety of the child or children;
- letting family members know that the child welfare professional believes the child;
- urging family members to spend energy on helping family members rather than defending the family against outsiders; and
- being sensitive to family members who may be asked to help in ways that burden them financially or emotionally.

Family members can serve as valuable resources. They can provide corroborating information as well as provide concrete help, such as financial, emotional, or physical aid to the family. Family members might also be able to provide an informal or kinship care placement for the identified child and siblings if the non-offending parent cannot protect the child or children from abuse or retaliation.

Family members should also be made aware of any community resources which can be of help to them, especially if they are to provide care to the children. Special attention should be given to any religious beliefs, especially regarding the selection of counselors. If possible, children should remain in their home school districts, to minimize the impact of the trauma, separation, and placement. If the children are placed with a non-relative, every effort should be made to ensure that the child is able to attend family functions, have sibling visits, and maintain cultural and religious ties to their own community. Support should be given to caregivers, including transportation assistance and coordination of visits in the most home-like setting possible.

Referral sources and other community professionals are also important resources. For instance, school personnel, especially teachers and school nurses, are also excellent sources of corroborating information that can help you confirm or deny the allegation being considered. They may be able to offer information on children's behaviors; have insight into the child's relationship with his/her family members; or have observed medical or psychological conditions that might be associated with the current allegation.

Because of the information they are required to share, school personnel (as well as other community professionals) often feel uninformed. They often want to know more about the family than can be released due to confidentiality requirements of the laws. The child welfare professional should share information with the teacher or nurse up to the limits of the law and their own agency's policy. The child welfare professional should explain why more information cannot be shared and should also educate the referral source regarding the meaning of the various findings. It is important to emphasize to them that any information released cannot be shared with others.

The child welfare professional should also pursue having releases signed by the parent and/or child to be able to share needed information with collateral contacts, as it relates to the child’s health, safety, and treatment.

North Carolina Child Medical Evaluation Program (CMEP)

Website: www.med.unc.edu/cmep
Phone Number: 919-843-9365
See also: CPS Assessment Policy, Protocol and Guidance (December 2021)

NC CMEP provides a structured system for medical and mental health evaluations in alleged cases of child maltreatment. These evaluations are performed at the request of the Department of Social Services in the investigative assessment phase of a CPS case. The examiners for these evaluations are rostered by the NC CMEP and have agreed to perform the evaluations in accordance with program guidelines. The NC CMEP office also provides case consultation (medical and social work investigations), assistance to child welfare workers to find providers, training on the identification of child maltreatment, administration of payment for rostered services, and recruitment for medical and mental health providers.

CME- Child Medical Evaluation:
Comprehensive medical evaluation and medical interview: The appointment consists of interviews of the child and caretaker for the purposes of obtaining medical and social history, a complete medical exam, documentation of any visible injuries or medical conditions indicative of abuse or neglect and includes diagnostic tests and screening as determined by the medical provider. Payment is made by Medicaid (if applicable) or by CMEP funds.

Role of the child welfare worker: Locate a rostered provider to make an appointment, complete necessary forms (DSS 5143 consent), collect medical records to provide to the CME provider, attend the appointment to provide history, and prepare the family for the exam.
https://www.med.unc.edu/cmep/files/2018/01/dss-5143-jan07.pdf

CFE- Child and Family Evaluation:
Provides forensically informed mental health evaluations for children/adolescents who are being investigated as possible victims of abuse or neglect. These evaluations typically include a review of salient records and interviews with the child, and caregivers, as well as relevant collaterals. CFE evaluations are designed to assist in decision-making and case disposition, with an emphasis on treatment planning. These evaluations are requested and utilized in cases in which there has not been and is unlikely to be a determination of case decision through standard CPS investigative processes or CME. In cases of alleged physical or sexual abuse (and certain other forms of maltreatment), a CME is typically expected before a CFE will be authorized.

Role of the child welfare worker: Locate a rostered provider, collect all records (prior history, evaluations, school records, medical records, etc.), complete authorization request and DSS 5143 and send to NCCMEP office (see contact info). The child welfare worker is required to provide a list of questions to the provider as a guide for the evaluation and recommendations for the case.

Assessment Case Decisions

Source: NC Child Welfare Manual CPS Assessments Policy, Protocol, and Guidance (December 2021)

Family Assessment Case Findings

Services Needed

This finding is appropriate when neglect and/or dependency was found to have occurred, and where the safety issues and future risk of harm are so great that the agency must provide involuntary services to ensure the safety of the child. The finding of Services Needed must be made, and the county child welfare services agency must continue to provide involuntary CPS In-Home Services in every case the agency believes:

- The family must be involved with services (of any type, provided by any agency or individual) for the child to safely remain in the home; or
- The child would not be safe if the family ever becomes noncompliant with services. A finding of Services Needed must be made if the answer is yes to one or more of the questions on the structured CPS Assessment Documentation Tool (DSS-5010) concerning the frequency and severity of:
    - Maltreatment
    - Current safety issues;
    - Risk of future harm; and
    - Child in need of protective services.

There must be documentation to support the answers included in the case decision tool. Any case in which there is a finding of Services Needed must meet the criteria for opening 215, CPS In-Home Services, which includes that “without effective preventive services, the child is at risk of being placed in foster care.” If the decision of the North Carolina Safety Assessment is “Safe”, and the findings of the North Carolina Family Risk Assessment of Abuse/Neglect and the North Carolina Family Assessment of Strengths and Needs are both “Low,” then the case would not be found “Services Needed,” unless there are unusual circumstances. In those cases, the supervisor must complete the “Rationale for Case Decision/Disposition” to justify the change.

Services Recommended

This finding is appropriate when the child was not found to be neglected and/or dependent, and when the safety of a child is not an issue and future risk of harm is not an issue. Some situations in which this finding would be appropriate include, but are not limited to the following:

- When well-being (not safety related) needs were identified and services were recommended during the assessment and the family was engaged in services (either within the agency or in the community), but at no time during the assessment did the potential risk of child maltreatment approach the level that involuntary services would be required;
- At the end of the assessment, the risk level is “Low” and there are no identified safety issues, but the county child welfare worker recommends voluntary services to assist the family with non-safety related well-being needs. These services would be voluntary in nature.

Some situations where this finding would not be appropriate include, but are not limited to the following:

- If the agency makes recommendations that, if not completed, would lead to the agency accepting a new report, or would lead the agency to believe that the risk of safety or harm to the child would be impending then the finding should be Services Needed;
- If at some point during the assessment the risk level would have been “Moderate” or higher and the family may have been appropriate for In-Home Services, but services provided during the assessment brought the risk to a lower level, allowing the case to be closed. In this case, the most appropriate finding would be Services Provided, Protective Services No Longer Needed. The agency must document this finding for any service referral deemed appropriate to meet the family's non-safety-connected need.

If all the answers to the questions on the CPS Assessment Documentation Tool are “no,” then the finding will be either “Services Provided, Protective Services No Longer Needed,” “Services Recommended,” or “Services Not Recommended.”

Services Provided, Protective Services No Longer Needed
This finding is appropriate for all CPS reports of neglect and dependency assigned to the Family Assessment response in which the safety of a child and future risk of harm were at some point in the assessment high enough to require involuntary services, but the successful provision of services during the assessment has mitigated the risk to a level in which involuntary services are no longer necessary to ensure the child’s safety.

Services Not Recommended
This finding is appropriate for all CPS reports of neglect and dependency assigned to the Family Assessment response in which the safety of the child is not an issue, there is no concern for the future risk of harm to the child, and the family does not need other non-safety related services. For all Family Assessments, the case finding will be reported to the Central Registry (DSS-5104) with no perpetrator information entered.

Investigative Assessment Findings
The findings in an Investigative Assessment must be either substantiated or unsubstantiated. To make a case decision to substantiate, the answer to one or more of the following questions must be “yes” to one of the 4 questions on the CPS Assessment Documentation Tool.

When a report of neglect is being completed using the Investigative Assessment track, there are two points to consider when deciding on the case finding:

- The first decision is to determine if the case decision is to be substantiated; and
- The second decision for substantiation of neglect is to determine if the neglect is “serious.” A definition for “serious neglect,” as well as other information regarding the Responsible Individuals List, can be found in Appendix 1, CPS Data Collection in the NC Child Welfare manual.

Two-Level Decision-Making in CPS Assessments

Source: *NC Child Welfare Policy Manual: CPS Assessments Policy, Protocol and Guidance (December 2021)*

The social work supervisor and assigned child welfare caseworker must staff each assessment case:

- Frequently enough to ensure the safety of all victim children, but at a minimum of once every other week; and
- Whenever there is a change in circumstances that impacts the safety and/or risk to a child(ren).

Staffing must cover but not be limited to:

- Risk of maltreatment;
- Safety and Temporary Parental Safety Agreement, if in place;
- Family home environment;
- Family's strengths and needs;
- Child well-being, parent well-being, and family well-being;
- Progress toward addressing any safety threat or risk;
- Review of the ongoing family and collateral contacts; and
- Safety Networks

Two-level decisions/reviews must occur on every CPS Assessment at the following times:

- When the Risk Assessment and Strengths and Needs Assessment are completed;
- Prior to initiating or terminating the use of a Temporary Safety Provider;
- At the completion of the Safety Assessment and prior to the implementation of a Temporary Parental Safety Agreement;
- Before modification of a Temporary Parental Safety Agreement;
- Regarding diligent efforts to locate a child/family and when these efforts can end;
- At case decision;
- Prior to filing a petition; and
- Whenever there is a change in circumstance that impacts the safety and/or risk to a child(ren).

Two-level decisions/reviews must occur within the context of a staffing between the county child welfare worker and a county child welfare supervisor at a minimum.

Central Registry Reference Sheet

Source: *NCDSS CPS Data Collection (Non-NCFAST) Appendix 1*
https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/modified-manual-1/appendix-1-cps-data-collection.pdf

What is the Central Registry?
North Carolina G.S. § 7B-311 requires the Department of Health and Human Services (DHHS) to maintain a Central Registry of child abuse and neglect cases. DHHS shall also maintain in the Central Registry dependency cases and child fatalities that are the result of alleged maltreatment. This statute makes it mandatory for the Director of the county child welfare agency to report to the Central Registry all cases of child abuse, neglect, and dependency accepted for CPS assessment.

Child Welfare Worker's /Agency's Responsibility?
During the CPS Assessment:
After a two-party review and an agency decision to accept a report for a CPS Assessment, county child welfare agencies are required to conduct a search of the Central Registry. (It is not acceptable to conduct the Central Registry check during the screening process and prior to the decision to accept the report for a CPS Assessment.) Intake: Collection of Information and Assessing Agency History

After a Case Decision is Made:
Once a case decision is made the statute requires the agency to report the case findings to the central registry. County child welfare agencies make the required reports to the Central Registry by use of the Report to the Central Registry/CPS Application, Form DSS-5104. The DSS-5104 is used as the application for protective services. It documents the receipt of a report of abuse, neglect, or dependency. Data is to be entered within ten (10) working days after a case decision is made as to whether abuse, neglect, or dependency is found. In all Family Assessment cases regardless of case decision, no perpetrator is named in the Central Registry. In Investigative Assessments when the case decision is substantiated a perpetrator is named in Central Registry. Each child must have a copy of a completed DSS-5104 paper form in their case record. Although there may be multiple DSS-5104 paper forms for one assessment, there is only one form number per assessment.

How is the Central Registry Information Used?
The county director to identify:

a. Whether a child who is the subject of a current CPS Assessment has been previously reported as abused, neglected or dependent;
b. Whether a child is a member of a family in which a child fatality has occurred previously and there is suspicion that the death was due to abuse, neglect, or dependency;
c. Whether an adult suspected of current abuse, neglect, or dependency has had previous substantiations for abuse, neglect, or dependency; and/or
d. Whether an adult is appropriate to be a temporary safety provider during a current CPS Assessment. The central registry may only be accessed for temporary safety provider placements during a current (open) CPS Assessment. Once a case decision has been made, further assessments of kin for kinship placements must request information from the RIL or internal agency records, not the central registry.

Responsible Individuals List (RIL) Reference Sheet

Source: *NC DSS CPS Data Collection (Non-NCFAST)*
https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/modified-manual-1/appendix-1-cps-data-collection.pdf

What is the RIL?
The Responsible Individuals List (RIL) is used to identify parents, guardians, caretakers, or custodians that have been named as responsible individuals in all substantiated cases of abuse and /or serious neglect. Only case decisions made as a result of an Investigative Assessment can result in RIL placement.
The responsible individual's name shall be placed on the RIL, only after one of the following has occurred:

- The responsible individual is properly notified of their right to request a Judicial Review and fails to file a petition (AOC-J-131) for a Judicial Review in a timely manner: (within 15 days of the receipt of the case decision/possible RIL placement)
- The court determines that the individual is a responsible individual as a result of a hearing on the individual's petition for judicial review; or
- The individual is criminally convicted as a result of the same incident involved in the Investigative Assessment (The DA shall inform the director of the result of a criminal proceeding)

Child Welfare Worker's/Agency's Responsibility?
The child welfare worker shall make face-to-face contact with the alleged responsible individual expeditiously regarding the case decision of abuse and/or serious neglect, to explain the reason for the decision, to provide written notice of the decision (including the steps to request a judicial review) and to explain the potential for the individual's name to be placed on the RIL. (It is permissible for a child welfare worker other than the child welfare worker that conducted the assessment to deliver the case decision notice.)

If it is not possible to make face-to-face contact with the alleged responsible individual to deliver the written notice expeditiously the child welfare worker shall make diligent and persistent efforts to make contact. If the worker is unsuccessful in contacting the alleged responsible individual, the notice shall be sent by registered or certified mail, return receipt requested, and addressed to the individual at the individual's last known address.

How is the RIL Information Used?
Information from the RIL is only available to authorized persons for the sole purpose of determining the fitness of individuals to care for or adopt children. RIL checks are mandated for foster parent and adoptive parent applicants, temporary safety providers, and kinship care providers. The RIL may not be used as part of the employment process unless the employee will have responsibility for caring for children (either on a temporary or permanent basis).

Non-Resident Parents are Family, Too

Non-Resident Parent involvement is required whenever possible throughout the life of the case.

Who is a non-resident parent?

A non-resident, often described as a noncustodial parent, is a parent that does not typically live in the home where the child neglect, abuse, or dependency allegations are being assessed. Diligent efforts to contact are required.
The agency must make diligent efforts to contact that parent and get their input on the allegations as well as the overall safety and risk in the home. If this absent parent cannot be located, the record shall include documentation showing what efforts have been made to locate him/her.

Discussion with the non-resident Parent should include:

- The level of their involvement with their child.
- If their relatives may be a resource in supporting the child.
- If the non-resident parent or their family is not involved in the child's life, it may be beneficial to ask what it would take for them to become involved.

Resistance from the parent/primary caretaker parent to involve or discuss the non-resident parent:

At times, the parent/primary caretaker parent may report that the non-resident parent is not involved with the child to limit any involvement in the CPS assessment. This may provide a good opportunity to discuss the parent's relationship with each other as well as information about the non-resident parent's last contact with the child and what the quality of the contacts has been. The child may also be able to report on their own relationship with the non-resident parent as well as their contacts.

When contacting the non-resident parent is assessed as aggravating the risk of harm to the child or the custodial parent:

There shall be specific information about the risk of harm documented in the case record to state the reasons why it was not in the best interest of the child's and/or custodial parent's safety to contact the absent parent. If not, a child welfare worker must continue to complete their diligent efforts to contact the non-resident parent.

Child and Family Team Meetings – Throughout the Life of a Case

During the Assessment Phase

- To explore safety arrangements and possible placements if the children must be removed
- Prior to filing a petition
- Initial planning for a CFT is initiated even if a CFT is not held during the assessment phase

(NC Child Welfare Policy: CPS Assessments, Required time frames pg. 9)

During In-Home Services

- To review the Temporary Parental Safety Agreement (TPSA)
- For quarterly reviews of the IH-FSA
- To update the Family Services Agreement to address safety or high-risk concerns, including, but not limited to:
  - Identification of a new safety threat
  - High-risk "stuck cases"
- When requested by the family
- At critical decision points, to include possible out-of-home placement
- When a child is placed with a TSP and the parent cannot be located and/or there is no parent to make decisions regarding the child
- Six months after development of the In-Home Family Services Agreement:
  - There is a lack of progress as indicated by no activities completed nor any behavioral changes demonstrated that mitigate risk; or
  - The child(ren) in the care of a TSP is unable to return home
- Prior to and within 30 days of case closure in cases that are repeat recipients of CPS In-Home or received Permanency Planning services to specifically address the plan the family will follow to prevent repeat maltreatment

(NC Child Welfare Policy: In-Home Services, Review of Services/Family Services Agreements, pgs. 31-32)

During Permanency Planning and Adoption

- Any time there is a change in the permanent plan
- Any time there is a need to change placement
- Any time there is a significant change in the case, including a school change
- Any time the family requests a meeting

(NC Child Welfare Policy: Permanency Planning Services, Required Timeframes, pg. 11)

Interviewing Resources for Strengths and Needs Assessment

Purposes for Using Questions

- Beginning an interview
- Obtaining specific information
- Checking the accuracy of information
- Inviting a person to explore feelings and ideas
- Focusing on a topic
- Bringing up sensitive topics

Types of Questions Source: *PA Child Welfare Resource Center:* SOLUTION-FOCUSED INTERVIEWING SKILLS (pitt.edu) *and Northern California Training Academy Solution-Focused Questions & Appreciative Inquiry* - Solution-Focused Questions & Appreciative Inquiry - Google Drive

Open

Questions that encourage the client to use their own words and to elaborate on a topic. For example:

- How…
- Could you tell me
- What…

Closed

Questions that can be answered with one or two words. For example:

- Do
- Have
- Where
- How many
- How much

Indirect

Statements that are made for the purpose of seeking information. For example:

- I'd like to know
- I'm wondering if
- I'd like you to tell me

Solution-Focused Interviewing Questions

Exception Questions

Exception questions help clients think about times when their problems could have occurred but did not – or at least were less severe. Exception questions focus on who, what, when, and where (the conditions that helped the exception to occur) - NOT WHY; should be related to client goals.

- Are there times when the problem does not happen or is less serious? When? How does this happen?
- Have there been times in the last couple of weeks when the problem did not happen or was less severe?
- How was it that you were able to make this exception happen?
- What was different about that day?

- If your friend (teacher, relative, spouse, partner, etc.) were here and I were to ask him what he noticed you doing differently on that day, what would he say? What else?

Coping Questions
Coping questions attempt to help the client shift his/her focus away from the problem elements and toward what the client is doing to survive the painful or stressful circumstances. They are related in a way to exploring exceptions.

- What have you found that is helpful in managing this situation?
- Considering how depressed and overwhelmed you feel how is it that you were able to get out of bed this morning and make it to our appointment (or make it to work)?
- You say that you're not sure that you want to continue working on your goals. What is it that has helped you to work on them up to now

Scaling Questions
Scaling questions invite the clients to put their observations, impressions, and predictions on a scale from 0 to 10, with 0 being no chance, and 10 being every chance. Questions need to be specific, citing specific times and circumstances.

- On a scale of 0 to 10, with 0 being not serious at all and 10 being the most serious, how seriously do you think the problem is now?
- On a scale of 0 to 10, what number would it take for you to consider the problem to be sufficiently solved?
- On a scale of 0 to 10, with 0 being no confidence and 10 being very confident, how confident are you that this problem can be solved?
- On a scale of 0 to 10, with 0 being no chance and 10 being every chance, how likely is it that you will be able to say "No" to your boyfriend when he offers you drugs?
- What would it take for you to increase, by just one point, your likelihood of saying "No"?
- What's the most important thing you have to do to keep things at a 7 or 8?

Indirect (Relationship) Questions
Indirect questions invite the client to consider how others might feel or respond to some aspect of the client's life, behavior, or future changes. Indirect questions can be useful in asking the client to reflect on narrow or faulty perceptions without the worker directly challenging those perceptions or behaviors.
Examples:

- "How is it that someone might think that you are neglecting or mistreating your children?"
- "Has anyone ever told you that they think you have a drinking problem?"
- "If your children were here (and could talk, if the children are infants or toddlers) what might they say about how they feel when you and your wife have one of those serious arguments?'
- "At the upcoming court hearing, what changes do you think the judge will expect from you to consider returning your children?"
- "How do you think your children (spouse, relative, caseworker, employer) will react when you make the changes we talked about?"

Miracle Questions
The Miracle Question is a special type of preferred future question that can help people get clarity on how the problem impacts their daily life and what life would look like without the problem happening.

Example: “Imagine you woke up tomorrow and a miracle had happened overnight, and all the trouble was gone. How would you know it was over? What would be different that would tell you the problem was no longer happening? What is the first thing you would be doing to start the day? What would the rest of your day look like? What would things look like for your children?”

Inappropriate Use of Questions
Double Questions:
Asking two questions at the same time, for example:

- Have you decided to quit your job or are you going to stick with it?
- Can I help you with this problem or would you rather wait?

Bombarding:
Asking multiple questions with little or no break between questions, little or no warmth, or affective response. For example:

- I’ve got a number of things to ask. Where do you live? Have you moved in the last year? Have you applied for food stamps? What are the ages of your kids?

Statement or Leading Questions
Expressing your own opinions in the form of a question. Such questions may impose your own ideas or values on the client rather than encourage the client to express her or his own feelings or opinions. For example:

- Don’t you think it’s time to stand up to your husband?
- Do you think an abortion might be a good idea?

“Why” Questions:
Often understood as referring to inner motivation; may create a feeling of defensiveness in another person.

- Why did you miss your appointment last week?
- Why don’t you apply for a job?

Loaded Questions:
Asking direct questions about a sensitive area in an accusatory way; includes asking personnel questions unrelated to the purpose of the interview.

- Have you been beating your kids again?
- Have you been drinking lately?

Gotcha Questions:
Asking loaded questions for the purpose of “setting up” the client to lie and then confronting

- Has Jennifer missed any days at school this week? *(Client responds)* The principal tells me she’s missed four.
- Have you sexually molested your daughter? *(Client responds)* A medical examination has shown that your daughter has experienced penetration, and she claims that you have repeatedly molested her.

Completed Family Services Agreement (FSA) for Evans Family

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

County: **Case Number:**

Case Name:	Shonda Evans
Agency Worker Name, Phone Number & Email	Make sure this is filled in with the worker name, the worker's phone number and the worker's email address
Agency Supervisor Name Phone Number & Email	Make sure this is filled in with the supervisor's name, the supervisor's phone number and the supervisor's email address

This document serves multiple purposes. It:

- Compiles important information about the family and children, including their strengths and needs
- Documents how all participants will work together to achieve the identified goals and the progress toward those goals
- Meets federal and state requirements

Family Demographics	Name & Address		
Child	Keisha Evans, address	DOB:Make sure to fill in	Age:15
Child	Kevin Evans, address	DOB:Make sure to fill in	Age:6
Child	Angela Evans	DOB:Make sure to fill in	Age:18 months
Child		DOB:	Age:
Child		DOB:	Age:
Child		DOB:	Age:
Mother	Shonda Evans, address	Phone:Make sure to fill in	Age:35
Father of: Keisha, Kevin and Angela	Rudy Evans	Phone:	Age:deceased
Father of:		Phone:	Age:
Other Caregiver		Phone:	Age:
Other Caregiver		Phone:	Age:

Temporary Safety Provider	Name & Address
Caregiver	
Caregiver	
Caregiver	
Caregiver	

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NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Strengths & Resources

Identify family and family member strengths.

Shonda Evans has sought out and utilized mental health services successfully in the past.
Shonda Evans has sought out current support services to meet her needs, as well as the needs of her children. (Including current involvement in Mental Health Support Services and Grief and Loss Services.)
Keisha attends school regularly and is involved in extra-curricular activities.
Kevin does well in school and he likes school.

Identify services in place for the family & Describe family's use of those services.

Ms. Shonda Evans has secured mental health services for herself individually and for Kevin and Keisha.
Ms. Evans has signed a release of information so that the DSS worker can be informed of how services are going and can also participate in the sessions if requested by Ms. Shonda Evans.
Ms. Evans has secured transportation assistance in the way gas cards.

Identify natural family supports, including extended family members. Specify current involvement of those supports, including the CFT meeting participants.

Kim Evans, paternal grandmother is a natural support to the family. She is currently involved in at least 2 times daily visits to the home.
Ms. Kim Evans was invited to the CFT meetings by Ms. Shonda Evans. Ms. Kim Evans has participated in the CFT meetings.

The following build upon family strengths and resources to address family issues and needs. They also address the findings of the CPS Assessment, which are based on the NC Child Welfare assessment tools, and provide specific activities to prevent the child(ren) from entering county child welfare custody.

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Objectives and Activities to Address Identified Safety Threats.

Include safety activities identified on the TPSA that have not been completed. If child(ren) are placed with a Temporary Safety Provider, specify what needs to take place for the child(ren) to return to the care of one or both of their parents and what services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the child(ren).

Is there a current Safety Threat? ☐ **Yes, complete this page** ☑ **No, go to objectives and activities**

If there is more than 1 safety threat, duplicate this page for each safety threat.

Describe Behaviors of Concern:	
Objective:	

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Addressing the Identified Safety Threats

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Is there a Temporary Safety Provider? ☐ **Yes** ☑ **No**

Provider Name: **Child(ren) Name:**

What services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the children?

Comprehensive Provider Assessment completed and approved? ☐ Yes ☐ No

If no, reason:

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Is there a Temporary Safety Provider? ☐ **Yes** ☑ **No**

Provider Name: **Child(ren) Name:**

What services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the children?

Comprehensive Provider Assessment completed and approved? ☐ Yes ☐ No

If no, reason:

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Objectives and Activities to Address Identified Factors

Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children): Address Grief and Loss Needs	
Describe Behaviors of Concern:	Grief and loss issues impacting activities of Dally living
Objective:	Develop a short-term action plan for dealing with grief and loss

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes
Explore grief and loss support groups in area	DSS worker, Ms. Eva	xx-xx-xxxx	Programs at a local church were iden
Begin attending grief and loss support group	Ms. Shonda Evans	xx-xx-xxxx	Currently attending sessions 1x a wee
Begin attending grief and loss support group for children an	Kevin and Keisha	xx-xx-xxxx	Currently attending sessions 1x a wee

Progress toward Achieving the Factor

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Objectives and Activities to Address Identified Factors

Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children): Angela needs nurturing and supervision during the day	
Describe Behaviors of Concern:	Angela, who is awake, is in room much of the day with mother who is asleep.
Objective:	Angela will supervised in a safe setting and receive healthy interaction

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes
Explore income based daycares in the area that can meet A	Ms. Shonda Evans, D	xx-xx-xxxx	Day care with sliding scale located
Enroll Angela in Day Care chosen by mother	Ms. Shonda Evans	xx-xx-xxxx	Angela is enrolled in Day Care

Progress toward Achieving the Factor

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Parent/Caretaker Well-Being Needs

Parent Name(s):

Are all the parent(s)/caretaker(s) wellbeing needs (educational, physical health and mental health) incorporated into the objectives and activities of the Family Services Agreement above? ☐ Yes ☑ No

If not, how are these needs being addressed?

Ms. Shonda Evans has met with the school counselor and shared with the counselor the current areas of need of the family and children. The counselor has agreed to meet with Kevin and Keisha on a regular basis (minimum 1x a week each- more if indicated) to make sure the children's educational needs are being met.
The children, Kevin and Keisha are also seeing a mental health therapist (at the same facility their mother is being served by). They each receive individual therapy and family therapy has started.
Each child, Keisha, Kevin and Angela have received a well child check up

Voluntary Services

Other needs of the parent/caretaker that may impact achievement of goal

Identify any voluntary services that are not addressed in the Plan:

Progress toward meeting the parent/caretaker voluntary services:

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Child Specific Review (Complete this section for each child/youth. Make extra copies as needed.)

Childs Name:

Service Provider and Contact Information		Needs/Issues/Strengths	Follow Up/Next Steps, if needed
Educational / Developmental	School/Daycare: Name of School - for Keisha Grade: 9 Has the child ever been retained/advanced in a grade? ☐ Yes: Explain: ☑ No Services in place, IEP, A/G:	☑ Yes ☐ No Explain: Keisha has been able to excel in school in spite of the loss of her father-family tragedy	Progress / Follow Up / Next Steps, if needed: Regular meetings with the school counselor and follow up contact with her mother, Ms. Shonda Evans as needed
Physical / Medical/ Medication	Physician/Address/Phone: Name of Medical Provider Immunizations current? ☑ Yes ☐ No Date of last medical checkup? List date	Any health needs/issues/strengths (i.e., Allergies, medications)? Healthy. No issues	Progress / Follow Up / Next Steps, if needed: Yearly exam
Dental	Dentist/Address/Phone: List name Date of last dental appointment? List date	Needs/Issues/Strengths: Good Dental Health	Progress / Follow Up / Next Steps, if needed: Follow up in 6 months
Mental Health / Behavioral Health / Juvenile Justice needs	Provider/Address/Phone: List providers name Diagnosis/Behavior Concern:	Needs/Issues/Strengths: Support needed for grief and loss and depression of parent	Progress / Follow Up / Next Steps, if needed: Treatment team meetings
Social / Other	Activities: Involved in extra curricular and church activities	Needs/Issues/Strengths: Very involved	Progress / Follow Up / Next Steps, if needed: Continue to support with transportatic
Health Insurance	Service Provider & Contact information: List name of provider	Needs/Issues/Strengths: Indicate any coverage limitations	Progress / Follow Up / Next Steps, if needed: Indicate any follow up that needs con
Child/Youth's Participation in Case Planning	How was the child provided an opportunity to participate in the development of this In-Home Family Services Agreement and identify their input (concerns, desires)? Child attended all FSA Team meetings and had a voice at each meeting.		

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Child(ren):

Is the child at imminent risk of removal? ☐ Yes ☑ No

If Yes, provide clear and concise language regarding the specific reason that the child(ren) is/are at imminent risk of removal if services are not promptly provided to prevent county child welfare agency custody. Absent the following preventative services,

If there is a non-resident parent, describe how they (and their family members) are assisting in the planning of the child(ren)/youth's safety. Describe the engagement of the non-resident parent, if applicable.

If the child cannot be safely maintained in the home, what are the parent's preferences for placement?

Describe any knowledge of the family having American Indian Heritage and agency efforts to notify the tribe if applicable.

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Court

Is there an open legal action on this case? ☐ Yes ☑ No

If yes, are the orders of the court incorporated into the objectives and activities of the Service Agreement?

☐ Yes ☐ No If not, explain:

Date of Next Court Review:

Recommendations regarding the parents/caretakers or barriers for the next court hearing:

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Confidentiality & Signatures In signing below, I understand that the information obtained during this meeting shall remain **confidential** and not be disclosed. Strict confidentiality rules are necessary for the protection of the child(ren). Information will be shared only for the purpose of providing services to the child and family, and in accordance with North Carolina General Statute and Part V, Privacy Act of 1974. Any information about child abuse or neglect that is not already known to the child welfare agency is subject to child abuse and neglect reporting laws. Any disclosure about intent to harm self or others must be reported to the appropriate authorities to ensure the safety of all involved. My signature indicates that I participated in this meeting for the development and/or update of the Family Services Agreement.

Role	Signature & Comments	Date	Received copy
Parent	Everyone must sign and indicate date and that they received a copy of this	xx-xx-xxxx	☑ Yes ☐ No
Parent			☐ Yes ☐ No
Child			☐ Yes ☐ No
Child			☐ Yes ☐ No
Child			☐ Yes ☐ No
Child			☐ Yes ☐ No
Agency Worker			☐ Yes ☐ No
Agency Supervisor			☐ Yes ☐ No
Temporary Safety Provider (if being used)			☐ Yes ☐ No
Other Agency/Phone/Email			☐ Yes ☐ No
Other Agency/Phone/Email			☐ Yes ☐ No
Other Agency/Phone/Email			☐ Yes ☐ No
Others invited but unable to attend:			

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