



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Social Services

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary

Child Protective Services IN-HOME SERVICES

Training Participant Workbook

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

TABLE OF CONTENTS

Day ONE: Building Rapport and Understanding Policy	3
Day TWO: Assessment of the Family	22
Day THREE: Service Agreement Planning/ Child & Family Team Meetings	69
Day FOUR: Service Provision/Evaluation of Service Delivery and Case Closure	81

APPENDIX

Transfer of Learning (TOL) Tool	93
SEEMAP Questions	98
NC Family Meeting Preparation	101
NC In-Home Family Services Agreement	105
NC In-Home Monthly Contact Record	127
NC Family Risk Reassessment	132
NC Family Assessment of Strengths and Needs	140
Resources	148
Bibliography	151

DAY ONE

BUILDING RAPPORT AND UNDERSTANDING POLICY

I. Welcome	9:00 - 9:20
II. Intro-Map Activity	9:20 – 9:45
III. Learning Needs	9:45 - 10:00
IV. Establish Norms	10:00 – 10:15
BREAK	10:15 – 10:30
V. Competency Based Learning	10:30 - 10:45
VI. Roles and Responsibilities	10:45 – 11:45
LUNCH	11:45 - 1:00
VII. Applying Policy to Practice Activity	1:00 - 2:25
BREAK	2:25 - 2:40
VIII. Building a Positive Casework Relationship	
a. Accepting Differences	2:40 - 3:05
b. Realizing Similarities	3:05 - 3:15
c. Engaging the Family	3:15 - 3:40
d. Identifying Family Strengths	3:40 - 3:50
IX. Transfer of Learning/Closing	3:50 – 4:00

In-Home Services Training Overview

Day One: Building Rapport and Understanding Policy

Day Two: Assessment of the Family

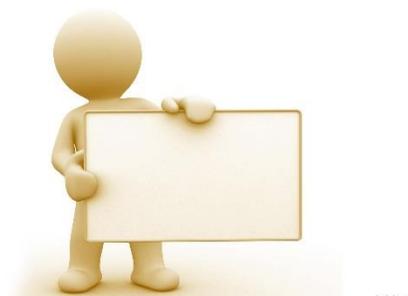
Day Three: Service Agreement Planning and Child and Family Team Meetings

Day Four: Service Provision/Evaluation of Service Delivery and Case Closure



CURRICULUM

Intro-Map



Child Welfare Workers

Education

Hobbies

Work Experience
and Number of
Years in Child
Welfare

Talents

Skills

Publications

*Special thanks to: Alicia Lucky, M.S.
Amber Braughton, MSW
Mitza Autry, Wendy Hyde-Smith*

“Tell me and I Forget, Teach Me and I May Remember, Involve Me and I learn.”

-Benjamin Franklin

Learning Needs

Directions: Please identify your learning needs on this sheet. Learning needs are the specific information or skills you would like to gain from this training. Share and compare them with your group and determine the three greatest needs of the entire group.

1. _____

2. _____

3. _____

4. _____

5. _____

Case Management vs. Case Planning

Case Management

Social work case management is a “process to plan, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a client. The process enables social workers in an organization...to coordinate their efforts to serve a given client through professional team work, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers.”

(NASW Standards for Social Work Case Management, 2013)



Case Planning

Case planning or service planning is more focused in scope and is often viewed as the core function of case management as it provides a route for reaching the outcomes. Case planning must be based on a comprehensive assessment as “it involves recognizing patterns or parental behavior over time in the broad context of needs and strengths, rather than focusing on the incident that brought the family to the attention of the child welfare agency.” Case planning must be done with the family and provide individualized services that promote the family’s strength’s, advance well-being and assist the family in achieving their objectives.

Source: Rothman, J., & Sager, J. (1998). Case management: Integrating individual and practice (2nd edition) Needham Heights: Allyn and Bacon. Schene, P., Children’s Bureau. (2005). *Comprehensive Family Assessment Guidelines for Child Welfare Workers*, 5.

Characteristics of Competent Child Welfare Worker



Knowledge

- Human behavior
- Child/adult development
- Family systems
- Communication theory
- Dynamics of child maltreatment
- Cultural differences
- Substance abuse dynamics
- Domestic violence dynamics
- CPS law, policy, and standards
- Use of authority
- Assessing for safety, risk, well-being, strengths and needs
- Community Resources

Skills

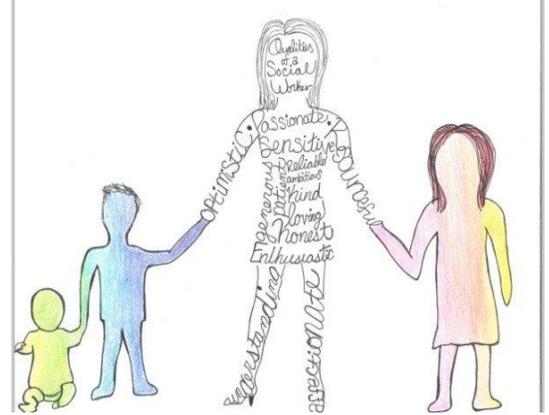
- Active listening
- Developing helping relationship
- Apply appropriate interview techniques
- Gather, organize, and analyze information
- Plan and manage time
- Collaborate with others
- Make accurate and timely decisions
- Manage conflict
- Deal with hostility and resistance
- Advocate for clients
- Develop effective services agreements
- Effectively communicate verbally, non-verbally, and in writing



Characteristics of Competent Child Welfare Worker --continued

Personal Qualities

- **Accepting**
- **Honest and ethical**
- **Sincere**
- **Concerned and caring**
- **Committed**
- **Confident**
- **Emotional stability**
- **Abstract and concrete thinker**
- **Flexible**
- **Objective**
- **Perceptive**
- **Patient**
- **Self-aware**



Roles

- **Problem Solver**
- **Advocate**
- **Support Person**
- **Mentor**
- **Coach**
- **Role Model**
- **Evaluator**
- **Consultant**
- **Collaborator**
- **Teacher**
- **Counselor**
- **Assessor**
- **Planner**
- **Service coordinator**
- **Monitor**
- **Record Keeper**



Applying Policy to Practice

1. You are working a case rated “high,” and you are having difficulty making weekly contact with the family members on the same day. You decide to spread out your contacts with each family member over the course of the week. Is this okay according to policy?

Answer:

Policy Reference & Page Number:

2. You are working with a family on supervision issues in CPS In-Home Services when a new report comes in and the finding is “additional services recommended” for discipline issues. Is “additional services recommended” the correct case decision? What happens to the family service agreement? If there were no new needs identified related to the discipline allegations, what would the case decision be?

Answer:

Policy Reference & Page Number:

3. A parent refuses to sign an In-Home Service Agreement at the recommendation of a family attorney; however, he verbally agreed to use alternative discipline. He also agreed to look for discipline information online and talk to you about it at your next home visit. Can the agency still work with him without a signed agreement? How would the agency respond if he verbally refused all safety provisions?

Answer:

Policy Reference & Page Number:

4. You have been working with a family for almost 3 months, and although they have completed the minor items on the family service agreement, you have seen no real behavioral change to mitigate the risk and safety to the children. What things need to happen to move the case along? What types of discussions should you have with the parents? Can the case be closed if the children are placed with an appropriate temporary safety provider?

Answer:

Policy Reference & Page Number

5. You are a new SW and have developed a paperwork system whereas you set aside two days a month to do documentation for all of your home visits and telephone contacts for the last two weeks. Is this okay according to policy?

Answer:

Policy Reference & Page Number:

6. Mom is working two jobs right now and is unable to meet with you as required for a moderate-risk case. The case has been open for two months and the mother seems to be making changes and you see that the risk is beginning to decrease. You decide to make face to face with her once a month to accommodate her schedule. Does policy support your decision? What steps need to be taken?

Answer:

Policy Reference & Page Number:

7. The family has met the objectives of the In-Home Family Services Agreement, and the family risk reassessment is low. The family has not arranged for preventative dental treatment for the oldest child, and the baby still does not have her immunizations. You decide to keep the case open to make sure that the children are taken to their appointments. Are you following policy?

Answer:

Policy Reference & Page Number:

8. You have been working with a family for 4 ½ months and they have made significant behavioral changes that have lowered the risk and eliminated the safety issues to the child. What steps need to take place before the case is closed? What forms need to be completed?

Answer:

Policy Reference & Page Number:

9. You are working a domestic violence case and the father, who is the perpetrator of violence, has been out of the home since initiation of the CPS Family Assessment. The father refused to talk to the FA SW at initiation, and there has been no contact with him since. The mother and child both report that they have had no contact with the father, although he lives in the same city. The case has been open for 1 month and the mother is attending all of the services agreed upon in the family service agreement. Does policy provide guidance on how to engage this father? What does it say?

Answer:

Policy Reference & Page Number:

10. Why are CFTs important? When should discussions about CFTs begin with families? How often should you talk with families about the CFT?

Answer:

Policy Reference & Page Number:

11. The case has been open for 3 months in CPS In-Home Services and little change has occurred. The child welfare worker decides to just extend the family services agreement for one more month without updating the family service agreement or getting parent’s signatures, because nothing really has changed. Is this according to policy? What should be discussed with the family?

Answer:

Policy Reference & Page Number:

12. A family has been found in “in need of services” for one child and “services not recommended” for another and the risk level for the case is “high.” How many times a month does contact need to be made for each child?

Answer:

Policy Reference & Page Number:

13. You have been working with a family for 4 months and the mother had a new baby. What steps does the child welfare worker need to take?

Answer:

Policy Reference:

14. What is the definition of “safe home” according to policy?

Answer:

Policy Reference & Page Number:

15. You have received a transfer case from another CPS In-Home Services worker. In preparation for the initial home visit, you review the case record and notice that the family has been identified as Hispanic however there is no documentation that an inquiry of Mexican Heritage was conducted. During the home visit, you ask the mother and she indicates that the family is of Mexican Heritage and ask if the Mexican Consulate can be contacted. You document the information but take no further action since the children are not in the custody of agency. Is this the appropriate action according to policy?

Answer:

Policy Reference & Page Number:

Reframing Basic Values/Beliefs

Adapted from, Behar, 1994. Case Management for Children's Mental Health

The Old Model

- Categorical, unconnected services
- A "child rescue" philosophy
- Little family input into the assessment plan
- Workers design, plan and arrange services
- Services arranged based on what is available
- Formal resources generally used in all cases
- Punishment mode for lack of progress
- Family done to, not with
- Focus on the maltreated child
- A hands-off approach to working with families
- Biological, adoptive, and foster families have little contact with one another
- Focus on family problems/deficits

The New Model

- Family is the primary unit of intervention
- Work with the client, not on the client
- Families are engaged in ways relevant to the situation and sensitive to the values of their culture
- Work as a team with the family and other agencies
- The family has an important role in case planning process
- A continuum of services is arranged based on the needs of the family
- Services seen not as "child saving" but as supporting and strengthening families
- A return to the ecological perspective on the child and family
- Family has the ability to make changes
- Focus on family strengths that can ultimately resolve the issues of concern
- Partnerships are built between the families and foster/adoptive families or other placement providers

The Four Values of In-Home Services

- **Responsive:**
We will utilize a timely and accurate family-specific approach that identifies risk and increases protective factors through skill acquisition in order to prevent further child maltreatment.
- **Capable:**
We will recognize the family as the expert and an important stakeholder; capitalizing on family history, strengths, and supports to partner for solutions.
- **Accountable:**
We will remain current in our knowledge and implementation of proven practice, and participate in coaching supervision, to remain accountable to our stakeholders.
- **Preventive:**
We will exhaust all efforts through modeling, coaching, collaborating, and evaluating as part of the systemic prevention of future child maltreatment and agency custody.



SIX PRINCIPLES OF PARTNERSHIP

- Everyone desires respect
- Everyone needs to be heard
- Everyone has strengths
- Judgments can wait
- Partners share power
- Partnership is a process



Source: Appalachian Family Innovations. (2003). *Partner in change: A new perspective on child protective services (curriculum)*. Morganton, NC: Author.

CPS In-Home Services Values and Attitudes

Directions: Complete each sentence stem with two or more statements your group agrees are valid and acceptable.

1. To be effective working with families from a family centered social work perspective, the child welfare worker should believe that:

2. To engage in decision making with professionals from other agencies, the child welfare worker should believe that:

3. To meaningfully involve the family as members of the decision-making team, the child welfare worker should believe that:

Source: Adapted from Behar, L., Nathan, I., & Weil, M. (1994). *Case Management for Children's Mental Health*. North Carolina Division of Mental Health. Raleigh, NC: Author.

Characteristics of a Helping Relationship

- **Concreteness** or the worker's ability to communicate thoughts and ideas clearly and specifically.
- **Competence** of the worker in carrying out his/her professional role and implementing knowledge of human behavior and dynamics of abuse and neglect.
- **Objectivity** or the worker's ability to see different points of view.
- **Empathy** is your capacity to perceive a client's feelings and subjective experiences, and to grasp the meaning these feelings and experiences have for the client. It's the ability to step into the client's shoes, to see and feel things as the client does.
- **Positive regard** is the belief that all clients are persons of value. Positive regard is expressed by treating people with dignity regardless of their appearance, behavior, or life circumstances. This does not mean that you must accept or approve of destructive behaviors, but rather that the client is seen as a person of inherent worth.
- **Personal warmth** exists when you respond to people in ways that make them feel safe, accepted, and understood. Without personal warmth, your words will sound hollow and insincere. Worse, they will have no therapeutic impact. Personal warmth is displayed primarily through nonverbal communications.
- **Genuineness** means being authentic, being real, and "speaking from the heart."



Source: Sheafor, B., Horejsi, C., & Horejsi, G. *Techniques and guidelines for social work practice* (4th ed). Copyright 1997 by Allyn & Reprinted/adapted by permission.

Engaging the Family and Building Rapport

- Demonstrate empathy, warmth, respect, genuineness in all your interactions with families
- Maintain frequent contact with the family
- Be consistent, persistent, and follow through
- Meet a concrete need of the family
- Highlight strengths, no matter how small
- Reach out to the family
- Be flexible
- Use interpersonal skills effectively (e.g., nonverbal skills and verbal skills, strategic use of questions, summarizations, etc.)
- Give the family a sense of control (e.g., scheduling appointments, ask parents how they would like to be addressed)
- Acknowledge difficult feelings and encourage open and honest discussion of feelings
- Ask for the family's perspective of a problem
- Give the family information (i.e., explain the role of the child welfare worker, describe the agency, explain what will happen next, etc.)

“Building relationships is about more than understanding others; it’s making people feel understood.”

~ Tanveer Naseer

Recognizing and Building on Family Strengths

- 1. Look for the good.**
- 2. Listen and connect with their pain.**
- 3. Look at crisis as an opportunity to grow.**
- 4. Going to the place of their strength.**
- 5. Attention to others.**
- 6. Moving at the pace of others.**
- 7. Courage to be vulnerable.**
- 8. Facing our own humanness.**
- 9. Giving credit.**
- 10. Not giving up on people.**



Developed by: Larry Graber, 1991

CPS IN-HOME SERVICES DAY TWO

I. Opening	9:00 – 9:10
II. In-Home Activity	9:10- 9:40
III. Understanding Jurisdiction	9:40 – 9:50
IV. Comprehensive Family Assessment	9:50 – 10:10
<i>BREAK</i>	10:10 – 10:25
V. Cultural Competency	10:25 – 10:55
VI. Introducing the Blanco Family	10:55 – 11: 15
VII. Skills to Know Before You Go	11:15 – 11:45
a. Empathic Listening	
b. Interviewing Methods	
<i>LUNCH</i>	
c. Solution-Focused Approach	1:00 – 1:30
VIII. Initial Contact with the Family	2:00 – 2:30
<i>BREAK</i>	2:30 – 2:45
IX. Initial Contact Skills Practice	2:45 – 3:45
X. Transfer of Learning/Closing	3:45 – 4:00

Comprehensive Family Assessment

What is a comprehensive family assessment?

A comprehensive family assessment is an ongoing process and not a completion of a structured decision-making tool. A comprehensive family assessment is strength-based, culturally sensitive and developed in partnership with the family which “incorporates the information collected through other assessments and addresses the broader needs of the child and family that are affecting a child’s safety, permanency, and well-being-the “big picture”-not just a set of symptoms” (Schene, 2005, p. 4).

What is the purpose?

The purpose of a comprehensive family assessment is to:

- Recognizes patterns of parental behavior over time;
- Examines the family strengths and protective factors to identify resources that can assist the family’s ability to meet its needs and better protect the children;
- Addresses the overall needs of the child and family that affect the safety, permanence, and well-being of the child;
- Considers contributing factors such as domestic violence, substance abuse, mental health, chronic health problems, and poverty; and
- Incorporates information gathered through other assessments and focuses on the development of a family service agreement with the family. The family service agreement addresses the major factors that affect safety, permanency, and child well-being over time.

Taken from:

DePanfiis, D. (2018). *User Manual Series. Child protective services: A guide for caseworkers*. Rockville, MD, US: US Department of Health & Human Services.

Schene, P. (2005). *Comprehensive family assessment guidelines for child welfare*. Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/family_assessment.pdf

Comprehensive Family Assessment Process

- Review the initial assessment case decisions, structured decision-making tools, case notes, and conclusions.
- Develop a family centered approach for the assessment interviews (who should be included, when, where, any special considerations, will a team approach be effective?).
- Consider the questions that need to be answered and how you might get the information using a family centered/strength-based approach.
- Make contact with other agencies to review outside evaluations that might have occurred.
- Analyze information and make necessary decisions.



Comprehensive Family Assessment Decisions

- What are the causes, nature, and extent of identified risk factors?
- What are the effects of the safety issues and/or risk factors?
- What are the individual and family strengths?
- How do the family members perceive conditions and problems?
- What must change in order for the effects of the maltreatment to be reduced or eliminated?

Source:

DePanfiis, D. (2018). *User Manual Series. Child protective services: A guide for caseworkers*. Rockville, MD, US: US Department of Health & Human Services.

What Do You Think?

Directions: Read the below scenario and discuss the questions below in your small group.

In the 1956 edition of *American Anthropologist* an article was written by Miner titled “Body Ritual among the Nacirema”, a tribe that Miner had observed. The article describes the “magical beliefs and practices” of this tribe in great detail and expresses concern about several slightly masochistic tendencies of this group of people. Some of the Nacirema customs include: scraping and lacerating the face or legs with a sharp instrument; piercing the skin with sharp instruments and then taking great care to keep the holes from closing again; ceremonial painting of the body; and insertion and ritualistic movement of a bundle of hog hairs in the mouth several times a day. The people of this tribe seek out the assistance of medicine men many times during the course of a year to treat physical ailments, release them from the power of devils that have lodged in their heads, and gouge holes in their teeth. (This last is done in the hopes of avoiding oral decay and offending one’s friends). The Nacirema gather in large numbers to watch clans within the tribe enact small battles, often with many physical injuries, and to observe individual tribal members fight to unconsciousness.

- Where do you think the Nacirema live?
- List at least 10 adjectives to describe this tribe’s customs.
- As an In-Home Services child welfare worker, how would you deal with Nacirema families who insist on maintaining these rituals and tribal customs?

Source: "Body Ritual among the Nacirema," *American Anthropologist* 58 (1956): 503-507.
<<http://www.aaanet.org/pubs/bodyrit.pdf>>.

The Culturally Competent Communicator

- Respects individual from other cultures.
- Makes continuous, sincere attempts to understand other points of view.
- Open to new learning.
- Asks questions.
- Has a sense of humor.
- Isn't afraid to make mistakes and apologies when he/she does.
- Tolerates ambiguity well.
- Approaches others with desire to learn.



Source: Behar, 1994. Adapted from Lynch and Hanson, 1992

Case Scenario: The Blanco Family

Family Assessment:

Family Name: Blanco

Mother: Vera Blanco, 33

Father: Carlos Blanco, 34

Children: Roberto, age 13; Rori, daughter, age 8; Danny, age 3

Referral Information:

DSS received a neglect report from the school Rori attends regarding bruises observed on Rori's arms, legs, and right side of her face that Rori was unable to explain. In addition, Rori's teachers observed other changes in her behavior and looks. Rori had trouble paying attention in class and would drift off to sleep. Other times she was disruptive trying to whisper to other children in the room even after being told to stop. She missed recess several times as punishment and had spent the time sleeping. According to the teachers, dark circles have formed under Rori's eyes and she seems to have lost quite a bit of weight recently. They are concerned about her well-being at home and have referred Rori to the school guidance counselor.

The case was accepted for a family assessment.

Assessment Information:

The assessment indicated that Ms. Blanco feels Rori is becoming a "behavior problem" at home and admitted both she and her husband have used a belt to get Rori to behave. They sent her to bed without dinner some evenings because of her disruptive behavior at the table. Mom and Dad admit that they have to punish Rori more often and more severely than in the past and that Rori continues to misbehave. Also, bruises were found on Rori's thighs, above her hip line, just below her waist, on her back, and on her arms and legs. There were several bruises in various shades of color, but the bruises on her back were light in color.

During the CPS Assessment, the SW met with the Blancos twice to discuss other ways to discipline. Mr. and Ms. Blanco stated that there was nothing wrong with how they parented, and that they did not understand why disciplining Rori was a problem. They did cooperate and agreed to stop so that Rori will not be removed from the home. The family has not previously been involved with the Department. A safety plan has been put into place whereas the parents agree to use only non-corporal discipline, and to provide Rori with meals, even when she doesn't behave. Both Roberto and Danny appeared to be in good health with no bruises or marks.

Sources of Information:

School (Rori's teacher and guidance counselor)

Physician and Bilingual nurse practitioner at community health center
Mother

Dad

Rori

Roberto

Family History:

The family lives in a small two-bedroom apartment in an inner-city neighborhood. All children attend public schools. Vera Blanco works 20 hours weekly cleaning houses and the father, Carlos, is employed as a custodian in two different jobs working up to 65 hours a week. The family living quarters are quite cramped and because of limited bedroom space, all children share one bedroom.

The family immigrated to the United States from the Dominican Republic four years ago. Carlos, with limited English, has had difficulty finding consistent work until recently. The family has lived in poverty with little contact with extended family or neighbors. Vera Blanco is friendly with the other women she works with. Carlos has a sister in the area, but he has little contact with her. The family has moved several times. The last move, seven months ago, was precipitated by an armed burglary of their home while Mr. Blanco was away, and Rori witnessed one of the perpetrators assault her mother, forcing her to have oral sex. Vera says her husband was present when she told the police about the assault, but they have not spoken of it since. Mr. Blanco returns to the Dominican Republic annually for a couple of months, visiting with relatives and helping his brother who has a business there. The parents do not report abuse or neglect in their own childhood. Vera describes her family as “just trying to keep to themselves.”

Parent-Child Relationship:

Rori's mother describes Rori as demanding, unwilling to follow rules and always wanting her attention. She says Rori writes on the walls, refuses to clean the bedroom, is always starting trouble with the other children, and does not finish her dinner as examples of poor behavior. She is most concerned that Rori is lying. She recalls an incident where Rori went to the store arriving late from school but told her Mom the school bus broke down. Mom reports beating her several times for lying and making her kneel on the bathroom floor as punishment. She thinks Rori "must have some kind of brain damage" because she does not do what she is told.

Mother also reports that Rori does not sleep at night and that she has nightmares several times a week. She says she tires of Rori waking her up because of the nightmares. She says her husband needs his sleep at night and has grown impatient with both Rori and her about the sleeping problems.

Mother reports no difficulties with her older son. He does odd jobs after school in the neighborhood. Interactions with the younger son during the home visit seemed appropriate. Mother reports that the children have a good relationship with their father but says they see him very little recently because of his long work hours. In past summers, he has taken the children to festivals, amusement parks and to the beach. When money is available, they eat out as a family or attend a movie, but she cannot remember the last time that happened because money has been so short.

Community Collateral Reports:

The worker offered the Blancos the opportunity to participate in the interviews with the professional collateral contacts. Ms. Blanco chose not to participate in the interview with the teacher because “she is the one who reported us.” She chose to participate in the interviews with the Nurse Practitioner and the school guidance counselor. Mr. Blanco declined to participate due to his work schedule.

Rori's Teacher:

Rori reportedly is liked by her teachers at school. She is described as an inquisitive child who is friendly. She tends to have a "worried look" on her face and dark circles under her eyes. She is seen as very bright but doing poorly in school. Although she's in the second grade, she can barely read. She says she has no friends outside of school. The teacher observes that she has started to bribe classmates into being her friend by giving them candy or small toys. In addition, she seeks constant approval from her teacher by giving her drawings and notes which say "I love you" almost daily.

Nurse Practitioner:

A few months ago, Rori fell and sprang her ankle, and while at the community health center getting treatment, Mrs. Blanco talked to the nurse practitioner about some of the problems she was having with Rori. The nurse does confirm that Ms. Blanco discussed Rori with her. She gave Mrs. Blanco a referral form and a phone number to a community-based agency that does behavior management services with children and has a free parenting support group. She describes Ms. Blanco as a "responsible parent" who has not had an "easy time in her life." The nurse reports that neither she nor the physician ever suspected abuse or neglect.

School Guidance Counselor:

Rori had shared with the guidance counselor about the burglary that occurred at her home, as well as what the burglar did to her mother. During one of the visits with the school counselor, Vera had shared with the counselor how upsetting the burglary had been for the entire family. The counselor reported that Vera became very distraught during the discussion, stating she was worried about what Rori saw, etc. This led to the guidance counselor providing Vera with contact information for a therapist. The school counselor encouraged Vera to follow up soon with a therapist since Vera reported having difficulty sleeping and feeling sad and anxious on a regular basis since the burglary incident.

Personal History of Vera Blanco:

Vera Blanco, age 33, grew up in a rural area of the Dominican Republic as the middle child in a family of six. Most of her family continues to live there. Her mother, with whom she was very close, died two years ago and Vera was unable to return home for the funeral. Vera and her family came to the United States four years ago after her husband's brother encouraged them to move to Boston. He promised to help them get set up and offered them a place to stay. After only six months here, the brother died suddenly. Vera reports that they had barely gotten settled and had little money. She says they have had to live in some "bad places" to make it.

She describes being "very sad" often and thinks they would be better off if they went back home. She says her husband does return for visits, but she can't because of the kids. She has a younger sister who lives 25 miles away, but they have little time to visit each other.

Vera describes being different since the armed attack. She says she has problems sleeping and sometimes just seems to cry for no reason. At other times, she says "I feel nothing".

Vera says she spends most of her time at home except when working. She describes her relationship with Carlos as "okay". She says he is working hard to save money, so they can move to an even safer neighborhood. She says he wants to stay in the United States and thinks they are better off here.

When asked about the mental health, parenting, and behavior-management services she has been referred to over the last 7 months, Mrs. Blanco talks about multiple family barriers. These include the parents not being comfortable talking about family business with people they don't know, the lack of money to pay for mental and physical health services, and the belief that nothing will work anyway. Lastly, she just wants to forget the bad stuff that has happened and does not really want to stir up those old feelings by talking about it.

Personal History of Carlos Blanco:

Carlos Blanco, age 34, grew up in an urban neighborhood in the Dominican Republic. He and Vera met in high school and have been together ever since. Both of his parents died when he was young. In addition to his brother who lives in the Dominican Republic, he has a sister who lives about 45 minutes away. He asked to live with her after their brother's death, but she did not have the room and told him no. He knows that his wife has been sad lately, but he doesn't know what to do to make her happy. He works all the time, and that doesn't seem to make things better. He has been angry ever since his wife was assaulted, and he just keeps his feelings inside and doesn't talk to anyone about them. He wishes that both his daughter and his wife would just "snap out of it" and move on. He doesn't understand why DSS is involved with his family and does not like talking about family problems.

Mr. Blanco says that he and Vera used to get along good, but everything has changed since "the incident." He misses his relationship with his wife.

Current Family Interactions:

Vera describes being responsible for most of the activities that happen inside the family. She does the shopping and food preparation, house cleaning, clothing purchases, etc. She says there is never enough time or money.

She says Rori and her older brother have chores at home and she is very strict if the chores are not done. Because Rori's brother does odd jobs in the neighborhood after school, she does feel Rori needs to do more of the household chores.

Worker observes Vera being very direct with Rori about tasks that need to be completed including sweeping the floor and cleaning the bedroom. Rori is observed as being playful and affectionate with her younger brother. Danny, age 3 appears to be easily engaged by others and easy-going. Rori says he is "everyone's favorite". Rori says she and her older brother don't really get along and that he is always yelling at her about "not touching his stuff" and the television. Mother says Rori can pester her older brother and understands why he yells at Rori.

The entire family is usually together on Saturday afternoons and they sometimes go on shopping trips together. In warmer months, Carlos is in a baseball league and the family goes to watch him play.

Child and Family Well-being Needs:

Rori, nor her brothers, have received a physical examination in more than two years. The baby, who is now three years old, has not completed all his immunizations because of a lack of money. The baby was treated for pneumonia when he was one year old, but recovered well, and has not been sick since other than sniffles. Mrs. Blanco says that she treats the children with over the counter medications when they are sick. None of the children have ever been to a dentist. They do participate in any medical screenings given by the school. They have received eye exams in school only. There are no special educational needs according to the family or the school. The family has received no mental health treatment, despite referrals for Mrs. Blanco.

Adapted from Zimmerman, Libby, Amodeo, Maryann, Clay, Cassandra, Ellis, Michael. Boston University School of Social Work. Putting Family Functioning at the Center of Assessment. March 2001.

**NORTH CAROLINA
SAFETY ASSESSMENT**

Page 1 of
8

Case Name: Blanco

Case #: 0823 Date: _____

County Name: Familyvania

Date Report Received: 0520/19

Social Worker Name: Susie Socialworker

Children: Rori, Roberto and Danny Blanco

Caretakers: Vera Blanco and Carlos Blanco

Part A. FACTORS INFLUENCING CHILD VULNERABILITY

These are conditions resulting in child's inability to protect self. Mark all that apply to any child.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Child is age 0-5 | <input type="checkbox"/> Child has diminished mental capacity. |
| <input type="checkbox"/> Child has diagnosed or suspected medical or mental Condition, including medically fragile. | <input type="checkbox"/> Child has diminished physical capacity. |
| <input checked="" type="checkbox"/> Child has limited or no readily accessible support network. | <input type="checkbox"/> None apply |

The vulnerability of each child needs to be considered throughout the assessment. Younger children and children with diminished mental or physical capacity or repeated victimization should be considered more vulnerable. Complete this assessment based on the most vulnerable child.

Part B. CURRENT INDICATORS OF SAFETY

The following list is comprised of safety indicators, defined as behaviors or conditions that describe a child being in imminent danger of serious harm. Assess the above household for each of the safety indicators. Mark "yes" for any and all safety indicators present in the family's current situation and mark "no" for any and all of the safety indicators absent from the family's current situation based on the information at the time. Mark all that apply.

1. Yes **No** Caretaker caused and/or allowed serious physical harm to the child or made a plausible threat to cause serious physical harm in the current assessment as indicated by:

- Serious injury or abuse to the child other than accidental.
- Caretaker fears he/she will maltreat the child.
- Threat to cause harm or retaliate against the child.
- Substantial or unreasonable use of physical force.
- Drug-exposed infant/child
- Caretaker committed act that placed child at risk of significant/serious pain that could result in impairment or loss of bodily function.
- Caretaker intended to hurt child and does not show remorse.
- Death of a child.

Comments: _____

2. Yes **No** Child sexual abuse is suspected to have been committed by:

- Parent;
- Other caretaker; OR
- Unknown person AND the parent or other caretaker cannot be ruled out, AND circumstances suggest that the child's safety may be of immediate concern.

Comments: _____

**NORTH CAROLINA
SAFETY ASSESSMENT**

3. Yes No Caretaker is aware of the potential harm AND unwilling, OR unable to protect the child from serious harm or threatened harm by others. This may include physical abuse, emotional abuse, sexual abuse, or neglect. (Domestic violence behaviors should be captured under Indicator 10.)

- Caretaker fails to protect child from serious harm or threatened harm by other family members, other household members, or other having regular access to the child.
- An individual(s) with recent, chronic, or severe violent behavior resides in the home or caretaker allows access to the child.

Comments: _____

4. Yes No Caretaker's explanation or lack of explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.

- Medical exam shows injury is the result of abuse; caretaker offers no explanation, denies, or attributes to an accident.
- Caretaker's explanation for the observed injury is inconsistent with the type of injury.
- Caretaker's description of the cause of the injury minimizes the extent of harm to the child.
- Caretaker's and/or collateral contacts' explanation for the injury has significant discrepancies or contradictions.

Comments: _____

5. Yes No Caretaker fails to provide supervision to protect child from potentially serious harm.

- Caretaker present but child wanders outdoors alone, plays with dangerous objects, or on window ledges, etc.
- Caretaker leaves child alone (period of time varies with age and developmental status).
- Caretaker makes inadequate/inappropriate child care arrangements or plans very poorly for child's care.
- Caretaker's whereabouts are unknown.

Comments: _____

6. Yes No Caretaker does not meet the child's immediate needs for food or clothing.

- No food provided or available to the child, or child is starved/deprived of food/drink for long periods.
- Child appears malnourished.
- Child is without minimally warm clothing in cold months.

Comments: _____

**NORTH CAROLINA
SAFETY ASSESSMENT**

7. Yes No Caretaker does not meet the child's immediate needs for medical or critical mental health care (suicidal/homicidal).

- Caretaker does not seek treatment for child's immediate medical condition(s) or does not follow prescribed treatments.
- Child has exceptional needs that parents cannot/will not meet.
- Child is suicidal and parents will not take protective action.
- Child is homicidal and parents will not take protective action.
- Child shows effects of maltreatment (i.e. emotional symptoms, lack of behavior control, or physical symptoms).

Comments: _____

8. Yes No Physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.

- Leaking gas from a stove or heating unit.
- Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink, or in the open.
- Lack of water, heat, plumbing, or electricity and provisions are inappropriate (i.e. using stove as heat source).
- Open/broken/ missing windows.
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food that threatens health.
- Serious illness/significant injury due to current living conditions (i.e. lead poisoning, rat bites, etc.)
- Evidence of human or animal waste throughout the living quarters.
- Guns and other weapons are not stored in a locked or inaccessible area.
- Dangerous drugs are being manufactured on premises with child present.

Comments: _____

9. Yes No Caretaker's current substance abuse seriously impacts his/her ability to supervise, protect, or care for the child.

- The caretaker is currently high on drugs or alcohol.
- There is a current, ongoing pattern of substance abuse that leads directly to neglect and/or abuse of the child.

Comments: _____

10. Yes No Domestic violence exists in the household and poses an imminent danger of serious physical harm and/or emotional harm to the child.

- Child was in immediate danger of serious physical harm by being in close proximity to an incident(s) of assaultive behavior/domestic violence between adults in the household. This includes the child(ren) being in visual or hearing proximity of domestic violence events in the home.

Comments: _____

**NORTH CAROLINA
SAFETY ASSESSMENT**

11. Yes No Caretaker persistently describes the child in predominantly negative terms or acts toward the child in negative ways, AND these actions make the child a danger to self or others, suicidal, act out aggressively, or severely withdrawn.

- Caretaker repeatedly describes the child in a demeaning or degrading manner (i.e. as evil, possessed, stupid, ugly, etc.)
- Caretaker repeatedly curses and/or puts child down.
- Caretaker repeatedly scapegoats a particular child in the family.
- Caretaker blames child for a particular incident, or distorts child's behavior as a reason to abuse.
- Caretaker repeatedly expects unrealistic behavior(s) for the child's age/developmental stage.
- Caretaker views child as responsible for the caretaker's or family's problems.

Comments: _____

12. Yes No Caretaker's physical ability, emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.

- Caretaker has a physical condition that seriously impairs his/her ability to parent the child.
- Emotional instability, acting out, or distorted perception is seriously impeding ability to parent.
- Depression or feelings of hopelessness/helplessness immobilize the caretaker, who then fails to maintain child/home.
- Caretaker is overwhelmed by child's dysfunctional emotional, physical, or mental characteristics.
- Caretaker's cognitive delays result in lack of knowledge about basic parenting skills.

Comments: _____

13. Yes No Family currently refuses access to or hides the child and/or seeks to hinder an assessment.

- Family currently refuses access to the child and cannot or will not provide the child's location.
- Family removed the child from a hospital against medical advice.
- Family has previously fled in response to a CPS assessment.
- Family has a history of keeping the child away from peers, school, or other outsiders for extended periods to avoid CPS assessment.
- Family is otherwise attempting to block or avoid CPS assessment.

Comments: _____

**NORTH CAROLINA
SAFETY ASSESSMENT**

14. Yes **No** Current circumstances, combined with information that the caretaker has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caretaker's response to the previous incident.

- Prior death of a child.
- Prior serious harm to any child.
- Termination of parental rights.
- Prior removal of any child.
- Prior CPS substantiation or services needed finding.
- Prior threat of serious harm to child.
- Caretaker failed to benefit from previous professional help.

Comments: _____

15. Yes **No** Child is fearful of caretaker, other family members, or people living in or having access to the home.

- Child cries, cowers, cringes, trembles, or exhibits or verbalizes fear in relation to certain individuals.
- Child exhibits anxiety, nightmares, or insomnia related to a situation associated with a person in the home.
- Child fears unreasonable retribution/retaliation from caretaker, others in the home, or others having access to the child.

Comments: _____

16. **Yes** No Other (specify): Mr. and Mrs. Blanco admitted to spanking Rori with a belt leaving marks and bruises on her arms, legs, thighs, and buttocks. Mr. and Mrs. Blanco admitted to withholding food from Rori as a form of punishment.

Initials _____

Initials _____

**THE ALLEGATIONS ALONE DO NOT CONSTITUTE THE NEED FOR A SAFETY
INTERVENTION/SAFETY AGREEMENT.**

If any Indicators of Immediate Safety are marked "Yes", skip the bottom of this page and continue on the next page. If all Indicators of Immediate Safety 1 through 16 are "No", check this box Safe and complete the part below (the remaining pages do not need to be completed).

Child's Parent or Legal Guardian:	Date Signed:	Child's Parent or Legal Guardian:	Date Signed:
Child's Parent or Legal Guardian:	Date Signed:	CPS Social Worker:	Date Signed:
Other Party:	Date Signed:	CPS Supervisor:	Date Signed:

CPS Social Worker's Name:	Phone Number:	Email Address:
CPS Supervisor's Name:	Phone Number:	Email Address:

PART C: SAFETY INTERVENTIONS

Directions: For each factor identified in Section B, consider the resources available in the family and the community that might help to keep the child(ren) safe. Check each response necessary to protect the child(ren) and explain below.

Family Safety Interventions (Safe with a plan)

- 1. Monitoring and/or use of direct services by county child welfare agency.
 - 2. Use family, neighbors, or other individuals in the community in the development and implementation of a safety agreement.
 - 3. Use community agencies or services.
 - 4. The alleged perpetrator will leave or has left the home--either voluntarily or in response to legal action.
 - 5. A protective caretaker will move or has moved to a safe environment with the child(ren) and there are no restrictions on protective caretaker's access to the child(ren).
 - 6. Identification of a Temporary Safety Provider by the parent with the social worker monitoring.
 - A Temporary Safety Provider will move into the family home.
 - The child(ren) will reside in the home of a Temporary Safety Provider.
- Explain why responses 1-5 were insufficient.
-

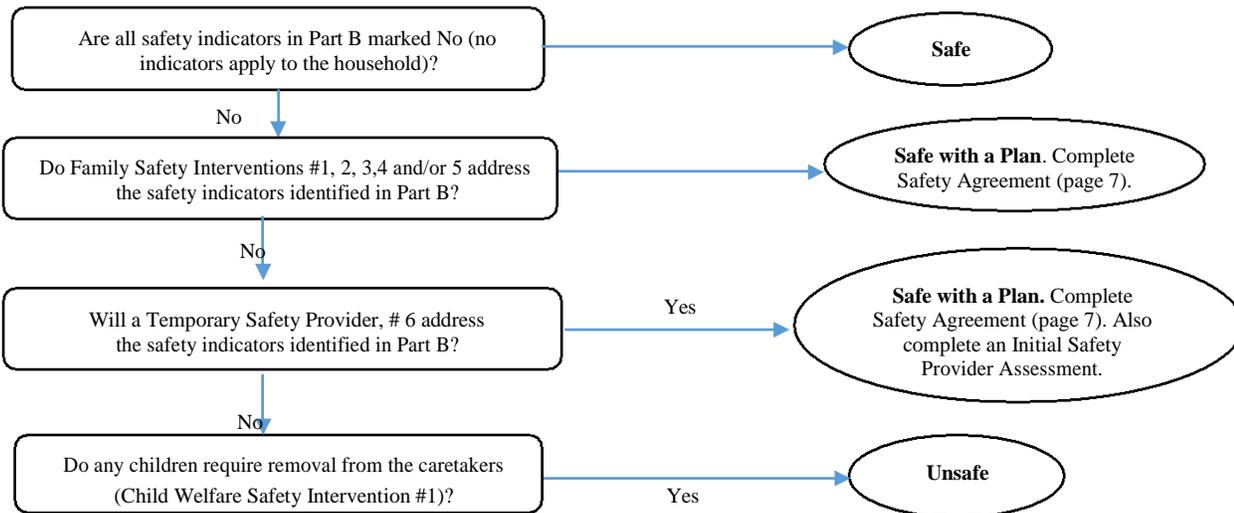
Child Welfare Safety Intervention (Unsafe)

- 1. Removal of any child in the household; interventions 1-6 do not adequately ensure the child(ren)'s safety. Explain why a Family Safety Intervention (1-6) could not be used to protect the child.
-

PART D: SAFETY DECISION

Directions: Identify the safety decision by checking the appropriate line below. Check one line only. This decision should be based on the assessment of all safety indicators, child vulnerability, and any other information known about this case.

- A. Safe:** _____ There are no children likely to be in immediate danger of serious harm. (Indicators of Immediate Safety all marked No, Marked Safe on Page 5).
- B. Safe with a plan:** X _____ One or more safety indicators are present; Safety Agreement required.
 - Family Safety Interventions 1, 2, and/or 3 will address safety indicators.
 - The alleged perpetrator left the home.
 - A protective caretaker moved to a safe environment with the child(ren).
 - Use of a Temporary Safety Provider.
- C. Unsafe:** _____ One or more children were removed in response to legal action.



TEMPORARY PARENTAL SAFETY AGREEMENT

PART E: SAFETY AGREEMENT

Purpose: A safety agreement is used only when there is a specific threat to a child in the immediate or foreseeable future. The plan must be created with the family and must be written in practical, action-oriented language.

Instructions: The social worker and the family complete this document. Describe what tasks will be done to assure safety, by whom, how often, and duration. The tasks identified should include actions that need to be taken to keep child(ren) safe now, address risks to safety, and/or are necessary for the child(ren) to be able to return to the home (if the child(ren) leaves the home). Indicate how the social worker will be monitoring the plan. The social worker then reviews it with each parent, guardian, custodian and caretaker who will sign the agreement. The social worker ensures that the parent or caretaker has read and/or understands the document and has initialed each applicable field. The social worker will work with the family to arrange for a review of the plan. The social worker then provides a copy to each person who signs the form.

Family Name: Blanco			Date: 05/20/19	
What is the specific situation or action that causes the child to be unsafe? What is the safety threat?	What actions need to be taken right now to keep the child safe?	Who is responsible for ensuring that these actions are taken?	Timeframe for completing the actions	Responsible Party's initials
Mr. and Mrs. Blanco admitted to spanking Rori with a belt leaving marks and bruises on her arms, legs, thighs, and buttocks.	Mr. and Mrs. Blanco agree to use alternative forms of discipline such as time-out that leaves Rori and the other children free of marks and bruises.	Mr. and Mrs. Blanco	05/20/19	
	Social worker agrees to provide informational brochure (in Spanish) on alternative discipline methods.	Social worker	05/21/19	
Mr. and Mrs. Blanco admitted to withholding food from Rori as a form of punishment.	Mr. and Mrs. Blanco agree to provide Rori meals even when she misbehaves.	Mr. and Mrs. Blanco	05/20/19	
	Social worker will meet with the family to begin discussing child development and the effects of improper nutrition.	Social Worker	05/22/19	

PART F: STATEMENTS OF UNDERSTANDING AND AGREEMENT

PARENT OR CARETAKER

INITIALS

1. I (the parent or caretaker) agree that I participated in the development of and reviewed this safety agreement. I agree to work with the providers and services as described above.	VB/CB
2. My participation in this agreement is not an admission of child abuse or neglect on my part and cannot be used as an admission of child abuse or neglect.	VB/CB
3. I understand that I have the right to revoke and/or have the Temporary Parental Safety Agreement reviewed <u>at any time</u> . (See bottom of page.) I also understand that if a Safety Agreement cannot be agreed upon or if the actions in the Safety Agreement are not followed, the county child welfare agency may have the authority to request that the court make a determination on how the child(ren)'s safety will be assured.	VB/CB
4. I (the parent or caretaker) confirm that this agreement does not conflict with any existing court order, or if I am affected by a court order, all parties affected by the court order agree to this safety agreement on a temporary basis.	VB/CB
5. I (the parent or caretaker) understand that CPS may refer for further services, may restrict access to my child(ren), or may ask the court to order that I complete services or place the child in foster care.	VB/CB
6. If a Temporary Safety Provider is utilized, I understand that CPS will share any information with the Temporary Safety Provider for the safety and welfare of my child while the child lives in that home or the Temporary Safety Provider resides in the family home.	VB/CB
7. This safety agreement will cease to be in effect when I am notified by my social worker or CPS is no longer providing services to my family.	VB/CB

TEMPORARY SAFETY PROVIDER

1. If the parent is unable to provide a safe environment for the child and the court names the county child welfare agency as the child's legal custodian, I will be given consideration as a placement for the child if I agree and continued placement is determined to be safe.	
2. If I (the person providing care as Temporary Safety Provider) am unable to carry out this plan successfully, or if the child in my care is considered to be in an unsafe situation, the child will be moved to a different placement and further CPS involvement may be necessary, including court intervention.	

SIGNATURES

Child's Parent or Legal Guardian: Vera Blanco	Date Signed: 5/20/19	Child's Parent or Legal Guardian: Carlos Blanco	Date Signed: 5/20/19
Child's Parent or Legal Guardian:	Date Signed:	CPS Social Worker:	Date Signed:
Other Party:	Date Signed:	CPS Supervisor:	Date Signed:
Temporary Safety Provider:	Date Signed:	Temporary Safety Provider:	Date Signed:

Who Can I Contact? (Who can I contact if circumstances change, if I have questions about CPS involvement, or if I have questions about this safety agreement? Who do I contact to revoke any or all parts of this agreement?)

CPS Social Worker's Name: Susie Socialworker	Phone Number: (555) 555-5555	Email Address: ssw@dhhs.nc.gov
CPS Supervisor's Name: Tina Supervisor	Phone Number: (999) 444-4444	Email Address: ss@dhhs.nc.gov

REVOCAION: I revoke my consent to the Temporary Parental Safety Agreement.

Signed: _____ Date: _____

NORTH CAROLINA
SDM[®] FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT

Case Name: Blanco Case #: 0823 Date: 6/1/19
 County Name: Familyvania Social Worker Name: Susie Socialworker Date Report Received: 05/20/19

Children: Rori, Roberto and Danny Blanco
Vera Blanco Carlos Blanco

Primary Caretaker: _____ Secondary Caretaker: _____

(Regardless of the type of allegations reported, ALL items on the risk assessment are to be completed.)

<u>RISK OF FUTURE NEGLECT</u>	<u>SCORE</u>	<u>RISK OF FUTURE ABUSE</u>	<u>SCORE</u>
N1. Current report is for neglect or both neglect and abuse		A1. Current report is for abuse or both neglect and abuse	
a. No..... 0	1	a. No 0	0
b. Yes 1	_____	b. Yes..... 1	_____
N2. Number of prior CPS assessments (take highest score)		A2. Number of prior CPS investigative assessments	
a. None..... 0		a. None 0	0
b. One or more family assessments..... 1	0	b. One or more 2	_____
c. One or more investigative assessments.... 2	_____	A3. Prior CPS in-home/out-of-home service history	
N3. Prior CPS in-home/out-of-home service history		a. No 0	0
a. No..... 0	0	b. One or more apply 1	_____
b. Yes 1	_____	† Prior case open for in-home, CPS services	
N4. Number of children residing in the home at time of current report		† Prior case open for foster care services	
a. Two or fewer..... 0	1	A4. Age of youngest child in the home	
b. Three or more..... 1	_____	a. 4 or under..... 0	0
N5. Age of primary caretaker (note: score is either 0 or -1)		b. 5 or older..... 1	_____
a. 30 or older -1	-1	A5. Number of children residing in home at time of current report	
b. 29 or younger 0	_____	a. Two or fewer 0	1
N6. Age of youngest child in the home		b. Three or more 1	_____
a. 3 or older 0	0	A6. Caretaker(s) history of abuse/neglect	
b. 2 or younger 1	_____	a. No 0	0
N7. Number of adults residing in home at time of report		b. Yes..... 1	_____
a. Two or more..... 0		A7. Child characteristics	
b. One or none..... 1	0	a. Not applicable..... 0	1
N8. Caretaker(s) history of abuse/neglect		b. One or more apply 1	_____
a. No..... 0		<input type="checkbox"/> Developmental disability	
b. Yes 1	0	<input checked="" type="checkbox"/> Mental Health and/or behavioral problems	
N9. Either caretaker has/had a drug or alcohol problem		<input type="checkbox"/> History of delinquency	
a. No..... 0	0	A8. Either caretaker is a domineering parent	
b. One or more apply..... 1	_____	a. No 0	0
Primary: <input type="checkbox"/> Within last 12 months		b. Yes..... 1	_____
<input checked="" type="checkbox"/> Prior to last 12 months			
Secondary: <input type="checkbox"/> Within last 12 months			
<input type="checkbox"/> Prior to last 12 months			
N10. Either caretaker has/had a mental health problem			
a. No..... 0	2		
b. One or more apply..... 2	_____		
Primary: <input checked="" type="checkbox"/> Within last 12 months			
<input type="checkbox"/> Prior to last 12 months			
Secondary: <input type="checkbox"/> Within last 12 months			
<input type="checkbox"/> Prior to last 12 months			

CONTINUE TO PAGE 2

- N11. Either caretaker has barriers to accessing community resources**
 a. No..... 0 0
 b. One or more apply..... 1 _____
 Difficulty finding/obtaining resources
 Refusal to utilize available resources
- N12. Either caretaker lacks parenting skills**
 a. No..... 0 1
 b. One or more apply..... 1 _____
 Inadequate supervision of children
 Uses excessive physical/verbal discipline
 Lacks knowledge of child development
- N13. Either caretaker involved in harmful relationships**
 a. No..... 0 0
 b. Yes 1 _____
- N14. Child characteristics**
 a. Not applicable 0 1
 b. One or more apply..... 1 _____
 Mental Health and/or behavioral problems
 Medically fragile/failure to thrive diagnosis
 Developmental disability
 Learning disability
 Physical disability
- N15. Housing/basic needs unmet**
 a. Not applicable 0 0
 b. One or more apply..... 1 _____
 † Family lacks clothing and/or food
 † Family lacks housing or housing is unsafe

- A9. Either caretaker is/was a victim/perpetrator of domestic violence**
 a. No 0 0
 b. Yes..... 1 _____
 Primary: Victim within last 12 months
Victim prior to last 12 months
Perpetrator within last 12 months
Perpetrator prior to last 12 months
 Secondary: Victim within last 12 months
Victim prior to last 12 months
Perpetrator within last 12 months
Perpetrator prior to last 12 months
- A10. Caretaker(s) response to current assessment**
 a. Not applicable..... 0 0
 b. One or more apply 1 _____
Caretaker unmotivated to improve parenting skills
Caretaker viewed situation less seriously than worker
Caretaker failed to cooperate satisfactorily
- A11. Either caretaker has interpersonal communication problems**
 a. No 0 0
 b. One or more apply 1 _____
Lack of communication impairs functioning
Poor communication impairs functioning

TOTAL NEGLECT RISK SCORE 5

TOTAL ABUSE RISK SCORE 2

SCORED RISK LEVEL

Assign the family's risk level based on the highest score on either scale, using the following chart:

Neglect Score	Abuse Score	Risk Level
<u> </u> -1-2	<u> X </u> 0-2	<u> </u> Low
<u> X </u> 3-5	<u> </u> 3-5	<u> X </u> Moderate
<u> </u> 6-16	<u> </u> 6-12	<u> </u> High

OVERRIDES

Policy: Override to high; mark appropriate reason.

- 1. Sexual abuse cases where the perpetrator is likely to have access to the child victim.
- 2. Cases with non-accidental physical injury to an infant.
- 3. Serious non-accidental physical injury warranting hospital or medical treatment.
- 4. Death (previous or current) of a sibling as a result of abuse or neglect.

Discretionary: Override (increase or decrease **one level** with supervisor approval). Provide reason below.

Reason: _____

OVERRIDE RISK LEVEL: Low Moderate High

Social Worker: Susie Social Worker **Date:** 6/1/19

Supervisor's Review/Approval of Override: T. Supervisor **Date:** 6/1/19

NORTH CAROLINA STRENGTHS & NEEDS ASSESSMENT

County Familyvania Case Number: 67

Case Name: Blanco Date Assessment Completed: 5/20/19 Date Report Received: 5/20/19
 Social Worker Name: Susie Socialworker Indicate either **Initial** or Reassessment and #: 1 2 3 4 5:
 Children: Rori, Roberto, Danny Blanco
 Caregiver(s): Vera Blanco, Carlos Blanco

Some items apply to all household members while other items apply to caregivers only. Assess items for the specified household members, selecting one score only under each category. Household members may score differently on each item. When assessing an item for more than one household member, record the score for the household member with the greatest need (highest score).

Caregivers are defined as adults living in the household who have routine responsibility for child care. For those items assessing caregivers only, record the score for the caregiver with the greatest need (highest score) when a household has more than one caregiver.

S-CODE	TITLE	TRAITS	SCORE
S1.	Emotional/Mental Health	a. Demonstrates good coping skills.	-3
		b. No known diagnosed mental health problems.	0
		c. Minor or moderate diagnosed mental health problems ....	.3
		d. Chronic or severe diagnosed mental health problems.....	.5 0
S2.	Parenting Skills	a. Good parenting skills.....	-3
		b. Minor difficulties in parenting skills ....	.0
		c. Moderate difficulties in parenting skills ....	.3
		d. Destructive parenting patterns ....	.5 3
S3.	Substance Use	a. No/some substance use	0
		b. Moderate substance use problems	3
		c. Serious substance use problems	5 0
S4.	Housing/Environment/ Basic Physical Needs	a. Adequate basic needs	-3
		b. Some problems, but correctable	0
		c. Serious problems, not corrected	3
		d. Chronic basic needs deficiency.....	5 0
S5.	Family Relationships	a. Supportive relationships	-2
		b. Occasional problematic relationship (s) ....	.0
		c. Domestic discord ....	.2
		d. Serious domestic discord/domestic violence ....	.4 0
S6.	Child Characteristics	a. Age-appropriate, no problem	-1
		b. Minor problems	0
		c. One child has severe/chronic problems.....	1
		d. Child(ren) have severe/chronic problem(s) ....	.3 1
S7.	Social Support Systems	a. Strong support network	-1
		b. Adequate support network ....	.0
		c. Limited support network ....	.1
		d. No support or destructive relationships ....	.3 1

**NORTH CAROLINA
STRENGTHS & NEEDS ASSESSMENT**

S8. Caregiver(s) Abuse/ Neglect History	a. No evidence of problem.....0 b. Caregiver(s) abused/neglected as a child..... 1 c. Caregiver(s) in foster care as a child.....2 d. Caregiver(s) perpetrator of abuse/neglect in the last five years.....3 0
S9. Communication/ Interpersonal Skills	a. Strong skills..... -1 b. Appropriate skills..... 0 c. Limited or ineffective skills 1 d. Hostile/destructive 2 1
S10. Caregiver(s) Life Skills	a. Good life skills.....-1 b. Adequate life skills .....0 c. Poor life skills .....1 d. Severely deficient life skills .....2 0
S11. Physical Health	a. No adverse health problem 0 b. Health problem or disability..... 1 c. Serious health problem or disability .....2 0
S12. Employment/Income Management	a. Employed .....-1 b. No need for employment .....0 c. Underemployed .....1 d. Unemployed 2 1
S13. Community Resource Utilization	a. Seeks out and utilizes resources.....-1 b. Utilizes resources.....0 c. Resource utilization problems 1 d. Refusal to utilize resources.....2 0

Based on this assessment, identify the primary strengths and needs of the family. Write S code, score, and title.

<u>STRENGTHS</u>			<u>NEEDS</u>		
<u>S Code</u>	<u>Score</u>	<u>Title</u>	<u>S Code</u>	<u>Score</u>	<u>Title</u>
1. S3	0	<u>Substance Use</u>	1. S2	3	<u>Parenting Skills</u>
2. S10	0	<u>Life Skills</u>	2. S6	1	<u>Child Characteristics</u>
3. S11	0	<u>Physical Health</u>	3. S7	1	<u>Social Support</u>

Children/Family Well-Being Needs:

1. Educational Needs: Schedule meeting with Rori's school counselor to discuss concerns regarding her reading and behavior.
2. Physical Health Needs: Schedule well-being check-up and dental appointments for Rori, Roberto and Danny.
3. Mental Health Needs: Individual and family counseling regarding the sexual assault and burglary.

Social Worker: _____*Susie Socialworker*_____ Date: 6/1/19

Supervisor's Review/Approval: _____*Tina Supervisor*_____ Date: 6/1/19

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION

TOOL XII. TWO-LEVEL REVIEW STAFFING AND CASE DECISION

SUMMARY

Case Decision Summary

Give rationale for both “yes” and “no” answers to the following questions.

1. Has the maltreatment occurred with frequency and/or is the maltreatment severe?
 YES NO
2. Are there current safety issues that indicate the child(ren) is likely to be in immediate danger of serious harm?
 YES NO

(Note: If the child(ren) is separated from his/her parents or access is restricted and that separation/restriction continues to be necessary due to safety issues, then this question must be answered “yes”.)

3. Are there significant assessed risk factors that are likely to result in serious harm to the child(ren) in the foreseeable future?
 YES NO
4. Is the child in need of CPS In-home Services or Out-of-home Services (answer “yes” if the caretaker’s protective capacity is insufficient to provide adequate protection and “no” if the family’s protective capacity is sufficient to provide adequate protection)?
 YES NO

Rationale for Case Decision & Disposition

Document the factual information regarding the findings as they relate to the allegations of abuse, neglect, and/or dependency, including behaviorally specific information regarding the frequency and severity of maltreatment, safety issues, and future risk of harm. Include information to support Yes and No answers above.

A CPS report was accepted for a family assessment due to allegations of neglect – inappropriate discipline on May 20, 2019. This is the family’s first CPS report and there are no current safety issues that indicate the children are in immediate danger of serious harm. A safety agreement was developed, the parents agreed to use alternative disciplinary methods that does not leave marks and bruises and not withhold food from Rori as a form of punishment. Rori had bruises on her arms, legs, and the right side of her face. Rori was also observed having dark circles under her eyes and performing “poorly in school.” In the home, Rori is not following household rules, writing on the walls, lying and starting trouble with her siblings. Mrs. Blanco stated that the seven months ago, there was a break-in and she was sexually assaulted. Rori witnessed the attack. Mrs. Blanco has not followed through on the mental health referrals that were made for her and Rori. The parents have a lack of understanding of trauma and its impact on Rori’s behaviors. In-Home Services are needed to assist Mr. and Mrs. Blanco in increasing their understanding of trauma, its impact and how to parent a child who has experienced trauma. Mrs. Blanco also needs to complete a mental health assessment to determine the type of service(s) needed to deal with her own trauma.

Assessment completed within the specified timeframe: YES NO If no, explain:
Family notified of the delay in making case decision: YES NO Document the discussion here
or in narrative:

Optional Supervisor Use Only

Optional comments or clarification by the supervisor can be noted here.

If the case decision and/or disposition is different from that indicated in the above Rationale for Case Decision and Disposition, the supervisor must provide documentation to justify the decision and/or disposition.

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

Children

<u>NAME</u>	<u>AGE</u>	<u>Case Decision for each Child</u>	<u>Maltreatment Findings</u> <i>(Complete for Substantiated Investigative Assessments ONLY)</i>	
1. Rori Blanco	8	<input type="checkbox"/> Substantiated <u>(enter maltreatment finding(s) in next two columns)</u> <input type="checkbox"/> Unsubstantiated <input checked="" type="checkbox"/> Services Needed <input type="checkbox"/> Services Recommended <input type="checkbox"/> Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care <input type="checkbox"/> Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
2. Roberto Blanco	13	<input type="checkbox"/> Substantiated <u>(enter maltreatment finding(s) in next two columns)</u> <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Services Needed <input checked="" type="checkbox"/> Services Recommended <input type="checkbox"/> Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care <input type="checkbox"/> Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
3. Danny Blanco	3	<input type="checkbox"/> Substantiated <u>(enter maltreatment finding(s) in next two columns)</u> <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Services Needed <input checked="" type="checkbox"/> Services Recommended <input type="checkbox"/> Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts <input type="checkbox"/> Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care <input type="checkbox"/> Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
4.		<input type="checkbox"/> Substantiated <u>(enter maltreatment finding(s) in next two columns)</u> <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Services Needed Services <input type="checkbox"/> Recommended <input type="checkbox"/> Services Not Recommended <input type="checkbox"/> Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts <input type="checkbox"/> Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care <input type="checkbox"/> Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

5.		<input type="checkbox"/> Substantiated (enter <u>maltreatment finding(s) in next two columns</u>) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Services Needed <input type="checkbox"/> Services <input type="checkbox"/> Recommended Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
6.		<input type="checkbox"/> Substantiated (enter <u>maltreatment finding(s) in next two columns</u>) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Services Needed <input type="checkbox"/> Services <input type="checkbox"/> Recommended Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
7.		<input type="checkbox"/> Substantiated (enter <u>maltreatment finding(s) in next two columns</u>) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Services Needed <input type="checkbox"/> Services <input type="checkbox"/> Recommended Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law

Parents / Caretakers

Parent / Guardian / Custodian / Caretaker / Agency / Foster Home / Group Care / Institution	Relationship to Child	Perpetrator
1. Vera Blanco	mother	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
2. Carlos Blanco	father	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

(Complete for Investigation Assessments only)

At least one of the perpetrators is a candidate for placement on the RIL.

(if so all required letters must be placed in the record and delivered as policy requires.)

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

Disposition of Case

Case closed (date): _____ Transferred to: _____ County (date): _____

Case transferred to CPS In-home Services (date): 6/29/19

Case transferred to CPS Out-of-home Services (date): _____

Case transferred to Voluntary Services (date): _____

Staffing

Names of others present for staffing: Bill White, John Steven, Beth Holloway

Name of CPR contact (if applicable): _____

Social worker signature: Susie Social Worker Date: 6/29/19

Supervisor's signature: Tina Supervisor Date: 6/29/19

5104 completed and submitted

XIII. ONGOING SERVICES (N/A for this section)

This section must be completed for cases that continue to In-Home or Out-of-Home Services

The Structured Documentation Instrument (DSS-5010) documents the social activities, economic situation, environmental issues, mental health needs, activities of daily living, physical health needs, and summary of strengths (SEEMAPS) identified during the completion of a CPS Assessment. This information, along with the outcomes from the Risk Assessment and the Strengths and Needs Assessment should guide the development of the Ongoing Needs and Safety Requirements document and should detail the needs and the activities intended to prevent foster care placement of child for whom, absent effective preventive services, the plan would be removal from the home.

Identify the Family Strengths and/or Protective Safety Factors in Place:

The family lives in a small two-bedroom apartment where all three children share a bedroom. There are no environmental safety issues in the home. Mr. Blanco is employed as a custodian and works up to 65 hours a week. Mrs. Blanco has a part-time job and is the primary caregiver of the children. The oldest child, Roberto, performs odd jobs in the neighborhood after school. The parents do not have a history of substance abuse or domestic violence. Roberto and Rori have participated in any medical screenings and eye examinations given at school.

The Ongoing Needs and Safety Requirements document on the next page is not used for Group Care or Institutional Assessments but may be used for licensed family foster home and kinship care providers that are receiving continued CPS services as caretakers to children in their home.

NORTH CAROLINA CPS ASSESSMENT
Continuing Needs and Safety Requirements

This document communicates the county child welfare agency’s concerns, identifies services or actions the agency believes will assist in addressing those concerns, and states requirements to maintain your child(ren)’s safety. The activities to ensure your children’s safety must remain in effect until a Family Services Agreement is developed. The county child welfare agency will work with you and your family to develop a Family Services Agreement to specify how the agency will work with you, your family, your family supports, and service providers to reduce the safety and/or risk and, when applicable, to improve the well-being of your children.

The following strengths, needs, and concerns regarding your child(ren)’s present safety or that put them at risk of future harm were identified during the CPS Assessment.
Mr. and Mrs. Blanco spanked Rori with a belt that left marks and bruises on Rori's arm, legs and right side of her face and withheld food to punish Rori for her negative behavior. Mr. and Mrs. Blanco lack the understanding of trauma and its impact on Rori’s behavior. Mrs. Blanco was sexually assaulted and Rori witnessed. Rori has exhibited behavioral issues such as nightmares, disruptive behavior in school and home (writing on the walls, not following household rules, starting trouble with her siblings, lying). Mrs. Blanco has received mental health referrals on two different occasions and did not follow through.

The following activities and/or services have been recommended for your family and will be discussed during the development of your Family Services Agreement.

Rori agrees to complete a trauma-informed mental health assessment and follow all the recommendations.
Mr. and Mrs. Blanco agree to participate and successfully complete a trauma-informed parenting education class.
Mr. and Mrs. Blanco agree to follow through with referral for parenting support group services and reengage with community supports.

The following activities (agreed to in your Temporary Parental Safety Agreement) to ensure the safety of your children must continue until development of the Family Services Agreement.
Mr. and Mrs. Blanco agree to use alternative forms of discipline such as time-out that leaves the children free of marks and bruises.
Mr. and Mrs. Blanco agree to provide meals to Rori even when she misbehaves.

Child’s Parent or Legal Guardian: X	Date Signed:	Child’s Parent or Legal Guardian: X	Date Signed:
Child’s Parent or Legal Guardian: X	Date Signed:	CPS Social Worker: X	Date Signed:

DSS-5010 (revised 01/2018)
 Child Welfare Services

The Stages of Autobiographical Listening Vs. The Stages of Empathic Listening

Autobiographical Listening:

- Ignoring
- Pretending
- Selective Listening
- Attentive Listening

Empathic Listening:

- Mimic Content
- Rephrase Content
- Reflect Feeling
- Rephrase Content and Reflect Feeling

“Most people do not listen with the intent to understand; they listen with the intent to reply”

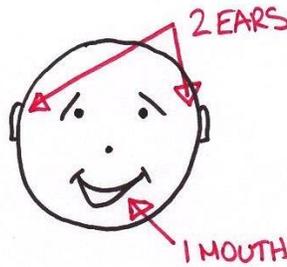
~ Stephen R. Covey

Source: Covey, S. R. (2004). *The 7 habits of highly effective people: Restoring the character ethic*. New York: Free Press.

The Stages of Empathic Listening

Mimic Content

Rephrase Content



YOU HAVE 2 EARS AND
1 MOUTH. USE THEM
PROPORTIONALLY!!

thecouchmanager.com

Reflect Feeling

Rephrase Content and Reflect Feeling

Adapted from Covey, 1989, pp. 245-249

Interviewing Methods Chart

Strategy	Purpose	Benefits	Liabilities
<p>Closed-ended questions Probing Questions Yes/No Questions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> To gather factual information regarding a specific content area <input type="checkbox"/> To obtain answers to specific questions. 	<ul style="list-style-type: none"> <input type="checkbox"/> Can obtain a considerable amount of information in a short period of time. 	<ul style="list-style-type: none"> <input type="checkbox"/> Limits potential responses of client to those directed by the interviewer. <input type="checkbox"/> Maybe threatening to the client; may encourage evasiveness or lying.
<p>Open-ended Questions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> To gather a lot of information about a wide variety of topic areas <input type="checkbox"/> To gain insight regarding the client's feelings and perceptions about his situation 	<ul style="list-style-type: none"> <input type="checkbox"/> Worker may discover information that he may not have thought to ask about. <input type="checkbox"/> Provides information to be used in the assessment; helps identify "process" level issues 	<ul style="list-style-type: none"> <input type="checkbox"/> Takes considerable time. <input type="checkbox"/> Worker may need to sort through extraneous information to identify pertinent issues. <input type="checkbox"/> Client may use open format to digress and avoid discussing important topics.
<p>Supportive responses Active Listening</p>	<ul style="list-style-type: none"> <input type="checkbox"/> To communicate and demonstrate the caseworker's interest and concern. <input type="checkbox"/> To establish a positive casework relationship. 	<ul style="list-style-type: none"> <input type="checkbox"/> Builds trust, communicates worker's interest and willingness to listen and help. <input type="checkbox"/> May have an enabling effect on the client. Client may feel better for having talked. 	<ul style="list-style-type: none"> <input type="checkbox"/> The client has considerable control of the direction of the interview. <input type="checkbox"/> Little change may be generated; few goals set. <input type="checkbox"/> Does not always promote action

<p>Clarification</p>	<ul style="list-style-type: none"> <input type="checkbox"/> To promote client's insight into her behaviors and actions to enable change and participation in the casework process. <input type="checkbox"/> To enable the caseworker to better understand the dynamics of the client's problems and behaviors. 	<ul style="list-style-type: none"> <input type="checkbox"/> Allows the worker to make an accurate assessment of causal and contributing problems. <input type="checkbox"/> Helps move to the process level in the interview. <input type="checkbox"/> Helps client attain insight into own feelings. 	<ul style="list-style-type: none"> <input type="checkbox"/> May be threatening to the client. <input type="checkbox"/> The client may be unaware of or not want to discuss issues raised by the caseworker. <input type="checkbox"/> May result in client resistance
<p>Summarization/ Redirection</p>	<ul style="list-style-type: none"> <input type="checkbox"/> To keep the interview focused, on track. <input type="checkbox"/> To help the client organize his information 	<ul style="list-style-type: none"> <input type="checkbox"/> Makes efficient use of time by keeping the discussion focused on pertinent topics. <input type="checkbox"/> Helps the client to organize her thinking and keep important points in mind. <input type="checkbox"/> Avoids becoming overwhelmed by details. 	<ul style="list-style-type: none"> <input type="checkbox"/> A client who has been redirected may feel cut off, as if the caseworker is not listening to him <input type="checkbox"/> Over-direction by the worker may lead to moving too quickly off a topic, thus missing important information
<p>Giving Options, Advice, or Suggestions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> To offer the client a range of possible solutions to his problems <input type="checkbox"/> To direct the client into positive action. 	<ul style="list-style-type: none"> <input type="checkbox"/> Provides the client with potential solutions which he had not previously considered. <input type="checkbox"/> Encourages the client to try new solutions. <input type="checkbox"/> Keeps activities goal directed 	<ul style="list-style-type: none"> <input type="checkbox"/> May prevent the client from arriving at his own solutions to problems <input type="checkbox"/> Caseworker may be blamed for failures if the solution does not work.
<p>Confrontation</p>	<ul style="list-style-type: none"> <input type="checkbox"/> To push the client to admit and acknowledge problems, feelings, or behaviors, when other less directive interventions have failed to accomplish this 	<ul style="list-style-type: none"> <input type="checkbox"/> Can precipitate movement quickly. <input type="checkbox"/> Can cut out manipulations and digressions by the client and focus discussion on the critical issues. <input type="checkbox"/> Can help the client become aware of her own resistance 	<ul style="list-style-type: none"> <input type="checkbox"/> Cannot be accomplished without a well-established, supportive relationship. <input type="checkbox"/> May greatly increase resistance if not successful. <input type="checkbox"/> May require considerable follow-up support from the worker. <input type="checkbox"/> Takes time and commitment.

Miracle Question

Purpose

When a client struggles to identify an achievable, specific goal, the Miracle Question can be useful. Many workers ask this question with all clients, feeling that it gives a clear, honest picture of what clients truly want their future to look like. The Miracle Question can also instill hope in a hopeless client.

When the worker helps the client elaborate with follow-up questions, the responses to the Miracle Question frequently describe the solution in rather detailed behavioral terms. The more vivid and rich the description, the more possibilities for taking small steps toward solving their concerns.

Example

“I would like to ask you a strange question. Please go along with me if you will. Suppose that tonight, while you are sleeping, a miracle happens and the issues that brought me here today are solved. But, since you are asleep, you don't know that a miracle has happened. When you wake up tomorrow morning, what would be the first little clue that something was different?”

Follow-up Questions

- What else would you notice?
- What will you be **doing** that is different?
- (If the client talks about a change in feelings...) When you are feeling...what will you be **doing**?
- If you are doing...what will (your husband, children...) be doing?
- What would your (children, mother...) say is different?
- **Are there times now** that small pieces of this miracle happen **just a little bit**? What is different about those times?
- What would you have to do so that it would happen more often?
- What would have to happen more often for this miracle to take place?

Adapted from Berg, I. K. (1994). *Family-based services*. New York: W. W. Norton & Co.

Exception Questions

Purpose

There are always exceptions, times that the problem could have occurred, but didn't. Exceptions mean that the client has the skills necessary to do something in a more successful way. Our task is to get the exceptions to happen more often. We are looking for what is different about those times.

Examples

- Are there times now or in the past when you were able to ... (discipline without abuse, handle stress without drinking, keep the house clean)? How did you get that to happen?
- When was the last time that... (Johnny did what he was told without arguing, when you supervised the children well enough to please your neighbors, when you were taking your medicine)? What do you do so that the problem doesn't happen at those times?
- Are there days when you feel...(less overwhelmed, more in control of your temper, more hopeful about your situation)? What is different about those days?
- When was the last time you had a better day? What was different about that day that made it better? Where did that happen? Who was there with you? What might (those people) have noticed you doing differently that would tell them you were doing better?
- When are you already doing **some** of what you want (staying calm with the children, keeping the house clean, being a good mom)?
- When doesn't (the problem) happen? What is different about those times? What are you **doing** differently? How are you **thinking** differently?
- Tell me about times when this (arguing, depression, poor decisions) is a little less of a problem.
- How much of the time would you say (talking back, depression...) is a problem? Oh, so at least X% of the time it's not so bad. Can you tell me what is happening when it is not a problem?
- What is the longest time you have gone without (the problem)? How did you get that to happen?
- What are you doing or thinking that is helpful?
- Has anything worked in the past to resolve other issues that you might want to test out with this current situation?
- What other ways do you ... (discipline your child, manage stress)?

Exception-Finding Questions Case Examples

- A parent who had previously lashed out at her child described a situation where she had become enraged but resisted the impulse to hit the child by taking a five-minute break in her bedroom.
- A child described being able to go to her grandmother's home when she felt unsafe because her parents had become too drunk to care for her.
- A man who had previously assaulted his stepson resisted the urge to do so on another occasion, even though the teenager had thrown a knife at him. He did this by telling himself, "If I hit him, the boy will only make a monkey of me again."
- A grandmother described a period where her drug-addicted daughter had faced up to her problems and acknowledged she was not caring adequately for her child. At that time the mother had sent the girl to live with her father for nine months while she detoxed herself.

Source: Berg, I. K., & Kelly, S. (2000). *Building solutions in child protective services*. New York: W. W. Norton & Company.

Scaling Questions

Purpose

Perhaps the most versatile of any of the solution-focused tools, scaling questions are a very useful assessment tool. Scaling can be used to gauge confidence, hopefulness and safety; prioritize goals; measure progress toward goals and willingness to take action toward change; and much more. Scaling can be used with great success with even young children or over the phone.

Examples

- On a scale of 1 to 10, where 10 means you are willing to do anything to resolve this issue and 1 means you are not willing to do anything, where would you place yourself on the scale?
- On a scale of 1 to 10, where 1 is you have no control and a 10 is you are in complete control, how much control or influence do you think you have over this situation?
- If 10 is your biggest concern and 1 is that you are not concerned about it at all, where would you place yourself as far as ...? (goal)
- If 1 is that this report is completely bogus and 10 is that you are as worried as anyone is, how serious do you think this allegation is?
- If 1 is where you were when you first set these goals and 10 is all your goals are met, what number are you at today? (Follow up question): What have you done to get to that number? What would have to happen so that you would be just one number higher?
- If 10 is completely safe and 1 is scared to death every day, how safe would your daughter say she feels?

▪ **Case Example**

A worker asked a teenager to compare how things were four weeks previously, when he had been hit by his stepfather and had run away, with the present using a 1-10 scale (1, the worst things could be, 10, the best things could be). The boy stated that, at the time he made the complaint, things were at a three, whereas the present score was a six. The worker then asked him what had made things better. The teenager indicated that “my stepfather is treating me a lot better now, he’s letting me go out, he’s still strict but he’s listening to me and he hasn’t hit me again.”

Uses of Scaling

Purpose

Perhaps the most versatile of any of the solution-focused tools, scaling questions are a very useful assessment tool. Scaling can be used for many purposes. For example:

As an assessment tool:

“On a scale of one to ten, where one is this is not at all the type of child you wanted to foster, and ten is he is exactly the type of child you hoped to care for, what number would you say this child is? What number would your husband say?”

“On a scale of one to ten, where one is this is the type of job that you have hated before, and a ten is this is the type of job that you would enjoy, what number would you say this job is?”

To set goals with clients:

“On a scale of one to ten, where one is not at all important to you and ten is very important to you, how would you rate finding suitable daycare for your children?”

“On a scale of one to ten, where one is not important at all and ten is the most important thing to you, what number would you say children’s school grades are? How about children being respectful to others?”

To evaluate the usefulness of a resource:

“On a scale of one to ten, where one is not at all helpful and ten is very helpful, how would you rate going to family counseling?”

“On a scale of one to ten, where one is not helpful at all, and ten is very helpful, how helpful do you think getting a GED would be for you?”

To measure progress: (You might ask the same scaling question every time you visit a family to see whether they move up the scale.)

“On a scale of one to ten, where one is you are so depressed you barely made it out of bed and ten is you feel better today than you have in years, where would you place yourself?”

“On a scale of one to ten, where one is as bad as it can be and a ten is as good as it can be, what number would you say your son’s behavior has been this week?”

Source: Turnell, A. & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection casework*. New York: W. W. Norton & Co

Ethnographic Questions

The purpose of ethnographic questions is to understand the family and their point of view *prior* to the development of a family services agreement. Increases cultural competence as the child welfare worker learn about cultural behavior, values, language and worldviews of the person who is representative of the cultural group (i.e. ethnicity, gender, age group, or other groups with some shared beliefs and values).

Stages of the Ethnographic Interview

1. Set the stage
2. Express Ignorance
3. Open-Ended/Global Questions
4. Cover terms
5. Descriptors

Examples of Ethnographic Questions:

- Tell me how the situation occurred.
- What do you think brought the situation on?
- Why do you think you are experiencing the now?
- How would you treat or handle the situation?
- What does this situation mean to you in terms of your daily life?
- Why does your (the specific cultural community) think these situations occur?
- How would others in your (specific cultural community) treat or handle the situation?
- What would this problem mean to other in your (specific cultural community)?
- What are the typical day's activities for (youth or adult) in your neighborhood?

Helpful Hints:

- Be flexible and allow the space for the family member to discuss what is important to her/him.
- Learn about the family as a unit and as members of their cultural community.
- The family is in a better position to offer suggestions and solutions that meet their needs and make sense within their cultural context.
- The child welfare worker is the learner of the family's culture and the expert in the problem-solving process.
- Look for important themes within the story of the family and assist the family in understanding those themes.

Source: California Social Work Education Center (Ed.). (2018). *Cultural Humility in Child Welfare: Ethnographic Interviewing*, California Core Curricula for Child Welfare Workers. Berkeley, CA: California Social Work Education Center.

Rycus, Judith S. and Hughes, Ronald C. (1998a). *Casework process and case planning in child protective services: A Training curriculum*. Columbus, Ohio: Institute for Human Services.

Basic Solution Focused Approach

- If it's not broken, don't fix it.
- If it works, do more of it.
- If it is not working, do something different.
- Small steps can lead to big changes.
- The solution is not necessarily related to the problem.
- The language requirement for solution development is different from the description of the problem.
- No problem happens all the time. There are always exceptions.
- The future is both created and negotiable.



Source: Bliss, E. V. & Bray, D. (2009). The smallest solution focused particles: Towards a minimalist definition of when therapy is solution focused. *Journal of Systemic Therapies*, 28(2), 62-74

Judgments Can Wait!

Directions: Read the following statements.

- **They know better.**

Counter: They probably do, so give them a chance to tell you all the times they didn't do the current behavior. How many times have you known better than to eat that second piece of chocolate cake or smoke that cigarette?

- **How could they....?**

Counter: I have no idea what this person or family is facing or going through. Maybe I'd do the same thing or worse in similar circumstances. This might even make sense (not justify it) if I know more about the family.

- **They're just going to lie.**

Counter: Maybe, maybe not. If I practice respect and genuineness, I am more likely to get the truth. Even if they lie, it might be a sign that there is shame and that they DO know better and have DONE better.

- **They are clueless.**

Counter: They haven't made it this far in life without having SOME clue. They might be clueless about some things but not other things, just like me.

- **If they love their kids...**

Counter: This is purely based on what YOU think you would do in this situation, given YOUR resources and YOUR values. If they love their kids (and they do), then I need to find out what they think is best, given the situation.

- **They haven't done anything to get their kids back.**

Counter: This is an absolute statement. By even speaking with you, the family has done SOMETHING to get their kids back. Maybe they are doing things you don't know about or haven't thought of. Ask them.

- **If she would just leave him, she and the kids would be better off.**

Counter: There is no way to know this – another imposition of YOUR beliefs. There have been times when leaving a spouse has resulted in death.

Judgments Can Wait...continued

- **There is no way these kids are going to be safe in this home.**

Counter: They have been in the past. How has the family managed to keep the kids safe to this point despite circumstances? Can DSS ensure the safety of these kids?

- **I would never do that to my kids.**

Counter: Never say never. Remember you're looking at it from your vantage point not where the family might be coming from.

- **Those kids would be better off if...**

Counter: How do you know? Think about the kids you know who are in foster care of group homes.

When Solution-Focused Approach is used...

- Take a not-knowing stance
- Use client's language – weave into next questions
- Notice something positive about the client
- Listen for what the client might want different
- Accept what the client wants as valid and reasonable
- Assume the client wants to cooperate
- Ask for client's understanding of the situation
- Listen for who and what are important to the client
- If expectations for others seem unrealistic,
ask: "How do you know he/she can do this?"

"Problem talk creates problems, Solution talk creates solutions" ~ Steve de Shazer

Source: Kim-Berg, I. & De Jong, P. (2004). Building solution-focused partnerships on children's protective and family services. *Protecting Children Journal*, 19(2), 3-13.

Meeting the Blancos

Directions: Before the first visit with the Blancos, consider the questions below based on the following:

- Information from the case scenario
- Assessment tools
- Information on interviewing and solution focused techniques.

1. What needs do you identify that could be contributing to the Blanco's referral to CPS In-Home Services?
2. What questions have been raised that you might want to consider before you meet with this family?
3. What strengths based /solution focused questions or ethnographic questions might be helpful to use when interviewing the Blancos?
4. What special considerations should you be aware of in order to work effectively with this family?
5. What strengths can you identify in the family?
6. What services might be needed based on what you know right now, and would they be available in your county? Include services that you may offer immediately to might be helpful to the family.
7. What other things might you do to feel better prepared to meet this family?
8. What can you do to assure that you are a solution-focused, strength-based worker when you meet with the Blancos?

Interview Methods Observer Chart

Closed ended/Probing/yes/no Questions
Open ended Questions
Supportive responses/Empathic Listening
Clarification
Summarization/redirection
Giving Options, Advise, or Suggestions
Confrontation
Miracle Question
Exception Questions
Scaling Questions
Ethnographic Questions
Coping/Survival Questions

Feedback Model – Initial Contact

- **For those who played the child welfare workers:**
 - What was the experience like for you? Easy? Challenging?
 - What went well?
 - What would you have done differently?

- **For those who played the Blancos:**
 - What was the experience like for you?
 - What did the child welfare workers do in their approach to the interview?
 - What would you like to see the child welfare workers do differently?

- **For those who played the coaches:**
 - What were some of the questions used during the activity?

**“We all need people who will give us feedback.
That’s how we improve.”**

~Bill Gates

First Visit Guidelines



1. The initial contact with the family must occur within seven days of the case decision (substantiation or finding of services needed). It is preferred practice that the CPS Assessment Worker and the In-Home Services Worker make the initial contact together.
2. Carefully review the DSS CPS In-Home Services process with the family including the time frame, anticipated amount of face to face contact, who else will be involved in the assessment process, how you can be reached, and expectations of each other.
3. The initial contact must include a review of the Continuing Needs and Safety Requirements (DSS-5010a), the initial family services agreement that must be signed by the parent/custodian.
4. Explore the family’s past experiences with the agency and how that might affect their view of the worker’s role and authority. Ask if they have they have had any positive experiences with social service providers and, if so, ask them in what way the provider was helpful to them.
5. Acknowledge to families the natural, healthy nature of their feelings about DSS involvement. Remember that distrust and suspiciousness are normative behaviors given the involuntary nature of the relationship.
6. Explain to the family who will have access to the information you discuss and how that information will be used during the provision of services. Help families voice their opinion to signing release of information forms for collaterals. If you encounter any resistance, use some of the following methods:
 - Back off from discussion
 - Return to discussion later
 - Ask, “What do you think will show up in the information the collateral provides that will be unfair to you?”
7. Assist families with getting concrete services or meeting immediate needs. This may include community or extended family resources. This can be a useful way to engage with families. In such situations, workers can quickly achieve credibility.
8. Explain the planning process and explore the family’s connection with the community and others who can be brought into the planning process.

CPS In-Home Services DAY Three

I. Opening Activity	9:00 – 9:15
II. Working Through Resistance	9:15 – 9:45
III. Confrontation	9:45 – 10:15
BREAK	10:15 – 10:30
IV. Child and Family Teams: Policy Activity	10:30 – 11:15
V. Case Planning Purpose and Process	11:15 – 11:30
VI. Change Activity	11:30 11:45
LUNCH	11:45 – 1:00
VIII. Services Agreement Components	1:15 – 1:45
IX. Constructing a Family Services Agreement	1:45 – 2:30
a. Identifying Conditions and Needs	
b. Objectives and Activities	
BREAK	2:30 – 2:45
c. Developing the Agreement with Families	2:45 – 3:15
XI. Transfer of Learning/Closing	3:45 – 4:00

Sources of Resistance

Resistance stems from one or more of the following:

- Fear of Authority
- Guilt or Shame
- Anger
- Feelings of being Discriminated Against
- Fear of Stigma
- Cultural Misunderstanding



“People don’t resist change. They resist being changed.”
~Peter Senge

The Stages of Change

STAGE	DESCRIPTION	INEFFECTIVE WORKER'S RESPONSE	EFFECTIVE WORKER RESPONSE
Precontemplation	<ul style="list-style-type: none"> Parent or caretaker is unaware that their behavior is causing identified safety and risk challenges. Denial, blaming, and/or minimizing 	<ul style="list-style-type: none"> Becoming overly formal/overuse of authority Threatening parent that things will get worse if he/she does not cooperate Making personal offensive remarks 	<ul style="list-style-type: none"> Increase the parent's awareness of the behavior or condition of concern / Be transparent and address concerns If you were to change any of the ways in which you parent your child, what would you change? Who do you think needs to make the changes in this situation?
Contemplation	<ul style="list-style-type: none"> Parent is ambivalent to change Thinking about change but has mixed feelings and is not committed 	<ul style="list-style-type: none"> Avoiding the need for caring confrontation by being overly agreeable Overreacting and taking unnecessary action against the family 	<ul style="list-style-type: none"> Assist the parent in seeing the benefits of change and the consequences of not changing / Identify supports and use family's strengths What behavior(s) do you think you need to do differently for your child to be able to stay or come home to a safe environment? / Tell me about a time when this was not an issue?
Determination/ Preparation	<ul style="list-style-type: none"> Parent has decided to make the necessary changes Needs realistic and achievable steps to change 	<ul style="list-style-type: none"> Not being responsive to the needs of the family Ineffective case planning Implementing services that are not appropriate for the family 	<ul style="list-style-type: none"> With the parent identify strategies to assist with the change that are realistic, acceptable, appropriate, effective and accessible. Do you have any strategies to help you make this change? If so, what does it look like? / How will you know you have been successful in making this change
Action	<ul style="list-style-type: none"> Taking small steps to change Engages in services Understands the benefits of change 	<ul style="list-style-type: none"> Not recognizing the small changes Continuing to inform parent that more behaviors need to change 	<ul style="list-style-type: none"> Continue to engage family's support system/Support and advocate for the family What activities are you working on now? / What are things that you are finding easy/challenging to change?
Maintenance	<ul style="list-style-type: none"> Sustained behavior over time Alternative established New behavior is being exhibited Parent is motivated 	<ul style="list-style-type: none"> Not identifying the possible triggers for relapse/lapse Not implementing strategies to prevent relapse/lapse 	<ul style="list-style-type: none"> Assist family to identify the possibility of relapse Identify strategies to prevent relapse What are you doing to keep from going back to the old way of doing things? On a scale of 1 to 10, with 10 being the most confident and 1 not being confident at all, how confident are you that you will maintain this change over this week/month?

Source: Defanfilis, D. & Salus, M.K. (2003). *Child protective services: A guide for caseworkers*. Washington, DC: U.S. Dept. of Health and Human Services / O'Donnell, D. & Golding, J. (nd). The changes model and treatment planning [PowerPoint slides]. Retrieved from: https://www.govst.edu/uploadedFiles/Academics/Colleges_and_Programs/CHHS/Departments/Addictions_Studies_and_Behavioral_Health/2ndsession%20stages.pdf

Working Through Resistance

1. Family's Hopelessness

"Sometimes I feel like just up, leaving and never coming back. If it wasn't for these children, I would do just that. I just keep trying and trying to make ends meet and take care of my family but nothing I do seems to be right. I just can't do any more than I do. Now you people at social services say my house is not clean enough. I just give up."



2. Family's Lack of Trust or Suspiciousness

"I have heard about how you social workers come into someone's home, take people's children and try to get them adopted out. Don't think you are going to get my children. Why, you are no more than a child yourself. How in the world do you think you can help me? You have no idea what I go through every day! I think the only thing you are interested in is taking my children."

3. Family's Dislike or Distancing of the Worker

"You say that you are here to help me and that I should call you when I needed you, but you didn't even return my phone call for three days. I don't like people who lie to me. When you did call, you talked to me like I was stupid or something for asking for help with my electric bill. It will be a cold day in hades before I call you again."



4. Family's Defensiveness or Feeling Threatened

"Are you threatening me, because that's what it sounds like to me! I'm not going to stand here in my own house and let you make threats. Just because I didn't make my last mental health appointment is no reason for you to come in here threatening to take my children. You just come in here assuming that I missed the appointment on purpose. You can just get out of my house."

Caring Confrontation Tips

- Do not challenge when you are angry.
- Do not challenge or confront a parent or family if you cannot or do not intend to become more deeply involved.
- A challenge offered by someone for whom the person has no positive feelings will have no beneficial impact.
- It is important to have a worker-family relationship in place prior to confronting the parent.
- Assess for timing. Is it an appropriate time to confront the parent?
- Couple the confrontation message with positive observations about the parent or family. Present the message within the context of recognizing and supporting the parent or family's strengths.
- Make sure your message to the parent or family is behaviorally specific and nonjudgmental.
- Present the observations or information on which your message is based.
- Use "I" messages throughout the confrontation.

Child and Family Team Meetings

NC Child Welfare Manual In-Home Services

<https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-97/man/>

Purpose:

Child and Family Teams(CFT)are family members and their community support that come together to create, implement, and update a plan for the child(ren), youth, and family. The purpose of a CFT meeting is to:

- Reach agreement on which identified child welfare issues will be addressed and how they will be addressed throughout the life of the case;
- Develop a Family Service Agreement or safety plan that is created using the best ideas of the family, informal, and formal supports that the family believes in, the agency approves of, and lessens risk and heightens safety for the child/youth and family; and
- Plan for how all participants will take part in, support, and implement the Family Service Agreement or safety plan developed by the team.

Definition:

CFT meetings are structured, guided discussions with the family, their natural supports, and other team members about family strengths, needs, and problems and the impact they have on the safety, permanence, and well-being of the family’s child(ren) and youth.

The meetings share the following components:

- A clear but open-ended purpose;
- An opportunity for the family to be involved in decision-making and planning;
- Options for the family to consider and decisions for the family to make;
- The family’s involvement in the development of specific safety or permanent plans and in the development of services and supports; and
- The outcome of the meeting will be reflected in the development or revision of a Family Services Agreement or a safety plan.

Facilitated CFT meetings:

A facilitator, who is neither the county child welfare worker for the family nor the supervisor of that child welfare worker, must be used in all cases:

- With a current high-risk rating; and
- For cases open for six months with a lack of progress/or use of a TSP.

Use of a neutral facilitator is best practice for all CFT meetings. While a facilitator is not required in moderate risk cases, it remains best practice as there are many benefits to a facilitated meeting.

**“Nothing about me without me.”
~ Valerie Billingham**

Child & Family Teams Policy Activity

1. How are the Blanco Child and Family Team members decided? What if Rori wants her teacher to attend the CFT and the parents do not believe she should be there. How could this be negotiated? Could the relatives who do not live here be involved? How?
2. Should the Blanco children be involved in the CFT? If so, how could you involve them?
3. If the Blanco's decide they do not want a CFT, how would you handle this?
4. If there was an absent father involved in this case, what would you do regarding the CFT process with the absent parent?
5. What are some steps that you and your agency could take to prepare for the Blanco Child and Family Team meeting? What additional steps would need to be taken to prepare a CFT for a family experiencing domestic violence?
6. How do you decide where and when the meeting will be held? What options are permitted per policy?
7. Is a facilitator required for the Blanco family CFT? In what case situations are CFT recommended? When will the Blanco's get to set the ground rules for their CFT meeting?
8. How will decisions regarding the safety and risk of the Blanco children be made by the team?
9. The Blancos have achieved all the objectives and activities of the service agreement and the risk to the children has decreased. Does there need to be a CFT prior to case closure?

Family Services Agreement

DSS-5239/DSS-5239ins

<https://nccwta.org/index.php?/Knowledgebase/Article/View/5/0/cw-policy-manual-forms>

What Is It?

The family services agreement provides a framework for case decision-making and addresses the following questions:

- What are the family outcomes that, when attained, will indicate that safety threats have been addressed, risk has been reduced, and the effects of maltreatment have been successfully mitigated?
- What tasks or activities must be undertaken to attain these outcomes?
- What intervention approaches or services will facilitate the successful attainment of outcomes and achievement of goals?
- How and when will progress in implementing tasks or activities, attaining outcomes, and achieving goals be evaluated?

Timeframe:

- Within 30 days of a Services Needed or Substantiated case decision and a transfer to ongoing services
- Within 90 days after the development of the initial family services agreement
 - Coincides with the Family Assessment of Strengths and Needs and the Risk Reassessment Updates
- Within 6 months of development of the service agreement
 - Case review regarding family's progress, and
 - County child welfare agency's determination about status of In-Home Services
- Updated if major changes occur that affect the objectives or activities or the safety or risk to the child

Who is Involved?

- The family, including the child
- Informal Supports (friends, church members, etc.)
- Formal Supports (mental health, substance abuse counselor, etc.)
- Temporary Safety Providers
- Absent, Non-Residential Parent

Temporary Safety Providers

NC Child Welfare In-Home Services Manual

Cross Function Topics

Temporary Safety Provider (TSP):

- Voluntary, temporary intervention made between a parent and a county child welfare agency
- Used to address **immediate safety threats** to a child(ren) when a child(ren) is found **unsafe** in the care of their parents/caretakers
- Only uses when less intrusive safety interventions are not sufficient.

Initiating Use: The following must occur **prior** to the child(ren) being left in the care of the provider:

- A Child and Family Team Meeting must be held **prior** to the separation or restriction
- Background checks, including:
 - Criminal Check
 - Civil Case Processing System (VCAP)
 - Review of county child welfare services, or services history through NC FAST, agency records, RIL.
 - Review of 911 call logs
- Completion of the Initial Provider Assessment (DSS-5203)
 - Includes a home visit to the potential TSP
 - Must have supervisor approval
 - Must be signed within 3 days

Monitoring:

- Contacts with each child in the care of a TSP must:
 - Occur **in the home** at least once a month and
 - Occur at the frequency required to monitor safety and risk.
 - Include discussion regarding any needs or issues regarding the child(ren)
 - Include observation of the child(ren) and the safety provider during face-to-face contact

Comprehensive Provider Assessment (DSS-5204)

- When use of the TSP continues over 29 days after the case decision date and transfer to In-Home Services, or
- When use of the TSP initiations during In-Home Services case and continues in use over 29 days after it was initiated.

Absent, Non-Residential Parents

NC Child Welfare In-Home Services Manual

A parent that has been referred to as absent, non-custodial, or non-residential may have information regarding their child(ren). Working to develop an early partnership that includes that parent may provide an excellent foundation for them to not only become more involved in their child(ren)'s life, but also may be a resource for the child(ren) can reunify with and/or be a long-term support.

Absent parents must be involved in the CFT meetings unless there is a valid conflict or safety issue. The conflict or safety issue must be documented in the case record. If an absent or noncustodial/non-residential parent is not involved in the planning, ask *what it would take to become involved?*

Frequency of contact:

- Attempts to identify or locate a parent must occur monthly;
- Contact must occur at least monthly with a non-resident parent who have been located but was not responsible or associated with the safety or risk of harm to the child.
 - The frequency and type of contact must be determined in a case staffing.

Things to Consider:

- Ask: How can the county child welfare services agency obtain the absent parent's involvement?
- If the parents have a tenuous relationship, consider facilitating separate meetings.
- Provide resources/services that are focused only on fathers.
- Discuss with the mothers on the importance of father involvement.
- Attempt to connect the father with a male role model.
- Be aware of your own feelings or reservations regarding absent, non-residential fathers.

Resources:

- *Engaging the Non-resident Father for Child Welfare Staff* – www.ncswLearn.org
- National Fatherhood Initiative – www.fatherhood.org
- National Responsible Fatherhood Clearinghouse - www.fatherhood.gov
- Dads Rock: Nurturing Father Engagement [webinar] - <https://cantasd.acf.hhs.gov/bcbh/dads-rock/>

S.M.A.R.T Objectives

Specific	<ul style="list-style-type: none"> • Objectives should be well-defined and clear to the family, supports and the child welfare worker. • What is the desired outcome? What is the intended impact?
Measurable	<ul style="list-style-type: none"> • Concrete evidence of progress is necessary. • How will the family and the child welfare worker know that progress is being made?
Achievable	<ul style="list-style-type: none"> • The objective should be within reach of the family, considering available resources, knowledge, etc. • How can the family accomplish the objective? What are the barriers?
Realistic	<ul style="list-style-type: none"> • The family must be willing and able to achieve the objective. • Is the family willing and able to achieve the goal?
Time-Bound	<ul style="list-style-type: none"> • Objectives should be achievable within a specific timeframe. • When will the objective be achieved? Is the time-frame realistic?



Family Services Agreement Tips

The development of a family services agreement is a collaborative process. Remember the following tips:

- The services agreement must be based on the information obtained from the Family Risk Assessment of Strengths and Needs, Temporary Safety Agreement, and other assessment regarding the needs of the child(ren) and family.
- Develop *with* the family and not *for* the family.
- Remember the golden rule – meet families where they are.
- Match the family’s strengths and needs with solutions and services.
- Identify behaviors and conditions that need to change.
- Review, track and acknowledge progress regularly.
- Service interventions must be culturally sensitive.
- Every family is unique – service agreements are to be individualized and tailored for each family.
- Engage all natural and formal supports to the family in the process.
- The services agreement is a living document and objectives and/or activities may need to be changed.
- Write the service agreement so families understand what behavior or condition must change to ensure the safety and well-being of their child(ren).

CPS IN-HOME SERVICES DAY FOUR

I.	Opening	9:00 – 9:10
II.	Formal / Informal Resources Activity	9:10 – 9:30
III.	Case Evaluation and Updates	9:30 – 10:15
	Break	10:15 – 10:30
IV.	Documentation	10:30-11:00
V.	Case Closure	11:00 -11:30
	Lunch	11:30 – 12:45
VI.	Sharing Skills Activity	12:45 – 2:00
VII.	Transfer of Learning/Close	2:00 – 2:15

The Purpose of the Monitoring Function

- Monitoring is an ongoing and active case planning/management function.
- Each contact with the family should be focused on assessing the progress of the family toward the objectives of ongoing safety and permanence for the child(ren).
- Monitoring includes paying attention to both the direct and the indirect services delivery/intervention methods for compliance.
- Successful case management practice ensures that the family's service providers are all working cooperatively and effectively to support the family in its efforts to reach service plan goals. You are responsible for helping the family process and understand, on an ongoing basis, whether they are making progress toward their services agreement objectives and goals.
- On-going assessment is essential to the monitoring phase. System theory says that changes affecting the family system often create a need to change the service delivery plan. As a DSS case manager, you are the plan's coordinator. It is crucial that you serve as the link between all the players. Remember, just as you have clear expectations with the family, you also need to maintain clear expectations with all the service providers, including yourself.
- You are responsible for knowing what services work for a family. In this monitoring function, you may wear many different hats (advocate, supporter, encourager, planner, and communications coordinator).
- Families should not perceive you as a kind of police-state monitor trying to catch them doing something wrong. Maintain a collaborative relationship—the type that will enable you to be honest with each other.
- During your monitoring visits, look for what has changed and what has not changed. Ask the family to help you understand why things are the way they are. Help the family problem solve and brainstorm ways to continue their progress.
- With the monitoring function, it is essential that you let families know the strengths you see in them and that you help them see the progress they have made and are continuing to make, even if they are only making small steps.

Case Considerations

- Is the family actively participating in the services agreed to in the service agreement?
- Is the child safe? Have the risk and protective factors, strengths or safety threats changed, warranting a change or elimination of the safety plan or the development of a safety plan?
- What changes, if any, have occurred with respect to the conditions and behaviors contributing to the risk of child maltreatment?
- What outcomes have been accomplished, and how does the child welfare worker know that they have been accomplished?
- What progress has been made toward achieving case goals?
- Have the services been effective in helping the family achieve outcomes and the goal, if not, what adjustments need to be made to improve outcomes?
- What is the current level of risk in the family?
- Have the protective capacities increased sufficiently so that parent or caretakers can protect their children and meet their developmental needs, so the case can be closed?
- What changes, if any, have occurred with respect to the conditions and behaviors causing the child to be unsafe and/or at risk of being unsafe?
- What Family Services Agreement tasks have been accomplished and how does the caseworker know that they have been accomplished?
- What progress has been made towards achieving the case objectives, even if the family has not followed the agreed upon tasks?

Evaluation Process

- Review the family services agreement
- Collect information from all collateral contacts
- Engage the child(ren) and family in the evaluation process
- Evaluate any changes in the family dynamics along with the conditions or behaviors that impact the safety and risk of the child(ren).
- Conduct a formal evaluation using the necessary SDM tools.

Blanco Family – 3 months later

The Blancos have been working on the objectives of the services agreement for three months. Mr. and Mrs. Blanco have reestablished ties with Mr. Blancos' sister and they have had dinner together several times. Mr. Blancos' sister has taken a special interest in Rori. Her own children are older and she enjoys taking Rori places and having her stay with her some on weekends. Rori likes her Aunt and enjoys the special attention she gets from her. Worker met with the Aunt who says she intends to stay in close contact with the family and help them any way she can. She is on a limited income and cannot help financially but will gladly help with the children when Mrs. Blanco needs a break. She says that she is getting very close to Rori and enjoys having her come for the weekend. She is teaching Rori to cook native foods from the Dominican Republic and teaching her to sew.

Mrs. Blanco and the children have begun to attend a Spanish service at a nearby church. The church has members who are knowledgeable about services in the community and advocate for the Spanish-speaking members of the community. They also offer job counseling services and family counseling and adjustment services. English classes are taught there through the community college and Mr. Blanco attends them when he can. Mrs. Blanco has found these services to be very helpful she says, "because the people speak Spanish and they understand my family better". She has utilized the family counseling services for herself and Rori. She reports feeling better about "everything" and has hope that things will continue to improve.

Mrs. Blanco signed releases of information for the worker to speak with the counselor. The counselor believes that he is making progress with Rori and her mother. They have talked about the assault incident together and Rori says that she doesn't understand why her mother does not love her anymore. Rori thought her mother blamed her for what happened, and her mother was able to reassure her that she was not to blame for what happened and that she still loved Rori very much. The counselor also knows Mr. Blancos' sister and believes that she is a wonderful influence on Rori. The counselor does not believe there has been any sexual abuse in the family. Mr. Blanco has not attended the counseling sessions because of his heavy work schedule. He tries to arrange to be off on the evening when the English class is given because he finds it to be helpful.

The worker talked with the teacher at Rori's school who reports that Rori appears much happier and more appropriate with her schoolmates and other teachers. Sleeping in class is no longer a problem and she has not seen any bruises or marks on Rori. Her grades have improved slightly. Worker talked with the school counselor with whom weekly counseling sessions have been arranged. The school counselor feels that Rori is really making progress. They have discussed Rori's behavior problems at home, her lying, and her performance at school. The counselor has added Rori to a support group that she leads for at risk children, and she allows Rori to participate as an office helper first thing every morning at the school. Rori loves working in the office and the counselor uses this as a good way to motivate Rori to do her homework and try harder in school. She feels this has increased Rori's self-esteem and built trust in her abilities to have control over

her behavior and her life. The counselor is very pleased with Rori's progress. Rori has begun to take a leadership position in the group meetings and tries to help the other children.

At home, Mrs. Blanco says that Rori is behaving much better now. Rori has been attending after school daycare for the past few months and seems to be playing with the other children. The Blancos have received financial help with daycare services for Danny, which has relieved them of some financial burdens. The worker has been helping the Blancos learn non-physical discipline techniques, which the Blancos were skeptical of at first, but appear to be using. Mr. Blanco was resistant to working with the social worker at first because he said that he did not have time. The worker offered to work with him and Mrs. Blanco in their home, or they would have to attend parenting classes in town. He chose to have the worker teach him in their home and planned to be there for sessions. The worker also provided parenting films for the Blancos to view, including child development information, and then the worker discussed the film with the Blancos at the visit. The Blancos agreed not to use corporal punishment on any of the children. Rori does not report any spankings. There have been no marks seen on Rori in the past three months.

Mrs. Blanco and Rori have been working on rebuilding their relationship with the help of the social worker. The worker worked with Mrs. Blanco to understand why Rori might be acting out for attention and how the assault might have affected Rori and herself. Mrs. Blanco agreed that her relationship with her daughter had changed negatively since the incident. The worker reinforced and supported the advancements made in counseling by giving the family tasks to complete each week and then discussed what worked and didn't at the next meeting. These included watching a children's TV show together, going for a walk together, playing a game together, having Rori help cook a meal, having Mrs. Blanco catch Rori doing something correctly and praising her for it, tucking Rori into bed each night, and giving Rori hugs and kisses every day. Mr. Blanco was given the same type of tasks when he was at home, even if he couldn't do it every day. Rori was asked to surprise her mother by doing chores without grumbling and volunteering to do one special thing each week to help her mom. The family had the task to make "family time" by doing something special together every week, even if it was take a walk together or watch a TV show and eat popcorn.

The family reports an improvement in Rori's behavior and having to use less discipline. The atmosphere in the home is much less tense according to the Blancos and they have begun to do more things together like go out to eat, walk around the mall, or rent a movie to watch together. Rori and her brother do not bicker as much, and the family feels like they are becoming close again. Rori is also sleeping better at night with much fewer episodes of nightmares. Rori's older brother is now sleeping on a day bed in the living room. Mrs. Blanco reports that she feels like her life is back under "control" again. Mr. Blanco is pleased that his family seems happier and feels optimistic about things remaining that way. The worker is helping the family obtain better housing and that pleases Mr. Blanco very much.

All three children have received physicals and the baby is receiving his immunizations now that the family is receiving Medicaid services. None of the children have had dental checkups at this time. The Blancos say they will arrange for checkups but have not been able to take off from work to take the children yet.

EVALUATION QUESTIONS

- What changes, if any, have occurred with respect to the conditions and behaviors causing the child to be unsafe or at risk of being unsafe?
- What services agreement tasks have been accomplished and how does the caseworker know that they have been accomplished?
- What progress has been made toward achieving the case objectives, even if the family has not followed the agreed upon tasks?
- Are services being provided as planned and/or are other services needed to help the clients achieve case objectives?
- Should a new services agreement be developed based on the progress, or lack of progress, during the last case planning period?
- What is the current level of risk of maltreatment and the family's current needs and strengths?
- Has the risk of maltreatment been reduced so significantly that the case can be closed?



De Panfilis, D. & Salus, M. Child Protective Services: A Guide for Caseworkers. US Department of Health and Human Services. 1992.



The Fire

You are walking down the street when you see a group of people gathered together out front of a store on the sidewalk. Being a curious minded person, you walk over and ask if someone will tell you what has happened.

A man turns to you and says:

A businessman had just opened the store when he smelled smoke. Entering the back room, he saw an empty gasoline can on the floor near the fire and a person running from the fire. The businessman yelled, but the person sped away. The owner immediately called the fire department. One passerby said an explosion was heard and then a puff of black smoke was seen coming out of the back-room window of the store. The gasoline can was taken to headquarters.

You thank the man for the information and walk away. Another passerby stops you and says, “What happened here?” You relate the facts of the fire as they were told to you.

The Fire Story

“This is what happened-----“



TRUE OR FALSE

If the statement is true, place a **T** in front of the sentence, if false, place an **F**.

1. A man was seen in the back room after the store was opened.
2. The fire was of incendiary origin.
3. The arsonist was a male.
4. The store was opened by the owner.
5. The businessman smelled smoke just after opening the store.
6. The gasoline can was not empty.
7. Gasoline fumes ignited and caused heavy burning.
8. The arsonist ran away from the building.
9. An explosion was heard, and a puff of black smoke was seen.
10. The gasoline can was preserved for evidence.
11. The owner called the fire department after trying for several minutes to extinguish the fire.
12. The person used gasoline to start the fire.
13. The cause of the fire was arson.
14. The person was apprehended by the businessman.
15. Firefighters took the gasoline can to headquarters.
16. The explosion was caused by pressure build-up in the gasoline.
17. An explosion and puff of black smoke was observed by a passerby.
18. The gasoline can was near the fire in the back room.
19. The story concerns a series of events in which only three persons are referred to: the businessman, the arsonist and the passerby.
20. The following events were included in the story: the businessman opened the store, an empty gasoline can was seen near the fire, a person sped away, and the owner called the fire department.

Documentation Tips

- Be specific and concise.
- Record or present pertinent facts, impressions, and conclusions. Be certain to distinguish by clearly labeling the difference between facts and impressions.
- Distinguish between the client's view of the problem and your view of the problem.
- Include only relevant information.
- Make sure problems are clearly identified—focus on strengths as well as weaknesses.
- Describe the family according to agency guidelines and according to family guidelines. Include information about non-relatives that the family may view as significant.
- Identify the family's patterns of behavior, strengths, problems, and attitudes.

Before

- Research your facts. If you need to read agency files or other agency documents regarding the family, read them with the purpose of your report in mind. Look for ideas and main activities instead of concentrating on single words. Also, try to see the difference between someone's opinion and the facts. If you learn to look for this in others' writings, you will be more careful about distinguishing between the two in your own writing.
- Organize your facts. In organizing ideas and facts, many workers find that listing all the facts on a single sheet of paper helps in deciding what needs to be reported. After they have chosen the main facts, they expand the list into an outline by going back and filling in additional information they will need under each fact. It is also important to organize ideas by placing them in a logical order or progression—e.g., chronological, compare, least to the most important, problem and solution, etc.
- Decide what level of report is needed and appropriate—whether it is a formal report, a memo, or a letter.
- Remember the purpose. Once you have gathered and organized your facts and ideas, you are ready to summarize. When you are writing your summary documentation, keep asking yourself, “What is my purpose in writing this report? Whom am I writing it for?” This will help you include only the most important information in your report
- Expand on the main ideas and facts you have put in your outline.
- Include the appropriate demographic/identifying information (such as name, address, sex, and race).
- Clearly state your purpose at the beginning of your report. Explain why you are writing the report.

Case Summary Tips continued...

- Work for clarity. Use specific, concrete, and familiar words, and use short sentences.
- Strive for brevity. Most of your reports should be short. Wordiness lessens the force and distracts the reader from the point you want to make. Avoid redundant phrases such as “first beginnings,” “the present time,” “join,” and “point in time.” Keep sentences to 20 words or less in most cases. Remember to stop writing once your message is finished.
- Normally the straightforward subject-verb-object sentence is the best. For example, “Don hit John.”
- Use active verbs whenever possible. The passive voice adds unnecessary words, weakens the statement, and makes the meaning less clear. For example, “Don hit John” has a clearer, stronger impact than “John was hit by Don.”
- Give special attention to paragraph construction. Each paragraph should focus on a single idea. By reading the first and last sentence of a paragraph, the reader should be able to pick up much of what you are trying to communicate.

After

- Proofread—maybe have someone else proofread.
- Make sure that letters are appropriately addressed, and titles are correct.
- In general, a page of double-spaced typewritten copy should contain two or three paragraphs. If there is only one paragraph per page, it is likely that too many ideas have been crammed into a single paragraph.
- Use the dictionary to determine the exact meaning of a word, the correct spelling, whether a word should be capitalized, etc.
- It is important to make sure the reports reflect the completeness of the interagency process. In summary documentation reports, the wording should reflect that the family, along with the interagency team, agreed to or decided on a given action.
- It is also crucial that the summary documentation reflect a balance between the activities of the services agreement: what the worker has done and what the family has done. The worker’s job is to assist the family in reaching their services agreement goals.
- A judge will want to know what the worker has done with the case. Even if a family chooses not to cooperate with the worker, the worker must still make diligent efforts and document their attempts at including the family in the case planning process.

Successful Case Closure

Remember:

- The minute you begin to work with a family, you need to be up-front about the fact that the clock is ticking—if certain changes don't occur within given timeframes, they will be at risk of having their children removed from their home.
- In a non-threatening manner, you need to let them know that the goal is safety and permanence. Tell the family that your goal is to end your involvement with them. Clearly tell them the conditions under which noninvolvement can occur.
- If you consistently involve the family and consistently review their progress with the family, then the decision to terminate or transition the case to another level should not surprise anyone. Remember that if you have been clear about the goals, objectives, and expected outcomes, then the decision to terminate should be a clear one.
- If you are transitioning the case to another level of service, you will still need to help the family understand the transition and deal with their resulting feelings.
- Model for families how to celebrate. Also, model for them the importance of celebrating accomplishments in very small increments. The old saying “Success breeds success” is generally true in work with families. Be sure to praise legitimate accomplishments only. Do not celebrate if there have been no accomplishments. But if there are legitimate accomplishments, the family may not initially recognize them as such, and you may have to help the family to do so.
- Meet personally with the family to discuss the case closure
- Acknowledge the family's and the worker's feelings about case closure
- Refer the family to additional resources as needed
- Leave the door open for services should they be needed in the future.



APPENDIX

Transfer of Learning Tool (TOL)

Instructions: Part A is completed before the child welfare worker attends the training event. Part B is completed during the training and Part C is completed soon after the training event.

Tool goals:

1. Ensure child welfare workers get as much as possible from training;
2. Support child welfare workers in transferring learning and skills from training to the workplace.

Course Title: **In Home Services in Child Welfare**

Training Dates: _____

Competencies

- Understands how to write concise, summarized, timely case documentation and the importance of maintaining documentation in the family case record.
- Understands the complex issues involved in service termination and case closure and can plan for case closure and follow-up services.
- Can apply the relevant federal, state and local laws, policies, procedures and best practice standards related to their area of practice and understands how these support practice towards the goals of permanence, safety, and well-being for children.
- Knows and can apply social work values and principles in child welfare practice.
- Understands resistance as a natural component of the change process and knows methods to increase cooperation and reduce opposition.
- Understands the importance of a comprehensive and balanced assessment, knows what data must be gathered and how to thoroughly assess alleged abuse or neglect, family strengths and needs, and the risk and safety of children.
- Understands the potential effects of cultural differences on the development of a relationship and knows strategies to establish relationships with people from cultural backgrounds different from one's own.
- Can select appropriate techniques and conduct effective social work interviews.
- Knows the roles and responsibilities of other disciplines, community agencies and service providers and can collaborate with these agencies and practitioners to promote effective delivery of services that assure a safe, permanent family environment for children.
- Understands the importance of effective case planning and knows the steps in the case planning process.

Part A: Training Preparation *Complete before training*

Date of pre-training meeting between supervisor and social worker (Part A): _____

A1. **Social Worker’s goals for the training** (*What do you hope to get out of this training? What do you want to walk away from the training knowing or doing?*)

A2. **Supervisor’s goals for the training** (*What does the program manager/administrator want the supervisor to walk away from the training knowing or doing?*)

A3. List specific questions the social worker would like answered about the topic:

A4. List current opportunities the social worker might want to apply learning during and after this training:

A5. List any steps the social worker will take to prepare for the course (e.g., review NC child welfare team policies)

A6. What are potential barriers to course attendance and full participation? What supports will be provided to address barriers (e.g., no calls during training days, etc.)?

Supervisor’s initials: _____ Date: _____

Worker’s initials: _____ Date: _____

Part B: During the Training

At the end of each training day, you will be asked to complete TOL activities to apply your learning. Please only answer these questions when prompted by the trainers. You will share your responses and ideas with your supervisor in your follow up meeting after the training.

Day One Reflections

1. What about today's activities and material did you find most helpful?

2. What about today's activities and material did you find most challenging?

3. What are your top three "takeaways" for today?

Day Two Reflections

1. What about today's activities and material did you find most helpful?

2. What about today's activities and material did you find most challenging?

3. What are your top three "takeaways" for today?

Day Three Reflections

1. What about today's activities and material did you find most helpful?
2. What about today's activities and material did you find most challenging?
3. What are your top three "takeaways" for today?

Day Four Reflections

1. What about today's activities and material did you find most helpful?
2. What about today's activities and material did you find most challenging?
3. What are your top three "takeaways" for today?

Summary of Reflections

Review your notes from all training days and consider the following:

1. Consider the Transfer of Learning plan you negotiated with your supervisor and your reflections during the training, identify a few action items you want to discuss with your supervisor in your post training follow up meeting.
2. What are the merits of the action items you selected? How will they strengthen your practice, benefit the agency and/or enhance the safety and well-being of children?
3. What resources or supports will you request?
4. What barriers or pitfalls do you anticipate? How can you address these? What supports do you need?

Part C: Post-Training Debrief *Complete within 30 days after training*

Date of debrief meeting with supervisor: _____

C1. What are the top three things you learned from the training?

C2. Describe your action plan in response to this training.

C3. What might be some potential barriers to applying the skills and knowledge obtained from the training (e.g., time, resources, etc.)? How might these barriers be overcome?

C4. What do you need from your supervisor to apply what was learned in this training?

Supervisor's signature: _____ Date: _____

Social Worker's signature: _____ Date: _____

**Transfer of Learning- In Home Services
NC Division of Social Services**

**Page 5 of 5
March 2018**

QUESTIONS TO CONSIDER IN A SEEMAP ASSESSMENT

Social—the family’s social connection to the community.

- Who lives in the house? How are people connected to each other?
- What is the feeling when you enter the house? Comfortable? Tense? Why?
- How do people treat one another? How do they speak to and about one another to someone outside the family? How far away is this home from other homes? Would it be likely that people would be able to visit here easily?
- Who does visit the family? Ask questions to determine what individuals, organizations, and systems are connected to the family.
- Are those people/organizations/systems helpful or not?
- What do people in this family do for fun? What stories do they tell about themselves?
- What are the major interpersonal strengths about this family?
- What kind of social support systems the family can depend on.
- How does the family use resources in the community?
- How does the family interact with social agencies, schools, churches, neighborhood groups, extended family, or friends?
- Do the children attend school regularly? Are there behavior problems at school?
- Do not forget the importance of nontraditional connections a family may have.

Economic—the family’s financial situation

- Are people willing to discuss their finances after a period of getting acquainted?
- Does the stated amount of income seem reasonable and possible to live on?
- If it does not, do members have any plan or idea what to do?
- Has the family made plans to use economic government services? Are food stamps, child support, TANF, LIEAP available to them? If not, why not?
- If income seems adequate but the residence and family members seem needy, is there any comprehensible explanation about where the money goes?
- Do the adults in the family demonstrate an awareness of how to budget the money that is available to them?
- Do people in this family tend to make workable fiscal decisions for themselves?
- What is the strongest economic skill each person in this family displays?
- Do they have enough money to make it through the month?
- Do they have any plan for where the money goes?
- Where does the money come from?
- Does the parent subsystem agree about the destination of any monies available?
- Are they content with the job they have? Have they considered changing job fields or careers? If so, what has prevented it?

Environmental—what is the family’s environment like?

- Look at the residence from the outside. Is it kept up? In disrepair?

- What is the surrounding area like? Places for children to play?
- Are there obvious hazards around the house? Old refrigerators, cars, broken toys, glass, etc.?
- What is the feeling you get when you arrive at this residence? Do you know where this feeling comes from?
- Is the neighborhood comfortable or dangerous? Are there people walking around? Do you get a sense that people in this neighborhood would intervene if a child were in danger?
- Inside the residence, is there light and air?
- Is there any place to sit and talk?
- Are there toys appropriate for the ages of the children who live there? Or can you tell if someone creates a space for children to play?
- Is there a place for each person to sleep?
- Is it obvious that people eat here? Can you determine what kind of food is available for people who live here?
- Are there any pictures of family members or friends?
- Is there a working phone available to the family?
- Is there a SANITARY water supply available to the family? Are there readily available means of maintaining personal hygiene (toileting, bathing)
- SMOKE ALARM? Heat/air conditioning/fans
- What are the best features of this environment?
- Is their house structurally sound? Reasonably clean?
- Are there any health and safety issues?
- Do they have a phone?

Mental Health—the mental health issues with family members.

- Take a mental picture of the people in this family. What is their affect? Does it make sense, given the situation?
- Do members of this family have a history of emotional difficulties, mental illness, or impulse problems?
- Does anyone take medication for "nerves" or any other mental health condition?
- Are persons you interview able to attend to the conversation? Are there times when they seem emotionally absent during conversation?
- Do people make sense when they speak? Are they clearly oriented to time and location?
- When people speak to each other, does their communication make sense to you as well as to other family members?
- Are people able to experience pleasure in some things?
- Are there indicators that persons in this family have substance abuse addictions?
- Is there some awareness of the developmental differences between adults and smaller children?
- How do people in this family express anger?
- Can people in this family talk about emotions, or do they only "express" them?
- What is the major belief system in this family?
- Do members of this family seem generally okay with themselves?

- Is anyone exhibiting signs of depression? Remember that depression in children can show up as hyperactivity. Has anyone ever received counseling or been under the care of a physician for a mental health problem?
- Do their thoughts flow in ways you can understand? If you cannot understand the person, does the rest of the family act like they understand? There may be some cultural language habits that you will have to learn.
- Is anyone on medication? Are any of the medications for mental health related issues? (Examples, medications for depression, sleeping pills, anti-anxiety medications, tranquilizers, etc.) Are there funds to buy that medication?
- Is anyone abusing substances? What kind? Do they acknowledge a problem?

Activities of Daily Living (ADLs)—those activities people need to be able to accomplish to remain independent and self-sufficient: budget management, household management, capacity for employment, and schooling.

- Do adults in this family know how to obtain, prepare, and feed meals to children in this family?
- Do adults here know how to pay bills and handle money?
- Do people in this house know how to express themselves well enough to get their basic needs met?
- Do some people in this family speak the prevalent language of the community and English if their first language is different?
- Does the family engage in some activities of a spiritual nature?
- Are adults able to connect usefully with their children's schools, doctors and friends?
- Do the adults in the house demonstrate developmentally appropriate and accurate expectations of the children in the home?
- Does the family own a car?
- If not, are there neighbors close by who will give them rides? Is public transportation convenient and available?
- Do people in this family have the ability and willingness to keep the home safe and reasonably clean?
- What skill does this family demonstrate the most?
- Do the parents know how to discipline their children or adolescents?
- Do they need some support in learning how to manage or organize their household, or how to stretch their limited budget?
- Are they employable?

NORTH CAROLINA FAMILY MEETING PREPARATION

For use in planning all family meetings including CFTs, Family Services Agreements, Permanency Planning Reviews, and other child welfare agency meetings.

County: Case Number:

Case Name:		Worker Name:	
		Phone Number:	
Risk Level: <small>(from current assessment form)</small>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> NA (for Permanency Planning with a plan other than Reunification)	Supervisor Name:	
		Phone Number:	
Meeting Purpose: Multiple boxes may be selected. *Should be a CFT	<input type="checkbox"/> Safety Planning or Pre-petition/custody* In-Home <input type="checkbox"/> Initial Family Services Agreement * <input type="checkbox"/> Review of Family Services Agreement* Other <input type="checkbox"/> Family Requested*, Describe: <input type="checkbox"/> Other, Describe:	Permanency Planning (multiple boxes may be selected) <input type="checkbox"/> Development of Family Services Agreement* <input type="checkbox"/> Permanency Planning Review <input type="checkbox"/> Family Services Agreement Update* <input type="checkbox"/> Foster Care 18-21 <input type="checkbox"/> Change (placement, school, other)*, Describe:	
Facilitator Type:	<input type="checkbox"/> Facilitator (no case responsibility) <input type="checkbox"/> Case supervisor	<input type="checkbox"/> Case worker <input type="checkbox"/> Other:	
Service Needs:	Interpreter: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify language: Other: Describe:	Disability: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify disability/accommodations needed:	
Child Living Arrangement:	<input type="checkbox"/> Parent(s)/caretaker(s) <input type="checkbox"/> Family foster home <input type="checkbox"/> Therapeutic foster home <input type="checkbox"/> Other:	<input type="checkbox"/> Temporary Safety Provider <input type="checkbox"/> Kinship Provider (licensed or not licensed) <input type="checkbox"/> Group home or juvenile justice placement <input type="checkbox"/> PRTF / Hospital	
Parents/ Caretakers Status:	Are both parents involved? Describe the relationship between parents/caretakers? What efforts have been made to engage non-resident parent? <input type="checkbox"/> NA		
Meeting Objective / Issue to be Addressed:			
Relevant Safety Issues:			
Parent/ Caretaker Preparation:	What does the parent want to address during the meeting? What concerns does parent/caretaker have about the meeting? How will children be involved? Encourage parents(s) to bring family pictures and items to “entertain” children. Who are the family supports? Who does the parent/caretaker want to attend this meeting?		

NORTH CAROLINA FAMILY MEETING PREPARATION

For use in planning all family meetings including CFTs, Family Services Agreements, Permanency Planning Reviews, and other child welfare agency meetings.

County: **Case Number:**

	Discuss potential safety concerns. What is best time of day/ day of week for the family members? Prepare/introduce the parent(s) to the need to complete required forms (and why).			
Service Providers, Family Supports or Community Members:				
Considerations:	<ul style="list-style-type: none"> • How many attendees are anticipated? • How long is the meeting expected to last? 	<ul style="list-style-type: none"> • Should childcare be provided/available? • Is the meeting location family-friendly? 		
Meeting Location:				
Participant Preparation: Who is responsible?	Name	Contact Method/Number	Relationship to Child	Date contacted and outcome
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
	11.			
	12.			
All Attendee Preparation:	Discuss purpose of the CFT meeting. Discuss the requirement for confidentiality. Discuss the meeting expectations, to include but not limited to: <ul style="list-style-type: none"> • Participants agree to arrive on time and can expect the meeting to last (minutes or hours). • Participants understand that there may not be time to address all topics during this meeting and that there will be agency requirements that must be covered. Participants agree to use of a “parking lot” to identify ideas or items for follow up. 			

NORTH CAROLINA FAMILY MEETING PREPARATION

For use in planning all family meetings including CFTs, Family Services Agreements, Permanency Planning Reviews, and other child welfare agency meetings.

Name of Child/Youth:	Age:	Repeat this page for each child.	
Child Preparation (all meetings)	A. Describe how child was prepared. <input type="checkbox"/> NA. If NA, explain why: _____ Answer question B. at the end of this section. Child should answer: <ul style="list-style-type: none"> • These are my ideas regarding the decisions that will be made in the meeting: • I do <input type="checkbox"/>/ do not <input type="checkbox"/> wish to attend the meeting. Explain: Answer question B. at the end of this section if child does not plan to attend the meeting or expresses an inability to participate/express views. • How things are with my family right now: • How things are in school: • How things are between me and my caseworker or between me and the agency: • What is going well: • What I am worried about: • What I would like to be different: • Other: B. What is the plan to have child represented if unable to participate in the meeting? <input type="checkbox"/> NA (child will participate)		
Additional Child Preparation for Permanency Planning cases <input type="checkbox"/> Check if child is in county child welfare custody	If box (to the left indicating child in custody) is checked, child should also be asked the following: <input type="checkbox"/> NA. If NA, explain why: _____ <ul style="list-style-type: none"> • How things are in my current placement: • Where I want to live while I am in foster care <ul style="list-style-type: none"> <input type="checkbox"/> I want to stay where I live now, with <input type="checkbox"/> I want to live somewhere else: (describe the kind of setting that would be best for you) • The following permanent plan would be in my best interest <ul style="list-style-type: none"> <input type="checkbox"/> Going to live with my parent(s). Explain if checked: <input type="checkbox"/> Going to live with a relative. Explain if checked: _____ Name of person, relationship <input type="checkbox"/> Going to live with: _____ Relationship to child: _____ Explain if checked: <input type="checkbox"/> Going out on my own. Explain if checked: <input type="checkbox"/> Being adopted. Explain if checked: <input type="checkbox"/> Participating in Foster Care 18-21 (check only if child is 17 years old) <input type="checkbox"/> Other (describe). Explain if checked: • My second choice for a permanent plan would be: • While I am in foster care, I want to have visits/contact with the following: <ul style="list-style-type: none"> ○ I would like to have <u>regular</u> visits with (focus on family members, name of person and how often): ○ Additionally, I want to have visits with the following people who are important to me: ○ I would like to have contact with the following people: • If age 14 or older, my participation in development of my transitional living plan has been: 		

Follow up with the child(ren) after the meeting to discuss the meeting (whether or not they attended), especially any decisions made during the meeting.

NORTH CAROLINA FAMILY MEETING PREPARATION

For use in planning all family meetings including CFTs, Family Services Agreements, Permanency Planning Reviews, and other child welfare agency meetings.

Child and Family Team (CFT) meetings are a critical aspect of family engagement. CFT meetings should not be viewed as a single event but as a process. Introduction to CFT meetings should begin during the CPS Assessment phase of a case. Documenting the process is as important as documentation of the actual meeting.

A CFT is designed to capture the best ideas of the family, informal, and formal supports that the family believes in, ideas that the agency can approve of, and that lessens risk and heightens safety for the child/youth and family, or that will promote permanency and well-being for a child(ren). The use of the Child and Family Team reflects the belief that families can solve their own problems, most of the time, if they are provided the opportunity and support. No one knows a family's strengths, needs and challenges better than the family. CFT meetings are structured, guided discussions that can be held during any aspect of a child welfare case (Assessment, In-Home or Permanency Planning). A CFT may be held to:

- Reach agreement on how identified child welfare issues and/or a safety threat will be addressed;
- Develop a Family Service Agreement;
- Review a Family Services Agreement;
- Address the placement of a child(ren) or disruption of a placement for that child(ren);
- Discuss or review permanency planning for a child(ren);
- Plan for how all participants will take part in, support, and implement a Family Service Agreement or any other agreement developed.

Use of the Family Meeting Planning form supports compliance with all CFT policies and practice. The Family Meeting Planning form is to be completed by the agency prior to a CFT meeting. The purpose of this form is to:

- Support the agency in preparing for a family meeting, ensuring consideration of the family needs (interpreter, disability) while also planning for any risk and any safety issues;
- Enhance CFT meeting quality by ensuring that resources are identified and in place prior to the meeting (interpreters, facilitators, child care, etc. when needed) and that a clear purpose has been established;
- Ensure that all appropriate participants are identified, notified and prepared for the meeting;
- Ensure that the agency has discussed with the parents/caretakers the meeting purpose, the parent's concerns, who the parents wish to have participate, and the parent's desire for how the child(ren) participate; and
- Provide guidance for the agency in preparing all children for the CFT meeting.

The Family Meeting Planning form is not designed for documentation of the meeting, just to support planning for the meeting.

The Family Meeting Planning form is designed to be shared electronically so that more than 1 person can add information. Exactly who completes each section of this form is left to the discretion of each agency. Some counties may have the worker assigned to the case complete beginning sections of the form and then forward it to a manager for assignment to a facilitator. Another agency may have the facilitator complete the form based on an email or verbal referral. An agency may also choose to route the form back to the worker once the meeting has been scheduled and the adult participants have been contacted, so the worker can prepare the child(ren).

The information required by this form need not be duplicated elsewhere in the record.

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

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

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

County: **Case Number:**

II. Meeting Purpose

Meeting Date:

Confidentiality: 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.

Review meeting ground rules.

Reason for County Child Welfare Involvement:

Reason for this meeting:

What is the reason for this meeting?

Is it required by policy and why?

Was there an incident/condition requiring the meeting?

Meeting Goal: Document what participants hope will be accomplished during this meeting.	Agency	
	Parent(s)	
	Child(ren)	
	Others	

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

III. Strengths & Resources

- A. Identify family and family member strengths.

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

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

Needs

- A. Are the conditions that lead to In-Home Services still present? Yes No Explain:

- B. Identify Needs
 - a. Identify the needs that must be addressed (needs/issues that lead to child welfare involvement).
 - b. Include the safety and risk concerns that must be addressed
 - c. Identify parent(s) wellbeing needs

- C. Brainstorm options to address needs

- D. 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. (*Parent(s)/caretaker(s) initial this section.*)

Sections IV and V that follow build upon family strengths and resources to address family issues and needs. These following sections address the findings of the CPS Assessment, are based on the NC Child Welfare assessment tools, and provide specific activities to prevent the child(ren) from entering county child welfare custody.

The emphasis of Sections VI and VII must be on enhancing the capacity of the parent(s)/caretaker(s) to care for their child(ren).

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

IV (a). 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 next page.**

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

Is there a Temporary Safety Provider? **Yes** **No** **If yes, name of provider:**

If yes, has the Comprehensive Provider Assessment been completed and approved? **Yes** **No** **If no, reason:**

1. Safety Threat:
2. Describe:
3. Objective:

4. Activities (by family)	Who is Responsible	Target Date	Activity Progress Notes
4. Activities (by child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Addressing the Identified Safety Threats

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

IV(b). Objectives and Activities to Address Identified Needs

1. Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children):
2. Describe behaviors that are of concern:
3. Objective:

4. Activities (by family)	Who is Responsible	Target Date	Activity Progress Notes
4. Activities (by child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Objective

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

IV(b). Objectives and Activities to Address Identified Needs

1. Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children):
2. Describe behaviors that are of concern:
3. Objective:

4. Activities (by family)	Who is Responsible	Target Date	Activity Progress Notes
4. Activities (by child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Objective

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

IV(b). Objectives and Activities to Address Identified Needs

1. Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children):
2. Describe behaviors that are of concern:
3. Objective:

4. Activities (by family)	Who is Responsible	Target Date	Activity Progress Notes
4. Activities (by child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Objective

Review status: Date <input type="checkbox"/> Objective Achieved in full <input type="checkbox"/> No longer needed <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not completed	Comments:
--	-----------

Review status: Date <input type="checkbox"/> Objective Achieved in full <input type="checkbox"/> No longer needed <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not completed	Comments:
--	-----------

Review status: Date <input type="checkbox"/> Objective Achieved in full <input type="checkbox"/> No longer needed <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not completed	Comments:
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NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

IV(c). Additional Services Requested by the Family (Voluntary Services) – Use this section only if needed/requested by parent.

1. Requested Service:
2. Objective:

3. Activities (by family)	Who is Responsible	Target Date	Activity Progress Notes
4. Activities (by child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Objective

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not completed	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not completed	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not completed	

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

IV(d). Parent/Caretaker Wellbeing Needs

Have all parent/caretaker wellbeing needs been addressed in Sections V, VI, & VII? Yes No Explain:

If not, how are these needs being addressed?

V. Child well-being and follow up if needed:

Child's Name:

	Service Provider & Contact Information	Needs / Issues / Strengths	Follow Up / Next Steps, if needed
Educational / Developmental	School/Daycare:	Educational/developmental needs being met?	
	Grade: Normal grade? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Services in place:		
Physical / Medical / Dental	Physician/Address/Phone:	Health issues, allergies, medication?	
	Immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last medical checkup?		
	Dentist:		
	Date of last dental checkup?		
Mental Health / Behavioral needs	Provider/Address/Phone: Diagnosis/Behavioral concern:	Medication/Juvenile Justice involvement?	
Health Insurance	Provider:		
Social / Other	Activities:		

Child's Name:

	Service Provider & Contact Information	Needs / Issues / Strengths	Follow Up / Next Steps, if needed
Educational / Developmental	School/Daycare:	Educational/developmental needs being met?	
	Grade: Normal grade? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Services in place:		
	Physician/Address/Phone:	Health issues, allergies, medication?	

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Physical / Medical / Dental	Immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last medical checkup?		
	Dentist: Date of last dental checkup?		
Mental Health / Behavioral needs	Provider/Address/Phone: Diagnosis/Behavioral concern:	Medication/Juvenile Justice involvement?	
Health Insurance	Provider:		
Social / Other	Activities:		

Child's Name:

	Service Provider & Contact Information	Needs / Issues / Strengths	Follow Up / Next Steps, if needed
Educational / Developmental	School/Daycare:	Educational/developmental needs being met?	
	Grade: Normal grade? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Services in place:		
Physical / Medical / Dental	Physician/Address/Phone: Immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last medical checkup?	Health issues, allergies, medication?	
	Dentist: Date of last dental checkup?		
Mental Health / Behavioral needs	Provider/Address/Phone: Diagnosis/Behavioral concern:	Medication/Juvenile Justice involvement?	
Health Insurance	Provider:		
Social / Other	Activities:		

Child's Name:

	Service Provider & Contact Information	Needs / Issues / Strengths	Follow Up / Next Steps, if needed
	School/Daycare:		

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Educational / Developmental	Grade: Normal grade? Yes <input type="checkbox"/> No <input type="checkbox"/>	Educational/developmental needs being met?	
	Services in place:		
Physical / Medical / Dental	Physician/Address/Phone:	Health issues, allergies, medication?	
	Immunizations current? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of last medical checkup?		
	Dentist: Date of last dental checkup?		
Mental Health / Behavioral needs	Provider/Address/Phone: Diagnosis/Behavioral concern:	Medication/Juvenile Justice involvement?	
Health Insurance	Provider:		
Social / Other	Activities:		

<p>How was each child provided an opportunity to participate in development of this In-Home Family Services Agreement?</p> <p>Identify child(ren)'s input (concerns, desires).</p>	
--	--

<p>Discuss / identify any American Indian Heritage.</p> <p>Discuss/ identify any Mexican Heritage.</p>	
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NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Progress / Comments regarding child well-being needs:

Child's Name: Child Well-Being Need from IX(a) that required follow up:

Review status: Date	Comments:
<input type="checkbox"/> Need Addressed in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Addressed	
<input type="checkbox"/> Not completed	

Child's Name: Child Well-Being Need from IX(a) that required follow up:

Review status: Date	Comments:
<input type="checkbox"/> Need Addressed in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Addressed	
<input type="checkbox"/> Not completed	

Child's Name: Child Well-Being Need from IX(a) that required follow up:

Review status: Date	Comments:
<input type="checkbox"/> Need Addressed in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Addressed	
<input type="checkbox"/> Not completed	

Child's Name: Child Well-Being Need from IX(a) that required follow up:

Review status: Date	Comments:
<input type="checkbox"/> Need Addressed in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Addressed	
<input type="checkbox"/> Not completed	

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

VI. Back-Up Planning and Next Steps

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

- b. What will happen if the child's safety can no longer be assured?

If the child must be removed from the home, what are the parent's preferences for placement?

- c. Under what circumstances will the agency end services and close the case?

- d. Next Meeting

Date:	
Issues to be Discussed:	
Others to invite:	
Modifications to meeting process:	
Other follow-up?	

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			<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Worker			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary Safety Provider (if being used)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Agency/Phone/Email			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Agency/Phone/Email			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Agency/Phone/Email			<input type="checkbox"/> Yes <input type="checkbox"/> No
Others invited but unable to attend:			

Services **In-Home Family Services Agreement Instructions**

Which Cases:

- All cases assigned in which the family is receiving CPS In-Home Services after substantiation or a “services needed” finding is made.
- The plan can also be used to document a plan of voluntary services to families.

If the DSS is granted custody, the Out-of-Home Services Agreement form is to be used even if the child physically remains in the home.

Purpose:

The purpose of the In-Home Family Services Agreement is to specify a plan to respond to the conditions or needs that threaten a child's safety and place him or her at risk of future harm, while identifying and building on the family's strengths.

The conditions and needs of the family, as well as family strengths, are identified through the Safety Assessment, Risk Assessment, the Family Assessment of Strengths and Needs, and in the Case Decision Summary section of the DSS-5010.

The In-Home Family Services Agreement addresses the needs of the family identified in the Family Strengths and Needs Assessment, safety issues and the future risk of harm to the child. It also outlines a plan to meet those needs, safety issues, and future risk of harm contingent upon the actions and activities of the family and the worker. Although priority needs will be addressed first, the family needs to be aware of all of the needs that must be addressed with target dates based on the priority level. Other needs may also be addressed in the agreement when the family requests voluntary services. Additionally, the In-Home Services Agreement must identify the child and family well-being issues and include a plan for how the worker and family will ensure these issues are addressed. Failure to resolve the well-being issues will not result in continuation of involuntary services.

Plan Development:

The In- Home Family Services Agreement form is completed by the CPS In-Home Services social worker or other worker as assigned. The agreement must be developed jointly with the family, their personal support systems, and any other persons who are involved in and critical to the successful completion of the agreement and the safety and welfare of the children as per CFT protocol and guidance. Both residential parents and nonresidential parents should participate in the development of the agreement. In some cases, separate agreements may be necessary. If a nonresidential parent is not involved in the planning, documentation should reflect why. An example of this would be a nonresidential parent who has expressed a desire to not be involved in the child's life, who has never had any involvement in the child's life, who refuses any contact with the child, provides no possible relative supports and refuses to co-operate with the social worker in the development of an agreement.

Refer to the Family Meeting Planning form to prepare for these meetings. Page 3 of this Planning form provides questions designed to prepare children for any family meeting, but particularly for the development and review of the Family Services Agreement. Children's participation in the development of the Family Services Agreement is required and the planning form supports achieving that requirement in an effective manner.

In domestic violence cases, separate Family Services Agreements should be completed with the non-offending parent/adult victim and the perpetrator of domestic violence. The perpetrator of

Services **In-Home Family Services Agreement Instructions**

domestic violence should not have access to the non-offending parent/adult victim's Family Services Agreement. In some cases, the non-offending parent/adult victim may want the perpetrator of domestic violence to participate in the Child and Family Team meeting together. The County DSS and or facilitator should review the completed Structured Decision Making Tools before deciding if it is safe and appropriate to initiate a joint Child and Family Team meeting. Ultimately, if the County DSS and/or facilitator believe it is too dangerous to conduct the Child Family Team Meeting with the perpetrator of domestic violence present, complete them separately. Refer to Domestic Violence protocol and guidance.

When:

The In-Home Family Services Agreement must be developed within 30 days of the case decision to substantiate or of finding of services needed, updated every three months thereafter to coincide with the Family Strengths and Needs Assessment and Risk Reassessment updates, or modified whenever family circumstances warrant a change. All counties should use the Child and Family Team (CFT) meetings to develop and update the Service Agreement. For the exceptions when the Agreement cannot be completed within 30 days, or in a CFT meeting, documentation shall reflect diligent efforts made or the rationale for extra time to develop the plan. If the Agreement is not updated, documentation shall reflect diligent efforts to engage the family or the rationale for continuing the previous plan.

Completion of the Family Services Agreement must occur within timeframes both to support effective planning and communication with the family but also to comply with IV-E eligibility requirements. In-Home Services is an involuntary service that has an impact on a family's right to make decisions about how they function. Prompt provision of In-Home services that motivate the family to make the necessary, sustainable changes to address safety and risk must occur to close the case in a timely manner that will also prevent the occurrence of repeat maltreatment.

The Agreement Completion:

Section I. Case Identifying Information

- Include the family name, address, and telephone number and the social worker's name and telephone number so that the family can contact the worker with questions or concerns.
- List the names of all the children who live in the household with their dates of birth in parentheses.
- Record the name of other child/children's caregiver(s)

Section II. Meeting Purpose

Discuss with meeting attendees the meeting ground rules (refer to Principles of Partnership) and the need for confidentiality.

Identify the reason for child welfare involvement (to ensure all participants understand what must be addressed).

Identify the goal(s) that participants have for the meeting. Although the agency will have goals that must be achieved to comply with statute and policy, there may be other goals for the meeting.

In-Home Family Services Agreement Instructions

Section III. Family Strengths, Resources and Needs

Applying the Child and Family Team philosophy, identify the family's strengths and needs. This should include discussion of the family's support system and services in place. Discuss parent(s)'s needs, including medical, employment, social, or other needs, even those that may not be identified on the Family Strengths and Needs Assessment. This part of the meeting should lead into the planning to address the safety and needs associated with the reason for child welfare involvement.

The last prompt in this section, *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 placement*, is:

- Required to comply with IV-E requirements
- Important to emphasize the need for change in the family environment and/or circumstances, and
- A difficult discussion.

This prompt is located after the open discussion regarding needs so as to not discourage open discussion about all needs and brainstorming of ideas to address needs.

The last Prompt in Section III., Provide clear and concise language of the specific reason that the child is at imminent risk of removal if services are not promptly provided to prevent placement, is a IV-E Requirement.

To meet IV-E funding requirements, the county child welfare agency must document on each Family Services Agreement that the child(ren) is/are at imminent risk of foster care if ____ (fill in what puts the child(ren) at risk and must be corrected and/or eliminated).

Examples:

1. Sarah and Jim Dixon are at imminent risk of entering foster care *if they continue to be exposed to and/or impacted by incidents of domestic violence and the family does not engage in services to address the domestic violence.*
2. Sarah and Jim Dixon are at imminent risk of entering foster care *if they continue to be at risk of harm due to Mary Dixon's continued use of cocaine and Mary Dixon does not engage in treatment and ensure her children are not in her care when she is under the influence.*

The parent(s) must indicate with their signature or initials that they read and understand the statement regarding their children at imminent risk of removal.

This last prompt transitions to the development of the Family Services Agreement Safety Threats and Objectives and Activities to Address Identified Needs. Any behavior, circumstance, and/or condition that has put the child(ren) at imminent risk of removal must be specifically addressed in sections IV. of the Family Services Agreement.

Section IV a. Safety Threats

Identify safety activities identified on the TPSA that have not been completed or any new safety threats that have developed. This section is not required for all cases. 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). Describe the behavior/condition that created the safety threat. For the objective, clearly state how the agency will determine that the safety threat has been resolved.

Home Family Services Agreement Instructions

Instructions: In Home Family Services Agreements (09/2017) See the instructions for Section VII. for completion of Activities/Responsibility/Target Dates and Progress toward eliminating the safety threat.

Section IV b. Objectives and Activities to Address Identified Needs 1. Need

Identify needs from the Family Strengths and Needs Assessment that affect the child's present safety or places the child at future risk of harm. The greatest need should be addressed first in the In-Home Family Services Agreement. Only one need per page should be addressed. (Example: S2. Parenting Skills) In identifying needs of the family, please be sure that the safety and risk assessment concerns of the family are incorporated into the service agreement.

If needs from an involved noncustodial parent are identified, their needs should also be addressed within the In-Home Family Services Agreement either on the same one or on a separate agreement.

2. Describe behaviors that are of concern

Specify the conditions/behaviors affecting the child's present safety or that put the child at risk of future harm as identified in the Family Assessment of Strengths and Needs and the NC Case Plan Decision Summary.

(Example: Mrs. Brown's use of a paddle for disciplining her son Johnny Brown while she was angry resulted in severe bruising on his buttocks, lower torso, and thighs.)

3. Objectives

Describe specifically what the desired behavior/condition or expected changes will look like when the need is met so the caregiver and the worker are clear about what is expected and when it has been accomplished. The family should be involved in the development of these outcome statements.

(Example: Mrs. Brown will learn and demonstrate her ability to apply age-appropriate methods of discipline that do not harm Johnny.)

4. Activities/Responsibility/Target Dates

List the activities that are planned to correct the identified need/behavior and the date the activity should be start or be completed. Activities should state what will be done, where it will be done, by whom and when it will be begun/completed. The caregivers should be involved in developing these activities. The caregiver should also have input into decisions concerning who will be service providers, as needed.

(Example: Mrs. Brown will complete parenting classes with the Barnard Family Resource Center by October 30. Rev. Stillwell will be available to Mrs. Brown if she needs to talk to him to diffuse her anger. Mrs. Brown will demonstrate her ability to use effective discipline techniques with Johnny (for example: restricting activities, using time out and talking with Johnny). Mrs. Brown's mother will be available 24 hours a day to provide supervision to Johnny if Mrs. Brown is concerned about losing control of her temper. Lois Chappell will work as an In-Home Aide to coach age-appropriate discipline techniques.)

Also listed here should be the specific activities the worker agrees to do to assist the family in successfully completing the plan. (Example: Agency worker will make referrals to required services. Agency worker will visit weekly and will be available by telephone to help Mrs. Brown progress in learning and using discipline techniques, as well as, to discuss any other areas of concern that Mrs. Brown may have.)

Services In-Home Family Services Agreement Instructions

5. Progress toward meeting the identified needs (to be used as part of the review)

Use the Risk Reassessment and Family Strengths and Needs Assessment, as well as observations and the family's report to assist in determining the family's progress. Describe the progress made. Enter the date of the review of the In-Home Family Services Agreement and check the current status outcome. There is room on this form for three progress updates toward achieving the objective. If the block "no longer needed" is selected, please explain why, and explain how this does not negatively affect the child's safety and risk of future harm. If some but not all of the objectives are achieved, you would check "partially achieved" and explain in the space provided in the Comment section below the Review Status update section on page 2.

Section IV c. Additional Services Requested by the Family

The family may request voluntary services in addition to the services addressed in **Objectives and Activities to Address Identified Needs**. Use Section VII to identify the "Voluntary Services" requested by the family. This section is used when services are directed at assisting the family to promote the well-being of children and families, and enhancing the parent's ability to become self-sufficient and to care for their children. These services are voluntary on the part of the family and offered at county option. Families have the right to refuse voluntary services for any reason. The agency cannot justify initiating involuntary services or court action based solely upon the client's refusal of voluntary/requested services.

VIII(b). Use this section to document progress regarding the need in VIII(a).

Section IV d. Parent/Caretaker Wellbeing Needs

The child welfare agency should identify with the family any needs of the parent(s) that are not identified in VI(a). or VII. and describe how those needs will be addressed. These needs were not significant enough to cause county child welfare involvement but if addressed could enhance the parent(s) ability to provide for his or her children. An example may be a medical need that a parent has neglected but impacts the quality of daily living.

Section V. Child Wellbeing Strengths & Needs and how they will be addressed

Child Well-being needs identified through the Family Assessment of Strengths and Needs should be noted in the In-Home Family Services Agreement.

Remember that lack of adherence to the well-being issues is not a reason to initiate court proceedings against the parent if it is not seen as a risk/safety issue or was not part of the case decision to substantiate or finding of 'In Need of Services'. The well-being issues are not reasons to keep the case open when it would otherwise be closed for services.

Example: Johnny has not had a routine physical exam in three years.

Once well-being needs are identified, the worker should give assistance to the family in meeting these needs by providing the information, services or referral to service providers to meet the needs. The actions taken by the worker to assist the family should also be noted in this section.

Example: Mrs. Brown will make an appointment to take Johnny to the Children's Health Clinic for a routine checkup. The caseworker, Ms. Friend, will provide transportation if needed.

Services In-Home Family Services Agreement Instructions

Whenever possible workers are encouraged to enter known information into this section of the document prior to the meeting in the interest of meeting time. Review of the information for accuracy, needs, progress, and follow-up should occur during the meeting.

Ask the family to describe any knowledge of having American Indian Heritage or Mexican Heritage.

The Indian Child Welfare Act (ICWA) applies only when the child is a member or is eligible to be a member of a federally recognized Indian tribe and is the biological child of a member of a federally recognized tribe.

The Multi Ethnic Placement Act applies to placement of Indian children not covered by ICWA such as American Indian children of a state recognized tribe. When considering placement for any American Indian child, every effort should be made to involve the tribal community in planning for the child in a setting that reflects his or her Indian culture.

If an American Indian child is identified, it remains the responsibility of the county department of social services to provide CPS In-Home Services. Having knowledge of a child's American Indian tribe membership whether a state recognized or federally recognized tribe is important for recognition of culturally competent practice as well as for possible future placement planning.

If there is any indication/question that the child may be an American Indian child, refer to the "Placement Decision Making" section of the Family Services Manual, Children's Services, Chapter IV as well as the Indian Child Welfare Act Compliance Checklist (dss-5291) for guidance.

There are no actions required if Mexican heritage is identified. However if it becomes necessary for the county child welfare agency to file a petition, this information will be required.

Progress towards meeting the child well-being needs and comments

Note and date the progress of the family and worker toward meeting the identified needs. Use the comment section to note any concerns or statements of the family or the worker.

Note: If a "well-being" issue deteriorates to the point that it meets the definition of abuse, neglect or dependency, then a new CPS report must be initiated.

Section VI. Back-up Planning and Next Steps

What are the effective services being provided to this child(ren) to keep the child(ren) from going into foster care?

The statement regarding specific services should be evaluated and updated at least every six months for each child. Update to this section may be done every three months when the whole packet is updated for quarterly reviews. The child is only eligible for IV-E funded in-home services if agency services are critical to prevent removal from the home.

If there is an involved noncustodial parent, describe how are they (and their family members) assisting in the planning of the child(ren)'s safety:

Are they present for the development of an In-Home Family Services Agreement? Did they provide relatives that are a support for the child? Is there a child support order in place to provide financially?

In-Home Family Services Agreement Instructions

What will happen if the child's safety can no longer be assured?

Specify what action will be taken if the safety and future risk of harm to the child becomes unacceptable, up to and including, the possibility of the agency filing a petition for custody or removal of the child from the home, if necessary. This section must be completed at the time of the development of the plan with the family. The worker should explain that the primary goal is to maintain the child safely in the home of the parent/caregiver, but if the child's safety is compromised, the agency will take steps to ensure the safety of the child, which may include filing a petition.

(Example: If Johnny is seriously injured again as a result of inappropriate discipline, or is otherwise endangered as a result of Mrs. Brown's actions or inactions, the agency will take steps to ensure his safety, which may include filing a petition.)

If the child must be removed from the home, what are the parent's preferences for placement?

Allowing the family to be involved in placement decision-making when out-of-home care of the child is needed reflects a family centered approach. It emphasizes the importance of parental involvement and facilitates the development of the casework relationship. Parents who are involved in out-of-home placement planning are usually less likely to disrupt, sabotage, or interrupt the placement.

The plan for out-of-home placement should include the family's ideas on options for care if the child should be removed from the home. It then becomes the worker's responsibility to assess any placement resource/safety resource, if out-of-home placement appears imminent, to ensure that it is a safe and nurturing environment for the child.

(Example: Mrs. Brown prefers that her mother, Wilhemena Davis (include Ms. Davis's contact information), provide care for Johnny if out-of-home placement is necessary.)

Under what circumstances will the agency end services and close the case?

- In the case of involuntary services as outlined on the Plan to Address Identified Needs:**
Whenever the desired outcome of the agreement is achieved, the child is safe and the risk to the child is reduced to an acceptable level, the case will be closed for services. Chapter VIII states that the agency shall terminate CPS In-Home Services when:
 - a. Parents or caregivers are willing to provide a safe home and demonstrate their ability to do so; or
 - b. The agency receives legal custody or placement responsibility.

- In the case of the provision of voluntary services:**
Services will be completed upon the client's request, when clients move out of the agency's jurisdiction, by mutual decision, or by individual determination of the client or agency. The case may also be closed if another agency becomes the primary service provider and assumes case management responsibilities.

Services In-Home Family Services Agreement Instructions

Next Steps

- When will the next meeting be held?
- Do others need to be invited?
- Should the meeting format be modified?
- What issues need to be addressed and what follow up is needed?

Remind all participants that the document is a living document that will be utilized between meetings to track progress and/or concerns.

The Family Services Agreement can be reviewed as often as needed but must be updated no less than once every three months.

Signatures

The signatures of the parent/caregiver, the child if cognitively and emotionally able to participate with the development of the agreement, the worker and the supervisor are all required on the In-Home Services Agreement. If the child was able to participate and did not sign the form, the worker should include an explanation of why the child did not sign. The children whom did not participate in the development of the agreement sign the plan if deemed appropriate by the worker and the family. By signing the agreement, the family, the worker, the child or children and any others who were involved with the development of the plan acknowledge their participation in the development and/or update of the Agreement.

In domestic violence situations, the non-offending adult victim and perpetrator should sign separate agreements. The written plan with the adult victim should not be shared with the perpetrator.

Other signatures may include service providers, community representatives, or family members and friends who have a role with the parent or child and support the plan. These signatures are optional and not required.

If a parent/caregiver refuses to sign the In-Home Family Services Agreement, the worker should try to address the caregiver's concerns and stress the need for working together to prevent the removal of the child from the home. The caregiver may verbally agree to the agreement even if they refuse to sign the agreement. The worker must note that each need and activity has been agreed to by the caregiver if he or she refuses to sign the agreement. If the caregiver refuses to sign the agreement and refuses to verbally agree to its provisions, the agency has the responsibility to ensure that the child is safe whether he is in his own home or in another type of placement. The child welfare agency may file a petition based on the abuse or neglect occurred, without petitioning for custody of the child. The court hearing that results from the petition can bring the court's authority to bear on the parent and the court order can then contain the plan for the family. This gives immediate authority to the agency if the situation deteriorates to the point of removal and petitioning for custody.

The date of the signatures must be documented on the Services Agreement. Even though the Services Agreement is a 'living' document, and there is a place to track progress on sections V, VI, VII, and IX for multiple updates, use a different signature page for each update. A copy of the Services Agreement must be given to all parties involved in the completion of the agreement and the date the copy was provided must be recorded on the In-Home Services Agreement form. The signature page can be signed at any time during the meeting.

For domestic violence cases, signatures of the non-offending adult victim and the perpetrator in domestic violence cases must be on separate family services agreements.

NORTH CAROLINA MONTHLY IN-HOME CONTACT RECORD

County

Case Number:

Month:

Visit Date:

Took Place: Where Child Lives

Case Name:

Other Location:

Case Members Present for Visit. Check the box for each person that was present at the visit.

- | | | | |
|--------------------------------|------|-----|---------------|
| <input type="checkbox"/> First | Last | Age | Relationship: |
| <input type="checkbox"/> First | Last | Age | Relationship: |
| <input type="checkbox"/> First | Last | Age | Relationship: |
| <input type="checkbox"/> First | Last | Age | Relationship: |
| <input type="checkbox"/> First | Last | Age | Relationship: |
| <input type="checkbox"/> First | Last | Age | Relationship: |
| <input type="checkbox"/> First | Last | Age | Relationship: |

Others Present at the Visit. Check box for those who were present at the visit.

- | | | | |
|--------------------------------|------|-----|---------------|
| <input type="checkbox"/> First | Last | Age | Relationship: |
| <input type="checkbox"/> First | Last | Age | Relationship: |
| <input type="checkbox"/> First | Last | Age | Relationship: |
| <input type="checkbox"/> First | Last | Age | Relationship: |

Note: Relationship to the case child(ren)

1. Home environment

Home

If this visit occurred in the home: What is the condition of the home? Are there any safety hazards? Did agency worker tour the entire home? Yes No *If not, why?*

Did agency worker tour the property and any outside buildings that the child(ren) have access to? Yes No *If not, why?*

Are firearms safely stored? Yes No *If not, why?*

Are there smoke alarms and are they functioning? Yes No *If not, why?*

Observe and document the sleeping arrangements in the home. If there are infants in the home, are safe sleeping arrangements being utilized? Yes No *If not, why?*

Changes in the household

Is new childcare being provided? New pets? Remodeling? New job or financial status?

Is anyone new living in the house, staying temporarily, or spending most of his/her time here? Has anyone left the home? Yes No *If yes, Name/Relationship/dob: _____ When? Why?*

Note: If new house hold member, complete criminal check, within 7 days.

Cultural and ethnic considerations

What are the cultural and ethnic beliefs of the family? Do these cultural and ethnic beliefs impact engagement or service provision?

As needed, inquire regarding: Mexican heritage American Indian heritage

NORTH CAROLINA MONTHLY IN-HOME CONTACT RECORD

2. Safety and supervision in the home

- a. Do all family members have options for privacy? What is the family's practice surrounding privacy and setting personal boundaries? Is there an appropriate level of supervision for children in the home?
- b. If a Temporary Safety Provider is being utilized, what is the progress toward eliminating the need for that Safety Provider?

3. Family Interaction

- a. Child behaviors and parenting skills

What's going well for the child behaviorally? Is any child displaying challenging/concerning behaviors? How capable and successful do parents feel managing the child's behavior? What's working/not working? What disciplinary practices are used to address a child's inappropriate behavior? What do the caretaker(s) consider to be inappropriate behavior? How are the children getting along? What about relationships between parents/caretakers and children?

- b. Family Relationships

Between adults? What's the greatest source of conflict in the family? How are issues resolved?

Note: If DV is an issue, follow DV protocol to assess family relationships.

4. Social support and access to and participation in community and in age or developmentally-appropriate activities

Who does the family turn to for help and advice—friends, extended family, coworkers, church, school? Does the family have social/emotional support and connections outside the home? Has the child(ren) been given regular opportunities to engage in age or developmentally-appropriate activities, such as sports, field trips, youth organization activities, social activities, etc.?

5. Non-resident parent &/or Extended Family Connections

If there is a non-resident parent,

- a. has that parent been in contact or involved with the child(ren)? Yes No If yes, describe:
Inquire regarding non-resident parent's location and/or contact information.
- b. has that parent's family been in contact or involved with the child(ren)? Yes No If yes, describe:

Are there maternal or paternal extended family members/kin that have contact or provide support? Yes No If yes, describe:

**REMINDER: THE IN-HOME FAMILY SERVICES AGREEMENT IS A "LIVING" DOCUMENT.
BRING A COPY OF THE NEEDS, OBJECTIVES AND ACTIVITIES PAGES AND ANY OTHER PAGES
REQUIRING FOLLOW UP TO REVIEW WITH FAMILY MEMBERS.**

6. Review of In Home Services Agreement in its entirety, including Well-Being Needs: Yes No If agreement is not reviewed, rationale:

Complete a. and b. **only** if this information is not documented directly on the Family Services Agreement.

a. Services in place or needed and progress on Goals and Objectives

*What resources/referrals are needed for child or parents—e.g. child care, substance abuse, etc.?
What skill would the parent or child benefit from learning/embracing right now?*

Need (from FSA)	Services/Activities Identified to Address	Progress/Comments

b. Well-being needs in place or needed and progress on those Identified Needs

Schooling/education of the child

How is the child doing in school? Consider social as well as academic issues. What does the child or

NORTH CAROLINA MONTHLY IN-HOME CONTACT RECORD

family need to increase success? If applicable, ask about afterschool, preschool, or child care.

Physical and mental health status/needs of family

Are all family members in good health? Are there any unmet or ongoing medical needs? Is it time to schedule a medical/dental check-up? Have parents noticed any recent changes in the child's mood or behavior? Does the child or parent have questions about the quality or frequency of mental health services?

Additional Parent Well-Being Needs

Are the voluntary services or other identified parent needs being addressed?

c. Upcoming Child and Family Team Meeting (CFT)

Is the next CFT meeting within the next 30 days? Yes No

If yes, discussion/preparation for next CFT meeting:

Who needs to be invited & who's responsible for the invitation:

Topics to discuss:

How will the child(ren) be included and/or prepared?

7. Relationship with agency, upcoming events

How could partnership with the agency be improved? What has been helpful? What information or input would the parents or child like to have about the Family Services Agreement, or upcoming events? When is the next child and family team meeting?

8. General Narrative

Did you spend time speaking privately with the child(ren)? Yes No In this narrative, clearly identify who participated in each interaction and what was discussed. Make sure that individual contact with each child is documented in a separate paragraph or bullet. Be sure to document for each child: *Does the child feel safe?*

Required:

Agency Representative/Worker: _____
Signature _____ Print Name _____ / ____ / ____
Date

Reviewed by:

Agency Representative's Supervisor _____
Signature _____ Print Name _____ / ____ / ____
Date

NORTH CAROLINA MONTHLY IN-HOME SERVICES CONTACT RECORD INSTRUCTIONS

Purpose

This contact form provides a guide for an effective, purposeful visit with children & families. Use this form for home visits, particularly visits made after development of the In-Home Family Services Agreement. The purpose of the form is to:

1. Focus discussion and attention on safety, risk, and well-being of children and family;
2. Facilitate timely documentation of the home visit;
3. Facilitate follow-up on identified needs; and
4. Support movement toward the intended objectives on the Family Services Agreement.

ITEMS TO COVER

- | | |
|--|---|
| <input type="checkbox"/> Discuss activities or issues identified at previous visit | <input type="checkbox"/> Cultural and ethnic considerations |
| <input type="checkbox"/> Changes in the household | <input type="checkbox"/> Child behaviors and parenting skills |
| <input type="checkbox"/> Any current safety issues | <input type="checkbox"/> Schooling/education of child(ren) |
| <input type="checkbox"/> Social support | <input type="checkbox"/> Physical health and mental health of child(ren) and other members of family |
| <input type="checkbox"/> Services provided or needed | <input type="checkbox"/> Child(ren)'s access to and participation in age or developmentally-appropriate activities. |
| <input type="checkbox"/> Relationship with the agency, upcoming events | <input type="checkbox"/> Interactions between family members |
| <input type="checkbox"/> Risk or Needs | <input type="checkbox"/> Follow-up activities |
| <input type="checkbox"/> Progress on Family Services Agreement | <input type="checkbox"/> General narrative comments |

When It Must be Used

- County child welfare agency In-Home Services workers must complete this tool during monthly face-to-face contacts with children and families in the home. The entire form must be completed every month. If there are multiple visits to the home during the same month, completion of the form can be distributed over those visits, or completed during one visit.
- At least one face to face visit must occur each month in the place where the child lives. For high risk cases, at least two visits each month must occur in the place where the child lives.

How to Use

- Review each item on this tool. Exactly how each item is addressed or assessed should be decided by the worker on a case-by-case basis.
- To gain an accurate picture, spend time speaking privately with the child and observe interactions between the child and parents and/or caregivers; when and how this is done should be decided by the worker on a case-by-case basis.
- If the family, child, or worker has a question, concern, or need related to an item, describe it in the space provided.
- Record any general narrative comments on the last page. Append additional pages for narrative as needed.
- This tool can also be used to provide examples or descriptions of strengths or resources already in place.
- Number 6 is provided to document any impact on the Family Services Agreement. If the Family Services Agreement is modified at the visit, the same information does not need to be captured on this form.

Date: 02/2018

NORTH CAROLINA MONTHLY IN-HOME SERVICES CONTACT RECORD INSTRUCTIONS

- This form is designed to provide structure and organization to documentation of a home visit and if added to the case file should not be re-entered elsewhere in the case documentation.

Questions to Discuss for Each Item

Below each numbered item are questions child welfare workers may wish to use to inquire about each item. These are merely a sample – this is not a comprehensive list, nor is it a script. Ideally, each person will discuss with the family and child the items on this tool in a way that is natural and conversational.

Signatures

The county child welfare worker must sign the form once it has been completed each month. The form must then be provided to the supervisor for review and approval (indicated by signature). Significant issues identified should be discussed during case staffing.

Date: 02/2018

**NORTH CAROLINA
SDM[®] FAMILY RISK REASSESSMENT**

Blanco

Case Name: _____ Case #: _____ Date: _____

Familyvania

County Name: _____ Date Report Received: _____

Susie Socialworker

Social Worker Name: _____ Reassessment #: 1 2 3 4 5 _____

Rori, Roberto and Danny Blanco

Children: _____

Vera Blanco

Carlos Blanco

Primary Caretaker: _____ Secondary Caretaker: _____

R1. Number of prior CPS assessments	Score
a. None	0
b. One or more family assessments	1
c. One or more investigative assessments	2

R2. Prior CPS In-Home or Out-of-Home service history	
a. No.....	0
b. Yes	1

R3. Either caretaker has history of abuse/neglect	
a. No.....	0
b. Yes	1

The following case observations pertain to the period since the last assessment/reassessment.

R4. Age of youngest child in the home	
a. 3 or older	0
b. 2 or younger	1

R5. Number of children residing in the home	
a. Two or fewer	0
b. Three or more.....	1

R6. Child characteristics	
a. None applicable.....	0
b. One or more apply.....	1
<ul style="list-style-type: none"> • Mental health and/or behavioral problems • Medically fragile/failure to thrive diagnosis • Developmental disability • Learning disability • Physical disability 	

R7. Lacks parenting skills	
a. No.....	0
b. One or more apply	1
<ul style="list-style-type: none"> <input type="checkbox"/> Inadequate supervision of children <input type="checkbox"/> Uses excessive physical/verbal discipline <input type="checkbox"/> Lacks knowledge of child development 	

R8. Either caretaker has a drug or alcohol problem

a. No 0

b. One or more apply 1 _____

R9. Either caretaker has a mental health problem

a. No 0

b. One or more apply 1 _____

R10. Either caretaker currently involved in domestic violence

a. No 0

b. Yes 1 _____

R11. Caretaker's use of treatment/training programs

a. Successfully completed all programs recommended or actively participating in programs; pursuing objectives detailed in service agreement 0

b. Minimal participation in pursuing objectives in service agreement..... 1

c. Refuses involvement in programs or failed to comply/participate as required 2 _____

TOTAL SCORE _____

SCORED RISK LEVEL. Assign the family's risk level based on the following chart:

<u>Score</u>	<u>Risk Level</u>
0-2	_____ Low
3-5	_____ Moderate
6-13	_____ High

OVERRIDES

Policy: Override to high; mark appropriate reason.

- _____ 1. Sexual abuse cases where the perpetrator is likely to have access to the child victim.
- _____ 2. Cases with non-accidental physical injury to an infant.
- _____ 3. Serious non-accidental physical injury to an infant
- _____ 4. Death (previous or current) of a sibling as a result of abuse or neglect.

Discretionary: Override (increase or decrease **one level** with supervisor approval). Provide reason below.

Reason:

OVERRIDE RISK LEVEL: _____ Low _____ Moderate _____ High

Social Worker: _____ **Date:** _____

Supervisor's Review/Approval of Override: _____ **Date:** _____

**NORTH CAROLINA
FAMILY RISK REASSESSMENT
DEFINITIONS**

The primary caretaker is the adult (typically the parent) living in the household who assumes the most responsibility for childcare. When two adult caretakers are present and the worker is in doubt about which one assumes the most child care responsibility, the adult legally responsible for the children involved in the incident should be selected. If this rule does not resolve the question, the legally responsible adult who is an alleged perpetrator should be selected. **Only one primary caretaker can be identified (per form/household.)**

The secondary caretaker is defined as an adult living in the household who has routine responsibility for childcare, but less responsibility than the primary caretaker. A living together partner can be a secondary caretaker even though they have minimal responsibility for the care of the child(ren).

R1. Number of prior CPS assessments

Use Central Registry to count all maltreatment reports for all children in the home which were assigned for CPS assessment (both family assessments and investigative assessments) for any type of abuse or neglect prior to the report resulting in the current assessment. If information is available, include prior maltreatment assessments conducted in other states.

- a. Score 0 if there were no CPS assessments prior to the current report.
- b. Score 1 if there were one or more family assessments prior to the current report.
- c. Score 2 if there were one or more investigative assessments prior to the current report (if there were both one or more prior family assessments and one or more prior investigative assessments, score 2).

R2. Prior CPS in-home or out-of-home service history

Contact other counties and states where there is believed to be prior CPS service history on this family.

- a. Score 0 if this family has not received CPS in-home or out-of-home services as a result of a prior finding of “substantiated” or “services needed” report of abuse and/or neglect.
- b. Score 1 if this family has received CPS in-home or out-of-home services as a result of a prior finding of “substantiated” or “services needed” report of abuse or neglect, or is receiving CPS in-home or out-of-home services at the time of a new CPS assessment and finding of services needed or substantiation.

R3. Either caretaker has history of abuse/neglect

- a. Score 0 if neither caretaker was abused and or neglected as children, based on credible statements by the caretaker(s) or others.
- b. Score 1 if credible statements were provided by the caretaker(s) or others regarding whether *either or both* caretakers were abused and or neglected as children.

R4. Age of youngest child in the home

Choose the appropriate score given the current age of the youngest child in the household where the maltreatment incident reportedly occurred. Youngest children within a residential placement but in the custody of the caretaker(s) should be counted as residing in the home. If a child is on runaway status, is removed, whether placed in foster care or with a safety resource as a result of current CPS involvement, count the child as residing in the home (I.E. if there was never closure of current CPS Services whether In-Home or Out-of-Home being provided and a new report is made, count the child as in the home).

- a. Score 0 if the youngest child is 3 years old or older.
- b. Score 1 if the youngest child is 2 years old or younger.

R5. Number of children residing in the home

Number of individuals under 18 years of age *residing* in the home at the time of the current report. If multiple families reside in the home, count all children. Children within a residential placement but in the custody of the caretaker(s) should be counted as residing in the home. If a child is on runaway status, is removed, whether placed in foster care or with a safety resource as a result of current CPS involvement, count the child as residing in the home (I.E. if there was never closure of current CPS Services whether In-Home or Out-of-Home being provided and a new report is made, count the child as in the home).

- a. Score 0 if two or fewer children were residing in the home at the time of the current report.
- b. Score 1 if three or more children were residing in the home at the time of the current report.

R6. Child characteristics

- a. Score 0 if no child in the household exhibits characteristics described below.
- b. Score 1 if any child in the household exhibits any of the characteristics described below. Mark all that apply.

- Mental health and/or behavioral problem: Any child in the household has mental health or behavioral problems not related to a physical or developmental disability. This could be indicated by a DSM Axis I diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking prescribed psychoactive medications.
- Any child is medically fragile or diagnosed with failure to thrive.
 - » Medically fragile: Medically fragile describes a child who has any condition diagnosed by a physician that can become unstable and change abruptly, resulting in a life-threatening situation; and which requires daily, ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members, and requires the routine use of a medical device or of assistive technology to compensate for the loss of usefulness of a body function needed to participate in the activities of daily living, and child lives with ongoing threat to his or her continued well-being. Examples include a child who requires a trach-vent for breathing or a g-tube for eating.
 - » Failure to thrive: A diagnosis by a physician that the child has failure to thrive.
- Developmental disability: A severe, chronic condition due to mental and/or physical impairments which has been diagnosed by a physician or mental health professional. Examples include mental retardation, autism spectrum disorders, and cerebral palsy.
- Learning disability: Child has an individualized education program (IEP) to address a learning disability such as dyslexia. Do not include an IEP designed solely to address mental health or behavioral problems. Also include a child with a learning disability diagnosed by a physician or mental health professional who is eligible for an IEP but does not yet have one, or who is in preschool.

- Physical disability: A severe acute or chronic condition diagnosed by a physician that impairs mobility, sensory, or motor functions. Examples include paralysis, amputation, and blindness.

R7. Either caretaker lacks parenting skills

- a.** Score 0 if caretaker(s) displays parenting patterns which are age-appropriate for children in the home, including realistic expectations and appropriate discipline.
- b.** Score 1 if caretaker(s) lacks parenting skills as evidenced by the following:
 - f* Inadequate supervision of children;
 - f* Use of excessive physical/verbal discipline; or
 - f* Lacks knowledge of child development: Caretaker's lack of knowledge regarding child development and/or age-appropriate expectations for children.

R8. Either caretaker has a drug or alcohol problem

Either caretaker has alcohol/drug abuse problems, evidenced by use causing conflict in home, extreme behavior/attitudes, financial difficulties, frequent illness, job absenteeism, job changes or unemployment, driving under the influence (DUI), traffic violations, criminal arrests, disappearance of household items (especially those easily sold), or life organized around substance use.

- a.** Score 0 if neither caretaker has a drug or alcohol problem, or has some substance use problems that minimally impact family functioning.
- b.** Score 1 if either caretaker has a current alcohol/drug abuse problem (within the last 12 months) that interferes with his/her or the family's functioning. Such interference is evidenced by the following:
 - Substance use that affects or affected employment; criminal involvement; marital or family relationships; and/or caretaker's ability to provide protection, supervision, and care for the child;
 - An arrest in the past year for DUI or refusing breathalyzer testing;
 - Self-report of a problem;
 - Treatment currently received ;
 - Multiple positive urine samples;
 - Health/medical problems resulting from substance use and/or abuse;
 - The child's diagnosis with fetal alcohol syndrome or exposure (FAS or FAE), or the child's positive toxicology screen at birth and the primary caretaker was the birthing parent.

Legal, non-abusive prescription drug use should not be scored. Abuse of legal, prescription drugs should be scored.

R9. Either caretaker has a mental health problem

- a. Score 0 if the caretaker(s) does not have a current mental health problem (diagnosed within the last 12 months) OR caretaker demonstrates good coping skills.
- b. Score 1 if credible and/or verifiable statements by either caretaker or other indicate that either caretaker:
 - Has a current diagnosis of a significant mental health disorder as indicated by a DSM Axis I condition determined by a mental health professional;
 - Has had repeated referrals for mental health/psychological evaluations; or
 - Was recommended for treatment/hospitalization or was treated/ hospitalized for emotional problems within the last 12 months.

R10. Either caretaker involved in domestic violence

- a. Score 0 if neither caretaker is involved in domestic violence, or if caretakers have had an identified existence of domestic violence in a relationship but after receiving services are able to understand the impact of violence on the children and can demonstrate a respectful, non-violent relationship that is free of power and control.
- b. Score 1 if either caretaker is involved in domestic violence, defined as the establishment of control and fear in an intimate relationship through the use of violence and other forms of abuse including but not limited to physical, emotional, or sexual abuse; economic oppression; isolation; threats; intimidation; and maltreatment of the children to control the non-offending parent/adult victim. Domestic violence may be evidenced by repeated history of leaving and returning to abusive partner(s), repeated history of violating court orders by the perpetrator of domestic violence, repeated history of violating safety plans, involvement of law enforcement and/or restraining orders, or serious or repeated injuries to any household member.

R11. Caretaker's use of treatment/training programs

Rate this item based on whether the primary caretaker has mastered or is mastering skills learned from participation in program(s). If two or more caretakers are present, indicate the least progress made among the most frequent caretaker(s).

- a. Score 0 if observation demonstrates caretaker's application of learned skills in interaction(s) between child and caretaker, caretaker and caretaker, caretaker and other significant adult(s); in self-care, home maintenance, or financial management; or if observation demonstrates caretaker's mastery of skills toward reaching the behavioral objectives agreed upon in the service agreement.
- b. Score 1 if the caretaker is minimally participating in services, has made progress but is not fully complying with the objectives in the service agreement.
- c. Score 2 if the caretaker refuses services, sporadically follows the service agreement or has not mastered the necessary skills due to a failure or inability to participate.

**NORTH CAROLINA
FAMILY RISK REASSESSMENT
POLICY AND PROCEDURES**

The Family Risk Reassessment is a tool used to assist the CPS In-Home and Out-of-Home Services social worker in determining risk of future abuse and/or neglect. Together with the Family Strengths and Needs Assessment and the progress made in the service agreement, it assists the social worker in determining the required service level intensity.

Reassessments are performed at established intervals as long as the case is open. Case reassessment ensures that both risk of maltreatment and family service needs will be considered in later stages of the service delivery process and that case decisions will be made accordingly. At each reassessment, the social worker reevaluates the family, using instruments which help systematically assess changes in risk levels. Case progress will determine if a case should remain open or if the case can be closed.

While the initial risk assessment has separate scales for abuse and neglect, there is only one risk scale for reassessment. The focus at reassessment is the impact of services provided to the family during the period assessed or on whether certain events in the family have occurred since the last assessment.

Which cases: All CPS In-Home Services cases or Out-of-Home Services cases when the agency has legal custody and the children have not been removed from the home.

Who completes: Social worker assigned to the case.

When: **CPS In-Home Services:** Risk Reassessments shall be completed:

- a) At the time of the Service Agreement updates
- b) Whenever a significant change occurs in the family
- c) Within 30 days prior to case closure.

CPS Out-of-Home Services: In cases where the agency has legal custody of the child(ren) and the child(ren) has not been removed from the home, the Family Risk Reassessment of Abuse and Neglect shall track with the required scheduled Permanency Planning Action Team meetings and shall occur within 30 days prior to any court hearing or review. (If reviews are held frequently, documentation on the Risk Reassessment form may state that there have been no changes since the last update and that the current information is correct)

Decision: **Trial Home Visit:** The Family Risk Reassessment shall be completed when the agency has legal custody and the child has been placed back in the home for a trial home visit and a Permanency Planning Action Team meeting falls within that trial home visit period. The Risk Reassessment is used to guide decision making following the provision of services to clients. While the initial assessment projects a risk level prior to agency service provision, the reassessment takes into account the provision of services. The reassessment of each family provides an efficient mechanism to assess changes in family risk due to the provision of services. At reassessment, a family may be continued for services or the case may be closed.

Appropriate Completion: Complete all identifying information. Indicate appropriate Risk Reassessment by circling #1, 2, 3, 4, or 5. If the family has had more than five Risk Reassessments, indicate the reassessment number in the blank provided.

As on the initial Family Risk Assessment, each Risk Reassessment item is scored by the social worker. All scoring is completed based on the status of the case since the last Risk

Assessment/Reassessment, although the first three items, (R1 – R3), generally do not change from one reassessment period to the next.

Using the definitions, determine the appropriate response to each item and enter the corresponding score. After entering the score for each individual item, enter the total score and indicate the corresponding risk level. This level is used to set the appropriate family service level, or to determine whether the risk level is now low enough to close the case.

Policy Override

Policy overrides have been determined by the agency as applying to specific case situations that warrant the highest level of service from the agency regardless of the risk scale score at reassessments. If any policy override reasons exist; the risk level is increased to high.

The social worker then indicates if any of the policy override reasons exist. If more than one reason exists, indicate the primary override reason. Only one reason can be selected.

Discretionary Override

Discretionary overrides are used by the social worker whenever s/he believes that the risk score does not accurately portray the family's actual risk level. The social worker can increase or decrease the risk level by one step with supervisory approval.

If the social worker applies a discretionary override, the reason should be written in on the available line for discretionary override, and a check should be placed next to the appropriate level.

All overrides must be approved in writing by the supervisor.

NORTH CAROLINA STRENGTHS & NEEDS ASSESSMENT

County Case Number:

Case Name: _____ Date Assessment Completed: _____ Date Report Received: _____
 Social Worker Name: _____ Indicate either Initial or Reassessment and #: 1 2 3 4 5: _____
 Children: _____
 Caregiver(s): _____

Some items apply to all household members while other items apply to caregivers only. Assess items for the specified household members, selecting one score only under each category. Household members may score differently on each item. When assessing an item for more than one household member, record the score for the household member with the greatest need (highest score).

Caregivers are defined as adults living in the household who have routine responsibility for child care. For those items assessing caregivers only, record the score for the caregiver with the greatest need (highest score) when a household has more than one caregiver.

S-CODE	TITLE	TRAITS	SCORE
S1.	Emotional/Mental Health	a. Demonstrates good coping skills.....	-3
		b. No known diagnosed mental health problems.....	0
		c. Minor or moderate diagnosed mental health problems.....	.3
		d. Chronic or severe diagnosed mental health problems.....	.5
S2.	Parenting Skills	a. Good parenting skills.....	-3
		b. Minor difficulties in parenting skills.....	0
		c. Moderate difficulties in parenting skills.....	.3
		d. Destructive parenting patterns.....	.5
S3.	Substance Use	a. No/some substance use.....	0
		b. Moderate substance use problems.....	.3
		c. Serious substance use problems.....	.5
S4.	Housing/Environment/ Basic Physical Needs	a. Adequate basic needs.....	-3
		b. Some problems, but correctable.....	0
		c. Serious problems, not corrected.....	.3
		d. Chronic basic needs deficiency.....	.5
S5.	Family Relationships	a. Supportive relationships.....	-2
		b. Occasional problematic relationship (s).....	0
		c. Domestic discord.....	.2
		d. Serious domestic discord/domestic violence.....	.4
S6.	Child Characteristics	a. Age-appropriate, no problem.....	-1
		b. Minor problems.....	0
		c. One child has severe/chronic problems.....	.1
		d. Child(ren) have severe/chronic problem(s).....	.3
S7.	Social Support Systems	a. Strong support network.....	-1
		b. Adequate support network.....	0
		c. Limited support network.....	.1
		d. No support or destructive relationships.....	.3

**NORTH CAROLINA
STRENGTHS & NEEDS ASSESSMENT**

S8. Caregiver(s) Abuse/ Neglect History	a. No evidence of problem ..... ..0 b. Caregiver(s) abused/neglected as a child ..... ..1 c. Caregiver(s) in foster care as a child ..... ..2 d. Caregiver(s) perpetrator of abuse/neglect in the last five years.....3_
S9. Communication/ Interpersonal Skills	a. Strong skills ..... ..-1 b. Appropriate skills ..... ..0 c. Limited or ineffective skills ..... ..1 d. Hostile/destructive ..... ..2_
S10. Caregiver(s) Life Skills	a. Good life skills.....-1 b. Adequate life skills ..... ..0 c. Poor life skills ..... ..1 d. Severely deficient life skills ..... ..2_
S11. Physical Health	a. No adverse health problem ..... ..0 b. Health problem or disability ..... ..1 c. Serious health problem or disability ..... ..2_
S12. Employment/Income Management	a. Employed ..... ..-1 b. No need for employment ..... ..0 c. Underemployed ..... ..1 d. Unemployed ..... ..2_
S13. Community Resource Utilization	a. Seeks out and utilizes resources.....-1 b. Utilizes resources.....0 c. Resource utilization problems ..... ..1 d. Refusal to utilize resources.....2

Based on this assessment, identify the primary strengths and needs of the family. Write S code, score, and title.

<u>STRENGTHS</u>			<u>NEEDS</u>		
<u>S Code</u>	<u>Score</u>	<u>Title</u>	<u>S Code</u>	<u>Score</u>	<u>Title</u>
1.	—	_____	1.	—	_____
2.	—	_____	2.	—	_____
3.	—	_____	3.	—	_____

Children/Family Well-Being Needs:

1. Educational Needs: _____
2. Physical Health Needs: _____
3. Mental Health Needs: _____

Social Worker: _____ Date: _____

Supervisor's Review/Approval: _____ Date: _____

NORTH CAROLINA FAMILY ASSESSMENT OF STRENGTHS AND NEEDS INSTRUCTIONS

DEFINITIONS

Some items apply to all household members while other items apply to caregivers only. Persons who are in the home during many of the hours of supervision (e.g., mother's boyfriend who is in the home most evenings but has a different address and so would not meet the definition as a caretaker) are to be considered household members.

Assess items for the specified household members, selecting one score only under each category. Household members may score differently on each item. When assessing an item for more than one household member, record the score for the household member with the greatest need (highest score). In cases where two households are involved, a separate Family Strengths and Needs Assessment shall be completed on both households.

S1. Emotional/Mental Health

- a. Demonstrates good coping skills.
Caregiver(s) takes initiative to deal with problems in a constructive manner.
- b. No known diagnosed mental health problems.
Caregiver(s) has no known diagnosed emotional or mental health problems. May require a mental health evaluation.
- c. Minor or moderate diagnosed mental health problems.
Caregiver(s) has moderate diagnosed emotional or mental health disorders (such as depression, anxiety, and anger/impulse control) that interfere with ability to problem solve, deal with stress, and effectively care for self and/or child(ren).
- d. Chronic or severe diagnosed mental health problems.
Caregiver(s) has severe and/or chronic diagnosed emotional or mental health disorders making caregiver(s) incapable of problem solving, dealing with stress, or effectively caring for self and/or child(ren).

S2. Parenting Skills

- a. Good parenting skills.
Caregiver(s) displays parenting patterns which are age appropriate for child(ren) in the areas of expectations, discipline, communication, protection, and nurturing.
- b. Minor difficulties in parenting skills.
Caregiver(s) has basic knowledge and skills to parent but may possess some unrealistic expectations and/or may occasionally utilize inappropriate discipline.
- c. Moderate difficulties in parenting skills.
Caregiver(s) acts in an abusive and/or neglectful manner, such as causing minor injuries (no medical attention required), leaving child(ren) with inadequate supervision, and/or exhibiting verbal/emotional abusive behavior.
- d. Destructive parenting patterns.
Caregiver(s) has a history and/or currently acts in a manner that results in high risk of serious injury or death of a child, or results in chronic or serious injury (medical attention required), abandonment or death of a child. Caregiver(s) exhibits chronic and severe verbal/emotional abuse.

S3. Substance Use

- a. No/some substance use.
Household members display no substance use problems or some substance use problems that minimally impact family functioning.
- b. Moderate substance use problems.
Household members have moderate substance use problems resulting in such things as disruptive behavior and/or family dysfunction which result in a need for treatment.
- c. Serious substance use problems.
Household members have chronic substance use problems resulting in a chaotic and dysfunctional household/lifestyle, loss of job, and/or criminal behavior.

**NORTH CAROLINA
FAMILY ASSESSMENT OF STRENGTHS AND NEEDS
INSTRUCTIONS**

S4. Housing/Environment/Basic Physical Needs

- a. Adequate basic needs.
Family has adequate housing, clothing, and food.
- b. Some Problems, but correctable.
Family has correctable housing, clothing and food problems that affect health and safety needs and family is willing to correct.
- c. Serious problems, not corrected.
Numerous and/or serious housing, clothing and food problems that have not been corrected or are not easily correctable and family is not willing to correct.
- d. Chronic basic needs deficiency.
House has been condemned or is uninhabitable, or family is chronically homeless and without clothing and/or food.

S5. Family Relationships

- a. Supportive relationship.
A supportive relationship exists between household members.
- b. Occasional problematic relationship(s). Relationship(s) is occasionally strained but not disruptive.
- c. Domestic discord.
Current relationship or domestic discord, including, frequent arguments, degradation, or blaming. Open disagreement on how to handle child problems/discipline. Frequent and/or multiple transient household members. Violent acts that cause minor or no injury to any household member and are not assessed as “domestic violence”.
- d. Serious domestic discord/domestic violence.
A pattern of relationship discord or domestic violence. Physical, emotional, or sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of the children to control the non-offending parent/adult victim. Repeated history of leaving and returning to abusive partner(s). Repeated history of violating court orders by the perpetrator of domestic violence. Repeated history of violating safety plans. Involvement of law enforcement and/or restraining orders. Serious or repeated injuries to any household member.

S6. Child Characteristics

For children under the age of three, any identification of need on this item requires that a referral to Early Intervention be made using the [DSS-5238](#). For assistance in determining whether or not a developmental need is present you may access the North Carolina Infant Toddler Program eligibility conditions of: “Established Conditions” or “Developmental Delay” (definitions can be found at: <http://www.ncei.org>). Additional information on developmental milestones can be found at: <http://www.pedstest.com/>). This site shows a developmental screening that may be used by families or any staff working with the child. At any time that a Social Worker or a parent expresses some concern about how a child is developing, contact your local CDSA for consultation or to make a referral. If a DSS agency needs technical assistance on eligibility for the early intervention program or how to make a referral, please contact the early intervention program state office or your local CDSA (<http://www.ncei.org>).

- a. Age-appropriate, no problems.
Child(ren) appears to be age appropriate, no problems.
- b. Minor problems.
Child(ren) has minor physical, emotional, medical, educational, or intellectual difficulties addressed with minimal or routine intervention.
- c. One child has severe/chronic problems.
One child has severe physical, emotional, medical, educational, or intellectual problems resulting in substantial dysfunction in school, home, or community which strain family finances and/or relations.
- d. Children have severe/chronic problem.
More than one child has severe physical, emotional, medical, or intellectual problems resulting in substantial dysfunction in school, home, or community which strain family finances relationships.

**NORTH CAROLINA
FAMILY ASSESSMENT OF STRENGTHS AND NEEDS
INSTRUCTIONS**

S7. Social Support Systems

- a. Strong support network.
Household members have a strong, constructive support network. Active extended family (may be blood relations, kin, or close friends) provide material resources, child care, supervision, role modeling for parent and child(ren), and/or parenting and emotional support.
- b. Adequate support network.
Household members use extended family, friends, and the community to provide adequate support for guidance, access to child care, available transportation, etc.
- c. Limited support network.
Household members have a limited or negative support network, are isolated, and/or reluctant to use available support.
- d. No support or destructive relationships.
Household members have no support network and/or have destructive relationships with extended family and the community.

S8. Caregiver(s) Abuse/Neglect History

- a. No evidence of problem.
No caregiver(s) experienced physical or sexual abuse or neglect as a child.
- b. Caregiver(s) abused or neglected as a child.
Caregiver(s) experienced physical or sexual abuse, or neglect as a child.
- c. Caregiver(s) in foster care as a child.
Caregiver(s) abused and/or neglected as a child and was in foster care or other out-of-home placement due to abuse/neglect.
- d. Caregiver(s) perpetrator of abuse and/or neglect.
Caregiver(s) is a substantiated perpetrator of physical and/or sexual abuse, or neglect.

S9. Communication/Interpersonal Skills

- a. Strong skills. Communication facilitates family functions, personal boundaries are appropriate, emotional attachments are appropriate.
- b. Appropriate skills.
Household members are usually able to communicate individual needs and needs of others and to maintain both social and familial relationships; minor disagreements or lack of communication occasionally interfere with family interactions.
- c. Limited or ineffective skills.
Household members have limited or ineffective interpersonal skills which impair the ability to maintain positive familial relationships, make friends, keep a job, communicate individual needs or needs of family members to schools or agencies.
- d. Hostile/destructive.
Household members isolate self/others from outside influences or contact, and/or act in a hostile/destructive manner, and/or do not communicate with each other. Negative communication severely interferes with family interactions.

S10. Caregiver(s) Life Skills

- a. Good life skills.
Caregiver(s) manages the following well: budgeting, cleanliness, food preparation and age appropriate nutrition, housing stability, recognition of medical needs, recognition of educational needs, and problem solving.
- b. Adequate life skills.
Minor problems in some life skills do not significantly interfere with family functioning; caregiver(s) seeks appropriate assistance as needed.
- c. Poor life skills.
Caregiver(s) has poor life skills which create problems and interfere with family functioning; caregiver(s) does not appropriately utilize available assistance.
- d. Severely deficient life skills.

**NORTH CAROLINA
FAMILY ASSESSMENT OF STRENGTHS AND NEEDS
INSTRUCTIONS**

Deficiencies in life skills severely limit or prohibit ability to function independently and to care for child(ren); caregiver(s) is unable to or refuses to utilize available assistance.

S11. Caregiver's Physical Health

- a. No adverse health problem.
Caregiver(s) does not have health problems that interfere with the ability to care for self or child(ren).
- b. Health problem or disability.
Caregiver(s) has a disability, disease or chronic illness that interferes with daily living and/or ability to care for self or child(ren).
- c. Serious health problem or disability.
Caregiver(s) has a disability, disease or chronic illness that severely limits or prohibits ability to provide; for self or child(ren).

S12. Employment/Income Management

- a. Employed.
Caregiver(s) is employed with sufficient income to meet household needs, regardless of source of income.
- b. No need for employment.
Caregiver(s) may be out of labor force but has sufficient income to meet household needs, regardless of source of income.
- c. Underemployed.
Caregiver(s) is employed with insufficient income to meet household needs.
- d. Unemployed.
Caregiver(s) needs employment and lacks income required to meet household needs.

S13. Community Resource Utilization

- a. Seeks out and utilizes resources.
Household members take initiative to access community resources that are available, or seek out those not immediately available in the community, or have no need for community resources.
- b. Utilizes resources.
Household members access resources and services available in the community.
- c. Resource utilization problems.
Household members do not know about and/or do not access community resources.
- d. Refusal to utilize resources.
Household members refuse to accept available community services when offered.

Children/Family Well-Being

In cases that are substantiated and opened for more than thirty days from the date of substantiation, there shall be documentation in the case record that includes the following items as they are applicable:

Child/Family Education Needs:

- a. Special education classes, when applicable;
- b. Normal grade placement, if child is school age;
- c. Services to meet the identified educational needs, unless no unusual educational needs are identified;
- d. Early intervention services, unless these services are not needed;
- e. Advocacy efforts with the school, unless the child is not school age or there have been no identified needs that are unmet by the school; and
- f. How the educational needs of the child/family have been included in the case planning, unless the child is not school age or has no identified education needs.

NORTH CAROLINA FAMILY ASSESSMENT OF STRENGTHS AND NEEDS INSTRUCTIONS

Child/Family Physical Health Needs:

- a. Whether the child/family has received preventive health care and if not, the efforts the agency will take to ensure that this care is obtained;
- b. Whether the child/family has received preventive dental care and if not, the efforts the agency will take to ensure that this care is obtained;
- c. Whether the child/family has up-to-date immunizations and if not, what efforts the agency will take to obtain them;
- d. Whether the child/family is receiving treatment for identified health needs and if not, what efforts the agency will take to obtain the treatment;
- e. Whether the child/family is receiving treatment for identified dental needs and if not, what efforts the agency will take to obtain the treatment.

Child/Family Mental Health Needs

Whether the child/family is receiving appropriate treatment for any identified mental health needs and if not, what efforts the agency will take to obtain such treatment.

This information must be documented on the Family Strengths and Needs Assessment.

POLICY AND PROCEDURES

The family assessment of strengths and needs (FASN) is a tool designed to evaluate the presenting strengths and needs of the family of a child alleged or confirmed to have been a CA/N victim. The FASN assists the worker in determining areas of family strengths and needs that should be addressed with a family open for In-Home or Permanency Planning Services.

Which cases: All CPS maltreatment reports assigned for an assessment that involve a family caregiver. This does not apply to reports involving child care facilities, residential facilities such as group homes or DHHS facilities. This does apply to non-licensed living arrangements, the non-custodial parents home or licensed family foster homes.

Who completes: Social Worker assigned to complete the FASN during a CPS Assessment, In-Home and/or Permanency Planning.

When: The FASN must be completed and documented prior to the time the case decision for a CPS Assessment is made. It is one of the elements considered in making the case decision. The Structured Documentation Instrument (DSS-5010) requires the documentation of the social activities, economic situation, environmental issues, mental health needs, activities of daily living, physical health needs, and summary of strengths (SEEMAPS). SEEMAPS along with other findings of the assessment provide a basis for the FASN.

In CPS In-Home Services, the FASN must be completed at the time of the In-Home Family Services Agreement updates and within 30 days prior to case closure. A FASN should be completed with an involved noncustodial parent. Their identified needs should also be addressed within the In-Home Family Services Agreement whether on the same one or on a separate agreement.

In Permanency Planning (whether the agency holds legal custody and the child remains in the home or is placed outside of the home), the FASN must track with the required scheduled Permanency Planning Review meetings. The assessment must also be completed within 30 days of recommending custody be returned to the parent(s)/caretaker(s), and case closure. A parent that has been described as absent or noncustodial should be engaged to become involved with the planning of their child. Complete a FASN with that parent within the same time frames.

NORTH CAROLINA FAMILY ASSESSMENT OF STRENGTHS AND NEEDS INSTRUCTIONS

The FASN must be completed when the agency has legal custody and the child has been placed back in the home for a trial home visit and a Permanency Planning Review meeting falls within that trial home visit period.

Decision: The FASN identifies the strengths and highest priority needs of caregivers and children that must be addressed in the service agreement. Goals, objectives, and interventions in a service agreement should relate to one or more of the priority needs. If the child(ren) has more than one chronic/severe problem, all should be listed under children's well-being needs.

Appropriate Completion

Complete all items on the FASN scale for the caregiver(s). As used here, "caregiver" means the person or persons who routinely are responsible for providing care, supervision, and discipline to the children in the household. This may include biological, adoptive or step-parents, other legal guardian, or other adults living in the home who have caregiver responsibilities. If the allegations involve maltreatment in two households and both have responsibilities for childcare, complete two separate FASN tools.

In situations where an adult relative is entrusted with the care of the child and is the alleged perpetrator, the FASN tool is conducted in the home where the child resides.

The identified needs should be addressed within the Family Services Agreement.

Scoring Individual

Select one score only under each item which reflects the highest level of need for any caregiver

Items:

in the family, and enter in the "Score" column. For example, if the mother has some substance abuse problems and the father has a serious substance abuse problem, item S3 would be scored "5" for serious substance use problems."

The worker will list in order of greatest to least, the strengths and needs identified. These strengths and needs will be utilized in the case planning process.

Children/Family Well-Being Needs

In completing a FASN, several factors identify data related to the family and child's well-being. List those factors identified as specific family and child needs (health, mental health, educational needs). See DEFINITIONS section for examples.

Resources

Affiliated Organizations:

The National Resource Center for Family- Centered Practice and Permanency Planning is funded by the Children's Bureau/ACF/DHHS and operates out of the Hunter College School of Social Work of the City University of New York. For more information on these organizations, please visit the following websites:

**US Dept of Health and Human Services
Administration for Children and Families
Children's Bureau**
1250 Maryland Ave, SW 8th floor
Washington, DC 20024
202-205-8769

Hunter College School of Social Work
129 East 79th Street
New York, NY 10075
212-452-7000

National Child Welfare Resource Centers:

The Children's Bureau/ACF/DHHS funds a total of eleven resource centers across the country – each concentrating on a specific area of child welfare practice. Together they make up the Children's Bureau Training and Technical Assistance Network. Each NRC provides onsite training and technical assistance to States, Tribes, and public child welfare agencies in the preparation and implementation of the Child and Family Services Review (CFSR) process. One of the resource centers funded by the Children's Bureau is the National Resource Center for Family-centered Practice and Permanency Planning. The others are:

**National Resource Center for
Child Welfare Data and Technology**
Child Welfare League of America
50 F Street, NW – 6th Floor
Washington, DC 20001-2085
Phone: 877-672-4829 or
202-638-3687
Fax: 202-737-3687
E-mail: nrccwdt@cwla.org
Web: www.nrccwdt.org

**National Resource Center for
Organizational Improvement**
Edmund S. Muskie School of Public
Service University of Southern Maine
PO Box 15010
400 Congress Street
Portland, ME 04112
Phone: 800-HELP KID or 207-780-5810
Fax: 207-780-5817
E-mail: clearing@usm.maine.edu
<http://muskie.usm.maine.edu/helpkids>

**National Resource Center for
Adoption**
Spaulding for Children
Crossroad Office Center
16250 Northland Drive, Suite 120
Southfield, MI 48075
Phone: 248/443-7080
Fax: 248-443-7099
Web: <http://www.nrcadoption.org/>

**National Resource Center for Youth
Development**
University of Oklahoma
College of Continuing Education
4502 East 41st Street, Bldg. 4W
Tulsa, OK 74135-2512
Phone: 918-660-3700
Fax: 918-660-3700
Web: www.nrcys.ou.edu/

**National Resource Center for
Child Protective Services**

2709 Pan American Freeway, Suite
I Albuquerque, New Mexico 87107
Phone: 505-301-3105 Fax: 505-271-
5295
E-mail: tcostello@earthlink.net
Theresa Costello, MA **Director**
Web: <http://nrccps.org/>

**National Resource Center for
Community-Based Family
Resource and Support Programs
(FRIENDS)**

Chapel-Hill Training
Outreach Project 800 Eastowne Drive,
Suite 105 Chapel Hill, NC 27514
Phone: 919-490-5577
Fax: 919-490-4905
E-mail: lbaker2@nc.rr.com
Web: www.friendsnrc.org

**National Child Welfare Resource
Center on Legal and Judicial
Issues**

ABA Center on Children and
the Law 740 15th Street, NW
Washington, DC 20005-1019
Phone: 800-285-2221
Fax: 202-662-1755
E-mail: mark.hardin@staff.abanet.org
Web: www.abanet.org/child/rcjli

**National Abandoned Infants
Assistance Resource Center**

University of California at Berkeley
School of Social Welfare
1950 Addison Street, Suite 104
Berkeley, CA 94704-1182
Phone: 510-643-8390
Fax: 510-643-7019
E-mail: aia@berkeley.edu
Web: <http://aia.berkeley.edu/>

National Center on Substance Abuse and Child Welfare

<http://www.ncsacw.samhsa.gov>

This Center is an initiative of the Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT) and the Administration for Children, Youth and Families, Children Bureau, Office on child Abuse and Neglect (OCAN). It will develop and implement a comprehensive program of information gathering and dissemination, knowledge development and application and provide technical assistance to promote practice, organizational, and systems change at the local, state, and national levels. For more information, please contact Dr. Nancy Young at 714-505-3525 or nkyoung@cffutures.com.

AdoptUSKids

<http://www.adoptuskids.org>

This website (a federally-funded national database of children awaiting adoption and families approved to adopt) allows families to search for children and workers to search for families throughout the United States. The site also includes comprehensive adoption information for families and many features to assist social workers.

National Technical Assistance Center for Children's Mental Health

http://gucchd.georgetown.edu/programs/ta_center/index.html

The National Technical Assistance Center for Children's Mental Health is located within the Georgetown University Center for Child and Human Development in Washington, D.C. Since 1984, the Technical Assistance Center has been dedicated to working in partnership with families and many other leaders across the country to transform services for children and adolescents who have, or are at risk for, mental health problems and their families.

National Technical Assistance Support Systems:

The Children's Bureau/ACF/DHHS has funded four technical assistance support projects to further enhance specific research and programs areas.

National Data Archive on Child Abuse
and Neglect

Cornell University Family Life
Development Center
Ithaca, NY 14853-4401
Phone: 607-255-7799
Fax: 607-225-8562
E-mail: atacan@cornell.edu

Interstate Compact for the Placement of
Children (ICPC)

Association of Administrators of the
Interstate Compact for the Placement of
Children
American Public Human Services
Association
810 First Street, NE, Suite 500
Washington, DC 20002-4267
Phone 202-682-0100
Fax: 202-289-6555

Child Welfare Information Gateway

<http://www.childwelfare.gov/>

Formerly the National Clearinghouse on Child Abuse and Neglect Information and the National Adoption Information Clearinghouse, Child Welfare Information Gateway provides access to information and resources to help protect children and strengthen families.

The Child Welfare Information Gateway provides access to print and electronic publications, websites, and online databases covering a wide range of topics from prevention to permanency, including child welfare, child abuse and neglect, adoption, search and reunion, and much more

American Humane Association

Call: 800-227-4645 or
303-792-9900
Business hours are Monday through Friday
8 am to 5 pm, Mountain Time
Fax: 303-792-5333
Write: American Humane
63 Inverness Drive East
Englewood, CO 80112
E-mail: info@americanhumane.org

The Annie E. Casey Foundation

701 St. Paul Street
Baltimore, MD 21202
Phone: 410-547-6600
Web: <http://www.aecf.org>

The Child Welfare League of America

2345 Crystal Drive, Suite 250
Arlington, VA 22202
Phone: 703-412-2400
Fax: 703-412-2401
Web: <http://cwla.org>

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