



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

### Core Participant's Workbook Week One

November 2023



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

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

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

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

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## Instructions

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

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

## Course Themes

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

### Foundation Training

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

### Core Training

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

- Documentation Learning Lab
- Self-Care and Worker Safety

## Training Overview

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

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

### Pre-Work Online e-Learning Modules

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

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

### Foundation Training

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

### Core Training

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

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

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

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

### **Transfer of Learning**

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

- Pre-training
- During training
- Post-training

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

### **Training Evaluations**

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

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

## Week One, Day One Agenda

### Pre-Service Training: Child Welfare in North Carolina

I.	Welcome and Introductions	9:00 – 10:00
	<b>Child Welfare Overview: Roles and Responsibilities</b>	
II.	What is our WHY?	10:00 – 10:30
	<b>BREAK</b>	10:30 – 10:45
III.	Roles and Responsibilities	10:45 – 11:45
	<b>LUNCH</b>	11:45 – 12:45
IV.	Identification of Child Abuse and Neglect	12:45 – 2:05
	<b>BREAK</b>	2:05 – 2:20
V.	Mandated Reporting	2:20 – 2:35
	<b>Learning Lab</b>	
VI.	Interviewing Skills Learning Lab	2:35 – 3:15
	<b>Pre-Work Reminder</b>	3:15 – 3:20
	<b>Self-Reflection Activity and Wrap-Up</b>	3:20 – 4:00

## Welcome & Introductions

Welcome & Introductions	
Name	_____
County where you work	_____
Position you hold within the agency	_____
Start date	_____
One skill you already possess that will make you successful as a social worker	_____
<small>Core Training</small>	<small>NCDHHS, Division of Social Services   2022 Child Welfare Pre-Service Training 2</small>

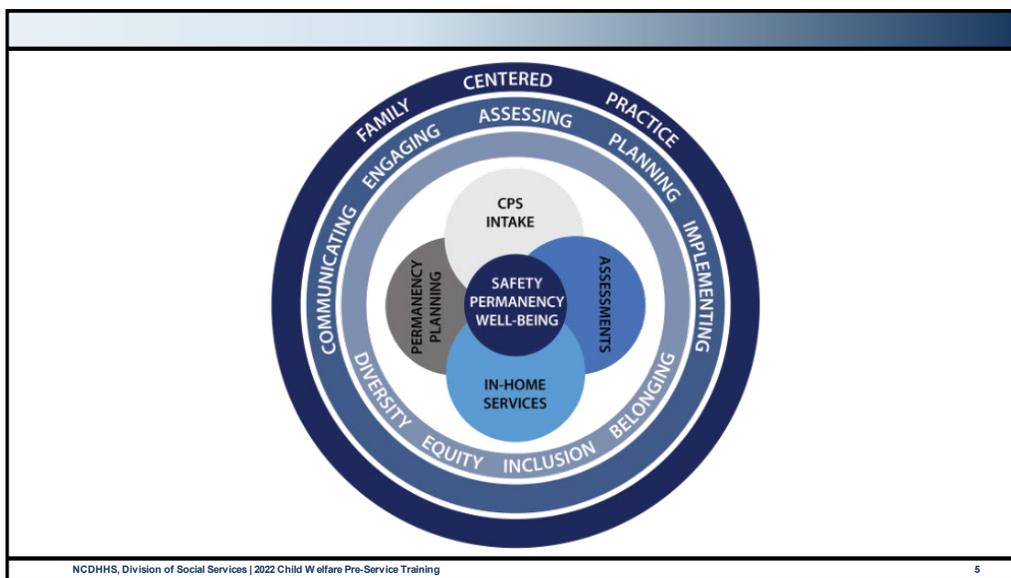
**Use this outlined space to record notes from the introduction activity.**

Core Training Overview

### Training Resources

<ul style="list-style-type: none"> <li>• Follow lecture</li> <li>• Record notes</li> <li>• Complete activities</li> </ul> <p style="text-align: center; background-color: #2c5e8c; color: white; padding: 2px;">Participant Workbook</p>	<ul style="list-style-type: none"> <li>• Appear in order of use</li> <li>• Listed in Appendix</li> </ul> <p style="text-align: center; background-color: #2c5e8c; color: white; padding: 2px;">Handouts</p>	<ul style="list-style-type: none"> <li>• North Carolina Child Welfare forms</li> </ul> <p style="text-align: center; background-color: #2c5e8c; color: white; padding: 2px;">Tools Workbook</p>	<ul style="list-style-type: none"> <li>• North Carolina Child Welfare Policies &amp; Procedures</li> </ul> <p style="text-align: center; background-color: #2c5e8c; color: white; padding: 2px;">Policy Manual</p>
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The foundation of our work at DSS includes everything listed in the three outside circles: Family Centered Practice, Communicating, Engaging, Assessing, Planning and Implementing (the Practice Standard), Diversity, Equity, and Inclusion and Belonging. The skills and knowledge associated with these three circles apply to every task and every interaction with children and families, regardless of job title or program area.

The four center circles include CPS Intake, Assessments, In-Home Services, and Permanency Planning. These represent our four main program areas where we work with children and families. The innermost circle represents the outcomes we want to achieve for the children and families we serve: Safety, Permanency, and Well-Being.

When we apply family-centered practice, the practice standards, and principles of diversity, equity, inclusion, and belonging to the process of social work in our program these outcomes are possible.

The training topics listed for each week are about applying the foundational skills to the process of case management.

Week 1:

- Child Welfare Overview
- Interviewing Learning Lab
- Assessment Learning Lab
- Diversity Equity, Inclusion, and Belonging

Week 2:

- Diversity Equity, Inclusion, and Belonging
- The Indian Child Welfare Act, and
- Family Engagement

Week 3:

- Family Engagement
- Quality Contacts
- Intake and CPS Assessments

These first three weeks will cover the foundational topics. Weeks four through six will move into how to apply this foundation to our processes.

Week 4:

- Intake and CPS Assessments
- In-home services

Week 5:

- Permanency

Week 6:

- Permanency
- Key factors impacting families
- Documentation
- Self-care and worker safety

## Child Welfare Overview, Roles, and Responsibilities

### Learning Objectives

<ul style="list-style-type: none"><li>• Describe your role in supporting safety, permanency, and well-being outcomes for children and families.</li></ul>
<ul style="list-style-type: none"><li>• Describe the responsibilities of various case management positions.</li></ul>
<ul style="list-style-type: none"><li>• Explain your role as a child welfare social worker.</li></ul>
<ul style="list-style-type: none"><li>• Identify and define different types of child abuse.</li></ul>
<ul style="list-style-type: none"><li>• Explain mandated reported laws and when they are required to make reports of child abuse and neglect.</li></ul>

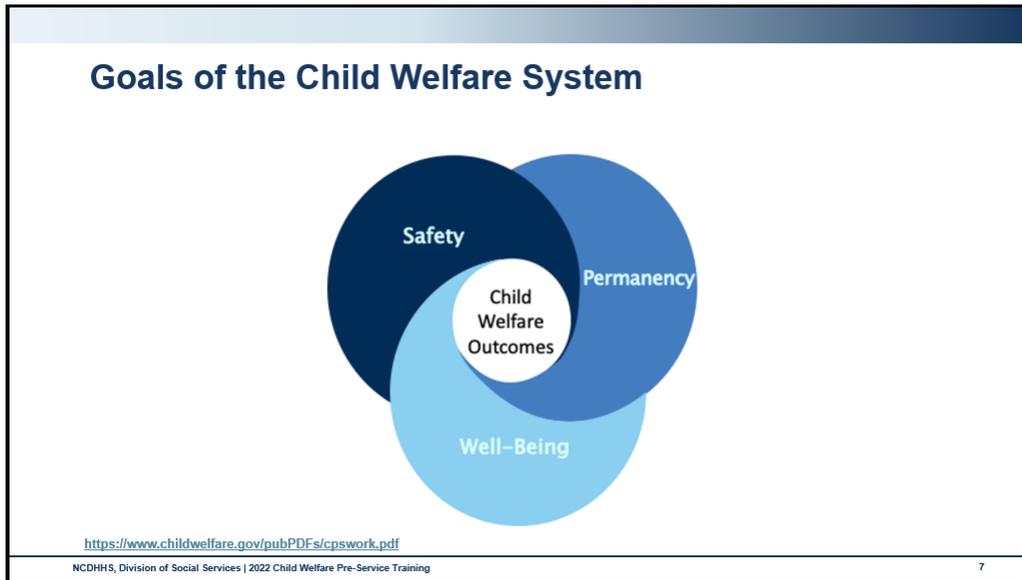
## What is Our WHY

Video: Centering Families

**Visit:** [Raven Sigure, 2019 Casey Excellence for Children Birth Mother Award Winner - YouTube](#) for a video demonstrating the direct impact our work has on families.

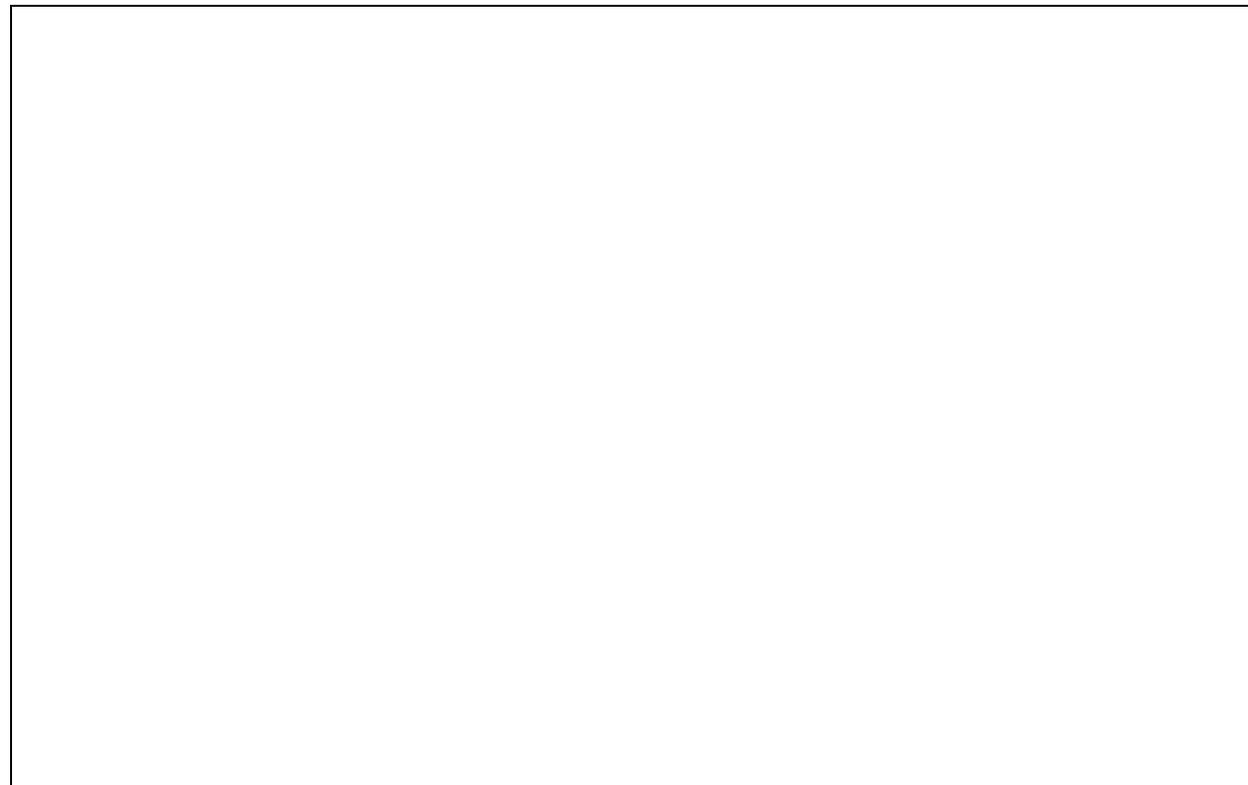
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Goals of the Child Welfare System



The goal of child welfare is to promote the safety, permanency, and well-being of children and families by helping families care for their children successfully or, when that is not possible, helping children find permanency with kin or adoptive families.

Safety, permanency, and well-being are outcomes that local DSS agencies, the state, and federal government measure to ensure our work is effective in supporting families.



Handout: How the Child Welfare System Works



# How the Child Welfare System Works

The child welfare system is not a single entity. Many organizations in each community work together to strengthen families and keep children safe. Public agencies, such as departments of social services or child and family services, often contract and collaborate with private child welfare agencies and community-based organizations to provide services to families, such as in-home family preservation services, foster care, residential treatment, mental health care, substance use treatment, parenting skills classes, domestic violence services, employment assistance, and financial or housing assistance.

Child welfare systems are complex, and their specific procedures vary widely by State. The purpose of this factsheet is to give a brief overview of the purposes and functions of child welfare from a national perspective.

## WHAT'S INSIDE

What is the child welfare system?

What happens when possible abuse or neglect is reported?

What happens after a report is screened in?

What happens in substantiated cases?

Summary

References

Appendix: The child welfare system



## WHAT IS THE CHILD WELFARE SYSTEM?

The child welfare system is a group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families. While the primary responsibility for child welfare services rests with the States, the Federal Government supports States through program funding and legislative initiatives.

The Children's Bureau within the U.S. Department of Health and Human Services' Administration for Children and Families holds the primary responsibility for implementing Federal child and family legislation. The Children's Bureau works with State and local agencies to develop programs that focus on preventing child abuse and neglect by strengthening families, protecting children from further maltreatment, reuniting children safely with their families, and finding permanent families for children who cannot safely return home. For more information on child welfare legislation and policy, see Child Welfare Information Gateway's [Major Federal Legislation Concerned With Child Protection, Child Welfare, and Adoption](#). For more on how child welfare programs are funded, see Information Gateway's [Funding web section](#).

Most families first become involved with the child welfare system because of a report of suspected child abuse or neglect, which is also referred to as "child maltreatment." Child maltreatment is defined by CAPTA as serious harm (e.g., physical abuse, sexual abuse, emotional abuse, neglect) caused to children by parents or primary caregivers, such as extended family members or babysitters. Child

## The Child Abuse Prevention and Treatment Act

The Child Abuse Prevention and Treatment Act (CAPTA), originally passed in 1974, brought national attention to the need to protect vulnerable children in the United States. CAPTA provides Federal funding to States in support of the prevention, assessment, investigation, and prosecution of child abuse and neglect as well as grants to public agencies and nonprofit organizations for demonstration programs and projects. Since it was signed into law, CAPTA has been amended several times, most recently by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). For more information, see Information Gateway's [About CAPTA: A Legislative History](#).

maltreatment also can include harm that a caregiver allows to happen to a child or does not prevent from happening.

Each State has its own laws that define abuse and neglect, the reporting obligations of individuals, and the required State and local child protective services (CPS) agency interventions. In general, child welfare agencies do not intervene in cases of harm to children caused by acquaintances or strangers. These cases are generally the responsibility of law enforcement. (In those cases, criminal charges may be filed in court against the perpetrators of child maltreatment.) Some States authorize CPS

agencies to respond to all reports of alleged child maltreatment, while others authorize law enforcement to respond to certain types of maltreatment, such as sexual or physical abuse. To learn more about child maltreatment and State-by-State information about civil laws related to child abuse and neglect, visit Information Gateway's [What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms, Definitions of Child Abuse and Neglect](#), and the [State Statutes database](#). For data regarding child maltreatment as well as outcomes within the child welfare system, refer to the Children's Bureau's [Statistics & Research](#) web section.

Child welfare systems typically take the following actions:

- **Investigate reports** (receive and investigate reports of possible child abuse and neglect)
- **Support families** (provide prevention services to families that need assistance protecting and caring for their children to prevent entry into foster care)
- **Provide temporary safe shelter** (arrange for children to live with kin or foster families when they are not safe at home)
- **Seek to return children to their families when safety has improved or find other permanent arrangements** (arrange for reunification, adoption, or other permanent family connections for children leaving foster care)

The flowchart at the end of this factsheet provides an overview of the process described in the following sections.

## WHAT HAPPENS WHEN POSSIBLE ABUSE OR NEGLECT IS REPORTED?

Any concerned person can report suspicions of child abuse or neglect, and reports may be made anonymously. Most reports are made by people called "mandatory reporters," who are individuals required by State law to report suspicions of child abuse and neglect. These reports are generally received by CPS workers and are either screened in or screened out. A report is screened in when there is sufficient information to suggest an investigation is warranted. A report may be screened out if there is not enough information on which to follow up on or if the situation reported does not meet the State's legal definition of abuse or neglect. In these instances, the CPS worker may refer the person reporting the incident to other community services or law enforcement for additional help.

For additional information about the child welfare system, refer to the following Information Gateway resources:

- [Making and Screening Reports of Child Abuse and Neglect](#)
- [Mandatory Reporters of Child Abuse and Neglect](#)
- [Responding to Child Abuse & Neglect](#) [webpage]

## WHAT HAPPENS AFTER A REPORT IS SCREENED IN?

CPS caseworkers respond within a few hours to a few days after a report is entered depending on the type of maltreatment alleged, the potential severity of the situation, and requirements under State law. They may speak with the parents and other people in contact with the child, such as doctors, teachers, or child-care providers. They also may speak with the child, alone or in the presence of caregivers, depending on the child's age and level of risk. Children who are believed to be in immediate danger of continued maltreatment may be moved to a shelter, a foster home, or a relative's home during the investigation and while court proceedings are pending. The caseworker also engages the family to assess their strengths and needs and initiate connections to community resources and services.

At the end of the investigation, CPS caseworkers typically make one of two findings—unsubstantiated (unfounded) or substantiated (founded). These terms vary from State to State. Typically, a finding of unsubstantiated means there is insufficient evidence for the caseworker to conclude that the child was abused or neglected or that what happened does not meet the legal definition of child abuse or neglect. A finding of substantiated maltreatment typically means that an incident of child abuse or

neglect, as defined by State law, is believed to have occurred. Some States have additional categories, such as "unable to determine," that suggest there is not enough evidence to either confirm or refute that abuse or neglect occurred.

if the agency determines that the authority of the juvenile court is necessary to keep a child safe, it will initiate a court action, such as a child protection or dependency proceeding. To protect the child, the court can issue temporary orders placing the child in shelter care during the investigation, ordering services, or ordering certain individuals to have no contact with the child. Later, at an adjudicatory hearing, the court hears evidence and decides whether maltreatment occurred and whether the child should be under the continuing jurisdiction of the court. For additional information about the legal process, refer to Information Gateway's [Understanding Child Welfare and the Courts](#).

Some jurisdictions employ an alternative, or differential, response system. In these jurisdictions, when the risk to the child is considered low, the CPS caseworker—rather than investigating the occurrence of abuse or neglect—focuses on assessing family strengths, resources, and difficulties and on identifying supports and services needed. To learn more about differential response, read Information Gateway's [Differential Response: A Primer for Child Welfare Professionals](#).

### Neglect

Nearly three-quarters of all child maltreatment cases are related to some form of neglect (Children's Bureau, 2020), which may be the result of a family's need for financial and related social supports. See the following Information Gateway resources to learn more about neglect and how to support families:

- [Identification of Neglect](#) (webpage)
- [Family Support Policy and Program Support Approaches](#) (webpage)
- [Acts of Omission: An Overview of Child Neglect](#)

### WHAT HAPPENS IN SUBSTANTIATED CASES?

If a report of abuse or neglect is substantiated, the next steps for the child and parent depend on State or local policy, the severity of the maltreatment, an assessment of the child's immediate safety, the perceived risk of continued or future maltreatment, the services available to address the family's needs, and whether the maltreatment prompted the child's removal from the home and/or a protective court action. When a report is substantiated as a result of a court hearing, the court may enter a disposition ordering a parent to comply with services necessary to alleviate the abuse or neglect. Orders can also contain provisions regarding visitation requirements between the parent and the child, agency obligations to provide the parent with services, and services needed by the child.

Decisions about services and other next steps may be made by the CPS worker or the courts based on the following categories of perceived risk for future maltreatment:

- **Little or no risk.** The family's case may be closed with no services if a determination is made that the maltreatment was a one-time incident, the child is considered to now be safe, and there is little or no risk of future incidents. Any services the family needs will be provided through community-based resources and service systems—not the child welfare agency.
- **Low to moderate risk.** Referrals may be made to community-based or voluntary [in-home child welfare services](#) if the CPS worker believes the family would benefit from these services and the child's present and future safety would be enhanced. (This may happen even when no abuse or neglect is found if the family needs and is willing to participate in services.) Local [family resource centers](#) or other organizations can provide community-based services related to parent skill training, child care, housing needs, job training, substance use and mental health counseling, or respite and crisis care services.
- **Moderate to high risk.** The family may be offered voluntary in-home services to address safety concerns and help reduce the risks. If these are refused, the agency may seek intervention by the juvenile dependency court. The court may in turn require the family to cooperate with in-home services if it is believed the child can remain safely at home while the family addresses the issues contributing to the perceived risk of future maltreatment. If the child has already been seriously harmed, is

considered to be at high risk of serious harm, or the child's safety is threatened, the court may order the child's removal from the home or affirm the agency's prior removal of the child. The child may be placed with a relative or in foster care.

### **Central Registries for Child Maltreatment**

Whether or not criminal charges are filed, the name of the person committing the abuse or neglect may be placed in a State child maltreatment registry if the abuse or neglect is confirmed. A registry is a central database that collects information about maltreated children and individuals who are found to have abused or neglected their children. These registries are usually confidential and used for internal child protective purposes only. Information about perpetrators, however, may be used in background checks for certain professions that involve working with children to help prevent children from coming into contact with individuals who may mistreat them.

For more information about these registries, see Information Gateway's [Establishment and Maintenance of Central Registries for Child Abuse or Neglect Reports](#).

Depending on the severity of the case and other factors, children may be removed from their homes and placed in foster care. Most children in foster care are placed with relatives or foster families, but some may be placed in a group or residential setting. While in foster care, the child attends school and receives medical care and other services as needed. The child's family also receives services to support their efforts to reduce the risk of future maltreatment and to help them reunite with their child. Visits between parents and their children and between siblings are established as appropriate or according to the case plan.

Every child in foster care should have a permanency plan. Federal law requires the court to hold a permanency hearing, during which a child's permanency plan is developed. This should take place within 12 months of a child entering foster care and every 12 months thereafter. The courts may review each case more frequently to ensure the agency is actively pursuing permanency for the child. (See Information Gateway's [Legal and Court Issues in Permanency](#) web section for more information.) The child's family typically participates in developing the permanency plan for the child, as well as their own service plan. Family reunification, except in unusual and extreme circumstances, is the permanency plan for most children. In some cases, when prospects for reunification appear less likely, a concurrent permanency plan may be developed. If the efforts toward reunification are not successful, the plan may be changed to another permanent

arrangement, such as adoption or transfer of custody to a relative. For more information on reunification and concurrent planning, see Information Gateway's [Supporting Successful Reunifications](#), [Concurrent Planning for Timely Permanence](#), and [Concurrent Planning for Permanency for Children](#).

In addition to receiving support in developing permanent legal and relational connections to family and other important people in their lives, older youth in foster care should receive transitional or independent living services to help prepare them for self-sufficiency in the event they leave foster care without a permanent family. Information Gateway's [Achieving & Maintaining Permanency](#) and [Permanency for Youth](#) webpages offer related resources. Depending on State law, youth may age out of foster care somewhere between the ages of 18 and 21.

### SUMMARY

The goal of child welfare is to promote the well-being, permanency, and safety of children and families by helping families care for their children successfully or, when that is not possible, helping children find permanency with kin or adoptive families. Among children who enter foster care, most will return safely to the care of their own families or go to live with relatives or an adoptive family.

For more detailed information about the child welfare system, please refer to the resources listed below. For more information about the child welfare system in your State or local jurisdiction, contact your local public child welfare agency.

### REFERENCES

Children's Bureau. (2020). *Child maltreatment 2018*. U.S. Department of Health and Human Services, Administration for Children and Families. <https://www.acf.hhs.gov/cb/resource/child-maltreatment-2018>

### SUGGESTED CITATION:

Child Welfare Information Gateway. (2020). *How the child welfare system works*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubs/factsheets/cpswork/>

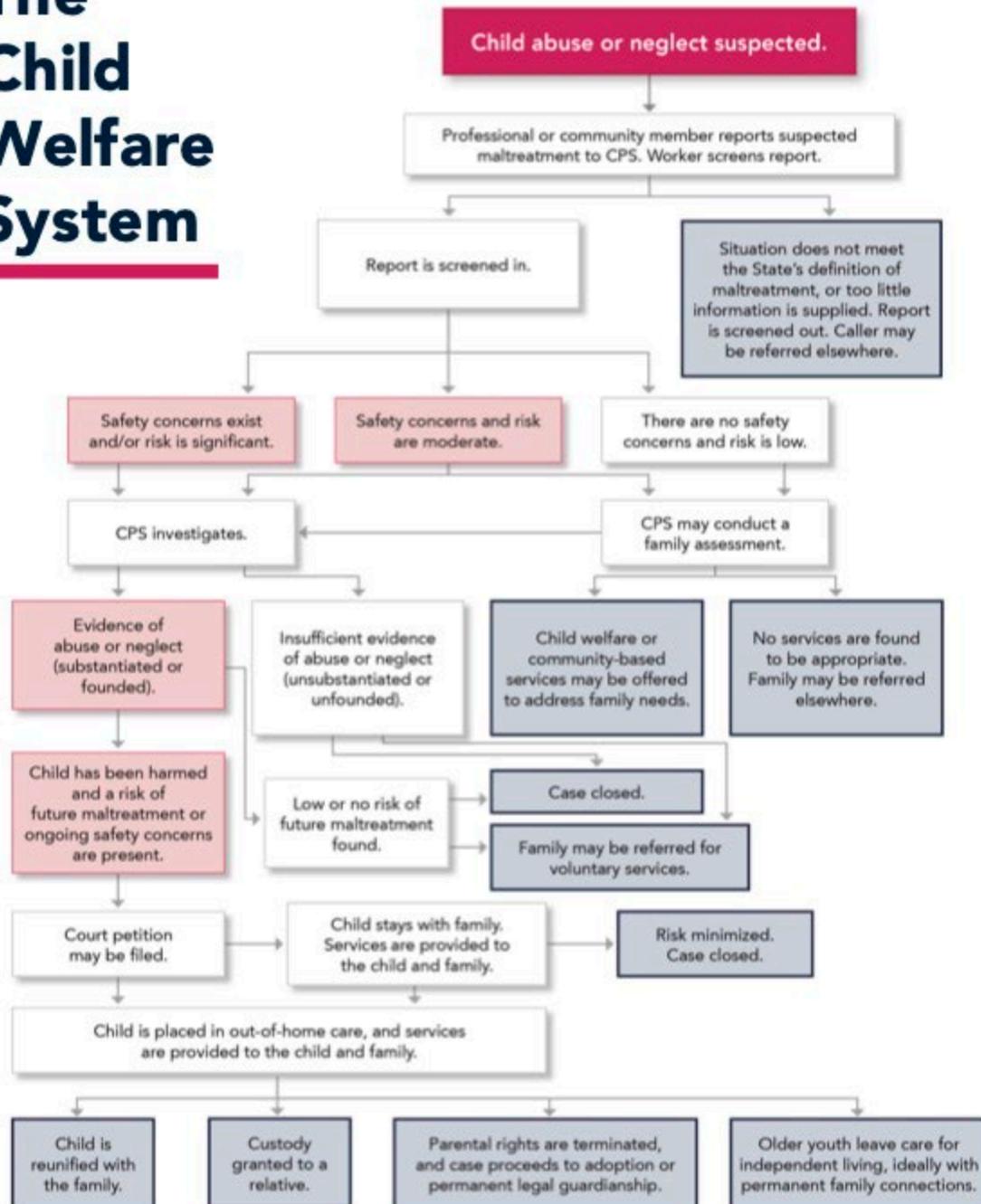


U.S. Department of Health and Human Services  
Administration for Children and Families  
Administration on Children, Youth and Families  
Children's Bureau

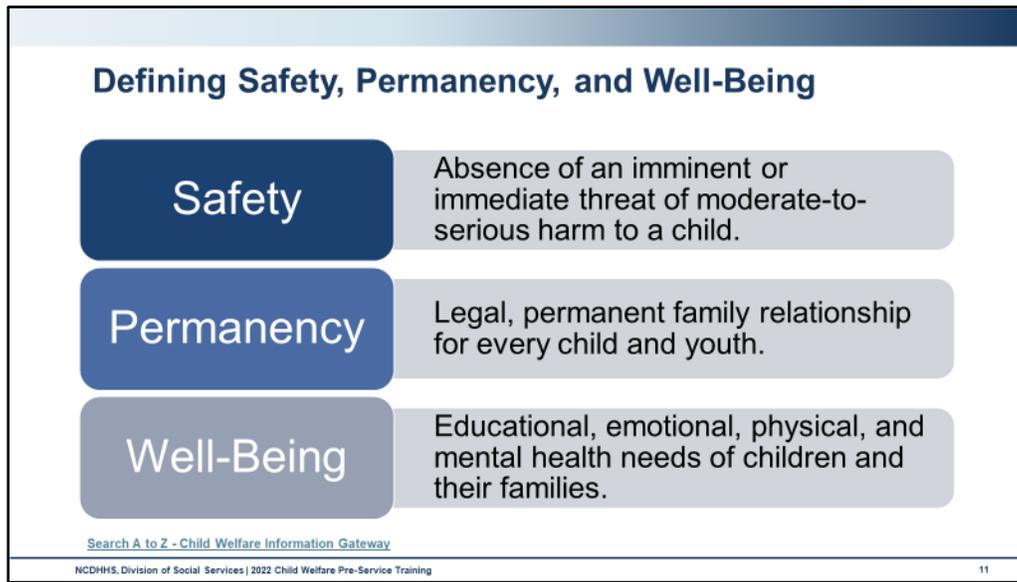


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# The Child Welfare System



## Defining Safety, Permanency, and Well-Being



## Safety outcomes:

- Children are, first and foremost, protected from abuse and neglect.  
and
- Children are safely maintained in their homes whenever appropriate and possible.

## Permanency outcomes:

- Children have permanency and stability in their living situations.  
and
- The continuity of family relationships is preserved for children.

## Well-being outcomes:

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.  
and
- Children receive adequate services to meet their physical and mental health needs.

Handout: Child and Family Services Review (CFSR)

### CFSR Quick Reference Items List

#### OUTCOMES

##### Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

- Item 1: Were the agency's responses to all **accepted child maltreatment reports initiated**, and **face-to-face contact** with the child(ren) made, within time frames established by agency policies or state statutes?

##### Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

- Item 2: Did the agency make concerted efforts to provide services to the family to **prevent** children's **entry into foster care or re-entry** after reunification?
- Item 3: Did the agency make concerted efforts to **assess and address the risk and safety** concerns relating to the child(ren) in their own homes or while in foster care?

##### Permanency Outcome 1: Children have permanency and stability in their living situations.

- Item 4: Is the child in foster care in a **stable placement** and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?
- Item 5: Did the agency establish **appropriate permanency goals** for the child in a **timely manner**?
- Item 6: Did the agency make concerted efforts to **achieve reunification, guardianship, adoption, or other planned permanent living arrangement** for the child?

##### Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

- Item 7: Did the agency make concerted efforts to ensure that **siblings in foster care are placed together** unless separation was necessary to meet the needs of one of the siblings?
- Item 8: Did the agency make concerted efforts to ensure that **visitation between a child in foster care and his or her mother, father, and siblings** was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?
- Item 9: Did the agency make concerted efforts to **preserve the child's connections** to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?
- Item 10: Did the agency make concerted efforts to **place the child with relatives** when appropriate?

- Item 11: Did the agency make concerted efforts to promote, support, and/or maintain **positive relationships between the child in foster care and his or her mother and father** or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

### Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

- Item 12: Did the agency make concerted efforts to **assess the needs** of and **provide services to children, parents, and foster parents** to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?
- Item 13: Did the agency make concerted efforts to involve the **parents and children** (if developmentally appropriate) **in the case planning** process on an ongoing basis?
- Item 14: Were the **frequency and quality of visits between caseworkers and child(ren)** sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?
- Item 15: Were the **frequency and quality of visits between caseworkers and the mothers and fathers** of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

### Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

- Item 16: Did the agency make concerted efforts to assess **children's educational needs**, and appropriately address identified needs in case planning and case management activities?

### Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

- Item 17: Did the agency address the **physical health needs** of children, including dental health needs?
- Item 18: Did the agency address the **mental/behavioral health needs** of children?

## SYSTEMIC FACTORS

### Statewide Information System

- Item 19: How well is the **statewide information system** functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

### Case Review System

- Item 20: How well is the case review system functioning statewide to ensure that

- each child has a **written case plan** that is developed jointly with the child's parent(s) and includes the required provisions?
- Item 21: How well is the case review system functioning statewide to ensure that a **periodic review** for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?
- Item 22: How well is the case review system functioning statewide to ensure that, for each child, a **permanency hearing** in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?
- Item 23: How well is the case review system functioning to ensure that the filing of **termination of parental rights (TPR)** proceedings occurs in accordance with required provisions?
- Item 24: How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are **notified of, and have a right to be heard** in, any review or hearing held with respect to the child?

### Quality Assurance System

- Item 25: How well is the **quality assurance system** functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

### Staff and Provider Training

- Item 26: How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?
- Item 27: How well is the staff and provider training system functioning statewide to ensure that **ongoing training** is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?
- Item 28: How well is the staff and provider training system functioning to ensure that **training** is occurring statewide for current or prospective **foster parents, adoptive parents, and staff** of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?

### Service Array and Resource Development

- Item 29: How well is the service array and resource development system functioning

to ensure that the following array of services is **accessible** in all political jurisdictions covered by the Child and Family Services Plan (CFSP)?

1. Services that assess the strengths and needs of children and families and determine other service needs;
2. Services that address the needs of families in addition to individual children in order to create a safe home environment;
3. Services that enable children to remain safely with their parents when reasonable; and
4. Services that help children in foster and adoptive placements achieve permanency.

Item 30: How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be **individualized** to meet the unique needs of children and families served by the agency?

### Agency Responsiveness to the Community

Item 31: How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in **ongoing consultation** with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Item 32: How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Services Plan (CFSP) are **coordinated with services or benefits of other federal or federally assisted programs** serving the same population?

### Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that **state standards** are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Item 34: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for **criminal background clearances** as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Item 35: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the **diligent recruitment** of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Item 36: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the

effective use of **cross-jurisdictional resources** to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Activity: Engaging with Respect

**Form a circle around the volunteer “parent” for the activity. Take turns reading the statements on your assigned paper and observe how the words impact the parent in the scenario.**

**Rephrase your statement if needed to create a positive impact.**

Debrief

**What stood out to you about how the words impacted the parent in this scenario?**

**What are your takeaways from this activity about how to engage families to lessen the power differential?**



## Roles and Responsibilities

Video: [North Carolina Social Work Job Preview](#)

Visit: **Child Welfare Worker Realistic Job Preview** for a video discussing the work of child welfare social workers in North Carolina.

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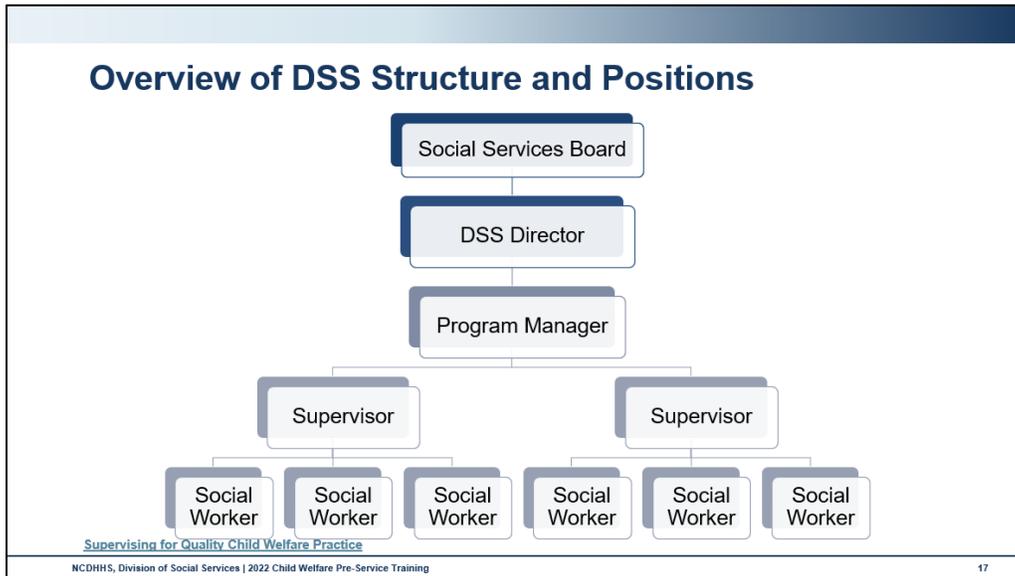
Debrief

- **What stood out to you about the descriptions of being a child welfare social worker?**
- **Did anything surprise you?**
- **Is there anything that the social workers in the video shared that makes you excited about this work?**
- **Anything that makes you nervous?**

**Use this space to record notes.**

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Overview of DSS Structure and Positions



Specific positions may vary based on the county, but the typical positions are:

- Intake
- CPS Assessments
- In-Home Services
- Permanency Planning
- Foster Home Licensing
- Adoptions

Practice Standards



## Handout: North Carolina Worker Practice Standards

The North Carolina Practice Standards build skills and behaviors in the workforce that provide the groundwork for learning, and they are the foundation of North Carolina's Practice Model. The Practice Standards are anchored by our core values: safety-focused, trauma-informed, family-centered, and cultural humility. They are described in observable, behaviorally specific terms to illustrate how social workers will conduct the essential functions of child welfare and how supervisors and leaders will support them. The Practice Standards are divided into five essential functions: communicating, engaging, assessing, planning, and implementing.

**Communicating:** Using clear language and checking to assure two-way understanding. Timely and consistent sharing of spoken and written information so that meaning and intent are understood in the same way by all parties involved. Open and honest communication underpins the successful performance of all essential functions in child welfare.

**Engaging:** Focused attention to understand families. Empowering and motivating families to actively participate with child welfare by communicating openly and honestly with the family, demonstrating respect, and valuing the family's input and preferences. Engagement begins upon first meeting a family and continues throughout child welfare services.

**Assessing:** Gathering information from children, caretakers, and other family members. Gathering and synthesizing information from children, families, support systems, agency records, and persons with knowledge to determine the need for child protective services and to inform planning for safety, permanency, and well-being. Assessing occurs throughout child welfare services and includes learning from families about their strengths and preferences.

**Planning:** Synthesizing and integrating current and previous assessment information and family history to inform plans. Respectfully and meaningfully collaborating with families, communities, tribes, and other identified team members to set goals and develop strategies based on the continuous assessment of safety, risk, family strengths and needs through a child and family team process. Plans should be revisited regularly by the team to determine progress toward meeting goals and make changes when needed.

**Implementing:** Supporting families to take actions agreed upon in the plan and connecting families to services and community support. Carrying out plans that have been developed. Implementing includes linking families to services and community supports, supporting families to take actions agreed upon in plans and monitoring to assure plans are being implemented by both families and providers, monitoring progress on behavioral goals, and identifying when plans need to be adapted.

### Activity: Understanding Roles and Responsibilities

**Review the Job Responsibilities handout on the following page and be prepared to also reference the previous North Carolina Worker Practice Standards handout.**

- *Everyone who is a number 1 will be an Intake social worker.*
- *Everyone who is a number 2 will be a CPS Assessments social worker.*
- *Everyone who is a number 3 will be an In-Home social worker.*
- *Everyone who is a number 4 will be a Permanency Planning social worker.*
- *Everyone who is a number 5 will be a Foster Home Licensing social worker.*
- *Everyone who is a number 6 will be an Adoption social worker.*

When you stop at each of the practice standard areas designated around the room, be prepared to answer the following questions based on your assigned worker role:

- **What role are you assigned?**
- **What is the responsibility of this role that relates to the practice standard you stopped at?**

## Handout: Job Responsibilities

**Intake Responsibilities**

- Use a strengths-based approach to interview reporters;
- Complete a new CPS Intake in NC FAST or Structured Intake Report tool;
- Consult The Maltreatment Screening Tools that correspond to the allegations to determine if the allegations meet the legal definition of abuse, neglect, and/or dependency;
- Make a screening decision in consultation with the supervisor;
- Determine residency and the county responsible for completing the CPS Assessment;
- Consult the Response Priority Decision Tree to determine the appropriate response time;
- Determine the appropriate Assessment Response Type (Family or Investigative);
- Assign reports for CPS Assessment; and
- Send reporter notification letters

**CPS Assessment Responsibilities**

- Establish contact with all identified persons who might have information regarding the report, including family members, collateral sources, and the child;
- Approach the family in a manner that communicates that the agency's interests and responsibilities are to protect children and strengthen families, not to establish guilt or innocence;
- Establish trust and rapport with family members to encourage them to disclose pertinent information and participate fully in the problem-solving process;
- Conduct a fact-finding process by interviewing family members, extended family, collateral contacts, and other sources of data; through observation of the family's interactions; and through other types of data collection to determine if:
  - Child maltreatment occurred
  - There is a risk of future maltreatment and the level of that risk
  - The child is safe within the home, and if not, what interventions can be implemented that will ensure the child's protection and maintain the family unit intact if reasonably possible
  - Ongoing agency services are needed to reduce the risk of maltreatment occurring in the home; and
  - Out-of-home placement is necessary to protect the child from harm
- Weigh the interacting effects of both safety and risk factors to establish the degree of safety to the child(ren) at the present time, and the level of risk of harm to the child(ren) in the foreseeable future;
- Identify strategies and initiate immediate interventions to provide protection for children who are determined to be unsafe and to prevent the need for removal and placement, if possible;
- Complete appropriate documentation of all information to develop a safety agreement;
- Substantiate or refute the report and the likelihood of future harm;

- Present appropriate testimony in situations when juvenile court action is required to protect the child;
- Determine if ongoing services are needed to reduce the risk of maltreatment occurring in the future; and
- Prepare the family for ongoing service intervention and case transfer to the ongoing caseworker, if applicable.

### **In-Home Services Responsibilities**

- Provide the most intensive services and contacts to families with identified needs;
- Deliver services within the context of the family's own community culture;
- Monitor child safety and risk while in the home;
- Engage children, youth, and families in the planning process while producing better outcomes of safety, permanence, and well-being for children; and
- Encourage families to develop a support network and show how this support network can assist them in planning for coping with future challenges.

### **Permanency Planning**

- Careful planning and decision-making with the family about placement, when necessary, and preparing the child, the child's family, and the foster family for separation and placement, including developing a family time and contact (visitation) agreement;
- Assessing children's needs to ensure appropriate placement and services;
- Arranging and monitoring a placement appropriate to the child's needs;
- Involving the kinship network to provide planning, placement, and other support for the child and family;
- Assessing family strengths and needs to determine the appropriate plan for service;
- Developing and arranging community-based services to support the child and family;
- Collaborating with other community service providers working with the family to ensure continuity of services and to prevent duplication of services;
- Referring the child and family to needed services, including clinical treatment;
- Collaborating with educational agencies to ensure school stability for the child and that all factors relating to the child's best interest are considered in determining the child's educational setting; all appropriate educational services are provided to the child; and documentation of educational planning is in the case file;
- Providing ongoing assessment to determine the risk to the child and to guide the case planning process;
- Working with the family to develop and implement the Permanency Planning Family Services Agreement;
- Helping the family meet the Permanency Planning Family Services Agreement objectives by providing information, instruction, guidance, and mentoring related to parenting skills, and by monitoring and updating the agreement with the family;

- Providing case planning and management;
- Concurrent permanency planning with the family to develop alternative options to provide a permanent home for a child should reunification fail;
- Supervising the placement to ensure the child receives proper care during placement;
- Preparing for and participating in court proceedings;
- Preparing for and facilitating Child and Family Team (CFT)/Permanency Planning Review (PPR) meetings;
- Providing transportation for children in county child welfare agency custody when needed and not otherwise available, including visits with parents, siblings, and relatives;
- Providing LINKS services to assist older youth in learning life skills necessary to make a successful transition from foster care to living on their own;
- Ensuring placements across state lines comply with the Interstate Compact on the Placement of Children (ICPC);
- Recruiting and assessing relatives and other kin as potential caregivers;
- Involving foster parents in planning and decision-making for children in county child welfare agency custody;
- Preparing children for adoptive placements and maintaining life books; and
- Maintaining the permanency planning case record and thorough documentation of case activities.

### **Adoptions**

- Ensure timely permanence for children through legal adoption;
- Ensure that each child, regardless of race, ethnicity, age, or handicapping condition, has an opportunity for placement in a permanent family;
- Prepare and assist children in their transition to an adoptive family;
- Support and strengthen the adoptive family;
- Provide services to all members of the adoption triad; and
- Provide post-adoption services to optimize family functioning and prevent the dissolution of adoption.

### **Licensing**

- Recruiting, developing, and supervising foster care families and childcare facilities;
- Submitting the “licensing application” and all supportive documents to the Licensing Authority (located in Black Mountain);
- Submitting re-licensure documentation every 2 years for licensed foster families;
- Recruiting and assessing relatives and other kin as potential caregivers;
- Assessing and periodically reassessing foster care homes and facilities to determine if the home or facility meets the needs of the children it serves;
- Providing consultation, technical assistance, and Pre-service training (TIPS-MAPP: Trauma Informed Partnering for Permanency and Safety: Model Approach to Partnerships in Parenting) to assist prospective foster families in making an informed decision about fostering/adopting;

- Involving foster parents in the planning and decision-making for children in foster care;
- Providing in-service training regarding the benefits/challenges of shared parenting; and
- Facilitating foster/adopt options for children and preparing foster/adoptive parents.

Debrief

**Did this activity help you see the connections between practice standards and specific job responsibilities?**

**Do you have any takeaways from this exercise that you think you can apply in practice?**

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Key Takeaways

**Key Takeaways**

- Center family voice in all your work
- Safety, permanency and well-being are the goals of the child welfare system
- The Practice Standards are the foundation of good practice in all social work roles
- Specific job responsibilities vary based on program area
- Your supervisor is a resource to help you understand your role and responsibilities

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Questions and Reflections

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

## Identification of Child Abuse and Neglect

### Child Maltreatment Defined

<b>Child Maltreatment Defined</b>	
<p><b>Child Abuse Prevention and Treatment Act</b></p> <p>Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation..., or an act or failure to act which presents an imminent risk of serious harm” (42 U.S.C. 5101 note, §3).</p>	<p><b>Centers for Disease Control and Prevention (CDC)</b></p> <p>A preventable act or series of acts of commission or omission by a parent, caregiver, or other person in a custodial role that results in harm, potential harm or threat of harm to a child.</p>
<p><small><a href="http://childwelfare.gov">What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms (childwelfare.gov)</a> <a href="http://www.cdc.gov/violenceprevention/childabuseandneglect/">Child Abuse and Neglect Prevention   Violence Prevention   Injury Center   CDC</a></small></p>	
<p><small>NCDHHS, Division of Social Services   2022 Child Welfare Pre-Service Training <span style="float: right;">24</span></small></p>	

There are three consistent components to these definitions of child abuse and neglect:

- An act or failure to act;
- by a parent or person in a caregiver role
- that results in harm or risk of harm to children.

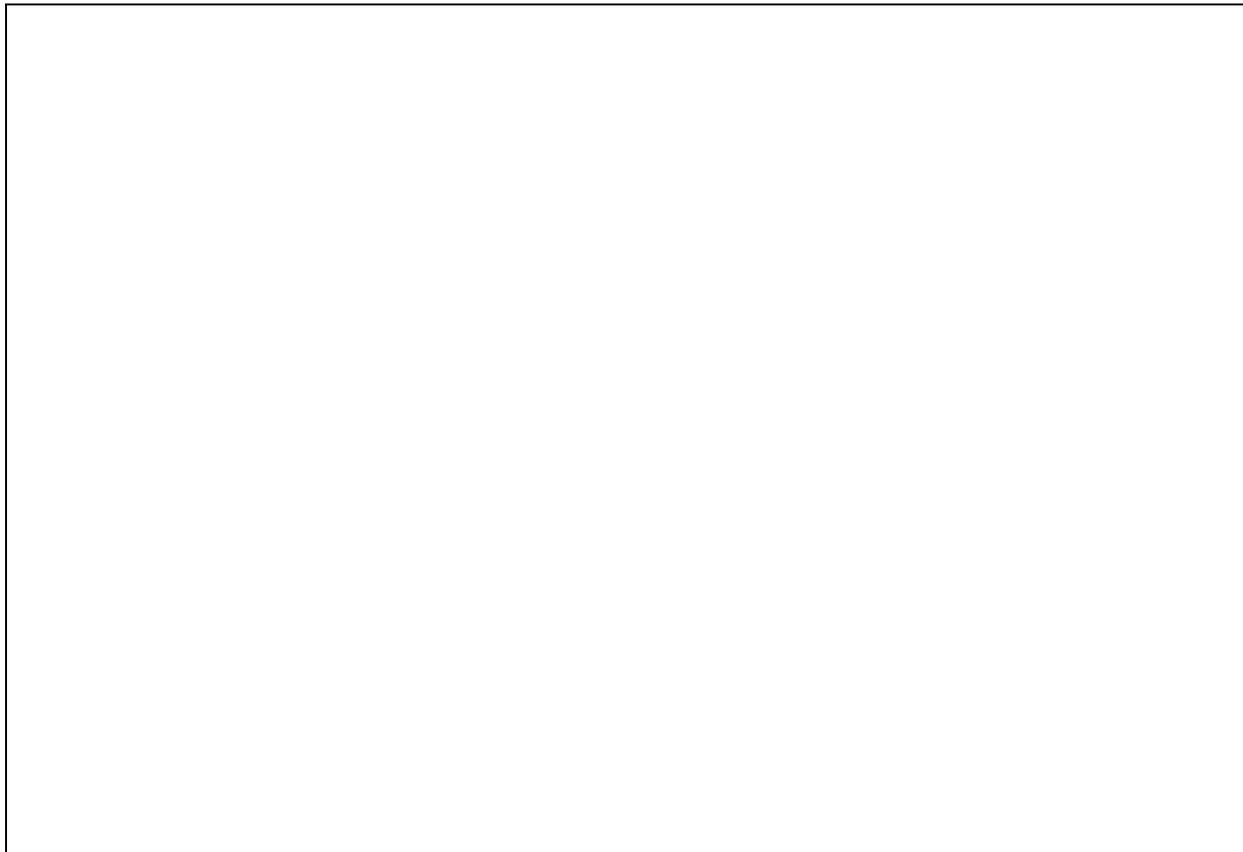
### Risk Factors for Child Maltreatment

<b>Risk Factors for Child Maltreatment</b>	
<b>Caregiver</b>	<b>Child</b>
<ul style="list-style-type: none"><li>• Substance use and/or mental health</li><li>• Mental Health issues</li><li>• Poor understanding of child development</li><li>• History of abuse or neglect</li><li>• Young, single parents or many children</li><li>• Low education or income</li><li>• High parenting or economic stress</li><li>• Using corporal punishment</li><li>• Unrelated caregiver in the home</li><li>• Attitudes accepting violence</li></ul>	<ul style="list-style-type: none"><li>• Under the age of 4</li><li>• Needs that may increase caregiver burden, such as disability, mental illness or chronic physical illness</li></ul>

[Risk and Protective Factors|Child Abuse and Neglect|Violence Prevention|Injury Center|CDC](#)

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The Risk and Protective Factors for Child Maltreatment handout on the following page contains a list of risk and protective factors for individuals, families, and communities.



## Handout: Risk and Protective Factors for Child Maltreatment

*From the Centers for Disease Control and Prevention*

### **Risk Factors for Victimization**

#### Individual Risk Factors

- Children younger than 4 years of age
- Children with special needs that may increase caregiver burden (e.g., disabilities, mental health issues, and chronic physical illnesses)

### **Risk Factors for Perpetration**

#### Individual Risk Factors

- Caregivers with drug or alcohol issues
- Caregivers with mental health issues, including depression
- Caregivers who don't understand children's needs or development
- Caregivers who were abused or neglected as children
- Caregivers who are young or single parents or parents with many children
- Caregivers with low education or income
- Caregivers experiencing high levels of parenting stress or economic stress
- Caregivers who use spanking and other forms of corporal punishment for discipline
- Caregivers in the home who are not a biological parent
- Caregivers with attitudes accepting of or justifying violence or aggression

#### Family Risk Factors

- Families that have household members in jail or prison
- Families that are isolated from and not connected to other people (extended family, friends, neighbors)
- Families experiencing other types of violence, including relationship violence
- Families with high conflict and negative communication styles

#### Community Risk Factors

- Communities with high rates of violence and crime
- Communities with high rates of poverty and limited educational and economic opportunities
- Communities with high unemployment rates
- Communities with easy access to drugs and alcohol
- Communities where neighbors don't know or look out for each other and there is low community involvement among residents
- Communities with few community activities for young people
- Communities with unstable housing and where residents move frequently
- Communities where families frequently experience food insecurity

## Protective Factors for Child Abuse and Neglect

Protective factors may lessen the likelihood of children being abused or neglected. Identifying and understanding protective factors are equally as important as researching risk factors.

### Individual Protective Factors

- Caregivers who create safe, positive relationships with children
- Caregivers who practice nurturing parenting skills and provide emotional support
- Caregivers who can meet the basic needs of food, shelter, education, and health services
- Caregivers who have a college degree or higher and have steady employment

### Family Protective Factors

- Families with strong social support networks and stable, positive relationships with the people around them
- Families where caregivers are present and interested in the child
- Families where caregivers enforce household rules and engage in child monitoring
- Families with caring adults outside the family who can serve as role models or mentors

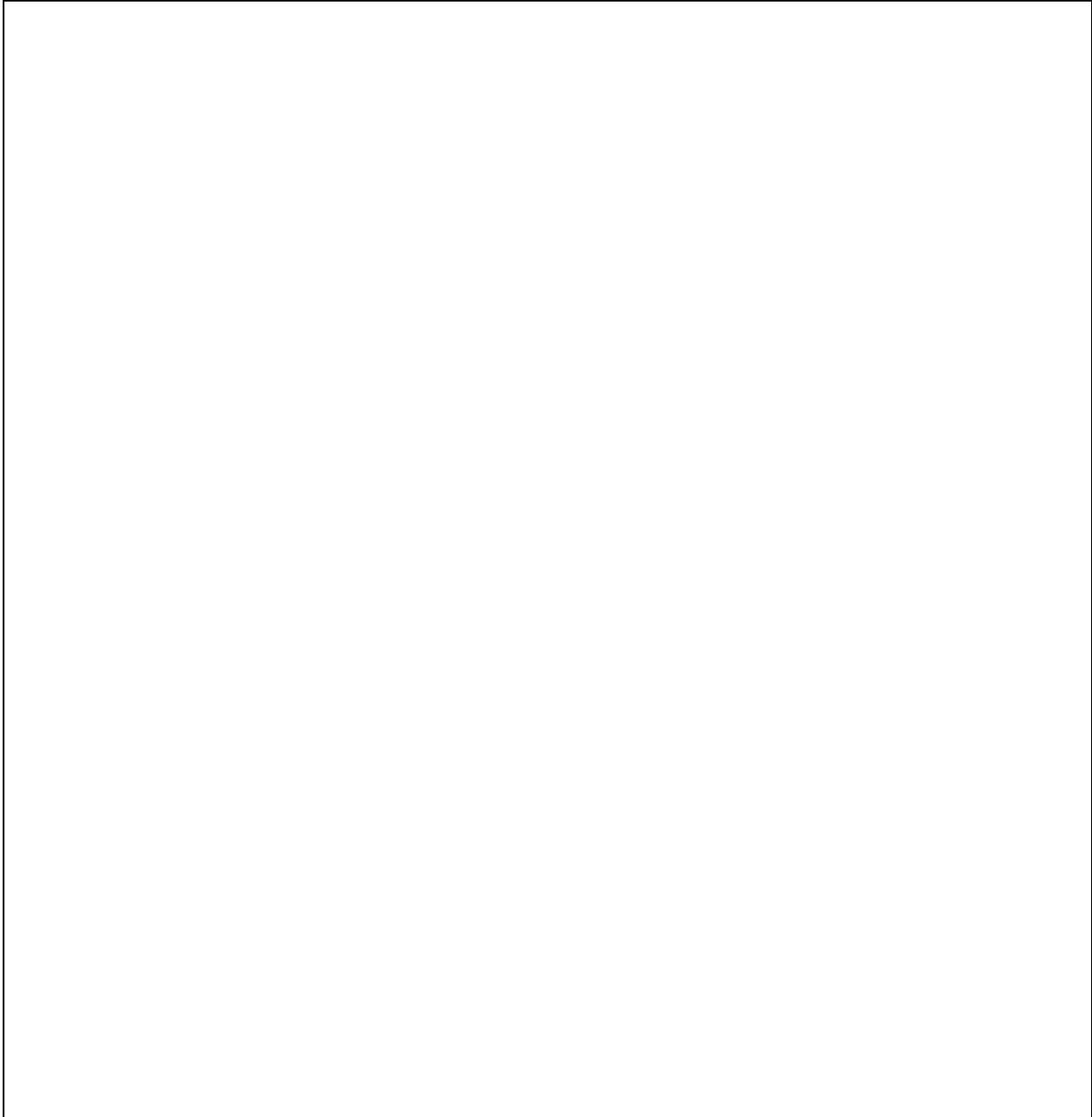
### Community Protective Factors

- Communities with access to safe, stable housing
- Communities where families have access to high-quality preschool
- Communities where families have access to nurturing and safe childcare
- Communities where families have access to safe, engaging after-school programs and activities
- Communities where families have access to medical care and mental health services
- Communities where families have access to economic and financial help
- Communities where adults have work opportunities with family-friendly policies
- [Risk and Protective Factors|Child Abuse and Neglect|Violence Prevention|Injury Center|CDC](#)

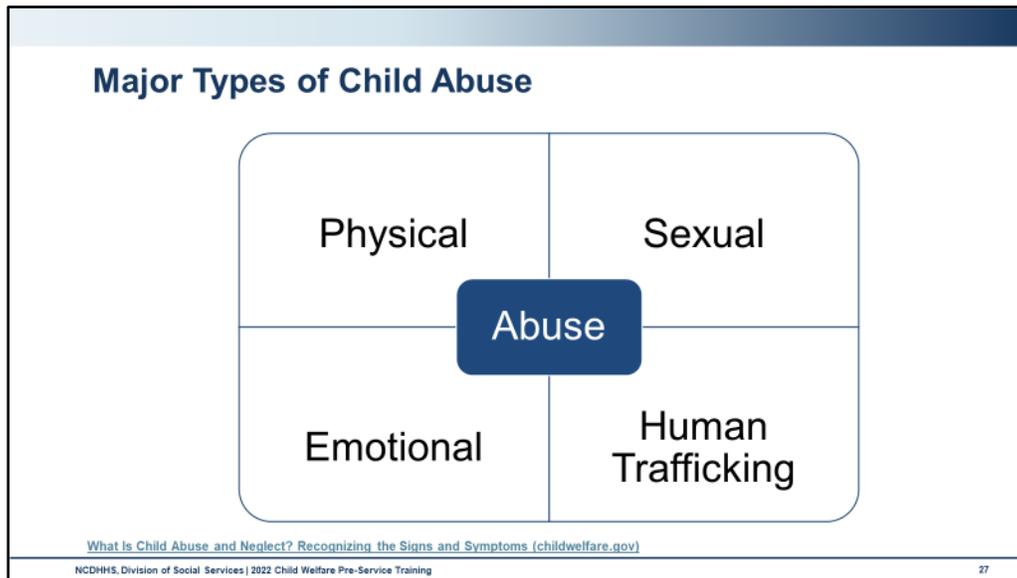
Video: Signs of Abuse

Visit: [Signs of Abuse](#) for a video outlining signs of abuse in children and adults.

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## Major Types of Child Abuse



“Physical abuse is a nonaccidental physical injury to a child caused by a parent, caregiver, or other person responsible for a child and can include punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise causing physical harm. Physical discipline, such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no bodily injury to the child. Injuries from physical abuse could range from minor bruises to severe fractures or death.”

“Sexual abuse includes activities by a parent or other caregiver such as fondling a child’s genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials”

“Emotional abuse (or psychological abuse) is a pattern of behavior that impairs a child’s emotional development or sense of self-worth. This may include constant criticism, threats, or rejection as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove, and, therefore, child protective services may not be able to intervene without evidence of harm or mental injury to the child (Prevent Child Abuse America, 2016)”

“Human trafficking is considered a form of modern slavery and includes both sex trafficking and labor trafficking. Sex trafficking is recruiting, harboring, transporting, providing, or obtaining someone for a commercial sex act, such as prostitution, pornography, or stripping. Labor trafficking is forced labor, including drug dealing, begging, or working long hours for little pay (Child Welfare Information Gateway, 2018). Although human trafficking includes victims of any sex, age, race/ ethnicity, or socioeconomic status, children involved in child welfare, including children who are in out-of-home care, are especially vulnerable (Child Welfare Information Gateway, 2018).”

Handout: What is Child Abuse and Neglect?



**FACTSHEET**

April 2019

## What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms

The first step in helping children who have been abused or neglected is learning to recognize the signs of maltreatment. The presence of a single sign does not necessarily mean that child maltreatment is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination. This factsheet is intended to help you better understand the Federal definition of child abuse and neglect; learn about the different types of abuse and neglect, including human trafficking; and recognize their signs and symptoms. It also includes additional resources with information on how to effectively identify and report maltreatment and refer children who have been maltreated.

### WHAT'S INSIDE

How is child abuse and neglect defined in Federal law?

What are the major types of child abuse and neglect?

Recognizing signs of abuse and neglect and when to report

Resources



Children's Bureau/ACYF/ACF/HHS  
800.394.3366 | Email: [info@childwelfare.gov](mailto:info@childwelfare.gov) | <https://www.childwelfare.gov>



## How Is Child Abuse and Neglect Defined in Federal Law?

Federal legislation lays the groundwork for State laws on child maltreatment by identifying a minimum set of actions or behaviors that define child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA), as amended and reauthorized by the CAPTA Reauthorization Act of 2010, defines child abuse and neglect as, at a minimum, "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation (including sexual abuse as determined under section 111), or an act or failure to act which presents an imminent risk of serious harm" (42 U.S.C. 5101 note, § 3).

Additionally, it stipulates that "a child shall be considered a victim of 'child abuse and neglect' and of 'sexual abuse' if the child is identified, by a State or local agency employee of the State or locality involved, as being a victim of sex trafficking<sup>1</sup> (as defined in paragraph (10) of section 7102 of title 22) or a victim of severe forms of trafficking in persons described in paragraph (9)(A) of that section" (42 U.S.C. § 5106g(b)(2)).

Most Federal and State child protection laws primarily refer to cases of harm to a child caused by parents or other caregivers; they generally do not include harm caused by other people, such as acquaintances or strangers. Some State laws also include a child's witnessing of domestic violence as a form of abuse or neglect.

For State-specific laws pertaining to child abuse and neglect, see Child Welfare Information Gateway's State Statutes Search page at <https://www.childwelfare.gov/topics/systemwide/laws-policies/state/>.

<sup>1</sup> According to the Victims of Trafficking and Violence Protection Act of 2000, sex trafficking is categorized as a "severe form of trafficking in persons" and is defined as a "situation in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age." As of May 2017, States are required to have provisions and procedures in place as part of their CAPTA State Plans that require "identification and assessment of all reports involving children known or suspected to be victims of sex trafficking and...training child protective services workers about identifying, assessing, and providing comprehensive services for children who are sex trafficking victims, including efforts to coordinate with State law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters..."

To view civil definitions that determine the grounds for intervention by State child protective agencies, visit Information Gateway's *Definitions of Child Abuse and Neglect* at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/define/>.

**Child Maltreatment reports.** These annual reports summarize annual child maltreatment and neglect statistics submitted by States to the National Child Abuse and Neglect Data System. They include information about victims, fatalities, perpetrators, services, and additional research. The reports are available at <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

**Child Welfare Outcomes Report Data.** This website provides information on the performance of States in seven outcome categories related to the safety, permanency, and well-being of children involved in the child welfare system. Data, which are made available on the website prior to the release of the annual report, include the number of child victims of maltreatment. To view the website, visit <https://cwoutcomes.acf.hhs.gov/cwodatasite/>.

## What Are the Major Types of Child Abuse and Neglect?

Within the minimum standards set by CAPTA, each State is responsible for providing its own definitions of child abuse and neglect. Most States recognize four major types of maltreatment: physical abuse, neglect, sexual abuse, and emotional abuse. Additionally, many States identify abandonment, parental substance use, and human trafficking as abuse or neglect. While some of these types of maltreatment may be found separately, they can occur in combination. This section provides brief definitions for each of these types.

**Physical abuse** is a nonaccidental physical injury to a child caused by a parent, caregiver, or other person responsible for a child and can include punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise causing physical harm.<sup>2</sup> Physical discipline, such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no bodily injury to the child. Injuries from physical abuse could range from minor bruises to severe fractures or death.

**Neglect** is the failure of a parent or other caregiver to provide for a child's basic needs. Neglect generally includes the following categories:

- Physical (e.g., failure to provide necessary food or shelter, lack of appropriate supervision)
- Medical (e.g., failure to provide necessary medical or mental health treatment, withholding medically indicated treatment from children with life-threatening conditions)<sup>3</sup>
- Educational (e.g., failure to educate a child or attend to special education needs)
- Emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, permitting a child to use alcohol or other drugs)

Sometimes cultural values, the standards of care in the community, and poverty may contribute to what is perceived as maltreatment, indicating the family may need information or assistance. It is important to note that living in poverty is not considered child abuse or neglect. However, a family's failure to use available information and resources to care for their child may put the child's health or safety at risk, and child welfare intervention could be required. In addition, many States provide an exception

<sup>2</sup> Nonaccidental injury that is inflicted by someone other than a parent, guardian, relative, or other caregiver (i.e., a stranger) is considered a criminal act that is not addressed by child protective services.

<sup>3</sup> Although it can apply to children of any age, withholding of medically indicated treatment is a form of medical neglect that is defined by CAPTA as "the failure to respond to...life-threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) which, in the treating physician's or physicians' reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions..." CAPTA does note a few exceptions, including infants who are "chronically and irreversibly comatose," situations when providing treatment would not save the infant's life but merely prolong dying, or when "the provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane."

to the definition of neglect for parents who choose not to seek medical care for their children due to religious beliefs.<sup>4</sup>

**Sexual abuse** includes activities by a parent or other caregiver such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials. Sexual abuse is defined by CAPTA as "the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or interfamilial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children" (42 U.S.C. § 5106g(a)(4)).

**Emotional abuse** (or psychological abuse) is a pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove, and, therefore, child protective services may not be able to intervene without evidence of harm or mental injury to the child (Prevent Child Abuse America, 2016).

**Abandonment** is considered in many States as a form of neglect. In general, a child is considered to be abandoned when the parent's identity or whereabouts are unknown, the child has been left alone in circumstances where the child suffers serious harm, the child has been deserted with no regard for his or her health or safety, or the parent has failed to maintain contact with the child or provide reasonable support for a specified period of time. Some States have enacted laws—often called safe haven laws—that provide safe places for parents to relinquish newborn infants. Information Gateway produced a publication as part of its State Statutes series that summarizes such laws. *Infant Safe Haven Laws* is available at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/safehaven/>.

<sup>4</sup> The CAPTA amendments of 1996 (42 U.S.C. § 5106i) added new provisions specifying that nothing in the act be construed as establishing a Federal requirement that a parent or legal guardian provide any medical service or treatment that is against the religious beliefs of the parent or legal guardian.

**Parental substance use** is included in the definition of child abuse or neglect in many States. Related circumstances that are considered abuse or neglect in some States include the following:

- Exposing a child to harm prenatally due to the mother's use of legal or illegal drugs or other substances
- Manufacturing methamphetamine in the presence of a child
- Selling, distributing, or giving illegal drugs or alcohol to a child
- Using a controlled substance that impairs the caregiver's ability to adequately care for the child

For more information about this issue, see Information Gateway's *Parental Substance Use as Child Abuse* at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/parentalsubstanceuse/>.

**Human trafficking** is considered a form of modern slavery and includes both sex trafficking and labor trafficking. Sex trafficking is recruiting, harboring, transporting, providing, or obtaining someone for a commercial sex act, such as prostitution, pornography, or stripping. Labor trafficking is forced labor, including drug dealing, begging, or working long hours for little pay (Child Welfare Information Gateway, 2018). Although human trafficking includes victims of any sex, age, race/ethnicity, or socioeconomic status, children involved in child welfare, including children who are in out-of-home care, are especially vulnerable (Child Welfare Information Gateway, 2018).

For more information, see Information Gateway's webpage on human trafficking at <https://www.childwelfare.gov/topics/systemwide/trafficking/> and the State statutes on the definitions of human trafficking at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/definitions-trafficking/>.

## Recognizing Signs of Abuse and Neglect and When to Report

It is important to recognize high-risk situations and the signs and symptoms of maltreatment. If you suspect a child is being harmed, reporting your suspicions may protect him or her and help the family receive assistance. Any concerned person can report suspicions of child abuse or neglect. Reporting your concerns is not making an accusation; rather, it is a request for an investigation and assessment to determine if help is needed.

Some people (typically certain types of professionals, such as teachers or physicians) are required by State laws to report child maltreatment under specific circumstances. Some States require all adults to report suspicions of child abuse or neglect. Individuals required to report maltreatment are called mandatory reporters. Information Gateway's *Mandatory Reporters of Child Abuse and Neglect* discusses the laws that designate groups of professionals or individuals as mandatory reporters. It is available at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/manda/?hasBeenRedirected=1>.

For information about where and how to file a report, contact your local child protective services agency or police department. Childhelp's National Child Abuse Hotline (800.4.A.CHILD) and its website (<https://www.childhelp.org/hotline/>) offer crisis intervention, information, resources, and referrals to support services and provide assistance in more than 170 languages.

For information on what happens when suspected abuse or neglect is reported, read Information Gateway's *How the Child Welfare System Works* at <https://www.childwelfare.gov/pubs/factsheets/cpswork/>.

A child may directly disclose to you that he or she has experienced abuse or neglect. Childhelp's *Handling Child Abuse Disclosures* defines direct and indirect disclosure and provides tips for supporting the child. It is available at <https://www.childhelp.org/story-resource-center/handling-child-abuse-disclosures/>.

While it's important to know the signs of physical, mental, and emotional abuse and neglect, which are provided later in this factsheet, the following signs of general maltreatment also can help determine whether a child needs help:

- Child
  - Shows sudden changes in behavior or school performance
  - Has not received help for physical or medical problems brought to the parents' attention
  - Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
  - Is always watchful, as though preparing for something bad to happen
  - Lacks adult supervision
  - Is overly compliant, passive, or withdrawn
  - Comes to school or other activities early, stays late, and does not want to go home
  - Is reluctant to be around a particular person
  - Discloses maltreatment
- Parent
  - Denies the existence of—or blames the child for—the child's problems in school or at home
  - Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
  - Sees the child as entirely bad, worthless, or burdensome
  - Demands a level of physical or academic performance the child cannot achieve
  - Looks primarily to the child for care, attention, and satisfaction of the parent's emotional needs
  - Shows little concern for the child

- Parent and child
  - Touch or look at each other rarely
  - Consider their relationship entirely negative
  - State consistently they do not like each other

The preceding list is not a comprehensive list of the signs of maltreatment. It is important to pay attention to other behaviors that may seem unusual or concerning. Additionally, the presence of these signs does not necessarily mean that a child is being maltreated; there may be other causes. They are, however, indicators that others should be concerned about the child's welfare, particularly when multiple signs are present or they occur repeatedly.

For information about risk factors for maltreatment as well as the perpetrators, see the webpage *Risk Factors That Contribute to Child Abuse and Neglect*, which is available at <https://www.childwelfare.gov/topics/can/factors/>, and the webpage *Perpetrators of Child Abuse & Neglect*, which is available at <https://www.childwelfare.gov/topics/can/perpetrators/>.

### Signs of Physical Abuse

A child who exhibits the following signs may be a victim of physical abuse:

- Has unexplained injuries, such as burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other noticeable marks after an absence from school
- Seems scared, anxious, depressed, withdrawn, or aggressive
- Seems frightened of his or her parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Shows changes in eating and sleeping habits
- Reports injury by a parent or another adult caregiver
- Abuses animals or pets

Consider the possibility of physical abuse when a parent or other adult caregiver exhibits the following (Prevent Child Abuse America, 2018):

- Offers conflicting, unconvincing, or no explanation for the child's injury or provides an explanation that is not consistent with the injury
- Shows little concern for the child
- Sees the child as entirely bad, burdensome, or worthless
- Uses harsh physical discipline with the child
- Has a history of abusing animals or pets

### Signs of Neglect

A child who exhibits the following signs may be a victim of neglect (Tracy, 2018a):

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical care (including immunizations), dental care, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

Consider the possibility of neglect when a parent or other caregiver exhibits the following (Tracy, 2018b):

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Abuses alcohol or other drugs

### Signs of Sexual Abuse

A child who exhibits the following signs may be a victim of sexual abuse (American Academy of Child and Adolescent Psychology, 2014; Rape, Abuse and Incest National Network [RAINN], 2018a):

- Has difficulty walking or sitting
- Experiences bleeding, bruising, or swelling in their private parts
- Suddenly refuses to go to school

- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a sexually transmitted disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver
- Attaches very quickly to strangers or new adults in their environment

Consider the possibility of sexual abuse when a parent or other caregiver exhibits the following (RAINN, 2018b):

- Tries to be the child's friend rather than assume an adult role
- Makes up excuses to be alone with the child
- Talks with the child about the adult's personal problems or relationships

### Signs of Emotional Maltreatment

A child who exhibits the following signs may be a victim of emotional maltreatment (Prevent Child Abuse America, 2016):

- Shows extremes in behavior, such as being overly compliant or demanding, extremely passive, or aggressive
- Is either inappropriately adult (e.g., parenting other children) or inappropriately infantile (e.g., frequently rocking or head-banging)
- Is delayed in physical or emotional development
- Shows signs of depression or suicidal thoughts
- Reports an inability to develop emotional bonds with others

Consider the possibility of emotional maltreatment when the parent or other adult caregiver exhibits the following (Prevent Child Abuse America, 2016):

- Constantly blames, belittles, or berates the child
- Describes the child negatively
- Overtly rejects the child

### The Impact of Childhood Trauma on Well-Being

Child abuse and neglect can have lifelong implications for victims, including on their well-being. While the physical wounds may heal, there are many long-term consequences of experiencing the trauma of abuse or neglect. A child or youth's ability to cope and thrive after trauma is called "resilience." With help, many of these children can work through and overcome their past experiences.

Children who are maltreated may be at risk of experiencing cognitive delays and emotional difficulties, among other issues, which can affect many aspects of their lives, including their academic outcomes and social skills development (Bick & Nelson, 2016). Experiencing childhood maltreatment also is a risk factor for depression, anxiety, and other psychiatric disorders (Fuller-Thomson, Baird, Dhrodia, & Brennenstuhl, 2016). For more information on the lasting effects of child abuse and neglect, read *Long-Term Consequences of Child Abuse and Neglect* at <https://www.childwelfare.gov/pubs/factsheets/long-term-consequences>.

### Resources

The National Child Traumatic Stress Network's factsheet *What Is Child Traumatic Stress?* (<https://www.nctsn.org/resources/what-child-traumatic-stress>) defines child traumatic stress and provides an overview of trauma, trauma signs and symptoms, and how trauma can impact children. Find more resources that strive to raise the standard of care and improve access to services for traumatized children, their families, and communities on the National Child Traumatic Stress Network at <http://www.nctsn.org/>.

The Centers for Disease Control and Prevention (CDC) web section, *Child Abuse and Neglect: Consequences*, provides information on the prevalence, effects, and physical and mental consequences of child abuse

and neglect as well as additional resources and a comprehensive reference list. You can visit it at <https://www.cdc.gov/violenceprevention/childabuseandneglect/consequences.html>.

**Stop It Now!** is a website that provides parents and other adults with resources to help prevent child sexual abuse. The site offers direct help to those with questions or concerns about child abuse, prevention advocacy, prevention education, and technical assistance and training. The website is available at <http://www.stopitnow.org/>.

**The American Academy of Pediatrics'** The Resilience Project gives pediatricians and other health-care providers the resources they need to more effectively identify, treat, and refer children and youth who have been maltreated as well as promotes the importance of resilience in how a child deals with traumatic stress. The webpage is available at <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Resilience-Project.aspx>.

**Information Gateway** has produced webpages and publications about child abuse and neglect:

- The Child Abuse and Neglect webpage (<https://www.childwelfare.gov/topics/can/>) provides information on identifying abuse, statistics, risk and protective factors, and more.
- The Reporting Child Abuse and Neglect webpage (<https://www.childwelfare.gov/topics/responding/reporting/>) provides information about mandatory reporting and how to report suspected maltreatment.
- Information Gateway also has several publications that cover understanding and preventing maltreatment:
  - *Child Maltreatment: Past, Present, and Future*: <https://www.childwelfare.gov/pubs/issue-briefs/cm-prevention/>
  - *Preventing Child Abuse and Neglect*: <https://www.childwelfare.gov/pubs/factsheets/preventingcan/>
  - *Understanding the Effects of Maltreatment on Brain Development*: <https://www.childwelfare.gov/pubs/issue-briefs/brain-development/>

The CDC produced *Preventing Child Abuse & Neglect* (<https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>), which defines the many types of maltreatment and the CDC's approach to prevention.

**Prevent Child Abuse America** is a national organization dedicated to providing information on child maltreatment and its prevention. You can visit its website at <http://preventchildabuse.org/>.

A list of organizations focused on child maltreatment prevention is available on Information Gateway's National Child Abuse Prevention Partner Organizations page at [https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS\\_ID=75&rList=ROL](https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS_ID=75&rList=ROL).

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U.S. Department of Health and Human Services  
Administration for Children and Families  
Administration on Children, Youth and Families  
Children's Bureau



Cultural Humility and Considerations

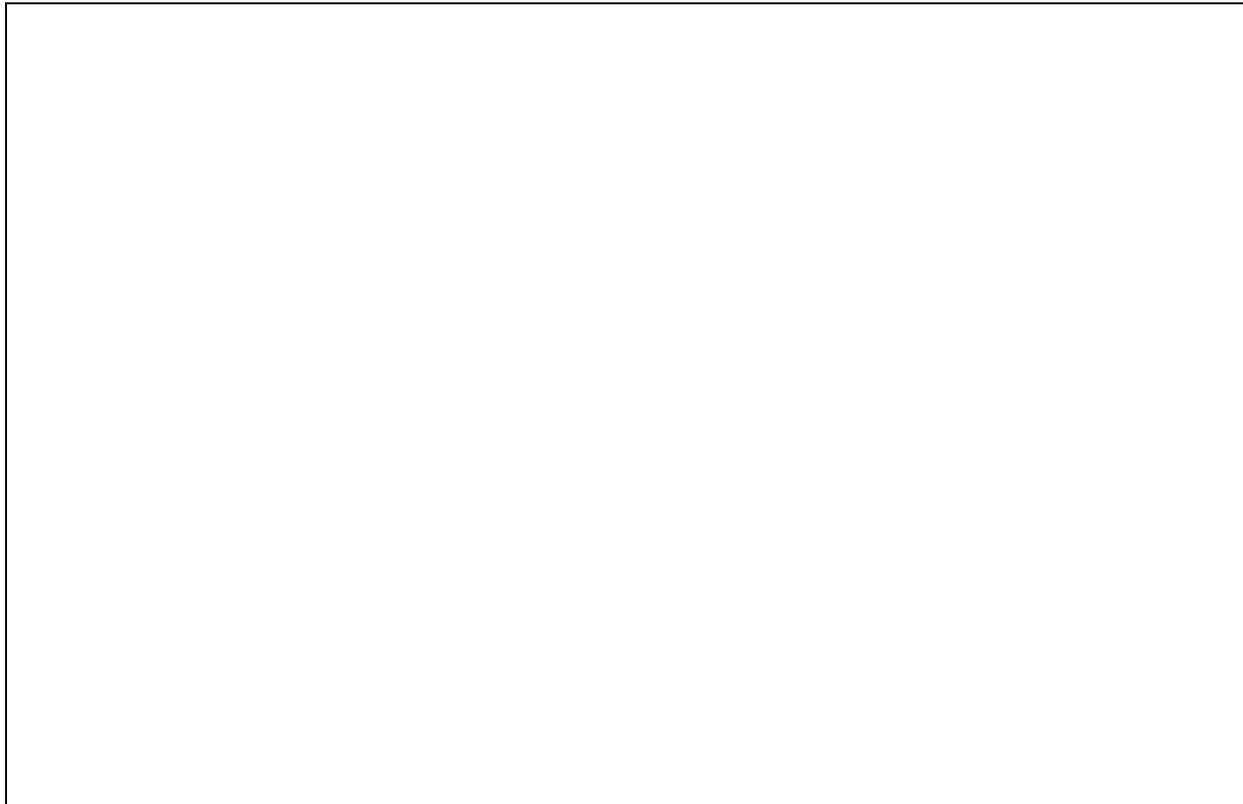
**Cultural Humility and Considerations**

- Cultural Humility is “a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals, resulting in mutual empowerment, respect, partnerships, optimal care, and lifelong learning.”

[Cultural Responsiveness: Child Abuse and Neglect - Child Welfare Information Gateway](#)  
[NCWWI Approach to Cultural Humility \(ncwwi-dms.org\)](#)

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As a social worker, you will constantly be learning and need to be open to understanding differences and objectively assessing and applying definitions.



## Handout: Cultural Humility Practice Principles



National Child Welfare  
Workforce Institute  
LEARNING, LEADING, CHANGING

# CULTURAL HUMILITY

## PRACTICE PRINCIPLES<sup>1</sup>

### CULTURAL HUMILITY

is a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals, resulting in mutual empowerment, respect, partnerships, optimal care, and lifelong learning.<sup>2</sup>

**Embrace the complexity of diversity:** Everyone occupies multiple positions with related identities and statuses, which intersect to distinguish us as individuals

**Be open to individual differences and the social experiences due to these differences:** Intersecting group memberships affect people's expectations, quality of life, capacities as individuals and parents, and life chances

**Reserve judgment:** Cultural humility encourages a less deterministic, less authoritative approach to understanding cultural differences, placing more value on others' cultural expressions

**Relate to others in ways that are most understandable to them:** Culturally appropriate communication and interaction skills enable people to describe their experience in their own words, reducing the need of mastering a wide range of cultural beliefs and practices

**Consider cultural humility as a constant effort to become more familiar with the worldview of others:** Treat this practice as an ongoing process rather than an outcome, including an awareness and appreciation of everyone's physical and social environment

**Instill a spirit of collaboration:** Encourage all staff to become involved in mutually beneficial, non-paternalistic, and respectful working relationships with others, as well as considering the factors at play when defining important priorities and activities needed to achieve common goals

**Demonstrate familiarity with children and families' living environments, building on strengths while reducing negative factors:** Learn to identify, understand, and build on the assets and adaptive strengths of children and parents and engage in efforts to disrupt or dismantle social forces that act to disenfranchise and disempower them

**Know yourself and the ways in which biases interfere with an ability to objectively listen to or work with others:** Use self-reflection and self-critique to engage in a process of realistic, ongoing self-appraisal of biases and stereotypes to challenge the ingrained behaviors and ideas that you have toward others

**Critically challenge one's "openness" to learn from others:** Assess the barriers our attitudes and behaviors present to learning from others

**Build organizational supports that demonstrate cultural humility as an important and ongoing aspect of the work itself:** Include an assessment of the organizational environment, policies, procedures, knowledge, and skills connected to organizational practices to identify ways to employ and promote a cultural humility perspective

<sup>1</sup>Adapted from Ortega, R. M., & Coulborn, K. (2011). Training child welfare workers from an intersectional cultural humility perspective: A paradigm shift. *Child Welfare, 90*(5).

<sup>2</sup>Foronda, C., Baptiste, D. L., Reinholdt, M. M., & Ousman, K. (2016). Cultural humility: A concept analysis. *Journal of Transcultural Nursing, 27*(3), 210–217.

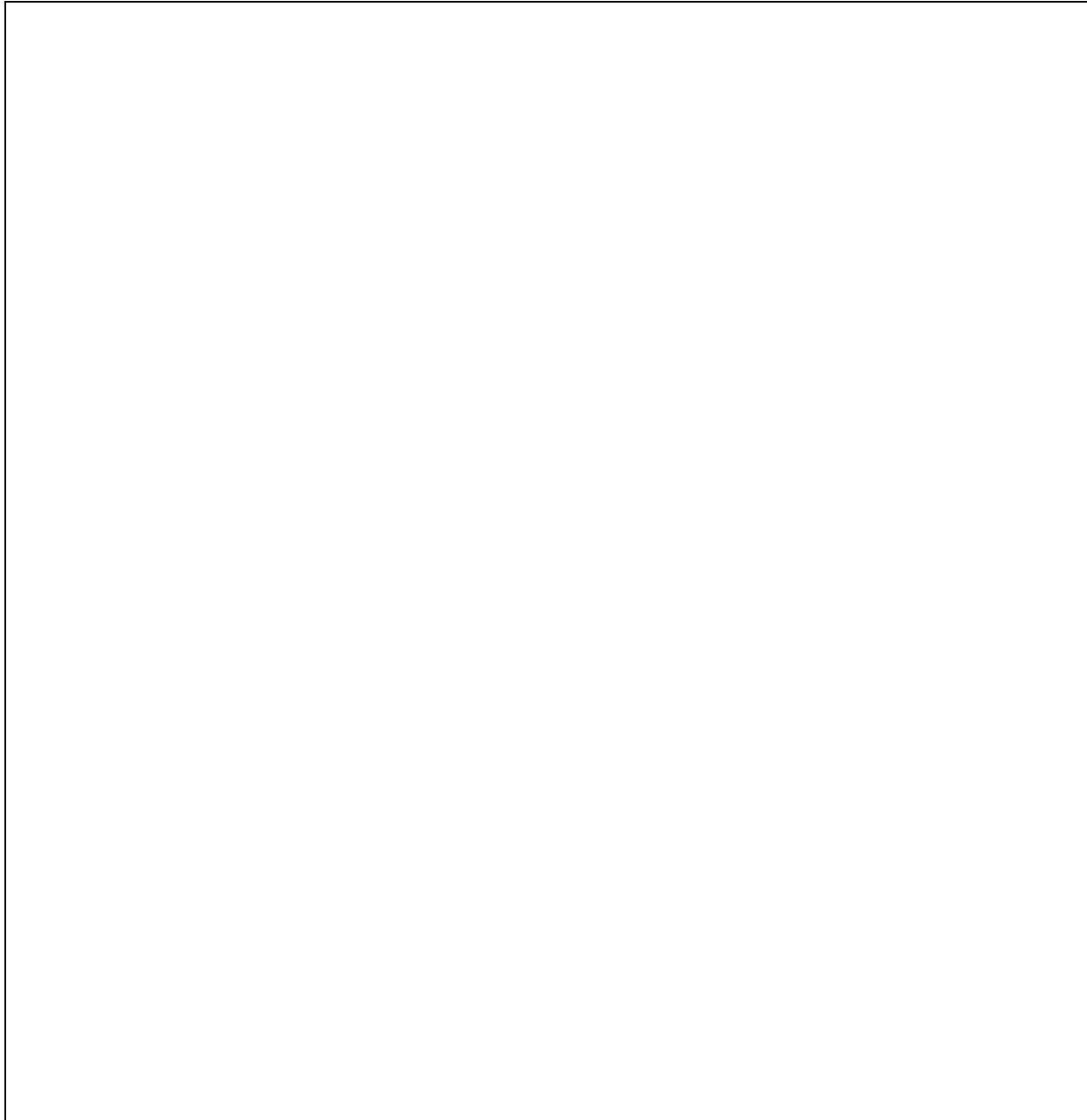
NCWWI.org



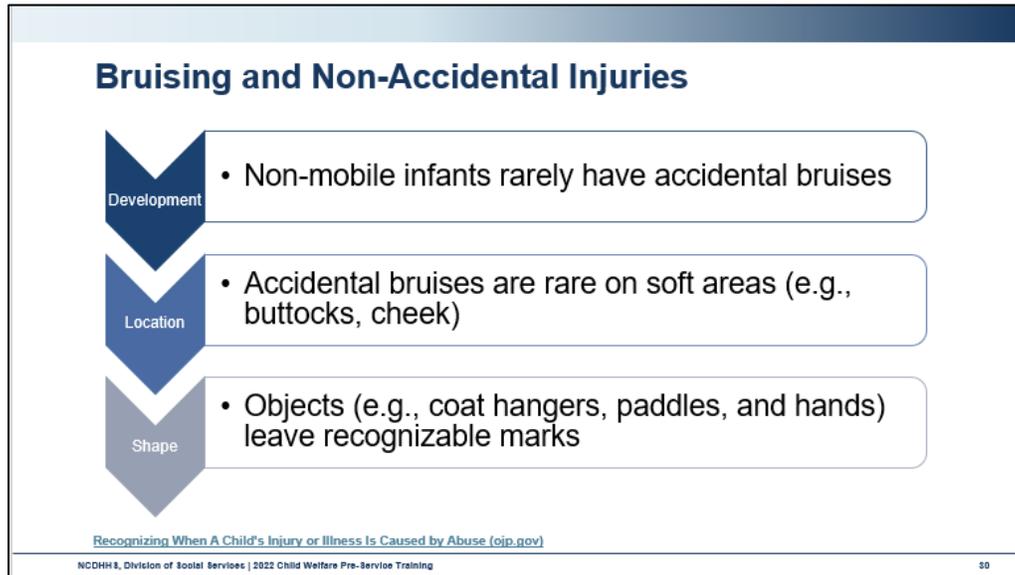
Activity: Recognizing Signs of Abuse

**Brainstorm signs of physical, sexual, and emotional abuse based on your current knowledge of definitions and maltreatment.**

- **What do you think some potential warning signs are?**
- **Indicate if you think they are specific to one type of abuse or apply to all.**
- **What about warning signs an adult may be abusing a child?**

A large, empty rectangular box with a thin black border, intended for the user to write their brainstormed answers to the questions listed above.

## Bruising and Non-Accidental Injuries

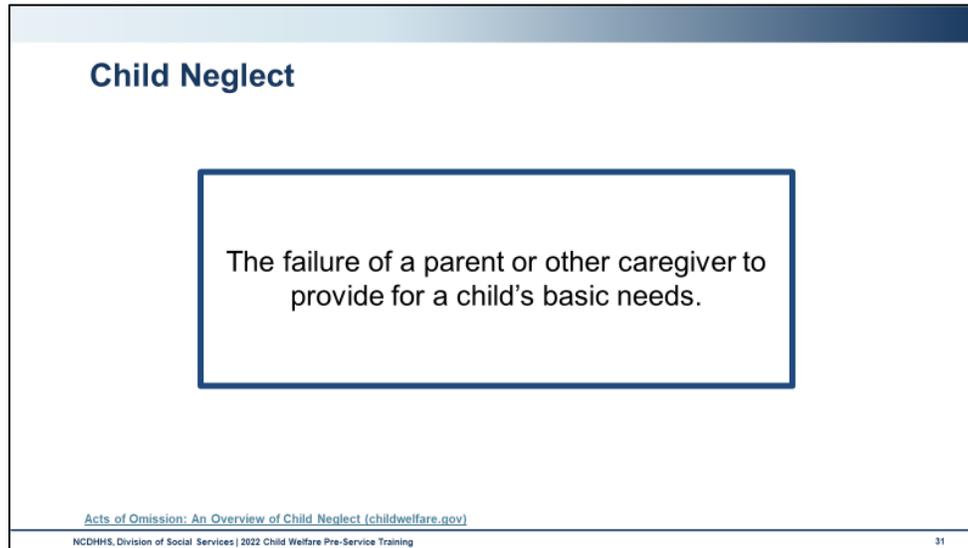


We are social workers, not doctors, so we can never make medical determinations about physical abuse. However, it is important to be able to recognize the signs when completing an assessment or monitoring the safety of children ongoing.

Many of these signs, such as patterned bruises, bruising in atypical areas, multiple bruises from a single injury, and others trigger the policy requirement for a referral to the Child Medical Evaluation Program (CMEP) where a doctor will evaluate injuries to determine the cause.

While you do not have to make this determination, recognizing signs and being able to appropriately document them and communicate history in a referral to CMEP is critical for them to do a comprehensive evaluation.

## Child Neglect



Neglect is by far the most prevalent form of maltreatment reported both nationwide and in North Carolina. Child neglect is the inability of a parent or caregiver to meet a child's basic needs, potentially placing the child at risk of serious harm. Maltreatment can be the commission or omission of an act. Neglect is more commonly an omission and therefore can be more difficult to appropriately identify and define.

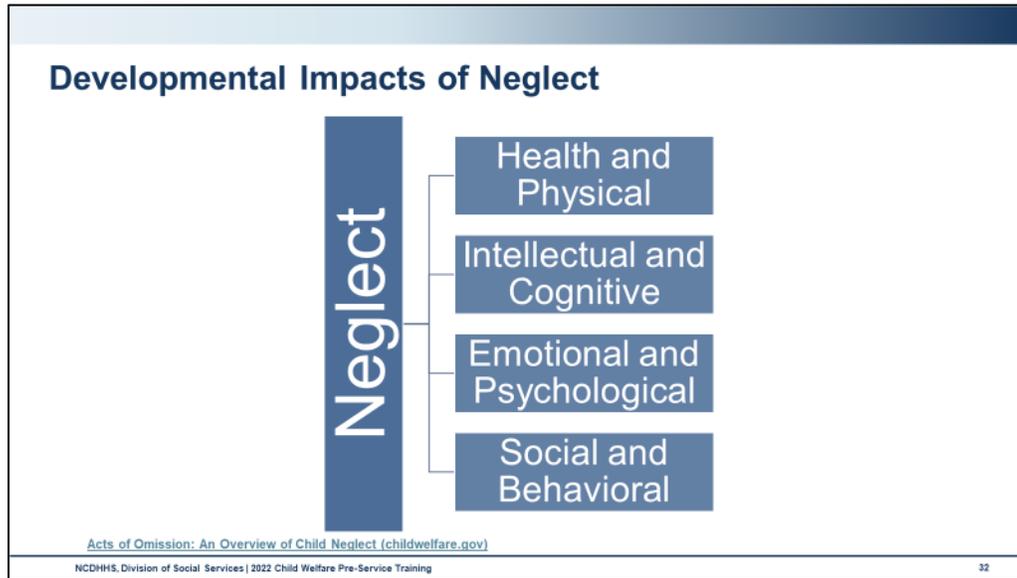
North Carolina's law specifies multiple types of neglect including:

- Improper care
- Improper supervision
- Improper discipline
- Abandonment
- Improper medical/remedial care
- Injurious environment including substance abuse, substance-affected infants, and domestic violence
- Illegal placement/adoption

There is some overlap between signs of abuse and neglect, but some general signs of neglect include:

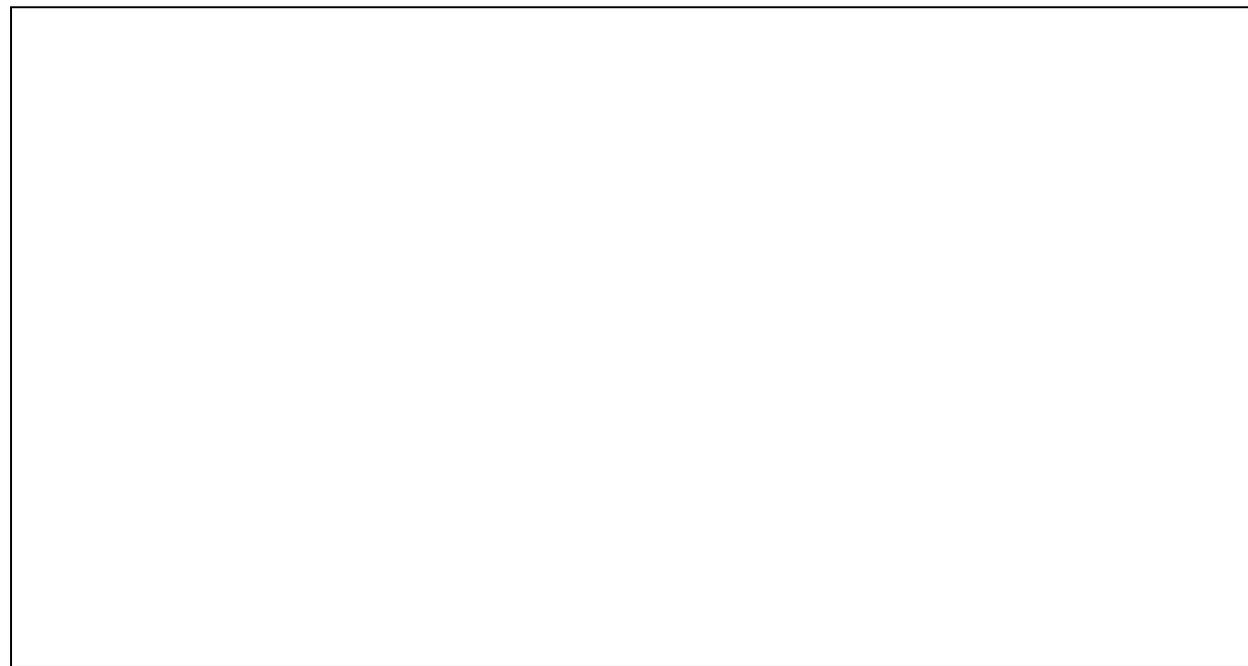
- Frequent absences from school
- Stealing food or money
- Lacking medical and dental care
- Being consistently dirty with severe body odor
- Lacking sufficient clothing for the weather
- Abusing alcohol or other drugs
- Stating that there is no caregiver at home

Developmental Impacts of Neglect

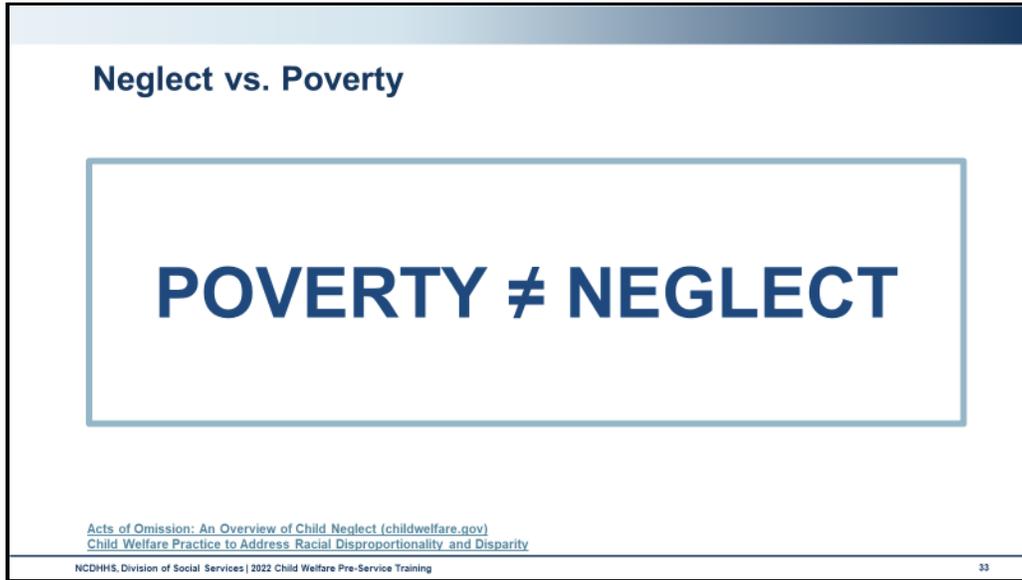


Child neglect has serious, potentially long-term consequences that seriously impact child development. Research has shown that neglect, especially chronic neglect, affects child development in four areas:

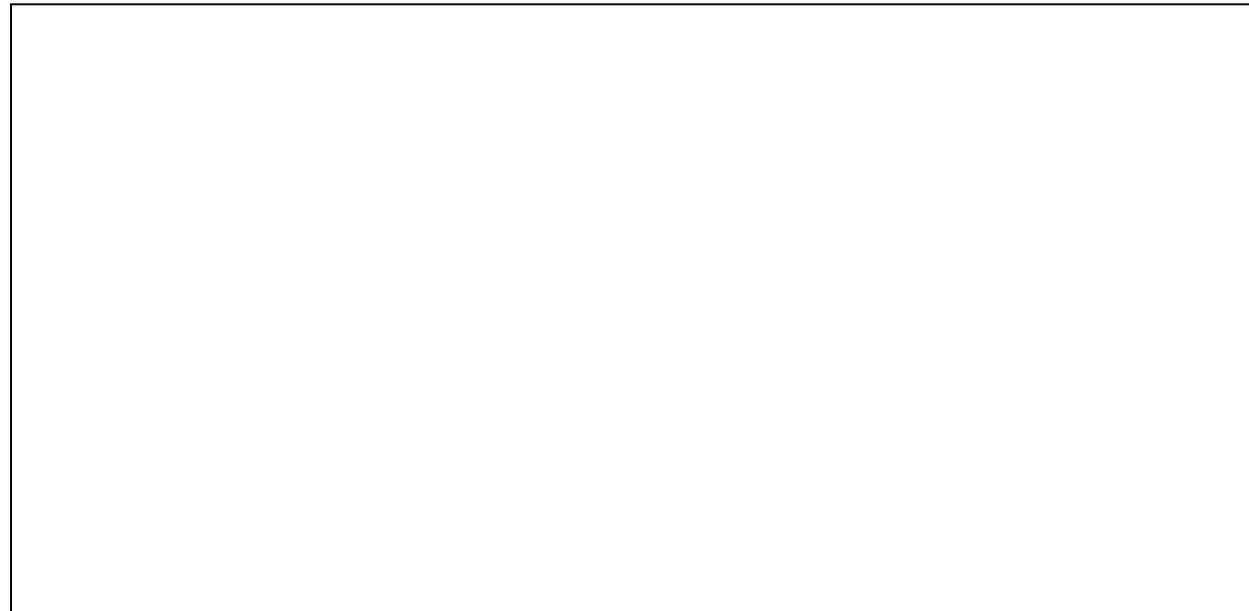
- Health and development
- Intellectual and cognitive development
- Emotional and psychological development
- Social and behavioral development



Neglect vs. Poverty



It is critical to understand that poverty is not the equivalent of neglect. Social workers must differentiate between neglectful situations and poverty. One distinction is if a family has access or means to provide something for a child and is intentionally not, versus if they are unable to access a resource. Identifying poverty as neglect also contributes to racial disproportionality in the child welfare system. Minority families are impacted by the stressors of poverty that increase risk factors and they may face child welfare system involvement due to reports related to poverty rather than neglect.



Key Takeaways

Key Takeaways
Child maltreatment includes all types of abuse and neglect.
Cultural humility is required to assess for abuse.
There are community, family, parent, and child risk factors for maltreatment.
Understanding signs of non-accidental injuries is key to identifying abuse.
Neglect is the most common form of child maltreatment.
Neglect can seriously impact child development.
Poverty can contribute to, but is NOT, neglect.

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Questions and Reflections

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

## Mandated Reporting

### North Carolina Mandatory Reporting Law

**North Carolina Mandatory Reporting Law**

**§ 7B-301. Duty to report abuse, neglect, dependency, or death due to maltreatment.**

(a) Any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, as defined by G.S. 7B-101, or has died as the result of maltreatment, shall report the case of that juvenile to the director of the department of social services in the county where the juvenile resides or is found...

[GS 7B-301.pdf \(ncleg.gov\)](#)

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We are all mandated reporters and there are circumstances when working with an open case where you are required to report suspected maltreatment. The full text of the law is listed in the following Mandatory Reporting Laws handout.

## Handout: North Carolina Mandatory Reporting Laws

**§ 7B-301. Duty to report abuse, neglect, dependency, or death due to maltreatment.**

(a) Any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, as defined by G.S. 7B-101, or has died as the result of maltreatment, shall report the case of that juvenile to the director of the department of social services in the county where the juvenile resides or is found. The report may be made orally, by telephone, or in writing. The report shall include information as is known to the person making it including the name and address of the juvenile; the name and address of the juvenile's parent, guardian, or caretaker; the age of the juvenile; the names and ages of other juveniles in the home; the present whereabouts of the juvenile if not at the home address; the nature and extent of any injury or condition resulting from abuse, neglect, or dependency; and any other information which the person making the report believes might be helpful in establishing the need for protective services or court intervention. If the report is made orally or by telephone, the person making the report shall give the person's name, address, and telephone number. Refusal of the person making the report to give a name shall not preclude the department's assessment of the alleged abuse, neglect, dependency, or death as a result of maltreatment.

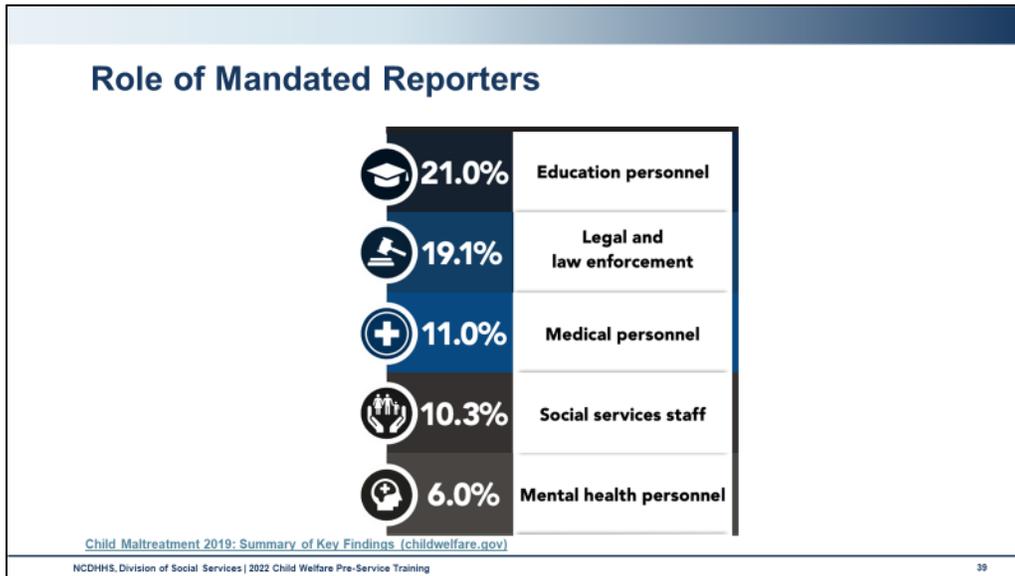
(b) Any person or institution who knowingly or wantonly fails to report the case of a juvenile as required by subsection (a) of this section, or who knowingly or wantonly prevents another person from making a report as required by subsection (a) of this section, is guilty of a Class 1 misdemeanor.

(c) Repealed by Session Laws 2015-123, s. 3, effective January 1, 2016. (1979, c. 815, s. 1; 1991 (Reg. Sess., 1992), c. 923, s. 2; 1993, c. 516, s. 4; 1997-506, s. 32; 1998-202, s. 6; 1999-456, s. 60; 2005-55, s. 3; 2013-52, s. 7; 2015-123, s. 3.)

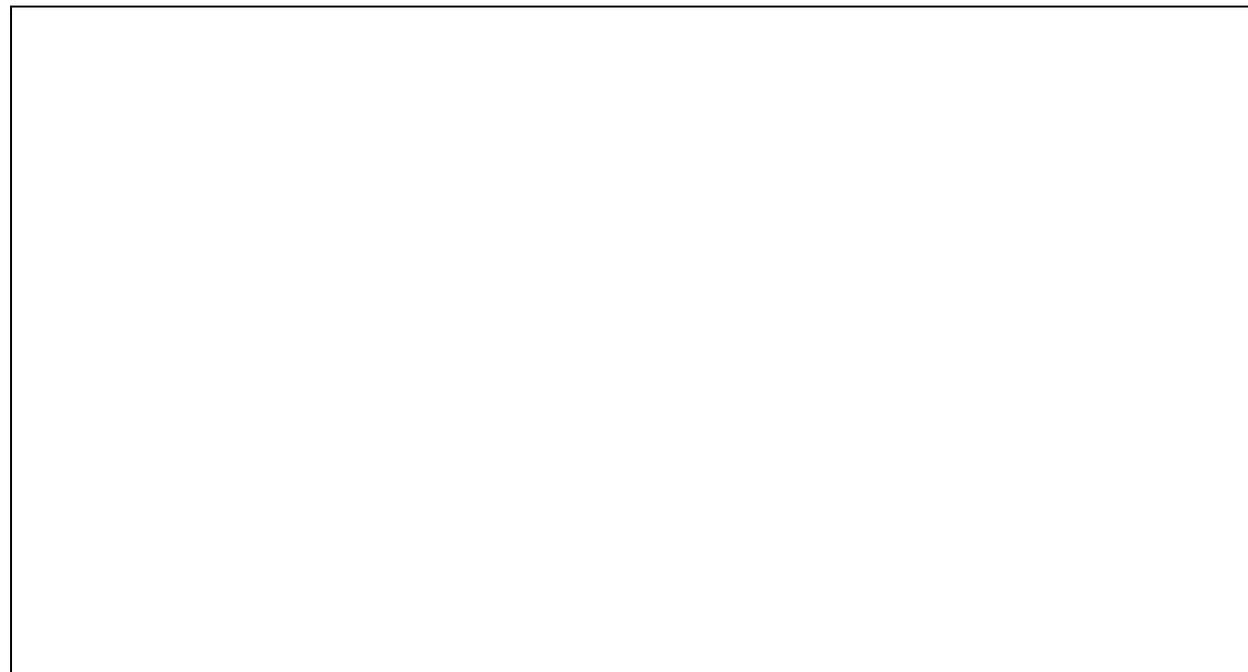
**§ 7B-309. Immunity of persons reporting and cooperating in an assessment.**

Anyone who makes a report pursuant to this Article; cooperates with the county department of social services in a protective services assessment; testifies in any judicial proceeding resulting from a protective services report or assessment; provides information or assistance, including medical evaluations or consultation in connection with a report, investigation, or legal intervention pursuant to a good-faith report of child abuse or neglect; or otherwise participates in the program authorized by this Article; is immune from any civil or criminal liability that might otherwise be incurred or imposed for that action provided that the person was acting in good faith. In any proceeding involving liability, good faith is presumed. (1979, c. 815, s. 1; 1981, s. 469, s. 8; 1993, c. 516, s. 9; 1998-202, s. 6; 1999-456, s. 60; 2005-55, s. 9; 2019-240, s. 18.)

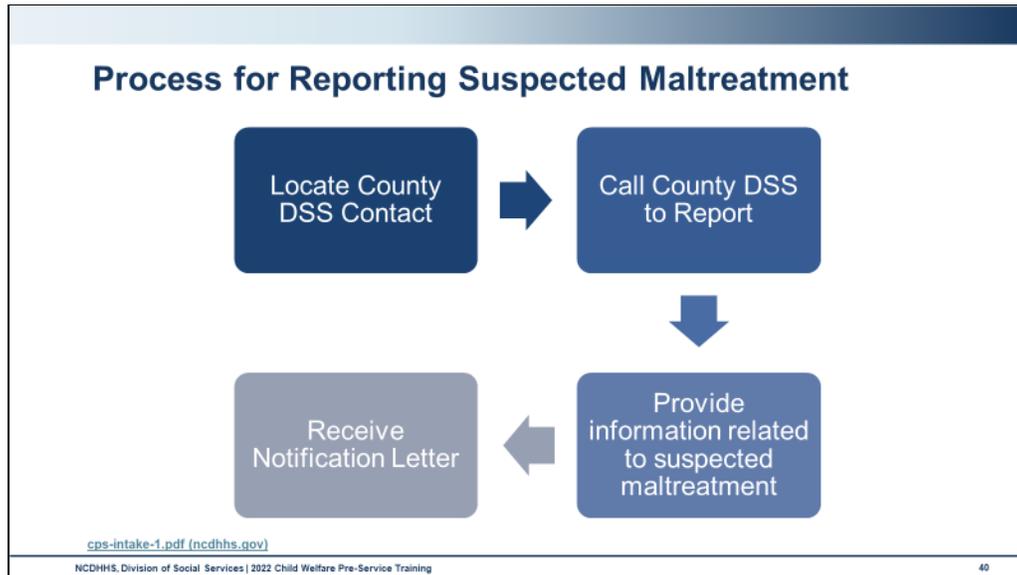
Role of Mandated Reporters



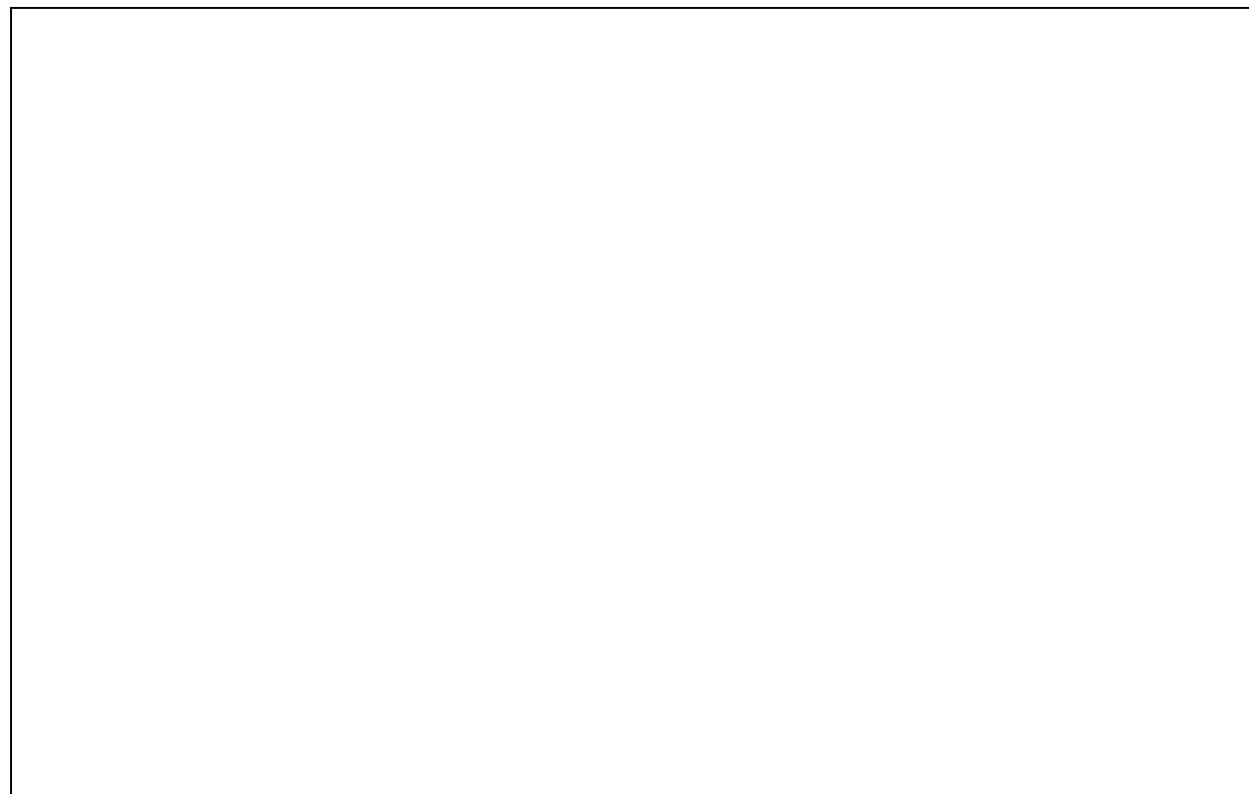
A report to DSS is the starting point for potential agency involvement with the family. Certain criteria must be met at intake for DSS to have the legal authority to intervene. People making reports are often not aware of the specific legal criteria but have a concern that child maltreatment has or will occur. It is the responsibility of the intake worker to gather enough information from the reporter to make an appropriate determination about how to proceed in response to a report.



Process for Reporting Suspected Maltreatment



There are several times in your role as a social worker that you are required to report abuse, neglect, or dependency in open cases. These include new allegations of maltreatment in in-home or out-of-home placement cases and when a new child is born to a family with an open in-home case. New allegations discovered by DSS in the course of a CPS assessment do not require a separate intake.



Key Takeaways

**Key Takeaways**

Child protection is a community responsibility

You are a Mandated Reporter

Most reports of child maltreatment are from professionals

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Questions and Reflections

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

## Interviewing Skills Learning Lab

### Learning Objectives

<ul style="list-style-type: none"><li>• Describe different interviewing techniques.</li></ul>
<ul style="list-style-type: none"><li>• Formulate appropriate interview questions based on scenarios.</li></ul>
<ul style="list-style-type: none"><li>• Demonstrate interviewing skills.</li></ul>
<ul style="list-style-type: none"><li>• Reflect on ways they can incorporate the skills and behaviors into their own child welfare practice.</li></ul>

## The Social Work Interview

### Worksheet: Genuine Human Interaction

**Please circle or highlight these words in the following statement:**

- **Genuine**
- **Human**
- **Enter**

Interviewing for a Narrative Response is possible only when we, as social workers, are able to enter into a genuine, human interaction with the family member.

**Think about what it means to FEEL into these words. We won't ask you to share, but can you think of a time you felt fully safe in a genuine human interaction?**

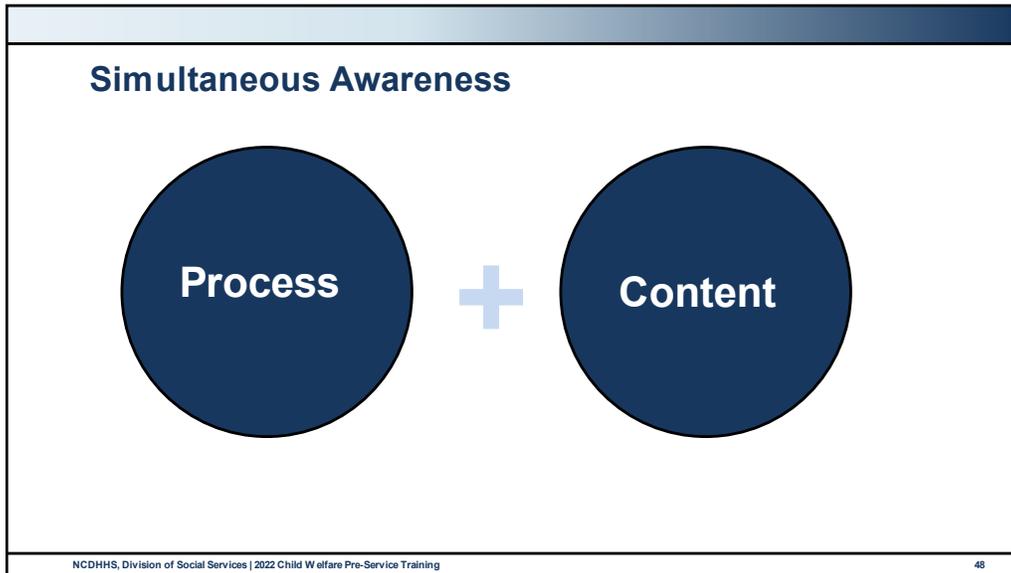
Video: [For the Love of the Game: Clear the Mechanism](#)

**Visit: Clear the Mechanism for a video about learning to free your mind of distractions and fully focus on the task at hand.**

**Use this space to record notes.**

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Simultaneous Awareness



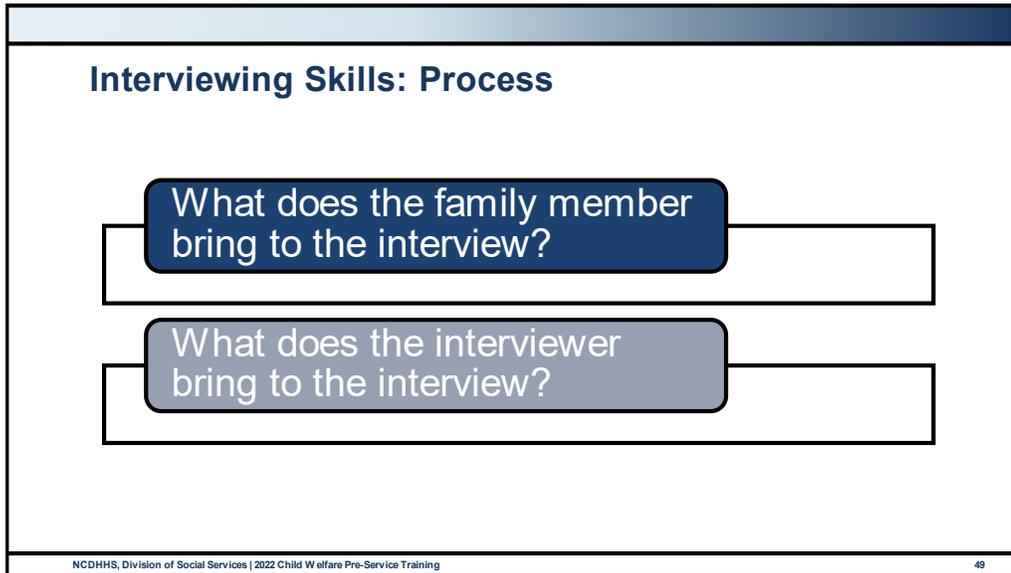
The **process** of the interview is the way in which the family member expresses the story and, the way in which the interviewer receives and responds to the information being shared, for example, feelings, affect, non-verbal behaviors, and eye contact.

The **content** of the interview is the verbal message of the family member which includes:

- the information concerning the current situation, struggle(s), problem(s), event(s)
- history in the past or present
- what has been tried; strengths and needs
- support system, resources previously accessed
- perceptions of what happened, etc. along with the interview questions, responses, and information given verbally by the interviewer.



Interviewing Skills: Process



The interviewing process can be affected by what both the family member and the social worker “bring” to the interview. This could include past experiences and beliefs, which affect the perceptions and biases of interviewers and family members. As individuals, there are two types of bias that we hold: implicit and explicit bias.

**Implicit bias** is our attitudes or stereotypes that have developed as a result of prior influences that affect our understanding, actions, and decisions in an unconscious manner. Implicit bias is an automatic positive or negative preference for a group, based on your subconscious thoughts. In other words, you are not aware that you hold these biases or of their impact on your decision-making, perceptions, and behaviors.

**Explicit bias** is the conscious beliefs and thoughts that you hold. With explicit bias, you are aware of your prejudices and attitudes toward certain groups. These include conscious positive or negative preference for a particular group. Overt racism and racist comments are examples of negative explicit biases.



Questions and Reflections

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

## Pre-Work Reminder

Before we begin the section on diversity, equity, inclusion, and belonging, we would like you to do a short pre-work assignment on implicit bias. There are many studies on implicit bias. Project Implicit is a non-profit organization and international collaboration between researchers whose goal is to educate the public about hidden biases. For more than 20 years, Harvard has been conducting Implicit Association Tests (IAT) as part of Project Implicit. Anyone can sign up to take a series of online tests and get results on biases based on reaction times, measured in milliseconds, to words or pictures.

Each test takes about 10 minutes. **Please complete the Race IAT before Day 3 of training this week to inform our discussions.** You will not be asked to share your results with other learners or with the instructors. This test is just for your self-reflection and will give you context for the training topics. The following is the link to complete the Race IAT: <https://implicit.harvard.edu/implicit/Study?tid=-1>.

There are other tests available that include disabled/abled bias, skin tone biases, sexuality, gender, and many others. The implicit association test shows images and asks you to quickly make a selection. The test measures the millisecond timing it takes for a person to make unlikely connections which correlate to the tendency toward bias. A person is scored as having no preference or having a slight, moderate, or strong automated preference for one over another.

There are limitations to the IAT. According to a growing body of research and the researchers who created the test, the IAT may not accurately predict individual biases based on just one test. It requires a number of tests before it can really make any sort of conclusions. For individuals, this means they would have to take the test many times — maybe dozens of times — and average out the results to get a clear indication of their bias and potentially how that bias guides behavior. However, according to the test's supporters, its value lies in the results of the thousands of online test takers. Then, they say, the results show with some certainty whether the broader group is implicitly biased about a particular culture based on the average of all the tests. For example, the test results show that in 2018 there was less implicit bias based on sexual preference than in 2003.

We encourage you to visit the Project Implicit website as a tool for self-discovery and exploration. Again, the results are not the only indicator of potential bias, but the tool can be useful as an initial step in becoming more self-aware.

## Self-Reflection Activity

### Worksheet: Finding Your WHY

#### **Step 1: Look for Passion**

When have you felt a sense of meaning?

When finding your purpose, begin by looking at the past. Don't merely project into the future or imagine how it might show up. Where has it shown up already?

Think of the moment you're most proud of, whether at work or in your personal life. These aren't necessarily your biggest wins, but the things you've done that have made you feel good.

What were you doing? When have you been at your best personally or professionally? Name and sketch a moment (e.g., projects, scenarios) when you, your team, or your organization shone brightest.

#### **Step 2: Look for People**

Who were you serving?

The most powerful purpose is often in service of others—people outside your own walls, like your customers, your community, or society at large. When you look back at your meaningful moments personally or professionally, who were you working to help? Be specific.

#### **Step 3: Look for Impact**

What impact did you have?

When you consider the people you served, what's the impact you had on their lives? How did they benefit from the work that you do? Also ask, what's the impact you want to have? And how do you want to improve people's lives?

#### **Step 4: Why You Exist**

Now, bring these ingredients together into a simple purpose statement. Stretch beyond what you're currently doing and imagine the impact you want to have in the future.

**“I/We exist to**

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---

**(desired impact) in order to serve**

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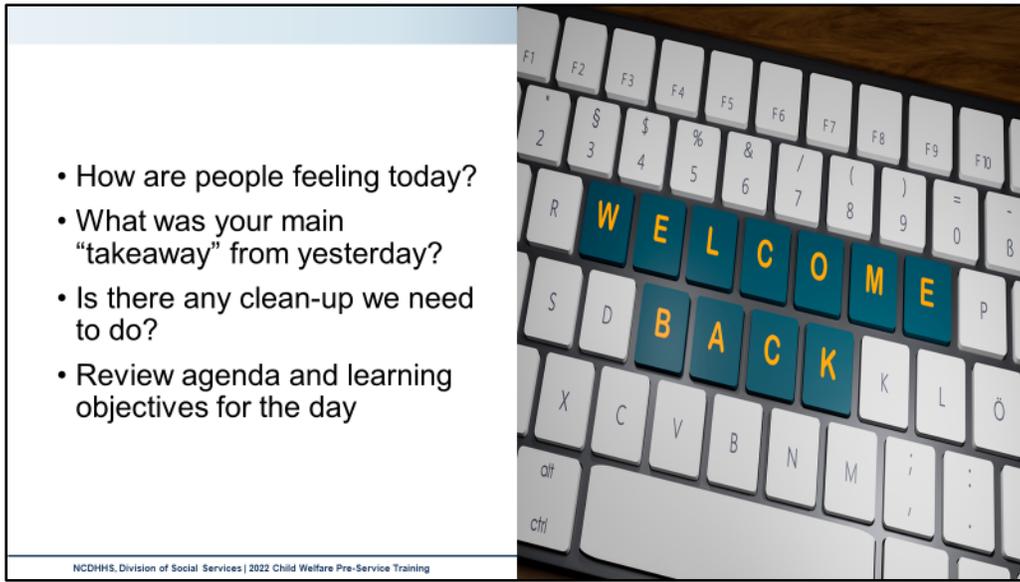
**(intended audience).”**

## Week One, Day Two Agenda

### Pre-Service Training: Child Welfare in North Carolina

I.	Welcome & Learning Objectives	9:00 – 9:30
	<b>Interviewing Skills Learning Lab</b>	
II.	The Social Work Interview	9:30 – 10:15
	<b>BREAK</b>	10:15 – 10:30
III.	The Social Work Interview (continued)	10:30 – 11:50
	<b>Lunch</b>	11:50 – 12:50
	<b>Assessing Skills Learning Lab</b>	
IV.	Assessing in Child Welfare	12:50 – 2:00
	<b>BREAK</b>	2:00 – 2:15
V.	Assessing in Child Welfare (continued)	2:15 – 3:30
VI.	Wrap-Up	3:30 - 4:00

## Welcome



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

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**Use this space to record notes.**

## Interviewing Skills Learning Lab (continued)

### Learning Objectives

<ul style="list-style-type: none"><li>• Describe different interviewing techniques.</li></ul>
<ul style="list-style-type: none"><li>• Formulate appropriate interview questions based on scenarios.</li></ul>
<ul style="list-style-type: none"><li>• Demonstrate interviewing skills.</li></ul>
<ul style="list-style-type: none"><li>• Reflect on ways they can incorporate the skills and behaviors into their own child welfare practice.</li></ul>

## The Social Work Interview

### Activity: Process Perceptions and Biases

**With your assigned group, brainstorm biases and/or perceptions a family might be bringing to the interview. Then brainstorm biases and/or perceptions an interviewer might bring to the interview.**

**Be prepared to share 1-2 items from each list with the larger group during the debrief.**

**Use this space to record notes.**



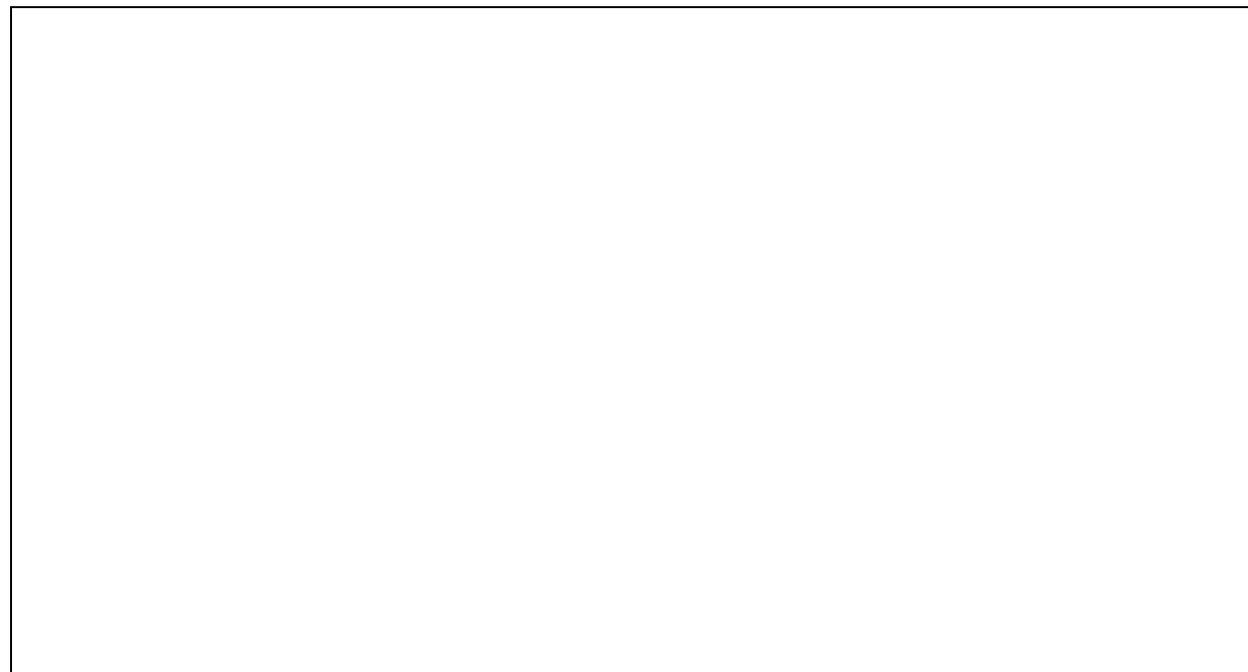
Interviewing: Building a Foundation

Interviewing: Building a Foundation	
Interpersonal Helping Skills	
• Establishing trust	• Responsiveness to family's nonverbal behavior
• Genuine	• Tone
• Open	• Use of silence
• Honest	• Listening
• Empathy	• Offering feelings of hope and possibility of change
• Awareness of own nonverbal behavior	

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Good interpersonal helping skills let family members:

- Believe the worker has the family member's best interest at heart;
- Perceive that the worker understands, is trying to understand, and shows empathy;
- Believe the worker is trustworthy, honest, genuine, respectful; or
- Perceive the worker is knowledgeable, skilled, or capable of being helpful and is knowledgeable of the dynamics of the situation, system, or resources and skills in helping



## Content Interviewing: Basic Skills

Content Interviewing: Basic Skills
Self-Disclosure
Complimenting – strength-focused
Recognizing and acknowledging perceptions
Normalizing
Exploration of meaning and feelings surrounding events
Discuss relationships with significant others
Recognizing and affirming family member's actual power and control
Solution-focus
Instillation of HOPE

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Self-disclosure refers generally to a social worker's sharing of personal information with clients. There are four main types of self-disclosure: accidental, unavoidable, client-initiated, and deliberate.

- Accidental self-disclosures are unplanned, spontaneous verbal or non-verbal reactions in an interview or visit, or other occurrences that happen to reveal the social worker's personal information.
- Unavoidable self-disclosures are client revelations about a social worker's personal life that occur through obvious distinguishing characteristics such as the social worker's race, gender, clothing, or jewelry.
- Client-initiated disclosures occur when clients seek and find information about their social worker in print or online media such as biographies, resumes, family history, volunteer activity, or professional achievements.
- Deliberate social worker self-disclosure is the disclosure of personal information that a social worker makes purposely to a client as a tool in the engagement process. The use of deliberate self-disclosure in the client relationship process has shown to have some real benefits, but its use also carries some risks related to boundaries.

Complimenting and being strengths-based during the interview will support your new working relationship with the family in the process. Examples include complimenting on their behavior, such as acknowledging they are reaching out for help, coming to the session, how strong they have been in a difficult situation, or doing all they can to help their kids survive.

Normalizing is simply normal reactions to abnormal situations. Recognizing reactions are normal will lead to trust and understanding. For example, every parent has a right to be angry and scared that their child has entered an out-of-home placement. As a social worker, you should acknowledge that those feelings are normal and okay to help families move forward past these initial feelings to work together on the goals set forth.

This is also related to the social worker exploring with the family how they feel about the events that have occurred.

Discussing relationships with significant others and how they see those relationships is important in understanding the family's dynamics. Understanding who holds power and control and who the decision-makers are is vital to working with a family.

Partner with the family in being solutions focused. Help them learn to solve their own issues and needs. Brainstorm with them what would it look like if life was different/better.

To instill hope, ask the family:

- What needs to change?
- What would it look like?
- Do you believe it could happen?

To be effective in instilling hope you must genuinely believe change can happen.

Activity: How Was Your Weekend - Types of Questions

Take turns being the social worker interviewer with your partner to question each other about what you each did this past weekend.

The first interviewer may only ask open-ended questions.

When time is called, switch to the second interviewer who may only ask closed-ended questions.

Debrief

**What did it feel like in the first interview? (Open-ended questions)**

**What did it feel like in the second interview? (Closed-ended questions)**

**Did you notice the clear differences in the level of detail you can get and the engagement of the other person when open-ended questions are used?**

## Content Interviewing Skills: Questions

### Handout: Types of Questions

#### **Purposes for Using Questions**

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

#### **Types of Questions**

##### **Open**

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

For example:

- How...
- Could you tell me
- What...

##### **Closed**

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

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

##### **Indirect**

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

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

#### **Solution-Focused Interviewing Questions**

##### **Exception Questions**

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

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

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

### **Coping Questions**

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

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

### **Scaling Questions**

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

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

### **Indirect (Relationship) Questions**

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

Examples:

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

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

### **Miracle Questions**

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

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

### **Inappropriate Use of Questions**

#### **Double Questions:**

Asking two questions at the same time, for example:

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

#### **Bombarding:**

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

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

#### **Statement or Leading Questions**

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

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

#### **“Why” Questions:**

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

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

#### **Loaded Questions:**

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

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

**Gotcha Questions:**

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

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

## Handout: Considerations for Interviewing Children

**Interviewing Children\***

Excerpts from an article for Court Appointed Special Advocates to help professional evaluators interview children

**Many of the techniques listed in this article can be used by child welfare workers to interview children to assess the child's safety and well-being. This should not be confused with an ability to use these as therapy or to diagnosis a child.**

**Document Author:** Rosemary Vasquez, L.C. S.W.  
**Contact:** NCASAA Program Relations Staff  
**Date Posted:** April, 2000  
**Source:** <http://www.casanet.org/library/advocacy/interviewing.htm>

**Choosing Appropriate Interview Questions**

It is difficult to do an entire interview without asking any questions. It is more effective to use open-ended, or indirect questions. Research shows that children provide more accurate information when they are freely narrating, rather than when they are being asked direct questions (Garbarino). Open-ended questions allow children to expand on their ideas and give us a better sense of their thinking. Asking children to describe their home, their parents, or what they enjoy doing, allows them the freedom to elaborate as they choose. Indirect questions provide a margin of safety for the child. If children are asked questions such as, "Some kids believe all boys should live with their Dads, what do you think?" or "Why would it be a good idea if the judge decided \_," then they have an opportunity to comment, without feeling that they are directly revealing their choice. As evaluators, we have to try to find indirect ways to help the child share important information. If a child avoids an issue, then it may be necessary to try another approach

As an evaluator, you should encourage children to ask questions, and ask them to share whatever they would like about themselves or their family. Children enjoy having a sense of control over what they will be doing and saying.

**Confidentiality**

Another issue to consider in interviewing children for an evaluation is confidentiality. Gardner avoids this issue, but does ask the children if there is anything they've said during the interview that they do not want their parents to know. Some courts have guidelines which state that children are to be informed that the information they provide will not be confidential. Evaluators need to comply with their court, or if their court does not offer any guidance, reach a decision of their own. At the end of the interview you may want to ask the child if there is anything they do or do not want you to tell their parents or the judge.

### **Developmental Stages and Interviewing Techniques**

At the beginning of the interview, it is important for you to assess the child's developmental level and to frame the interview so that age-appropriate interview techniques are used. It is important not to confuse chronological age with normal developmental stages. A child's developmental age may not match what may be expected for the child's chronological age. You need to integrate your knowledge of child development with your knowledge of the child's sense of time, temperament, and language abilities. Some of this information may be obtained through interviews with the parents, either through questionnaires completed by the parents, consultations with school teachers, or your own observations.

Once you have a sense of the child, it becomes easier to understand the child's thinking. What the child says and does can best be interpreted by understanding the child's developing cognitive abilities and emotional state of mind.

When formulating questions to ask a child, it is important that the questions be appropriate for the developmental level of the child. The following developmental stages address some of the developmental considerations which can be useful in planning an interview with a child

### **The Interview Setting**

A home visit allows you an opportunity to enter that particular child's world and learn about the child's home and play environment. When doing a home visit, I always take certain items which I may want to use in the interview. The items depend on the age of the child and on the information I am trying to elicit. I always include drawing paper (large and small), felt pens, crayons, puppets, games, and a deck of cards. After the initial greetings with the family, I ask the child to show me the child's bedroom and play area and then proceed with the interview in a room which is separate from the rest of the family. Before leaving the home, I observe the child with the family and engage them in some interactive family activity.

### **Beginning the Interview**

During the initial part of the interview, you need to focus on helping the child feel comfortable and relaxed, and explain to the child why the interview is taking place. Initially, I let the child explore and move towards getting the child to share something about the child's self. I then share with the child my role in the process using drawings or the dry-erase board. I use the latter to depict my meeting with the child's parents and to explain the importance of getting to know the child since I am trying to help the parents plan for the necessary changes in their lives I encourage the child to ask me any questions. As a way of reducing anxiety and engaging the child, I may introduce the "squiggle game," ask the child to "draw yourself," play a game of hangman (latency-

aged children), or do the card toss.

#### Squiggle game.

This game was introduced by D.W. Winnicott. In this game, the child and therapist each take a turn making a "squiggle" on a blank sheet of paper. A squiggle is a continuous line drawn in circles or any other shapes. The child creates a drawing from the squiggle and describes what they've drawn. Some children will color in each shape and others will make the shape look like some animal. Squiggles can become suggestive and express hidden conflicts when done repeatedly in a therapeutic situation. I use it as a safe, nonthreatening way to engage children of many ages.

Winnicott describes squiggles as a way to loosen a child's defenses and to begin communication with the child.

#### Draw yourself.

I use this task to provide an indicator of the child's developmental level and to get a sense of the child's perception of self. After the child completes the drawing, I ask the child to give me some words that tell me what this child is like, thinking, or feeling. If this is a young child, I write the words on the child's picture or, if the child is older, ask the child to write the words which gives me an idea of writing and spelling skills.

#### Hangman.

Most children eight and older know how to play hangman. I usually use a dry erase board and ask the child to draw a hanging platform and pick a word for me to guess. If the child seems very relaxed during the interview, I will ask the child to pick a word that will tell me how the child feels about being in this interview, how the child feels about the parents not living together, and/or about the parents fighting. If the child is not sure how to spell the word, I get someone to write it on a piece of paper for them. The child then draws blank lines to represent each letter of the word below the hanging platform. I begin guessing letters, and if they are not part of the word, the child writes the letters down along the side of the board and begins to "hang me" by putting a part of the body on the noose for each letter that is guessed incorrectly. If I guess the correct letter, it is written on the appropriate blank line. The objective is for me to either guess all of the correct letters or guess the word. If I have not guessed the word by the time an entire body is drawn, then I'm "hung," and the child reveals the word and wins the game.

#### Card toss.

I use an empty wastebasket and set it on the far side of the room. I take a deck of cards and the child and I take turns tossing a card into the basket, and keep score as to how many are successfully tossed in. If it is a small child, I make sure the child is standing

closer to the basket than I am. This also works well when I am meeting the siblings together, because it provides a good opportunity to observe sibling interaction.

### **Age Appropriate Interviewing Techniques and Games**

When interviewing children, it is important to remember that what we observe may raise questions about the child and the child's life, but we must be cautious not to misinterpret their play or take their words literally. We do not want to reach a conclusion based on any one piece of information; it is best to use play to assist in formulating a hypothesis which can then be further explored. Information that emerges in play needs to be corroborated by other sources, such as further observation of the child during play techniques, teacher consults, or parental, sibling, and other relative interviews. Observe the affective tone of the play and the context in which the affect occurs.

#### **Infants**

Since we cannot "interview" infants, I propose the following process.

##### Direct observation of the child.

Watch the child while playing, or generally relating to the parent, in order to gain a sense of the child's temperament. Observe the infant's development, and view the infant's reactions to a stranger (the evaluator). It may be useful to use the Baley's Infant Development Scale in assessing the developmental range. Note whether or not the baby makes eye contact (some are gaze avoidant). Ask yourself: What is this baby's affect? Is the baby dour? Does the baby show apathy? Does the baby seem comfortable with the parent? Is this a baby with whom anyone could be happy?

##### Assessing the parent-child interaction.

It is important to note how the parent relates to the child.

Note whether the parent appears to be calm, gentle, relaxed, and confident about parenting, or if the parent is anxious, easily frustrated, inattentive, indifferent, or detached. Note what the parent does with the baby and what the parent communicates to the child through looks, touches, and gestures.

One diagnostic tool you might use is a colorful object (for example, a red unsharpened pencil) placed between you and the parent holding the child. Observe the child's and parent's responses. Does the baby move towards the object? Does the parent restrain the child, or move the object away or towards the child?

After the observation, ask the parent for their view of the observation. Was this typical behavior for the child, or was it atypical. (Has the child been sick? Did the child have a difficult night?)

Interviews with collaterals who know the infant.

This "interview" with the infant and parent will hopefully provide you with a sense of how secure this child feels and whether or not the baby is wary, not very responsive, not very flexible, and, therefore, not very adaptable, to changing situations. You may also get a sense of whether the parent provides the child with appropriate stimuli, enhances the security of the child, and meets the child's needs.

### **2 to 5-year olds**

With this age group, it often works best to simply have a table with play figures (small people and animals, with small houses, cars, etc., such as Fisher-Price's, "Play Family") and invite the child to play. This can be done with the child alone and then with each parent to see if certain themes emerge in the child's play or if these themes differ in each situation.

Dialogue with the child needs to fit the child's developmental level. The following are some suggestions which have been found to be effective (Garbarino):

1. When possible, use short and simple sentences that incorporate the child's terms. If you are unfamiliar with the child's terms, ask the child: "What do you call \_?" or "Tell me about\_."
2. Use names rather than pronouns (for example, "Uncle Sam", rather than "he").
3. Rephrase a question that a child does not understand rather than repeating it (if you repeat the question the child may think they gave the wrong answer the first time and change their answer).
4. Avoid asking questions involving time.

Although some 2 and 3-year-olds may not have very good verbal skills, recreating a situation or event often helps to stimulate their memory. The following are examples of structured play which can bring forth important information about who is central to the child's life as well as the child's feelings about a particular person. Young children can often be engaged in doll house play and play with animals (stuffed or puppets) where specific situations can be played out. Even if they are not very verbal, the children can be asked to place the play figures where they think they belong.

They may also respond to, "Please show me what happens when Dad comes to pick you up and you leave Mom." Some kids will have the Mom wave good-bye as the child leaves. One child I interviewed had the Mom figure grab the child saying, "Mama said, 'Don't go, Emily, don't go; stay with Mommy.'" It is difficult to know whether the child was projecting her own feelings of resistance in going with Dad or if she was mimicking her Mom. This, however, provides you with a clue to explore further.

Tea parties can create an opportunity to see who children invite or don't invite. The child can be asked to pick a stuffed animal to represent each in- tee. Ask the

child to pick an animal who reminds the child of that person. Place the animal at the "tea party," and then have the child continue with the play. If the child does not include the parents, then you may ask if they would like to do so. You may also be invited to have tea and then will have an opportunity to see how the child relates to new people.

Children enjoy putting play figures into cars or airplanes and then going places. These scenes can be suggested such as, "Who will go in the car? or Where will you go?" You can suggest that the car is going to the other parent's home, and see if the child plays that out. The child can be asked questions about the car ride such as, "What is fun about driving or going in the car with Mom/Dad?" "Who else is in the car when Mom or Dad pick you up?" Sometimes the child is resistant to drive to the other parent's home, another clue which should be explored.

I feel game.

This game is very nonthreatening and familiar to some children, so they feel comfortable playing. It may pave the way for exploring the child's feelings. Use a paper bag with several objects in it, such as a piece of yarn, an eraser, a rock a pencil with a sharp point, or a small ball, etc.

Invite the child to feel one object and describe to you what it's like: "Is it small, big, soft, hard, long, short?"

After pulling all the objects out of the bag, invite the child to draw, or help draw, some faces that show how the child feels, for example a sad or happy face (some will draw other faces). Each face needs to be on a separate piece of paper, near the child. Next, show the child appropriate pictures (from the TAT, or pictures cut out of magazines) and ask the child how they would feel if what is happening in the picture happened to them. Or, ask the child to, "Show me the face that shows how you feel when happens. (I then describe an event that has happened or might have happened to them.) I mix difficult happenings with safe ones ("How do you feel when you get to sleep with Mom?" or "when you go to the park to play?"). It helps to prepare your questions in advance.

Book reading.

I will read to the child an appropriate book about separation/divorce (for example, *Dinosaur's Divorce*), and as I am reading I ask, "Did this happen in your family?" "Do you ever feel like this?" "What did You do when your Mom/Dad ?"

Telephone game.

Two telephones are needed, or other items can serve as objects to represent telephones (for example, two blocks). Different make-believe phone calls are presented to the child such as:

1. "Let's pretend Dad has called your Mom to ask if he can come pick you up."
2. "Let's pretend Mom calls you when you are at Dad's house."
3. "Let's pretend Dad calls you and Mom is angry at him."
4. "Let's pretend you call Mom when you're at Dad's."
5. "Let's pretend Dad calls you. What does he say to you?"

### **6 to 9-year olds**

The younger children in this age group respond well to some of the above techniques: doll house play, puppet shows, tea parties, car/airplane scenes, telephone game, and reading books.

With this age group, it helps when trying to determine if the child has understood a question, to ask the child to repeat what you have said rather than asking, "Do you understand?" As evaluators, we have a tendency to ask questions repeatedly. Try not to follow every answer with another question. Instead, either comment, ask the child to elaborate, or simply acknowledge the child's response. Learning about a child's routines affords you an opportunity to refer to certain activities that may help a child recall particular events that you may need to learn more about.

The following are common techniques used to elicit information about the child's family situation, the child's feelings, and/or their feelings about their family.

Three wishes.

"If you had three wishes about your family, what would they be?" Common responses are: "That Mom and Dad live together, that they stop fighting, or that we all live in the same house."

Magic wand.

"If you had a magic wand (it is nice if you actually have a magic wand!) and could change anything you wanted, what would you change about a) your family, b) your Mom or Dad, c) where you live, and d) yourself." Since these children need a sense of control over their lives, they enjoy getting to "change" the parents. Some will say, "I'd make them stop yelling at me." or

"I'd make Dad be more fun." or "I'd make Mom not be so tired all the time "

Draw your family (kinetic family drawing).

Often this will give you the child's idealized version of the family. You might want to ask the child to, "Tell me about your family. " or "Tell me something about your Mom or Dad."

Then ask the child to draw their family with everyone doing something active. You might ask:

"How is feeling in this drawing?" If the child draws a picture with only one parent, ask the child to, "Draw me a picture of the family at 's house."

Draw your Mom/Dad.

After the drawing is complete, tell the child, "Well, this gives me an idea of what your Mom and Dad looks like. Now can you tell me some words that will give me an idea of what your Mom and Dad are like and I'll write the words next to their picture as you tell me." (Some children may need you to give them some examples of words or you may have a list on a large piece of butcher paper which contains a number of adjectives from which they can select.) Some children are quick to use phrases such as: grumpy, yells a lot, fun, and takes me places. Other children are reticent. If the child struggles with providing the adjectives, I may try to guess and ask: "Is Mom fun, sad a lot, quiet, or boring?" Sometimes I get nothing but positive comments about one parent and nothing but negatives about the other. I may also get the same adjectives for each parent. Often this technique gives me an idea of the child's view of each parent.

Animal projection..

Ask the child about having animals at home or what the child's favorite animals are Then ask: "What animal reminds you of your Mom/Dad? Why?" Or, ask the child to draw the animal that reminds them of Mom/Dad. - "If you could change yourself into an animal, what animal would you be? Why?"

Projective storytelling.

I propose to tell a story with the child. I tell the child that I will tell a part of the story, and then stop so the child can add to the story. We go on taking turns adding to the story until one of us wants to end the story. I usually begin with: "Once upon a time Annie lived with her Mom and Dad in a \_ (child adds on). Annie, Mom, and Dad liked to go together to\_ (child adds

on). "Then one day, Dad ", etc.

The story can give you more information about the child's perception of the child's life history, or of the child's capacity for fantasizing! Nonetheless, children have the opportunity to, in a less threatening way, tell you about themselves.

#### Draw Mom/Dad 's homes

Ask the child to list the members of their home and then to list next to each home what they like best and least about being there. You can also ask them how they feel about the others living in the home. This can inform you about their relationships with siblings and significant others in the home.

#### Favorite things in life.

Take three sheets of paper and title them Mom, Dad, and Me. Ask the child to list each person's favorite things (for example, TV program, ice cream flavor, sport, activity, etc.) and have the child list each item on the appropriate sheet. Each response is an opportunity to ask the child to share more about themselves. After the three lists are done, you may have a sense of the areas in which the child identifies with a parent.

Again, we must remember how sensitive these children are about comparing Mom and Dad with the above techniques, it helps to ask about an activity with only one parent, and then ask about another activity with another parent. When asking about Mom and Dad, alternate between asking about Mom first and then about Dad first; It is best if you select which activity you want to use with this child, and avoid using more than two activities that involve comparison.

#### How do you feel when ...

Prepare a list of applicable situations for the child, mixing the situations, such as, "How do you feel when you get good grades? How do you feel when your Mom/Dad sees you've gotten bad grades? How do you feel when you get to stay up as late as you want? How do you feel when Mom arrives to pick you up when your at Dad's?"

Kids tend to be more responsive to these questions when you have a chalkboard, butcher paper, or a piece of large paper with a horizontal line that is marked "Great" on one end, "Awful" at the other end, and "OK" in the middle. Ask the child to mark a perpendicular line on the horizontal one to indicate their response. Be sure to put the number of the question you

have asked next to the child's perpendicular line. Having lines to mark, rather than responding verbally, sometimes makes it safer for children to express their feelings.

Life story.

"Let's write a short story about your life..." This can be done either on butcher paper taped on the wall or on a large piece of paper. Either the child or you can do the writing. Prompt the child with: "Let's start with where you were born. Do you know who was there when you were born? Joey was born in\_. He lived with\_ at

Road of life.

Ask the child to draw a road, marking important happenings in their life. At the beginning of the road, make a notation of the child's birth date and birthplace. Ask the child to make bumps, pot-holes, rocks, or other obstacles in the road to represent illnesses or difficult times that have happened during their life--note these on the road as they are shared. At the end of The road, ask what the child sees ahead (for example, What will he be doing? Where will she live?, etc.).

Sentence completion.

Prepare sentences for the child to complete. Formulate sentences that are relative to the child's situation.

Draw an island.

There are several different variations on the "Island Fantasy." Skafte tells the

child to fantasize about living on an island where you have everything you need, but where you are lonely because no one else lives there.

A magic fairy gives the child the chance to have anyone the child wants on the island. The fantasy ends with everyone going back to the land where they live, and everyone living happily ever after. You may get a sense of who is most important to the child through this fantasy. In another version of the island fantasy, I ask the child to draw an island and to put on the island only what the child wants on the island.

When finished, I ask the child to put the persons they want on the island with them. Older kids may put only their friends, in which case, I then ask,

"If your parents need to be on the island, where would you put them?"

In one example of this game, a child put one parent on the island and the other far out at sea. The child had a boat, but only she could take the parents from one place to the other. She had control of whether the parents could get near each other!

Games.

Children of this age enjoy board games. There are certain divorce-related games which can be useful. Some of these games are:

- The Ungame
- The Talking, Feeling, Doing Game
- My Homes, My Places
- Mom's House, Dad's House
- The Storytelling Game (Richard Gardner)

Building toys.

Legos, Lincoln Logs, Connect, blocks, Tinkertoys, etc. can often provide an opportunity for the child to tell a story about what they have built.

### **10 to 13-year olds**

Many of the previously mentioned games are suitable for this age group. I find that the most useful games are the Drawing of the island. How do you feel when...?, Road of Life. and a variation of Hangman.

For the latter, ask the child to think of a word that tells you how they feel about ... (for example, living with Dad, the way their parents get along, the amount of time they spend with Mom/Dad).

The logical thinking for this group is advanced, so I try to challenge them in some way. The following are two techniques I use:

Guessing games.

After familiarizing myself with the child, I engage them in the following, "I'm going to guess a few things about your life. I hope you'll tell me when I've guessed right or wrong." I then proceed with something such as: "I'm going to guess that you like to go over to your Dad's because you don't get along with your stepbrother. Am I right?" I often try to say something that I know is wrong, so that the child will elaborate and correct me. They love to prove me wrong.

**The Debate.**

I will take a situation and explain to the child that I am going to present some reasons why the situation should be a certain way. If the child thinks my reason has merit, then I get a point. The situation being debated, as well as the points gained, is written down on a chalkboard or piece of butcher paper. If the child disagrees with my statement, then I ask the child to present the reasons why the situation should be another way. I decide if the child's reason has enough merit to warrant a point-and either give or don't give the point. Sometimes I purposely withhold a point, so that the child continues to advocate for the validity of their reason.

This game has worked well in situations involving a child moving out of the area. I usually ask the child to take the position they may not want to advocate (if I have a sense they do want to move, I ask the child to argue on behalf of not moving).

**Talk Show.**

Tell the child to pretend they are being interviewed or are appearing on a TV talk show. Ask the child, "What is your opinion about what children (in California) find difficult about their parent's getting separated or divorced?" Then ask the child to, "give advice to the TV viewers about some things that might help kids whose parents no longer live together."

**Teens**

Many of you have experienced teens who are angry, hostile, and defensive. Teens are not usually very responsive to doing drawings or playing games, so the interview needs to be very carefully framed.

Issues of confidentiality may arise, and the teens need to understand that you will be writing a report that only the judge will read. As with younger children, the major focus during the interview needs to be the consideration of the teen's mental health. The needs and conflicts of the teen are very important.

Some adolescents withdraw from the family to protect themselves from pain, and may be very resistant to any questioning. In most cases, the first part of the interview should focus on encouraging the teen to talk about issues central to the child's life which are separate from the divorce, such as dating, friends, classes, sports, and extra-curricular activities.

These are a few other questions which may elicit discussion with a teen:

- Ask them about what they think is going on with their family.

## Handout: Sample Interview Questions

**Interviewing Children: Sample Questions**Family

- Who is in your family?
- Who lives at home with you?
- What kinds of things does your family do together?
- How do you get along with your brothers/sisters? What kinds of things do you do with them?
- Tell me about your grandparents, aunts, uncles, etc.
- What kinds of things do you do in school? Any areas where you have problems? Are there times when things are easy?
- Who do you hang out with at school? Who are your friends?
- Do you belong to any clubs, or participate in any organized activities?

Parent

- How do you get along with your mom/dad?
- What happens when things aren't going well? How do your parents react?
- What kind of things do they do?
- What about your brothers/sisters, how do they deal with them?
- Do your parents belong to any organizations, have any friends, etc.?

Maltreatment

- As I mentioned to you earlier, I understand you have \_\_\_\_\_ (injury, situation), can you tell me about what happened?
- I understand \_\_\_\_\_ happened to you. Can you tell me about it?
- What else happened? (Maltreatment) You will often ask this type of question to fully explore with the child the extent of the maltreatment.
- Has anything like this happened to your other brothers/sisters?
- What did your parent(s) say, do, etc.?
- When this occurred, how did it happen? What was happening around the home when this occurred? What else was occurring?

**Interviewing the Non-Maltreating Parent: Sample Questions**Child

- Tell me about your child. How do you feel about your child? What do you think about your child? His/her capacity? His/her actions/behaviors?
- How does your child behave/act?
- Does your child have friends?
- Can you think of ways in which you can keep the child and the maltreating parent from being alone with each other?

- Does the child have any current or past health-related problems that affect him today?

### Parent

- Tell me about yourself—about your feelings, and about what is happening.
- How do you think things have been between you and your spouse (partner)?
- Explore with the non-maltreating parent the feelings that the worker believes are being exhibited and follow up on those.
- What is the most special thing about parenting your child? The most difficult thing?
- Explore with the non-maltreating parent how they believe their child is doing, and what they are experiencing. Examine issues relating to bonding, attachment, concern, empathy, worry, anxiety, etc.
- Tell me about the family that you grew up in. What types of things did you do? What are some of your fond memories? Your sad or hurtful memories?
- What do you do with your friends? Who are your friends? What do you share with your friends?
- Do you belong to any groups, organizations, religious affiliations, etc.?

### Family

- What types of things are you responsible for in the home and with the family: chores, routine, structure, meals, etc.?
- How do the family members show they care about each other? What affection is demonstrated?
- Who makes decisions for the family? Who is in charge?
- What happens when the directives given are not followed?
- Talk about the marriage (relationship). What are the things that make it good? Things you wish you could change? Communication difficulties?
- Tell me about your folks. What about extended family members? What about neighbors, are they helpful to you and you to them?
- Influences regarding the demographics, extended family, and family functioning are gathered through a variety of observations during the initial interview and subsequent interviews.

### Maltreatment

- What are the parent's thoughts, feelings, attitudes, and beliefs about the maltreatment?
- Do you have any information which suggests the non-maltreating parent has been involved in maltreatment? If yes, explore this with the parent in a direct, yet non-adversarial manner.
- Explore with the non-maltreating parent the alternatives to provide protection to the family. Can this person, with your assistance, do such?

**Interviewing Alleged Maltreater: Sample Questions**Child

- Tell me about your child. How does your child respond to you? Is he easy-going? Difficult?
- What type of things do you expect your child to do around the house, with siblings, for you?
- What type of behaviors and emotions does your child show?
- Does your child have friends?
- Does your child have any health-related problems that affect him today?

Parent

- Tell me about yourself, about your feelings, and about what is happening. How do you think things have been between you and your spouse (partner)? Explore with the maltreating parent the feelings that the worker believes are being exhibited and follow up on those.
- What is the most special thing about parenting your child? The most difficult thing?
- Explore with the maltreating parent how they believe their child is doing, and what they are experiencing. Examine issues relating to bonding, attachment, concern, empathy, worry/ anxiety, etc.
- Tell me about the family that you grew up in. What types of things did you do? What are some of your fond memories? Your sad or hurtful memories?
- What do you do with your friends? Who are your friends? What do you share with your friends?
- Do you belong to any groups, organizations, religious affiliations, etc.?

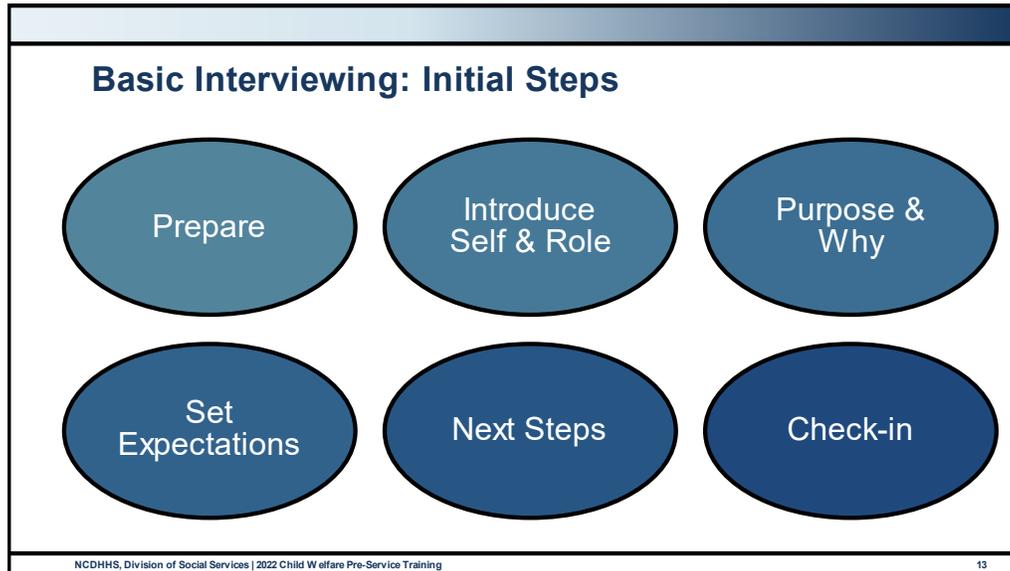
Family

- How do the family members show they care about each other? What affection is demonstrated?
- How are decisions made in your family? Who is in charge?
- What happens when the directives given are not followed?
- Talk about the marriage (relationship). What are the things that make it good? Things you wish you could change? Communication difficulties?
- Tell me about your folks. What about extended family members? What about neighbors, are they helpful to you and you to them?
- Describe how roles are developed, assumed, and carried out in the home. Who does what? How is it decided who will do what in the home?
- Influences regarding demographics, extended family, and family functioning are gathered through a variety of observations during the initial interview and subsequent interviews.

Maltreatment

- When you begin to talk to the parent about the maltreatment, minimal information should be given. It is critical that you do not engage in a battle of wills; refocus the parent on their own feelings.
- How does he feel about what happened?
- What do you want to do about this? How can we make sure nothing like this happens again?
- Tell me what has been going on with you. Have you been under stress? What from? Drinking? Marital problems? Job-related problems?
- At an appropriate time, you should always share your belief about maltreatment with the maltreating parent.

## Basic Interviewing: Initial Steps



**Prepare:** Be familiar with the information already known about the family from reports, assessments, etc. and consider location. Will the interview be in the office, at the home, or somewhere else? This is important because families need to feel comfortable sharing sensitive, private information. The social worker also needs to clear their mind, be objective, and have an idea of what they want to ask and what information they need to gather.

**Introduce Self and Role:** Social workers should make sure that the family knows their name, their role at DSS, and how the worker can be reached.

**Purpose and Why:** Social workers should set a clear purpose for the meeting so that they are as direct and honest as possible about why they are there. You may ask the family, “Do you know why I’m/you’re here?” This helps in correcting any misconceptions about the meeting.

**Set Expectations:** It is important to establish what is expected during the interview. Include whether you will need to meet with family members individually and/or separately.

**Next Steps:** When the interview is nearing the end, you should go over the next steps with the family. This helps families understand what is happening and what their role is as well as conveying your role.

**Check-in:** End the interview by asking how the family feels about the conversation. Try to offer reassurance to any anxiety or worries expressed by the family. Remember they do have the right to feel angry and not trust. That is why frequent open and honest communication is so important.

Helpful Tips:

- Be respectful, on time, polite, honest, genuine, empathetic, and acknowledge the situation

- Give immediately needed information first
- Start where the family member is at the moment. Ask some of the following questions and then listen and affirm their perceptions.
  - What is the family member's understanding of how the problem affects the family member?
  - What has the family member tried or what is the family member doing?
  - What does the family member think needs to happen first?
  - What does the family member need from the worker?

Questions and Reflections

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

Activity: Interviewing Skills Practice

**Select a different partner than the previous practice activity. Decide which topic you would like to be interviewed about:**

- Who is your best friend?
- What was the best thing that happened this week?
- What is the best gift you have ever received?
- Where would you like to vacation?
- What is your dream job?
- How do you spend your free time?

**Take turns being the social worker interviewer with your partner and feel free to reference the previous handouts about types of questions and considerations for interviewing.**

**Each social worker will start the same introduction:**

- My name is XXX. I'm a social worker with XXX county DSS.
- Our role is to XXX.
- So, tell me what brought you here today?

**You will have approximately 10 minutes for each interview and the trainer will notify the class when it is time to switch partners.**

**Use this space to record notes.**

Debrief

**How did the interviewers feel? How did the interviewee feel?**

**What did the interviewer do well?**

**Did you notice the clear differences in the level of detail you can get and the engagement of the other person when open-ended questions are used?**

**How did this interview differ from the previous activity using only open and closed questions? What type of information did you receive?**

### Key Takeaways

**Key Takeaways: Interviewing Learning Lab**

- Let families tell their stories in their own voice
- Family engagement is critical
- Present and prepared
- Process + Content = Interview
- Both social worker and families' perceptions impact the interview
- Interviews have a specific purpose
- Using a variety of question types and techniques leads to more accurate information

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### Questions and Reflections

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

## Assessing Skills Learning Lab

### Assessing in Child Welfare

Good social work practice cannot occur without effective assessment of the child, family, and their circumstances. When we talk about assessing and assessments, we do not only mean the CPS assessments that are completed when a report of abuse or neglect has been screened. We mean the full process of assessing families to identify their needs, strengths, and progress toward achieving their goals. Assessing will help us to identify services, resources, and supports that families may need in order to achieve their goals.

Assessing in child welfare supports sound decision-making in child safety, permanency, and well-being for children and families, including those who want to strengthen their capacity to successfully care for their children as well as those at risk or who have already experienced abuse or neglect. The goal of comprehensive family assessment is to identify the strengths, needs, resources, and challenges of children and families.

### Learning Objectives

<ul style="list-style-type: none"> <li>• Describe the process of assessing.</li> </ul>
<ul style="list-style-type: none"> <li>• Identify information needed to comprehensively assess situations in child welfare cases.</li> </ul>
<ul style="list-style-type: none"> <li>• Demonstrate critical thinking skills and professional judgment.</li> </ul>
<ul style="list-style-type: none"> <li>• Reflect on ways they can incorporate the skills and behaviors into their own child welfare practice.</li> </ul>

Activity: Introduction to Assessing

**What comes to mind when the word “assessment” is used?**

**What are some themes you see in the group’s responses?**

**Complete the sentence:** The hardest part of assessing is

Video: [Beneath the Surface](#)

Visit: [Beneath the Surface](#) and answer the questions listed below.

Use this space to record notes.

**What are your first reactions to the video?**

**What are some of the messages you saw in this video?**

**Why do you think those messages are important for our work with families, particularly in assessments?**

Worksheet: Assessing in Child Welfare

Assessing is the ongoing process of questioning, observing, listening, gathering data and information, and then analyzing and synthesizing the information to determine what the information means regarding the safety, permanency, and well-being of the child.

The steps in an assessment process are:

**Preparing for the task:**

**Gathering information:**

**Analyzing and interpreting information:**

**Making conclusions:**

**Making decisions and recommendations:**

Questions and Reflections

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

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to write their questions and reflections.

### What Do You See?

When you are working with families, new information and data is constantly being given and received and new analysis and synthesis are required to understand the implications. Initial findings of risk during the first few days may change by the end of the month. The more pieces that are gathered and put together, the clearer the picture becomes. A new piece of information can change everything.

Assessing is never complete. It is an ongoing process. For the purposes of a child welfare case, it is considered complete when a case is closed. That does not mean at the end of a CPS assessment, that is only preliminary information gathering. An assessment is a living, breathing document throughout a case. Assessing occurs at every interaction and with every new piece of information learned.

It is important that you gather full information from a variety of sources and hold your judgment or conclusions until you have gathered all information. If you prematurely come to conclusions about a family before you have gathered all information, your assessment of the family will be incomplete. This may mean that some of the family's needs may not be addressed, or you may miss identifying all risk and safety concerns. You must suspend your judgment until all relevant information is gathered and only then should you form your conclusions to determine the next steps with the family.



Assessing in Child Welfare: S.E.E.M.A.P.S.

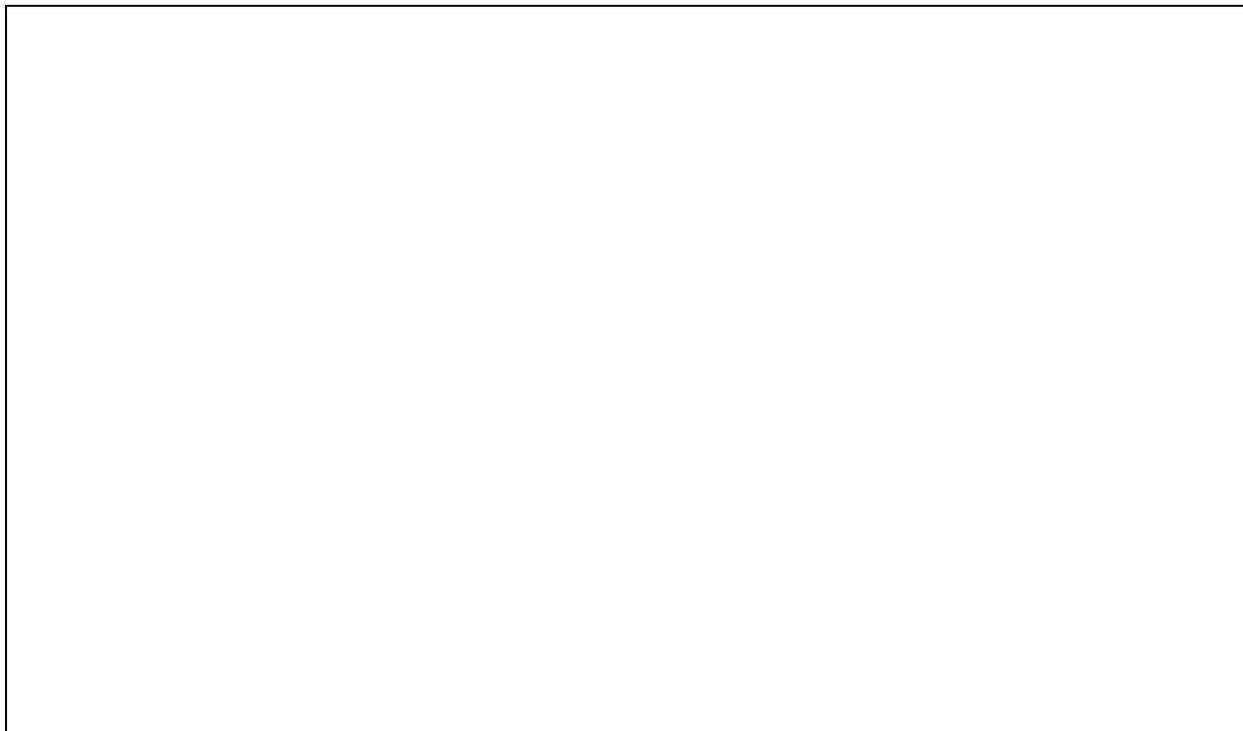
**Assessing in Child Welfare**

- S** • Social
- E** • Economic
- E** • Environmental
- M** • Mental Health
- A** • Activities of Daily Living
- P** • Physical Health
- S** • Summary of Strengths

Documentation in Child Welfare: Effective Practice for County DSS Agencies

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S.E.E.M.A.P.S. is used as a guide to assist with information gathering and documentation in assessing. These domains help us to ensure we are getting comprehensive information about a family that informs our assessments of safety, risk, strengths, and needs.



Handout: S.E.E.M.A.P.S.

## **NORTH CAROLINA CPS ASSESSMENTS DOCUMENTATION TOOL (DSS-5010) INSTRUCTIONS**

Source: [DSS-5010ins: NC CPS Assessments Documentation Tool \(DSS-5010\) Instructions — Policies and Manuals \(ncdhhs.gov\)](https://www.ncdhhs.gov/dss-5010ins)

### **Understanding S.E.E.M.A.P.S.**

The key to understanding the purpose of S.E.E.M.A.P.S. is found in understanding that a holistic assessment makes for a more accurate and overall stronger assessment while a partial assessment makes for a poor assessment. The one question that is not asked might be the key to an underlying need of the family or the strength that could be unlocked to help the family remain together. S.E.E.M.A.P.S. is an acronym used to assist the worker in structuring their documentation of the assessment process. The family's life is divided into seven domains or dimensions. These dimensions (Social, Economic, Environmental, Mental health, Activities of daily living, Physical health, and a Summary of strengths) help ensure that the worker assesses all areas of a family's life. Use of the S.E.E.M.A.P.S. method:

- gives structure to the assessment process,
- ensures coverage of many of the possible areas in which the family may have issues, and
- sets the foundation for the identification of needs and strengths upon which interventions with the family will be planned

These seven S.E.E.M.A.P.S. dimensions are comprised primarily of exploratory questions that the worker should use not as a script, but rather as prompts to better understand the family and their strengths and needs. It may not be necessary to ask each of these questions every time the worker makes contact on a case. However, the more familiar a worker becomes with these questions, the better equipped the worker will be to assess the family.

### **Social**

Who lives in the house?

How are people connected to each other?

What is the feeling when you enter the house (comfortable, tense, etc.)?

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 does the family do for fun?

What stories do they tell about themselves?

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?  
Can children discern between truths and lies?  
Do the children have age-appropriate knowledge of social interactions?  
Do the children have age-appropriate knowledge of physical or sexual relationships?  
Are preteen or teenage children sexually active?  
Do not forget the importance of non-traditional connections a family may have.

### **Economic**

Are adults willing to discuss their finances after a period of getting acquainted?  
Does the family have adequate income and/or resources to meet basic needs?  
Do adults in the home know how to access benefits programs for financial support?  
Is the family receiving food stamps, child support, TANF, or LIEAP? If not, are they eligible?  
Do the adults in the family demonstrate an awareness of how to budget the money that is available to them? Are bills paid on time?  
What are the income sources in the family?  
What is the strongest economic skill each person in this family displays?  
Do they have enough money to make it through the month?  
Does the parent subsystem agree about the destination of any monies available?  
Are adults employed? If so, are they content with the job they have?

### **Environment / Home**

How does the residence look from the outside (kept up; in disrepair; etc.)?  
What is the surrounding area like?  
Are there places for children to play?  
Are there obvious hazards around the house (old refrigerators, non-working cars, broken glass, etc.)?  
What is the feeling you get when you arrive at this residence?  
Are there any safety concerns in the neighborhood?  
In the residence, is there any place to sit and talk?  
Are there toys appropriate for the ages of the children who live there?  
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?  
What kind of food is available in the home?  
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, etc.)?

Is there a heating and/or cooling system in the home?  
What are the best features of this environment?  
Is the family aware of weapons safety issues?

### **Mental Health**

Take a mental picture of the people in this family. What is their effect? Does their effect 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 any other mental health condition?

If so, are they able to afford the medication, and do they have continued access to medical care for refills?

Are the persons you interview able to attend to the conversation?

Are there times when they seem emotionally absent/distant during conversation?

Are family members clearly oriented to time and location and coherent?

Are there indicators that persons in this family have substance use concerns?

Do adults have an appropriate understanding of child development?

How do people in this family express anger?

Are family members able to discuss and describe emotions?

What is the major belief system in this family?

Does anyone in the family express any concern about their own mental health or the mental health of a family member?

Has anyone ever received counseling or been under the care of a physician for a mental health problem?

Is there any history of mental illness in the family?

### **Activities of Daily Living**

Do family members understand "Safe Sleeping" habits (for infants under the age of 18 months)?

Is the children's clothing adequate (appropriate as to weather, size, cleanliness, etc.)?

What activities does the family participate in?

How does the family spend its free time?

Do adults in this family know how to obtain, prepare, and feed meals to children in this family? What is the family's native language? If it is not English, do they have language barriers to accessing resources?

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 have reliable means of transportation (car, public transportation)?

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?

### **Physical Health**

Do the children appear healthy?

Do the children appear on target with their height and/or weight?

Are there any special medical concerns faced by family members?

If so, who knows how to treat or administer those concerns?

How do people in this family appear?

Do they tend to their hygiene regularly?

Does anyone appear fatigued or overly energetic?

Is anyone chronically ill, taking medication, or physically disabled?

Is anyone in this family using illegal drugs or abusing prescription drugs?

Do people in this family eat healthy food and/or get regular exercise?

Does anyone in this family use tobacco products?

Are there any members of the family who appear to be significantly obese?

Are there any members of the family who appear to be significantly underweight?

How long has it been since members of the family had a physical examination?

Are there older children who continue to have bedwetting problems?

Do people have marks or bruises on their bodies (remember that people may overdress or apply heavy makeup, perhaps to hide injuries)?

Have steps been taken to ensure that the area where small children live is reasonably free from life-threatening hazards?

Do small children ride in safety seats or use seatbelts?

What is the healthiest thing this family does?

What are the skin tone, hair quality, and color of lips (especially with infants) with family members? Have the children had vaccinations?

Are they up to date?

Does anyone in the family have mobility issues?

What is the family's perception of their own physical health?

Does the family have medical and/or dental insurance coverage? If so, who is the provider? If not, is the family eligible to apply for Medicaid? If the family is not eligible to receive Medicaid are there other resources available?

Does the family have a "Medical Home"? If so, who are the providers that make up that "Medical Home"?

### **Summary of Strengths**

What are the major interpersonal strengths of this family? Assess if any adults in the family (especially regular caregivers) were abused or neglected as children. Were there substance abuse or domestic violence issues in the homes of the adult family members? How were adult family members disciplined?

Strengths may be identified by observation from the worker or by disclosure from the family. Family strengths take many forms and appear as dreams, skills, abilities, talents, resources, and capacities. Strengths apply to any family member in the home

(grandparents, aunts, uncles, etc.). Strengths can be an interest in art, the ability to throw a football, getting to work every day, drawing a picture, making friends, cooking a balanced meal, etc.

These interests, talents, abilities, and resources can all be used to help a family meet its needs. Strengths can be found by asking family members and by asking other professionals.

Activity: Engaging in the Assessing Process

- Group 1 is assigned to the Reveles family
- Group 2 is assigned to the Anderson family
- Group 3 is assigned to the Jaynes family

**Take 10 minutes to read Part I of the scenario for your assigned family in the following handout titled *Assessing in the Child Welfare Setting*. Respond to the corresponding questions.**

**After the timer goes off, you will discuss your responses to the questions in groups at your table and make note of similarities and differences in your responses.**

**Take another 10 minutes to read Part II of the family scenario and respond to the corresponding questions. Then discuss in your groups.**



[Handout: Assessing in the Child Welfare Setting](#)**Scenario: Part I****Group 1 - Reveles Family**

The agency received a report from a ninth-grade teacher at the city high school regarding Angel Reveles. She is 14 years old. She came to school with bruises on the back of her legs and fingerprint bruises on her upper arms. She had a black eye and swollen black and blue cheek. She told her friends that her boyfriend had gotten angry with her for talking to another boy. Her boyfriend was older and not in the same school. The teacher found Angel crying in the bathroom and talked to her about what happened. Angel said her father had really beat her when he saw her grades the night before. He expected her to get all A's and she was having problems in algebra class. Angel's father has his own landscaping business, and her mother works as a waitress/hostess in a Mexican restaurant. Angel's family was originally from Mexico and has been in the United States for 10 years. Angel has one younger sister – 11 years old and a younger brother – 6 years old. Angel was extremely upset and blurted out that Angel's uncle (dad's brother) and his wife and 1 female child (a 2-year-old) have all just moved into Angel's home. Angel and her sister moved out of their own room and are now sharing a room with their younger brother. She said it is hard to study and do her homework. Then Angel got very upset because she was not supposed to talk about her uncle's family living in their home. She begged her teacher not to tell anyone. The teacher reported that she told Angel that the teacher felt this was part of the family's problems right now and that she had to tell child protective services about Angel's bruises and why she got them.

**Group 2 – Anderson Family**

The agency received a report from a neighbor on Amy (age 2 – female), Jessie (age 4 male), Andrea (age 8 – female), and John (age 9 – male). John told his friend's mom (the neighbor) that he wished he could live with them. They didn't have any food in their house and his dad and mom fought all the time. When his parents were not fighting, they were sleeping. John said his house was cold and sometimes the lights did not work. The neighbor had noticed that the children were outside a lot or at neighbors' houses and that Andrea often was taking care of Amy and Jessie. The Anderson family had just recently moved into the neighborhood which was a very rural part of the county. The home they lived in was old and run down. The children were dirty, and their teeth were rotten. The children kept colds and coughs. When the neighbor asked about the family in church, she was told that it was rumored that the parents used crystal meth. The family is white, and the parents are in their late 20's. No one reportedly knows of extended family members in the area. The children said they moved to Mississippi from Arkansas.

A law enforcement check revealed that the local law enforcement had just been informed of crystal meth use and possible manufacturing of crystal meth by the Andersons in the Anderson home.

**Group 3 – Jaynes Family**

The agency received a report of sexual abuse regarding 12-year-old Tamara Jaynes. Tamara was seen by the Health Department physician. She was in the Health Department for a pregnancy test. She was brought in by her 16-year-old female cousin. Tamara's pregnancy test was negative, but the doctor noted trauma to Tamara's vaginal area. Tamara asked for a birth control prescription. The girls were evasive and nervous. The doctor asked the girls why they thought Tamara needed a pregnancy test. Tamara began crying and finally told the doctor that her mom forced her to have sex with her mom's live-in boyfriend and her mom was there and telling her what to do. Tamara said that her mom has always had sex with boyfriends in front of Tamara, even when she was little, she was on a pallet on the floor next to her mom's bed. This was the first time she made Tamara do anything. Tamara has an older sister (Jenna) who has run away from home and is living with friends. Jenna and her mom were always fighting, and mom would physically hurt Jenna with extension cords, hairbrushes, and whatever she could get her hands on at the time. Tamara has tried to be good and not get into trouble. She does what her mom says to avoid the beatings and the fights, but she doesn't want to have sex or get pregnant. The doctor asked Tamara about her father. Tamara said she knows her father, but her mom never lets her go to her dad's home or her other grandmother's home. Her mom always says bad things about her father and his family, and her mom says her dad is a drunk.

Tamara said that her mom is black, and her dad is Choctaw Native American, and her mom is angry that her dad quit sending child support.

The doctor reported that Tamara is currently at the Health Department and does not want to go home. She seems to be an intelligent girl and genuine in what she is telling about her reasons to not go home.

**Part I Questions**

**Professional Relationships – Engagement of the Child and Family in the Assessment Process**

What are the first steps you would take to begin the assessment process?

Who would you interview first?

What are your initial thoughts/assumptions about the members of the family and the situation?

What are the cultural aspects that might affect the engagement of family members?

What about your thoughts/assumptions/attitudes/planned behavior-action might hinder the engagement of family members and a possible working relationship?

**Preparatory Empathy**

List the members of the family and talk about what you think each person is feeling in this family. What could possibly be going on with each person?

How do you think each person is going to react to child protective services becoming involved with the family?

What approach will you use to establish a working relationship with each family member?

**Scenario Part II****Group 1 – Reveles Family**

Angel Reveles – 14-year-old Mexican American 9th grade female  
Martha Reveles – 11-year-old Mexican American 6th grade female  
John Reveles – 6-year-old Mexican American 1st grade male  
Raphael Reveles – father - 33-year-old Mexican American  
Rose Reveles – mother – 32-year-old Mexican American  
Joseph Reveles – Raphael's brother - 22-year-old male  
Mina Reveles – Joseph's wife – 19-year-old female  
Mary Reveles – 2-year-old child of Joseph and Mina

Angel's family are legal residents of the United States. As the child welfare worker, you interviewed Angel, Martha, and John at school. The children report things are usually ok in their home. They love their mother and father. The family does not have a lot of money, but they have food and a nice house. They attend church at the Catholic Church every Sunday and the children all play soccer in the city league. The children report that their dad is very strict and usually whips them with a belt as punishment. Angel stated that her father and mother expect her to get good grades and get a scholarship for college. She wants to be a teacher. Joseph's family moving in has caused uproar in the house. Everyone is always arguing and there is lots of talking and noise. The baby cries a lot and there is no place to read and study. Angel became angry and upset that the teacher talked about her dad's brother and family living in their house. Angel and Martha are afraid their dad is going to get very angry that the worker is involved in the family and Joseph's family might get sent back to Mexico. The girls are scared that they will be blamed for bringing problems to the family. A visit to the home reveals a nicely kept home even though the furniture is sparse, and the home is small. Rose Reveles was at home and became tearful that the child protective service worker had talked to her children at school and that her husband would be very upset. Rose spoke mostly Spanish, and the worker had a difficult time communicating with Rose. She did not admit to anyone living in the home besides the immediate family. She said that her husband's brother had come for a visit but had left the home. She asked the worker if it was necessary for the worker to talk to her husband. Rose said that she could talk to him. It would be bad for the worker to talk to him.

**Group 2 – Anderson Family**

Amy Anderson - age 2 – female

Jessie Anderson - age 4 – male - Headstart

Andrea Brown - age 8 – female – 3rd grade

John Jackson - age 9 – male – 3rd grade (failed first grade)

Joanna Anderson – mother - 26-year-old female – white

Bobby Anderson – father – 28-year-old male – white

As the worker, you have included law enforcement in the investigation. While they are preparing to investigate the family for crystal meth manufacturing, you interview John and Andrea at school. You learn that John and Andrea are not Bobby Anderson's children and they each have different fathers. Jackson is Joanna's maiden name. Joanna's family, which includes the children's grandmother and grandfather, live in Pine Bluff, Arkansas. John and Joanna lived with their grandparents and were happy there until their mother married Bobby Anderson 4 years ago (right before Jessie was born) and their mother decided she needed to have John and Andrea with her. Andrea said that she is afraid that she and her siblings will be put in foster homes and not see each other if she talks about her mom and Bobby. Bobby has told John and Andrea about growing up in foster care and how foster care is worse than any place. John and Andrea want their mom to leave Bobby because they fight and take drugs and get really "weird". Bobby is always afraid of the cops and is making his own drugs. Andrea said she is afraid of Bobby as he has whipped all of them with a belt and throws things at everyone including their mother. Upon examination, Andrea has several bruises of various colors on her back, legs, arms, and buttocks. She said she gets whippings almost every day. John has severe bruises on his buttocks and on the back of his legs from a whipping he just received. Bobby accused him of stealing five dollars from him. John said that Bobby was always accusing him of things he did not do. The children reported that their mother also gets beat up by Bobby. The children reported their mom acting weird and then sleeping or crying. Andrea and John said they wanted to go to their grandmother and grandfather's home in Pine Bluff and they want Amy and Jessie to go too. Jessie was seen at Head Start and no marks were found but he was dirty (as were the other children). All children had rotten teeth and colds. The Head Start teacher reported Jessie has kept a cough and ear infection for a month and that he appears to be developmentally behind the other children.

**Group 3 – Jaynes Family**

Tamara Jaynes – 12-year-old African American/Native American (Choctaw) female

Jenna Jaynes – 15-year-old African American female

Linda Jaynes – 31-year-old African American female

Phillip Martin – Tamara’s father; Native American from Choctaw Tribe, 31 years old

Rick Smith – Jenna’s father; African American male, 32 years old

Bill Booker – Linda’s live-in boyfriend, White male, 25 years old

Ellen Jensen – 16-year-old cousin (maternal relative)

As the worker, you interview Tamara at the Health Department. Tamara refuses to go home. She was hysterical and says that if her mom forces her to have sex like that again she will kill herself. She talked about killing her mom and Bill Booker. She is worried about her sister. She did not know why her sister left home but now she thinks she knows. Her mom probably was trying to make her sister do the same thing. Ellen Jensen said that her mom works all the time and that she has several brothers and sisters and there is no room for Tamara to stay with them. Linda’s grandmother is old, but she lives about five miles away. Tamara said she thought she could stay there. Tamara doesn’t know what is wrong with her mom. Tamara is taken to the agency office after obtaining a temporary order for custody. Linda Jaynes is called to come into the agency office to discuss the situation. The police are included in the interview. Linda stated that Tamara was lying and that she is jealous of Linda’s relationship with Bill Booker. She said that Tamara is a behavior problem just like her “slut of a sister”. Linda said she kicked Jenna out of the house because Bill told Linda that Jenna was “coming on to him”. Linda did not know where Jenna was, and she did not care. When Linda was asked about possible relative placement, she opposed Tamara going to live with her own father, her father’s family, or Linda’s mother. Tamara’s dad was a drunk and Linda’s mother was a witch. When Linda was sexually abused by her own father her mother didn’t do anything. She insisted on Tamara going to live in a shelter, saying it would teach her a lesson to not lie. Jenna was found at a friend’s house. Jenna said her mom was a “head case”. She said that her mom was all about men and sex. She would do whatever the man asked just to keep him around. Bill Booker was talking dirty to Jenna and trying to get her to have sex with him, but she told her mom and that is when her mom kicked her out of the house.

### Part II Questions

After initial interviews, what are your initial reactions and feelings about each family member? Are the family members acting as you expected?

Are there cultural aspects that you did not think about before but are now more evident? How will these affect your engagement with each family member?

How are you going to engage each of the family members in the assessment process? What are you going to do to enter a professional relationship with each of these family members?

Is there anyone you would like to leave out of the engagement process and with whom you would choose not to enter a working relationship? Is this an appropriate decision? What if it is appropriate to engage this person but you do not want to work with him/her – what do you need to do?

### Strengths-Based Approach

Based on the information that you have been given, what are the strengths of this family? Of various family members?

Is there anyone involved in the family situation for whom you cannot find any strengths? Discuss the possible strengths of this person with the group.

How can these strengths be used to engage the family in working with the agency worker to improve the family situation and prevent abuse/neglect from occurring?

Debrief

Each question is an important consideration in your assessments of children and families.

**How will the social worker know that the working relationship is developing?  
What will they see? What may change? What may improve?**

**What does the worker need to do to engage each family member?**

**What cultural factors does the worker need to think about in the engagement process?**

**How will the worker know that the working relationship is developing?**

Activity: Has Our Perspective Changed?

Revisit your work from the previous *Introduction to Assessing* activity. You were asked to complete the sentence “*The hardest part about assessing is...*” Now that you have completed the Assessment Learning Lab, take a few minutes to think about this sentence again.

**Has your response changed?**

**Is it the same?**

**How might it be different?**

**If it is the same, why do you think that is?**

## Initial Professional Development Plan

Initial Professional Development Goal
<p>Identify one goal for improving your assessing skills when you return to your office.</p> <ul style="list-style-type: none"><li>• What are the steps to achieving this goal?</li><li>• What resources do you need to achieve this goal?</li></ul>
<small>NCDHHS, Division of Social Services   2022 Child Welfare Pre-Service Training 31</small>

**As homework tonight, please identify one goal for improving your assessing skills and complete the following *Initial Professional Development Goal Worksheet*.**

When you return to your office schedule a time to meet with your supervisor to review this Professional Development Goal. Start seeking feedback from your supervisor and peers early in your career. Although, it can be challenging, be comfortable with real feedback. This is where real growth can occur in your practice. We have an ethical obligation to the population we serve to be as skilled as we can possibly be, and we have an ethical obligation to continue to grow in our professional skills.

Worksheet: Initial Professional Development Goal

**Identify one initial professional development goal to improve your assessing skills:**

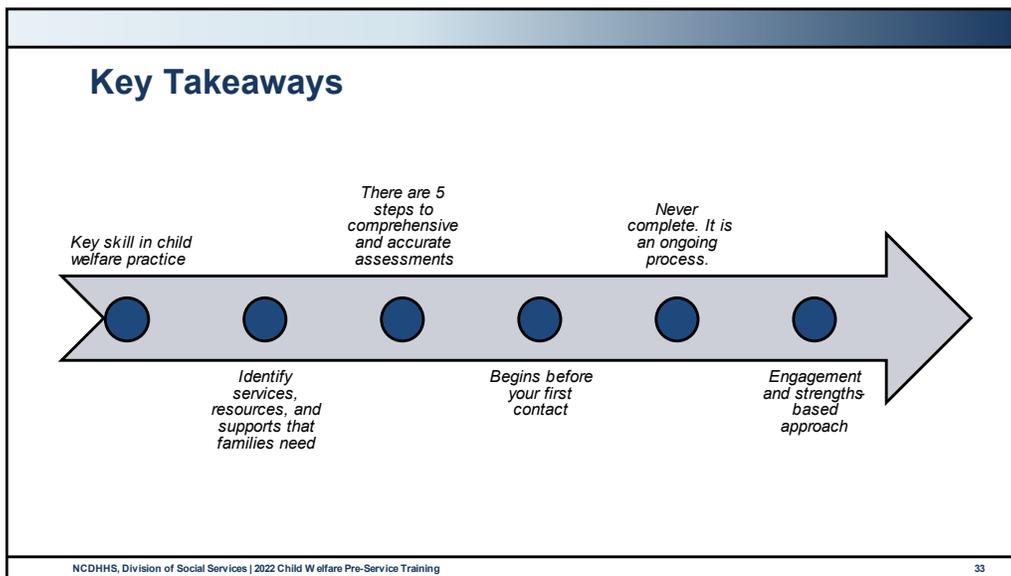
**What are the steps to achieving this goal?**

**What resources do you need to achieve this goal?**

Questions and Reflections

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

Key Takeaways

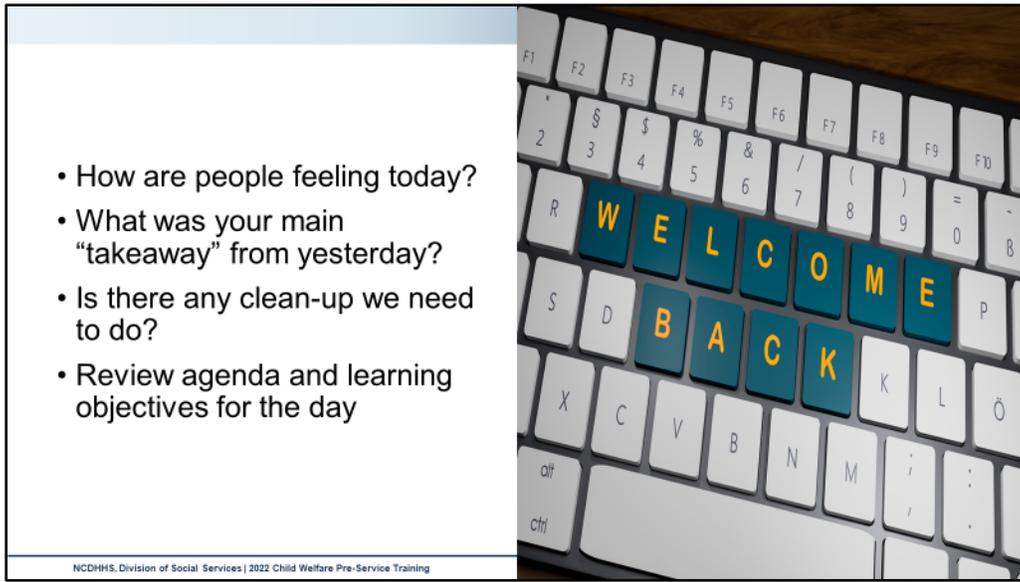


## Week One, Day Three Agenda

### Pre-Service Training: Child Welfare in North Carolina

I.	Welcome	9:00 – 9:30
	<b>Diversity, Equity, Inclusion, and Bias</b>	
II.	Self-Assessment	9:30 – 9:40
III.	Cultural Humility	9:40 – 10:20
	<b>BREAK</b>	10:20 – 10:35
IV.	Inclusion	10:35 – 11:15
V.	Institutional Racism in Child Welfare	11:15 – 12:05
	<b>LUNCH</b>	12:05 – 1:05
VI.	Disproportionality in Child Welfare	1:05 – 1:35
VII.	Implicit Bias in Child Welfare	1:35 – 2:30
	<b>BREAK</b>	2:30 – 2:45
VIII.	Equity and Equality	2:45 – 3:10
IX.	Culturally Diverse Services	3:10 – 3:50
	<b>Self-Reflection Activity and Wrap-Up</b>	3:50 – 4:00

## Welcome



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

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**Use this space to record notes.**

## Diversity, Equity, Inclusion, and Bias

### Learning Objectives

- |  |
|--|
| <ul style="list-style-type: none"><li>• Describe the impact of bias on working with children and families.</li></ul>   |
| <ul style="list-style-type: none"><li>• Apply their understanding of their biases and the potential impact biases may have on their interactions with children and families.</li></ul> |

## Self-Assessment Debrief

You were asked to complete the *Race Implicit Association Test (IAT)* as a homework assignment. Upon completion of the IAT, you received results showing your automatic preferences based on your answers. **You will not be asked to share those results.** We will use the following questions to debrief our experiences in completing the assignment.

**When considering your results, were they what you expected?**

**If not, what surprised you?**

**What was the most difficult part of the test?**

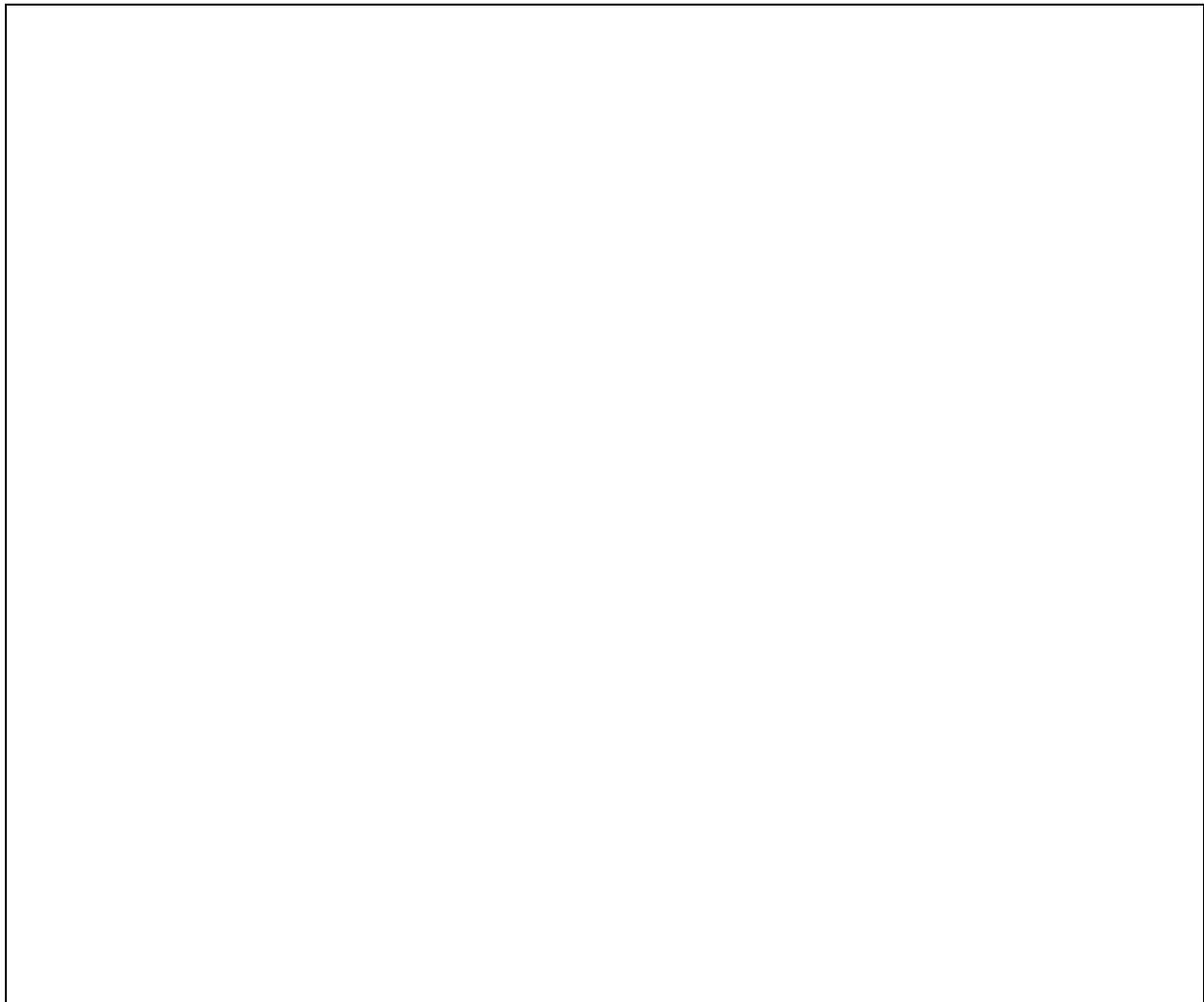
**How can you use your results as you work with families and with colleagues?**

**Have you noticed changes in how you interact with others since you took the IAT?**

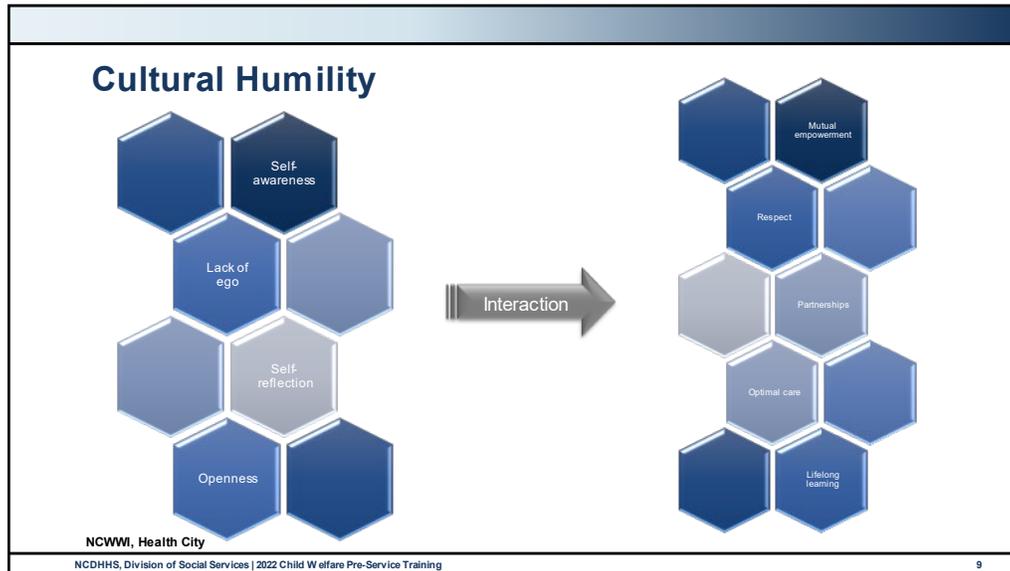
## Cultural Humility and Considerations for Family Engagement

### Learning Objectives

- |  |
|--|
| <ul style="list-style-type: none"><li>• Explain the importance of cultural awareness and humility in working with children and families.</li></ul> |
| <ul style="list-style-type: none"><li>• Demonstrate your awareness of a child or family's culture while interviewing them.</li></ul>               |



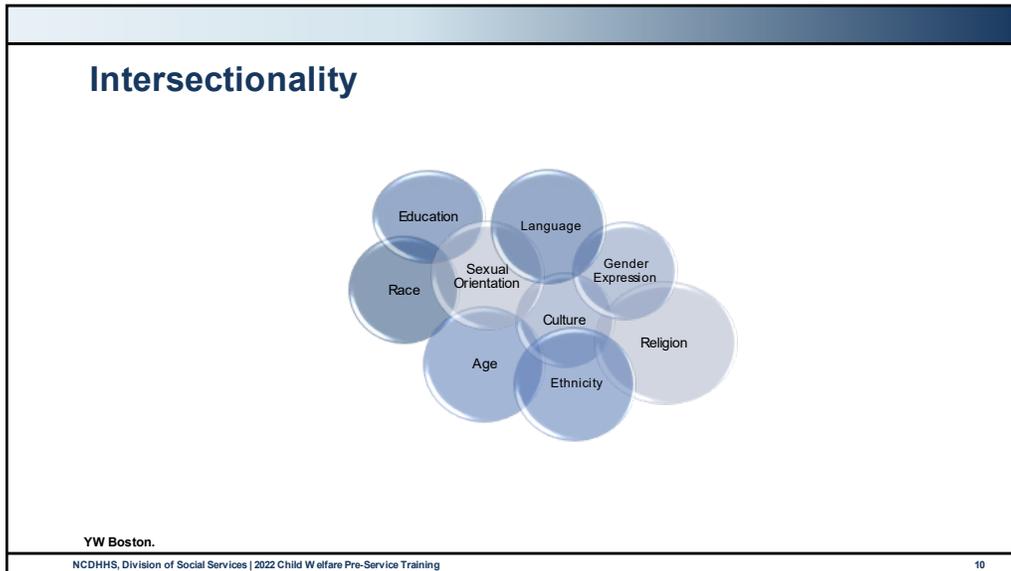
## Cultural Humility



Cultural humility is defined as the “process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals, resulting in mutual empowerment, respect, partnerships, optimal care, and lifelong learning.”

The concept of cultural humility recognizes that intersecting identities shift over time, requiring us to be curious and continuously learn about culture and diversity to adapt to those shifting identities. The idea of intersecting identities, or intersectionality, is that social categories like race, class, and gender are interconnected, and create overlapping and independent systems of discrimination or disadvantage.

Intersectionality

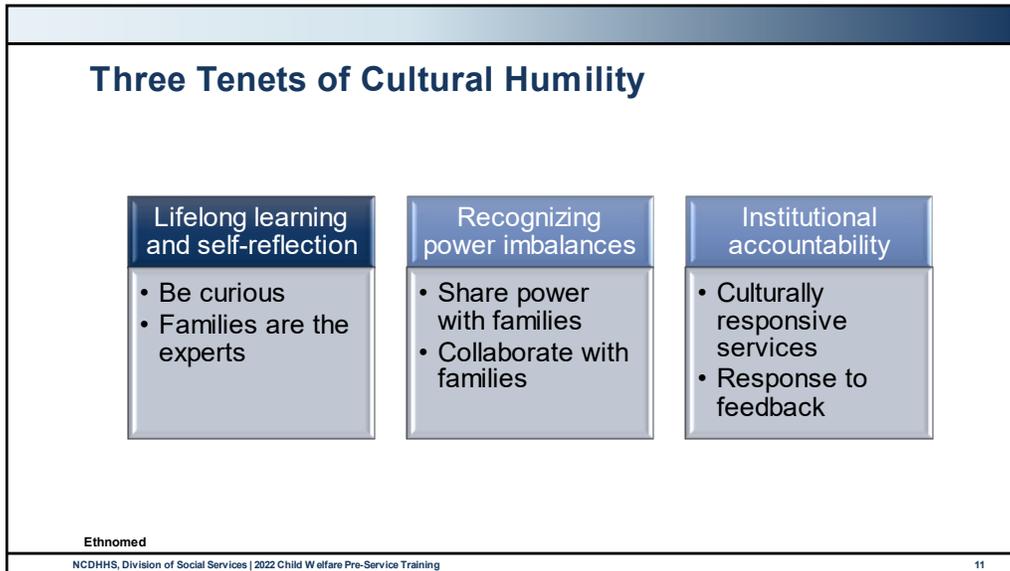


Intersectionality is a framework that conceptualizes a person, a group, or a social problem as being affected or impacted by a number of discriminations and disadvantages and recognizes that the identities we have overlap across categories and create complex ways in which people face prejudice.

**How might these aspects of identity impact how our families experience the child welfare system?**

**How will those aspects of their identities influence how they engage with us?**

Three Tenets of Cultural Humility



**Consider your privilege or your lack of disadvantage. How does that potentially create a barrier between you and the families you are serving?**

**Consider whether your local agency (and the North Carolina system as a whole) provides culturally responsive services, such as translators, interpreters, and other services for families with limited English. Is your agency responsive when families share frustrations about instances where their culture or identity was not respected?**

## Cultural Considerations for Engaging Families



*Think back to the IAT you completed before this session. **You do not need to share your results from that assessment.** Consider how your biases may impact your interactions with children and families.*

**Do you notice that you react differently to very young parents or parents who may be significantly older than you? Do you find yourself talking with them differently?**

**Do you recognize preconceived notions you may have about families of races or ethnicities different than your own? How might those come across when you're talking with families?**

**Does your language change if you're talking with families who have differing levels of education than you do? How does it differ?**

**What other ways might your biases impact families?**

We can implement cultural humility in our own practice by entering all interactions with children and families with positive intent. Whether the subject matter is positive or negative, we must always begin from the same positive place using cultural humility.

**How can you bring positive intent into your work with families?**

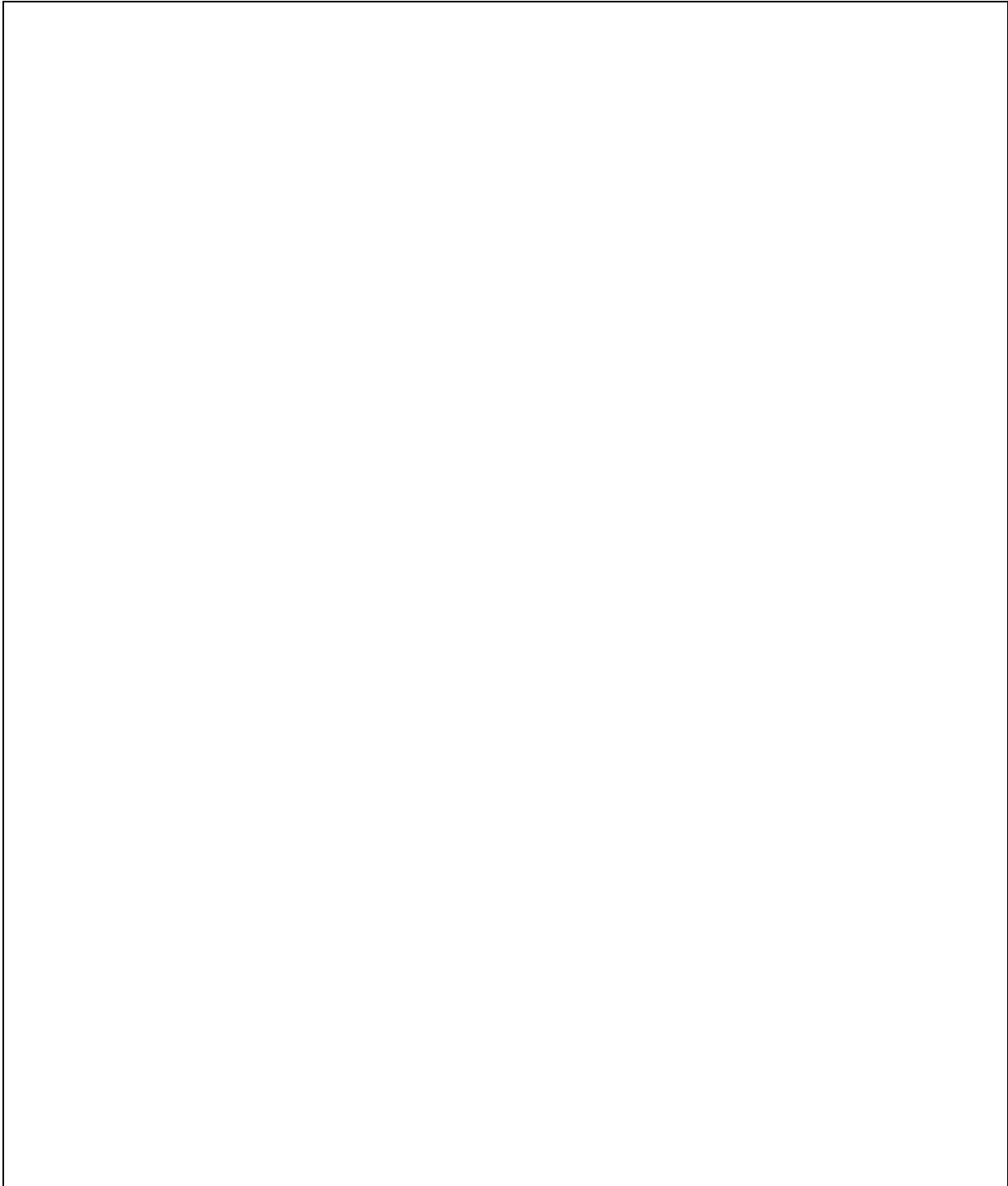
**How can you prepare yourself to have a difficult conversation without minimizing the challenges or the bad news?**

**How can you show families that you are supportive even when you're sharing something difficult?**

**How can you react when there is a miscommunication or if a family member is upset or frustrated?**

Questions and Reflections

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

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## Inclusion

### Learning Objectives

- |  |
|--|
| <ul style="list-style-type: none"><li>• Identify ways to gather perspectives from all members of the team.</li></ul>                                   |
| <ul style="list-style-type: none"><li>• Demonstrate the skill of including all members of the team in discussions with the child and family.</li></ul> |

What is Inclusion?

### What is Inclusion?

**“Diversity is being invited to the party. Inclusion is being asked to dance.”  
– Vernā Myers**

FWD Collective, LLC. (2021). (rep. Diversity, Equity, Inclusion, Belonging. FWD Collective, LLC.  
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Inclusion is defined as “the practice of welcoming a variety of people into a group and giving everyone the opportunity to participate fully.” Inclusion is about involving and empowering others and recognizing the inherent worth and dignity of everyone. We must actively include families in our decision-making process and ensure that the inclusion we’re offering is genuine.

### Is Inclusion an Illusion?

Meinert, Dori. (2019). Beyond the Illusion of Inclusion. <https://www.shrm.org/resourcesandtools/hr-topics/talent-acquisition/pages/beyond-the-illusion-of-inclusion.aspx>

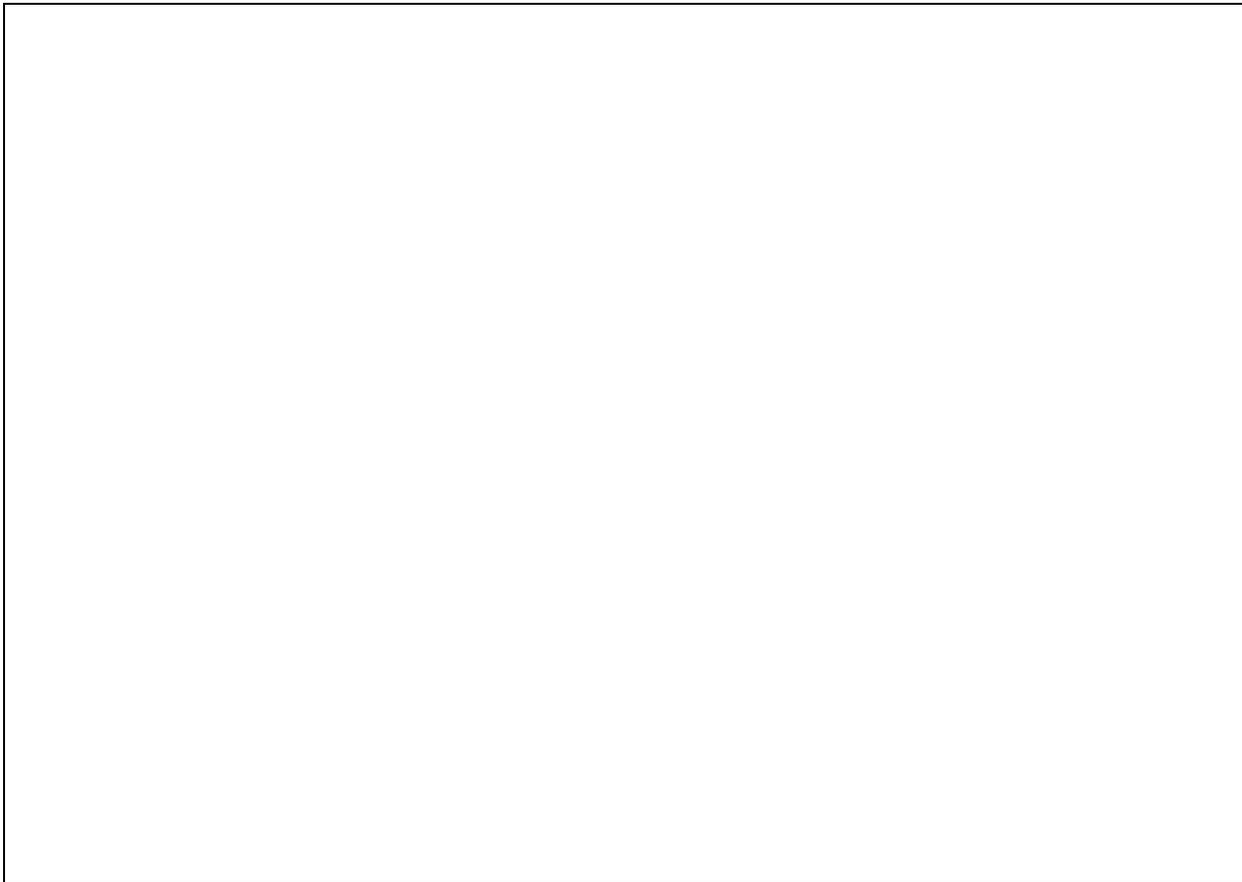
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We can quickly make assumptions about why a family is involved with the child welfare system, but until we gather information and connect with families, we will not be able to include them in the process, and our attempts at inclusion will simply be an illusion.

Activity: What does Exclusion Look Like?

**Discuss the following questions with your table group:**

- If we don't invite someone to the party, we are telling children and families that they're not invited to the conversation about themselves! We're saying, "we know these things are hard to talk about and we don't want you to be uncomfortable". How do we move from exclusion to inclusion and invite them to the party?
- If we don't include families in the party planning, we are telling them that their input isn't necessary. We're saying, "we know you're busy and it's hard to get to court and meetings; we'll just fill you in later." How do we move from exclusion to inclusion and include them in the planning?
- If we don't offer support to families to get them to the party, we are telling them they're not worth the effort. We're saying, "we don't want to offend you and offer you handouts as gas cards or bus passes." How do we move from exclusion to inclusion and support them?
- If we don't invite families to dance, we are telling them they're not an important and necessary part of the process. We're saying, "we know we use lots of acronyms and buzzwords; we'll explain later." How do we move from exclusion to inclusion and ask them to dance?



Debrief

**Use this space to record notes from the larger group discussion.**

Video: Inclusion, Exclusion, and the Child Welfare System

Visit: North Carolina Child Welfare, Lived Experiences: The Birth Parent Perspective for a parent perspective on how to work better with families impacted by the child welfare system.

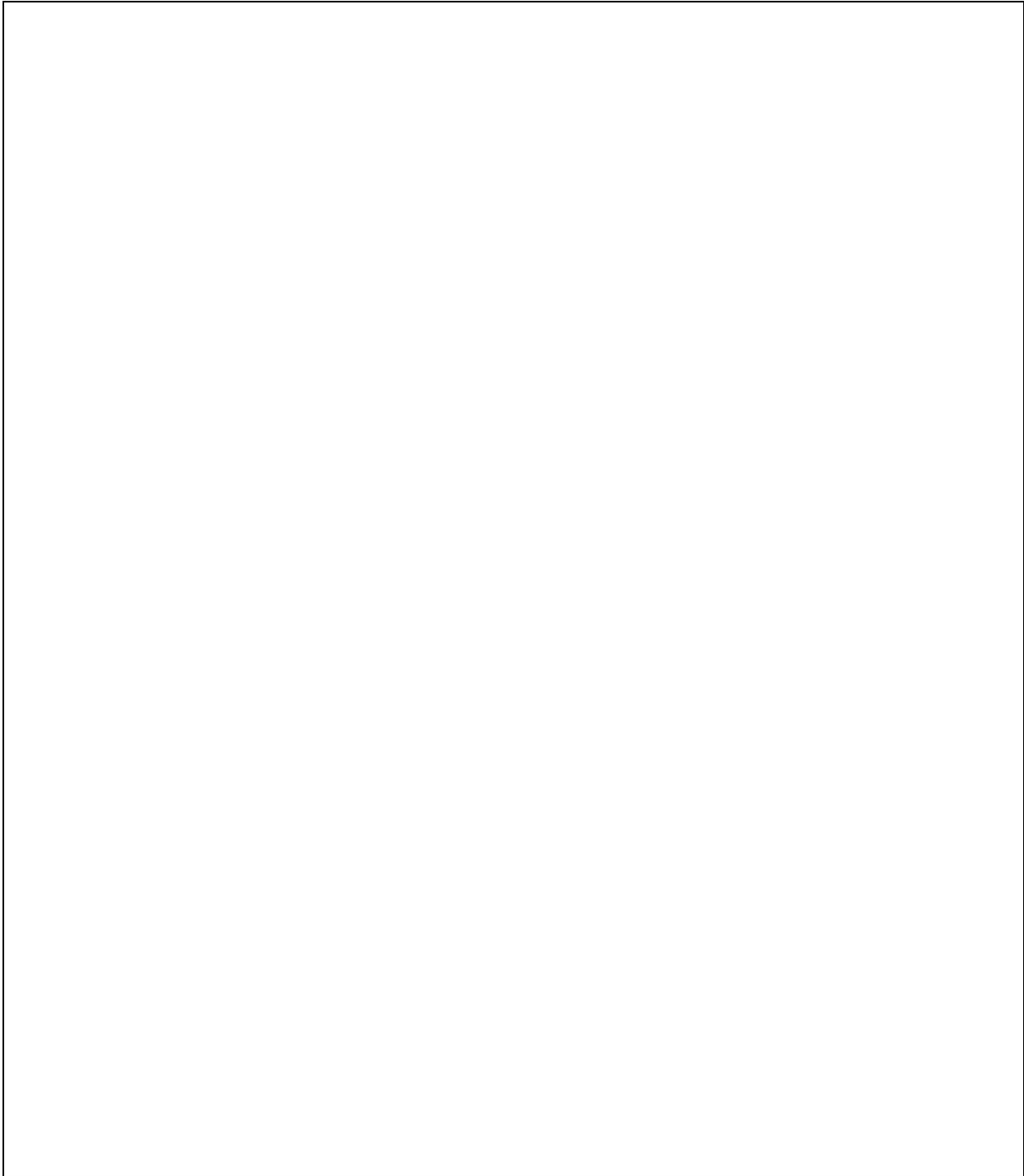
Use this space to record notes.

**What surprised you about what you heard from the birth parent in the video?**

**What will you take from this video to use with families?**

Questions and Reflections

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

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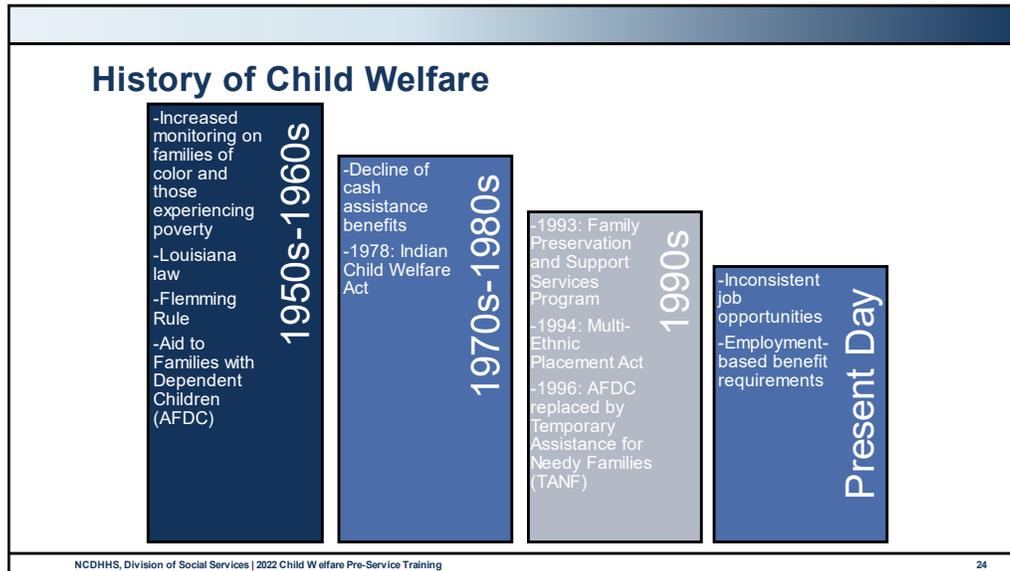
## Institutional Racism in Child Welfare

### Learning Objectives

- Recognize the institutional racism faced by children and families throughout the history of child welfare.



## History of Child Welfare



Visit the following sources for a detailed history of child welfare.

- Minoff, Elisa and Alexandra Citrin. “Systemically Neglected: How Racism Structures Public Systems to Produce Child Neglect.” Center for the Study of Social Policy, March 2022. Available at: <https://cssp.org/resource/systemically-neglected/>.
- <https://www.masslegalservices.org/system/files/library/Brief%20Legislative%20History%20of%20Child%20Welfare%20System.pdf>
- Gordon, Linda, Ph.D. Child Welfare: A Brief History. <https://socialwelfare.library.vcu.edu/programs/child-welfarechild-labor/child-welfare-overview/>
- O’Neill Murray, Kasia, and Gesiriech, Sarah. (2004). A Brief Legislative History of the Child Welfare System. <https://www.pewtrusts.org/en/research-and-analysis/reports/2004/11/01/a-brief-legislative-history-of-the-child-welfare-system>
- Fighting Institutional Racism at the Front End of Child Welfare Systems: A Call to Action. Children’s Rights. (May 2021). <https://www.childrensrights.org/wp-content/uploads/2021/05/Childrens-Rights-2021-Call-to-Action-Report.pdf>

## American Indian Boarding Schools

### American Indian Boarding Schools

What comes to mind when you hear these words?

- Assimilation
- Civilization




Cumberland County Historical Society, Carlisle, Pennsylvania  
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Visit the following sources for a detailed history of American Indian boarding schools.

- Spectrum News NY1: <https://www.ny1.com/nyc/all-boroughs/politics/2022/07/25/3-part-series--the-history-of-native-american-boarding-schools>
- Smithsonian National Museum of the American Indian: Struggling with Cultural Repression. <https://americanindian.si.edu/nk360/code-talkers/boarding-schools/>
- Federal Indian Boarding School Initiative Investigative Report. (May 2022). [https://www.bia.gov/sites/default/files/dup/inline-files/bsi\\_investigative\\_report\\_may\\_2022\\_508.pdf](https://www.bia.gov/sites/default/files/dup/inline-files/bsi_investigative_report_may_2022_508.pdf)
- National Park Service. The Carlisle Indian Industrial School: Assimilation with Education after the Indian Wars (Teaching with Historic Places): <https://www.nps.gov/articles/the-carlisle-indian-industrial-school-assimilation-with-education-after-the-indian-wars-teaching-with-historic-places>
- Spectrum News NY1: <https://www.ny1.com/nyc/all-boroughs/politics/2022/07/25/3-part-series--the-history-of-native-american-boarding-schools>

Questions and Reflections

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

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Service Array

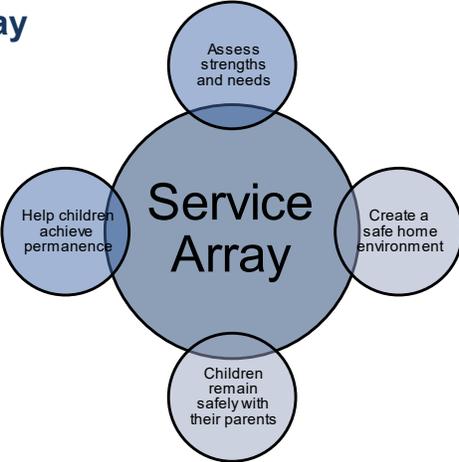
**Service Array**

- Comprehensive
- Multidisciplinary
- Collaborative

- Partnership with:
  - Local child welfare agencies
  - Public and private service providers
  - Child Welfare Family Advisory Council
  - SaySo
  - AOC and courts
  - Community -based organizations
  - DHHS divisions
  - Stakeholders

NC DHHS Child Welfare 2021 Annual Progress and Services Report  
NCDHHS, Division of Social Services | 2022 Child Welfare Pre-Service Training 28

**Service Array**



Assess strengths and needs

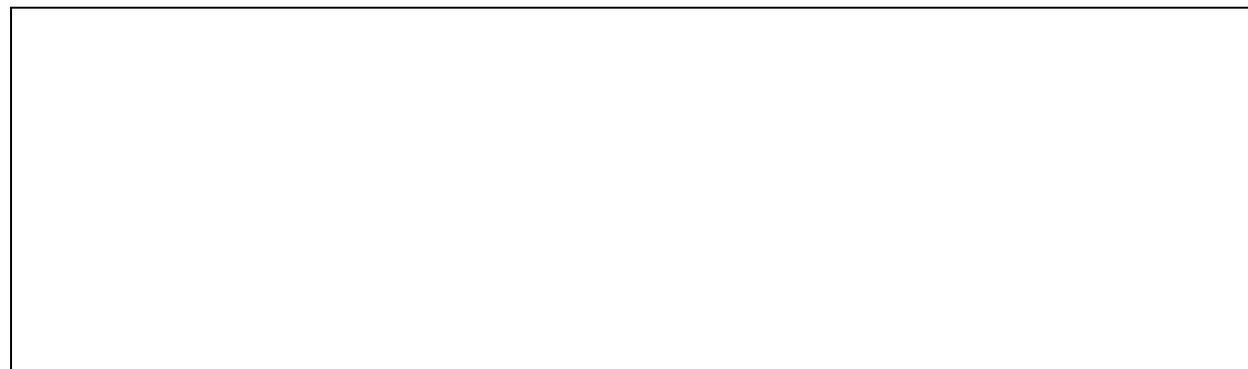
Help children achieve permanence

Service Array

Create a safe home environment

Children remain safely with their parents

NC DHHS Child Welfare 2021 Annual Progress and Services Report  
NCDHHS, Division of Social Services | 2022 Child Welfare Pre-Service Training 29



Conditions for Removal

### Conditions for Removal

The evolution of the federalized child welfare system coincided with a series of landmark legislative and policy developments that have continued to perpetuate the system's entrenched racism while strengthening its surveillance and regulatory capacities.

-Children's Rights (2021)

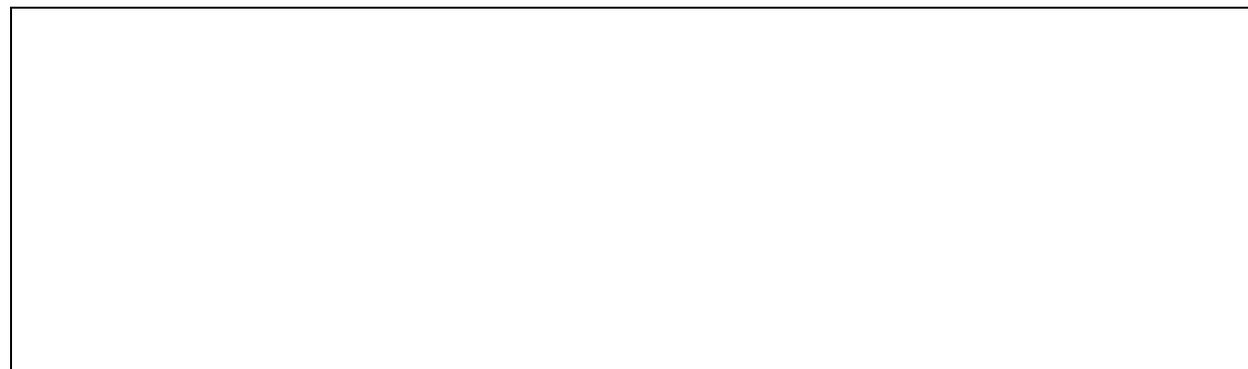
Children's Rights.  
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### Poverty vs. Neglect

**Poverty**  
Lack of access to resources

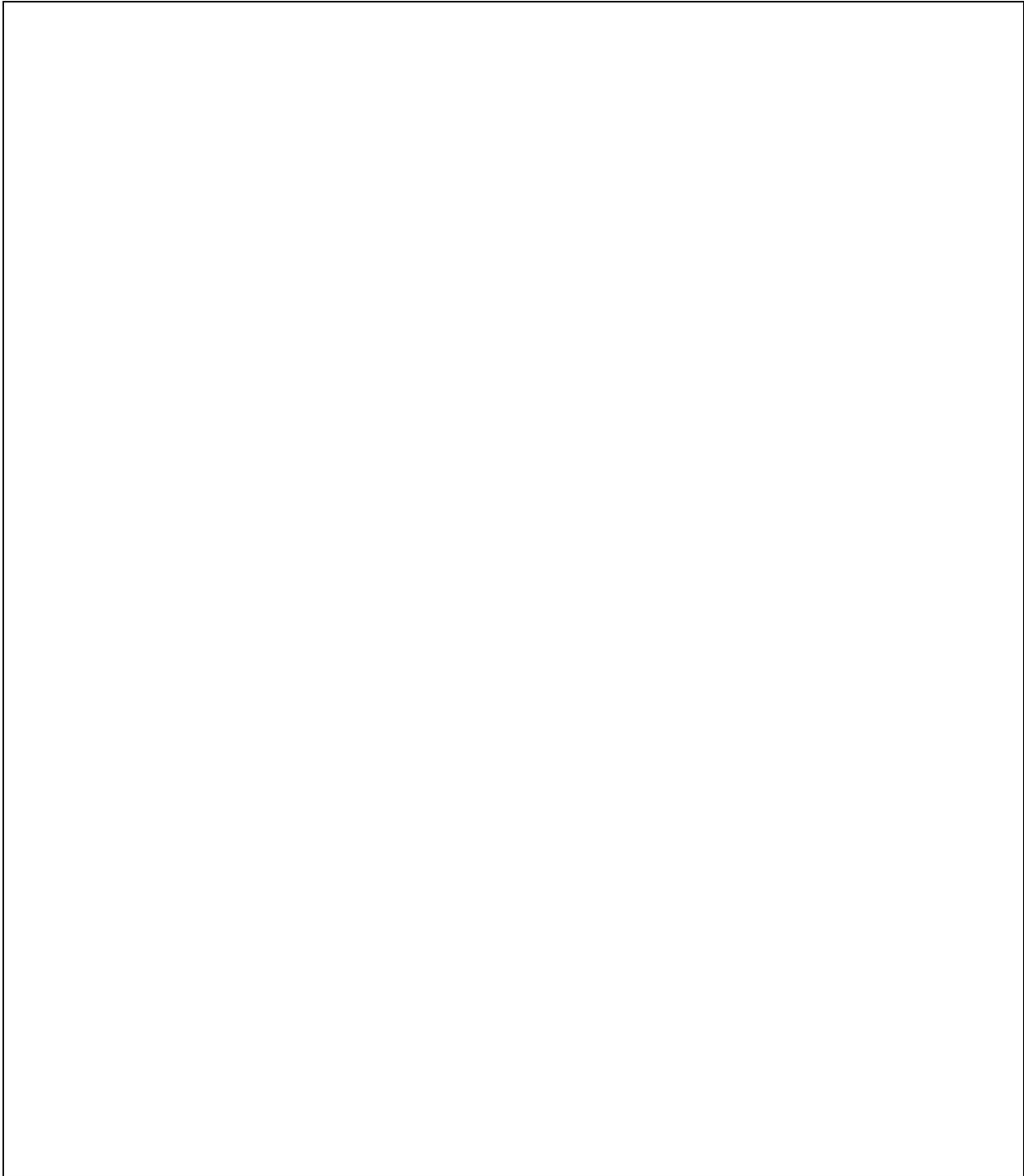
**Neglect**  
Access to resources but withholds them

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Questions and Reflections

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

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## Disproportionality in Child Welfare

### Learning Objectives

- Describe the disproportionality data and the resulting outcomes for children and families.



Brief History of Disproportionality in Child Welfare

**Brief History of Disproportionality in Child Welfare**

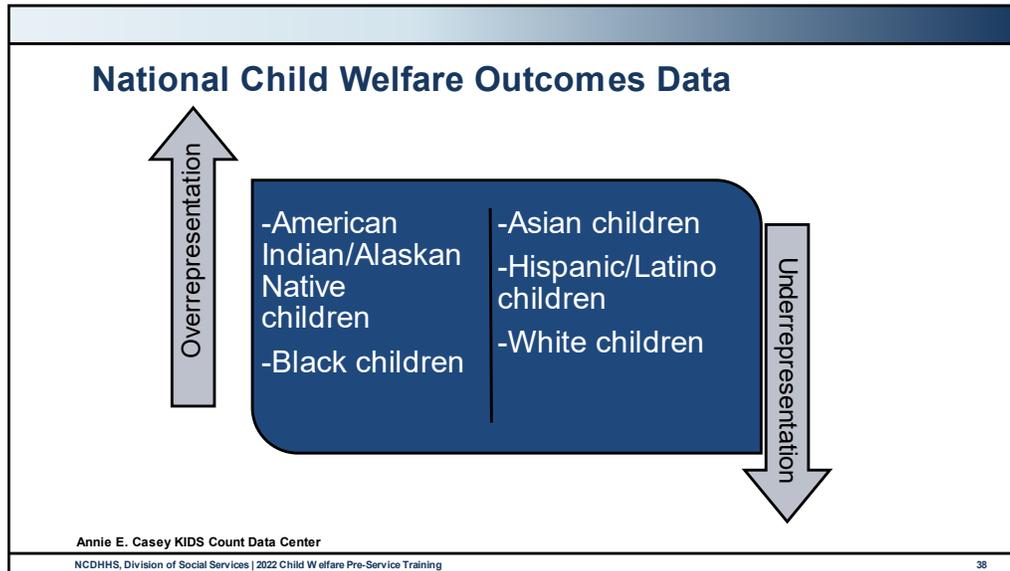
- Outcomes Data
  - Time spent in foster care
  - Likelihood to receive services
  - Likelihood of reunification
  - Instances of removal and termination of parental rights
- Challenges
  - Self-identification
  - Changes over time
  - Judgement or assumptions
  - Bias

Annie E. Casey KIDS Count Data Center  
NCDHHS, Division of Social Services | 2022 Child Welfare Pre-Service Training 36

Disproportionality is the overrepresentation or underrepresentation of a racial, ethnic, or other group compared to its percentage of the total population. Children of color are disproportionately represented in child welfare and are more likely to experience negative outcomes compared to white children. Similarly, children and youth in the LGBTQIA+ community, which stands for lesbian, gay, bisexual, transgender, queer, intersex, and asexual, are overrepresented in child welfare compared to their peers who are not part of this community, in part because they face disapproval and rejection from their birth families, and due to this disapproval and rejection, they are more likely to be forced from their homes and either into foster care or homelessness.



## National Child Welfare Outcomes Data



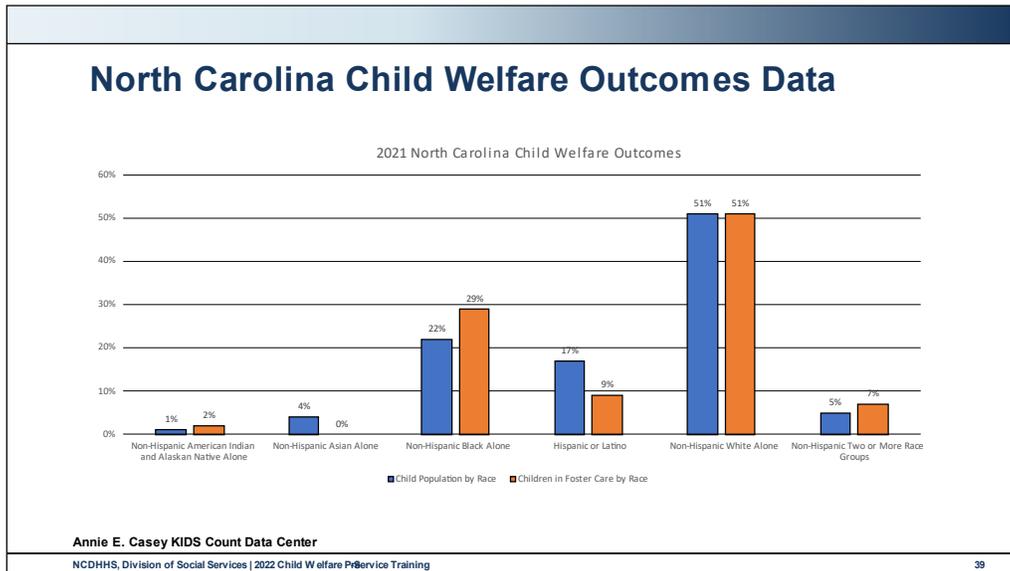
*In 2020, the national population of children included:*

- 1 percent American Indian and Alaskan Native children
- 5 percent Asian children
- 14 percent Black children
- 26 percent Hispanic or Latino children
- 50 percent White children

*And, in contrast, the national population of children **in foster care** included:*

- 2 percent American Indian and Alaskan Native children – double the percentage of children in the national population
- 1 percent Asian children – a fraction of the percentage of children in the national population
- 23 percent Black children – almost 10 percent more than the percentage of children in the national population
- 22 percent Hispanic or Latino children – just slightly less than the percentage of children in the national population
- 43 percent White children – almost 10 percent less than the percentage of children in the national population

North Carolina Child Welfare Outcomes Data



North Carolina data in 2021 shows differences in the overall child population and the population of children in foster care. Multiple groups are overrepresented in child welfare, such as American Indian and Alaskan Native children, who are 1 percent of the overall population and 2 percent of the foster care population. Black children and youth are 22 percent of the overall population and 29 percent of the foster care population. As you’ve learned, this picture is similar nationally, as over the last few years, children in multiple minority groups were overrepresented in child welfare, including American Indian/Alaskan Native children and Black children. Hispanic and Latino children have historically been underrepresented in foster care nationally. In North Carolina in 2021, Hispanic children were 17 percent of the overall population and only 9 percent of the foster care population. Asian children made up 4 percent of the statewide population and less than 1 percent of the foster care population. However, white children make up 51 percent of both the statewide and foster care population in North Carolina.



## Activity: What Does the Data Tell Us

	National Population	National Foster Care Population	North Carolina Population	North Carolina Foster Care Population
Asian	5%	1%	4%	2%
American Indian/ Alaskan Native	1%	2%	1%	2%
Black	14%	23%	22%	29%
Hispanic/ Latinx	26%	22%	17%	9%
White	50%	43%	51%	51%

**What are the differences between North Carolina and the U.S. as a whole?**

**How are the proportions different? Why might that be?**

**What do you make of the populations of White children in North Carolina being the same for both the overall population and the foster care population? Those were both higher in North Carolina than in the national numbers. What does that tell you?**

**North Carolina also shows a higher percentage of Black children, both in the overall population and in the foster care population. How do you interpret that?**

Questions and Reflections

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

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## Implicit Bias in Child Welfare

### Learning Objectives

- Explain the concept of implicit bias and how you can identify their own.



Definition of Implicit Bias

**Definition**

- Automatic positive or negative preference for:
  - Race
  - Ethnicity
  - Age
  - Gender
  - LGBTQIA+ community
  - Ability

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Implicit bias is our attitudes or stereotypes that have developed as a result of prior influences that affect our understanding, actions, and decisions in an unconscious manner. Implicit bias is an automatic positive or negative preference for a group, based on your subconscious thoughts. You are not aware that you hold these biases or of their impact on your decision-making, perceptions, and behaviors. Some of the more common implicit biases in society are race and ethnicity bias, age bias, gender bias, LGBTQIA+ community bias, and ability bias.

Biases can impact our work with families in the child welfare system. Bias that goes unchecked can impact the trajectory of a child welfare case for many families. While implicit bias is not always negative, it can lead to discriminatory actions.



Reflection on Implicit Association Test

**Knowing what you know now:**

**Do you think your results would change if you took the test again?**

**What might change?**

**Why do you think your results would change?**

Activity: Mitigating Bias

We are all human and all have biases, and it is not realistic to think we can do away with them completely. What we can do, however, is recognize and then address, or mitigate, those biases.

There are a few strategies we can use to mitigate our biases, including:

1. Increasing motivation toward egalitarian goals: some studies show that focusing our internal motivation toward equity and equality may offset implicit bias. As this motivation becomes automatic, our energy is concentrated on seeking equality and equity and less on our biases.
2. Taking perspective and building empathy: the ability to look at a situation from another person’s perspective, such as a birth parent’s, can reduce implicit biases we experience and increase our empathy for that person or people.
3. Mindfulness: when we pay attention to the details of the child welfare process as well as each family’s needs and strengths, we focus less on stereotypes and biases.
4. Building new associations: this process helps us to replace our existing biases with new ones that are more aligned with equity and equality. A few approaches to creating new associations are using counter-stereotypes, inter-group contact, and team building. The idea of counter-stereotypes is that when we spend time with people who contrast the stereotypes of those we are biased against, we may reduce our biases. Inter-group contact includes cross-cultural interactions that may help us mitigate our biases. And team building allows us to build teams with people in groups we may be biased against to create a sense of teaming and help us address biases.

**What are some ideas that you have for mitigating bias using the strategies above?**

Key Takeaways

**Key Takeaways**

- Focus on cultural humility in your interactions.
- Continually reconsider your own biases.
- Ask, "am I being inclusive?"
- Recognize the lasting impact of institutional racism.
- Consider the impact of bias and racism on outcomes.

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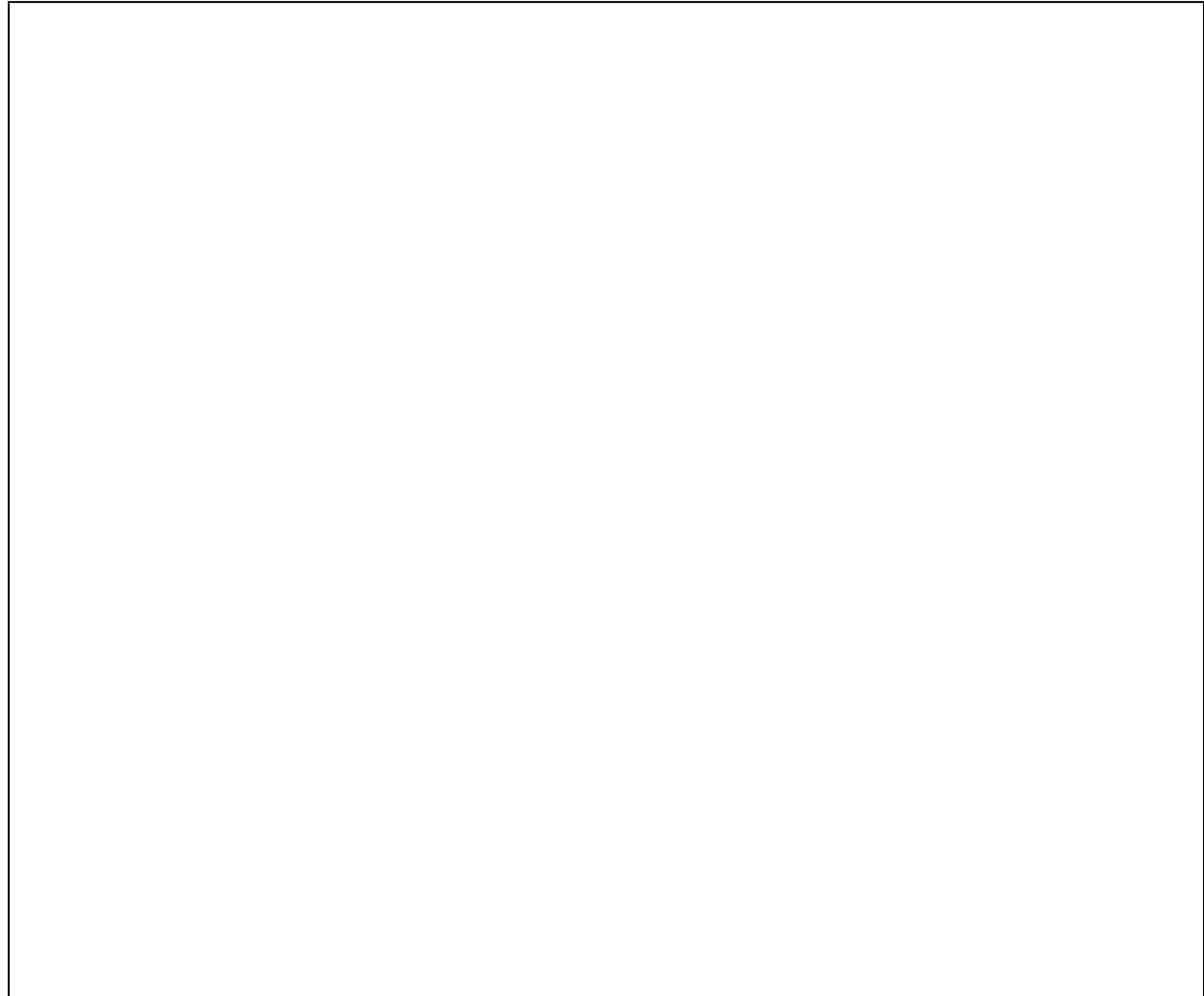
Questions and Reflections

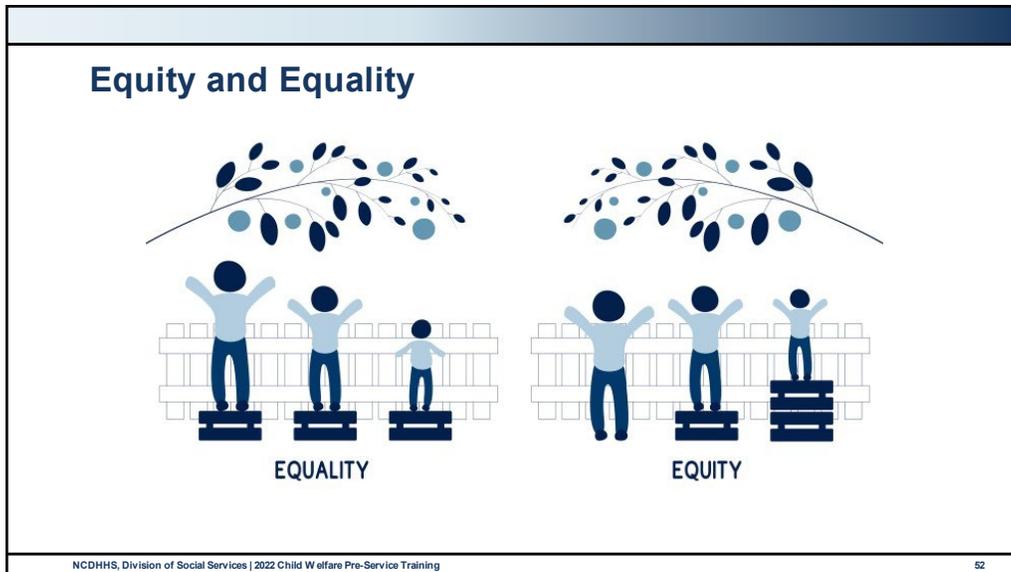
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## Equity and Equality

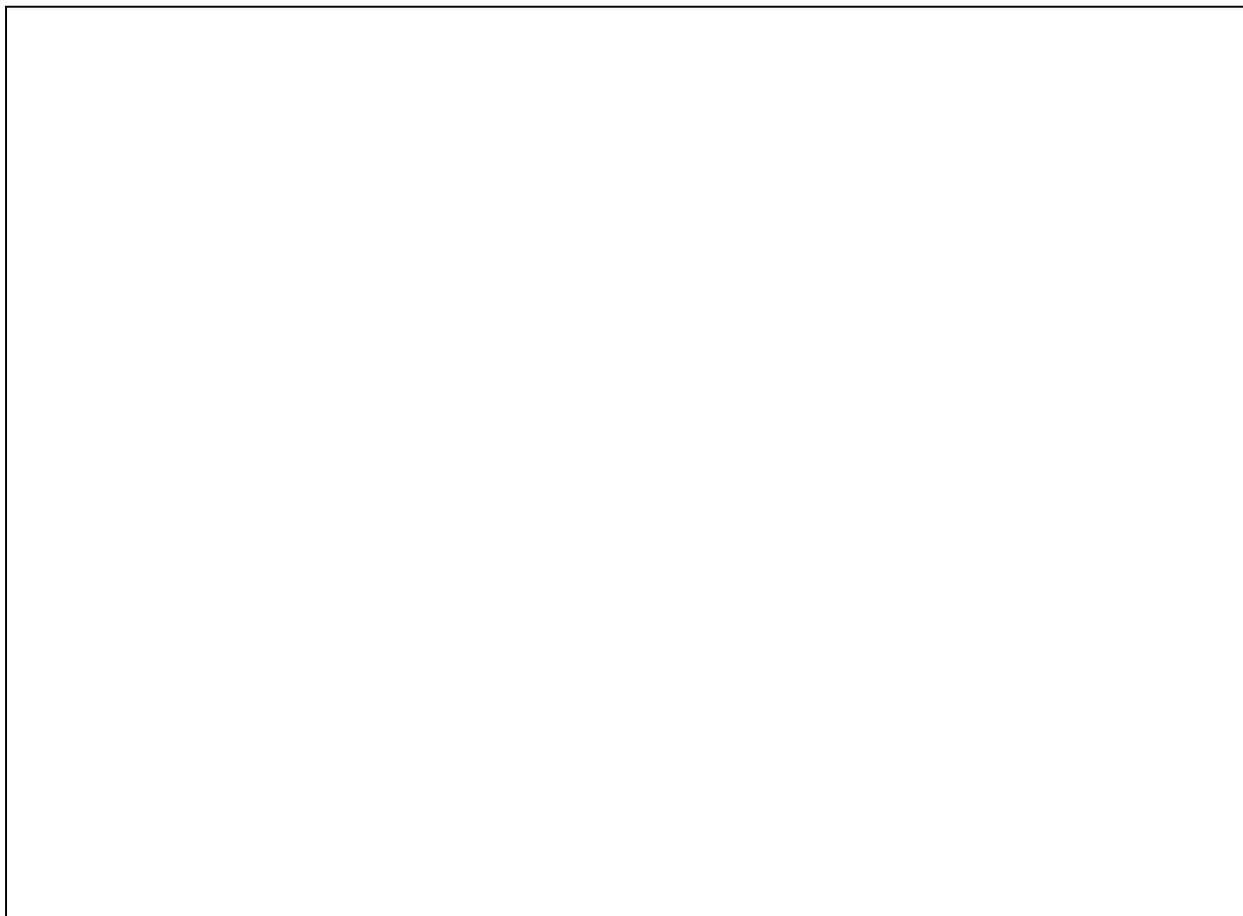
### Learning Objectives

- Define equity and equality and distinguish between the two.





We often talk about equality being the goal when we provide services and supports to children and families, but as you can see here, equality doesn't always get us where we need to be.



## Defining Equality

Equality is defined as giving each person or group of people the same resources or opportunities. This idea of everyone having an equal slice of the pie sounds like a great idea in principle, right? But it's not our ideal in child welfare practice. Think about what this would look like in child welfare. If we aimed for **equality**, we would:

- Provide every foster family with the same reimbursement rate regardless of the number of children in the home
- Write the same treatment goals for every child regardless of their needs
- Request the same services for every birth parent regardless of the reason for their involvement with child welfare

### What do we miss if we focus on equality?

## Defining Equity

Equity is the heart of child welfare. Equity recognizes that each person has different circumstances, and provides the exact resources and opportunities needed for each person to reach an equal outcome. Equity is about meeting people where they are and giving them what they need to be successful. This is our goal in child welfare too! Every family is deserving of our time, efforts, and supports.

When we focus on **equity**:

- We reimburse foster families based on the number of children in the home and their ages
- We write treatment goals for children regardless of their needs and strengths
- We provide services for birth parents based on the reasons they became involved with child welfare, their strengths, and their needs

**What other outcomes can you think of when equity is our goal?**

### Impact of Equity on Families and Child Welfare Outcomes

“The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances.” Children of color and families with low incomes face poorer outcomes than White children, including:

- Higher likelihood of being removed and placed into foster care
- Spending longer time in foster care
- Lower likelihood of receiving services
- Lower likelihood of reunifying with their families
- Higher rates of having parental rights terminated
- Higher rates of suspected maltreatment and CPS investigations
- Higher rates of substantiation

**This is why we need to focus on equity.**

**Think about how these outcomes could look different and could be so much more positive if we, as a system, and as individual workers, focused on equity. If we truly consider what these children and families need and what their strengths are, how could we address those disproportionate outcomes?**

**If we provided services and support to families based on what they need, and not based on our assumptions, how might things look different for those children and their families?**

**What can you do, as a worker, to help focus on equity?**

Questions and Reflections

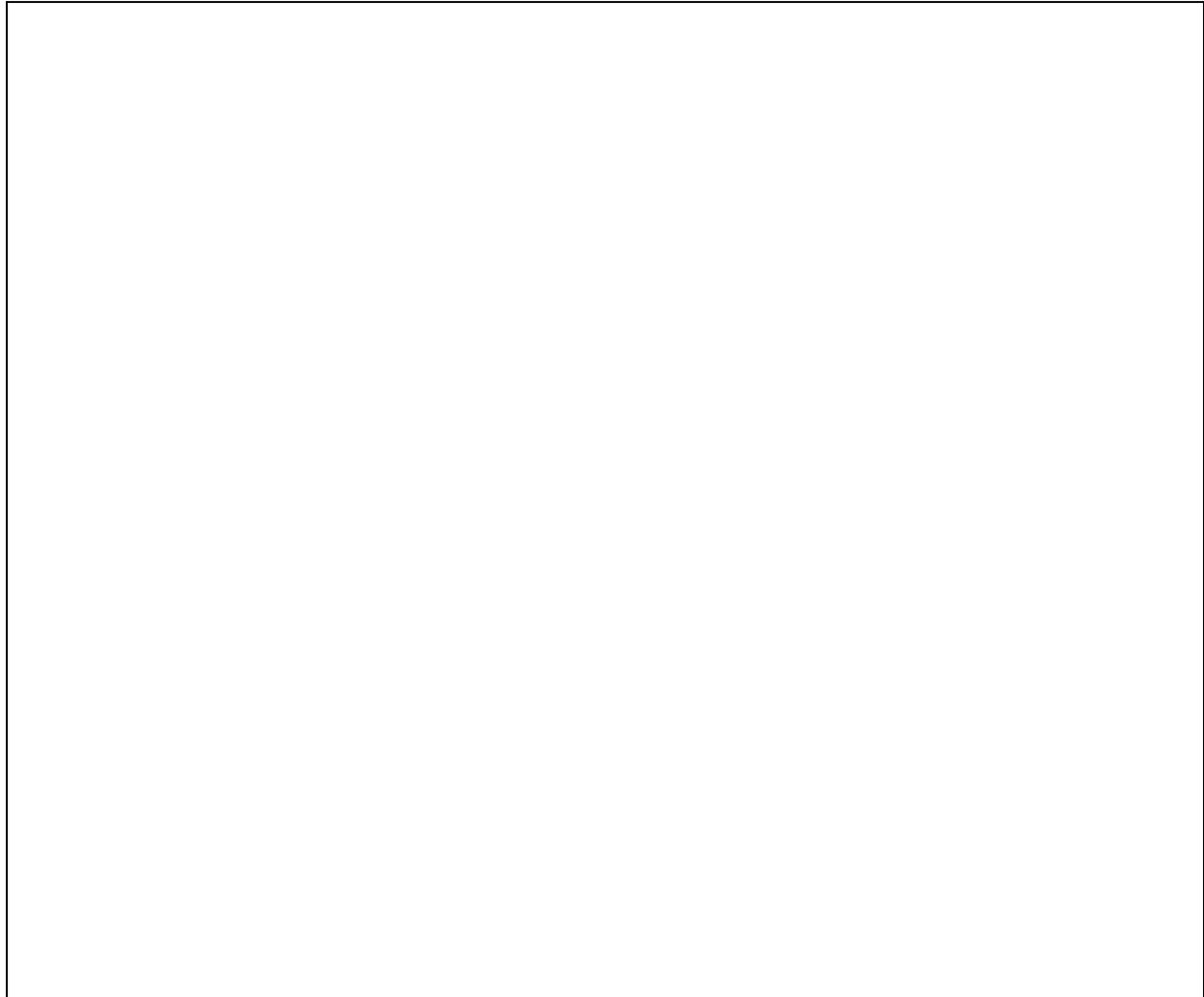
**Use this space to record questions and reflections about what you have learned.**

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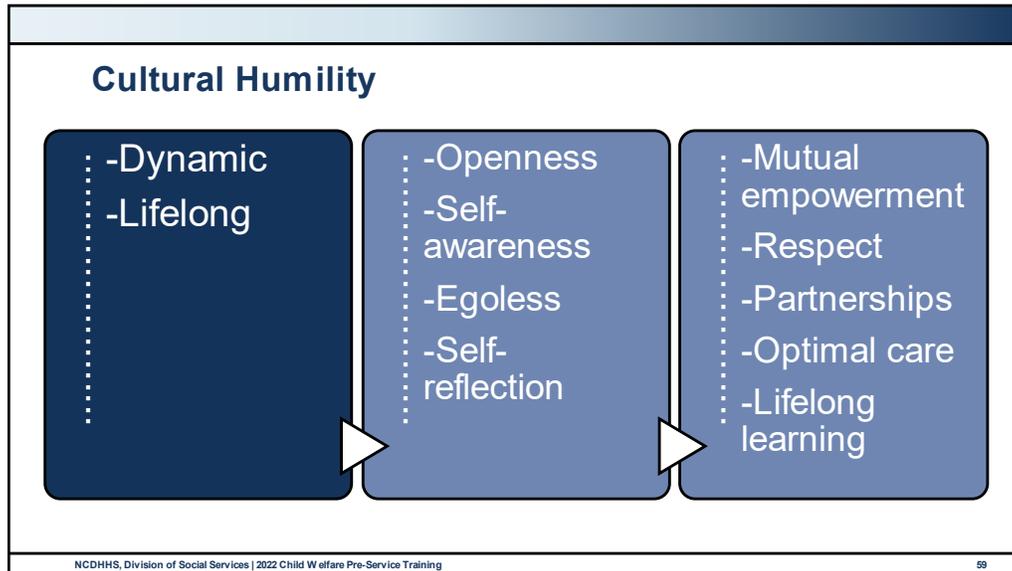
## Culturally Diverse Services

### Learning Objectives

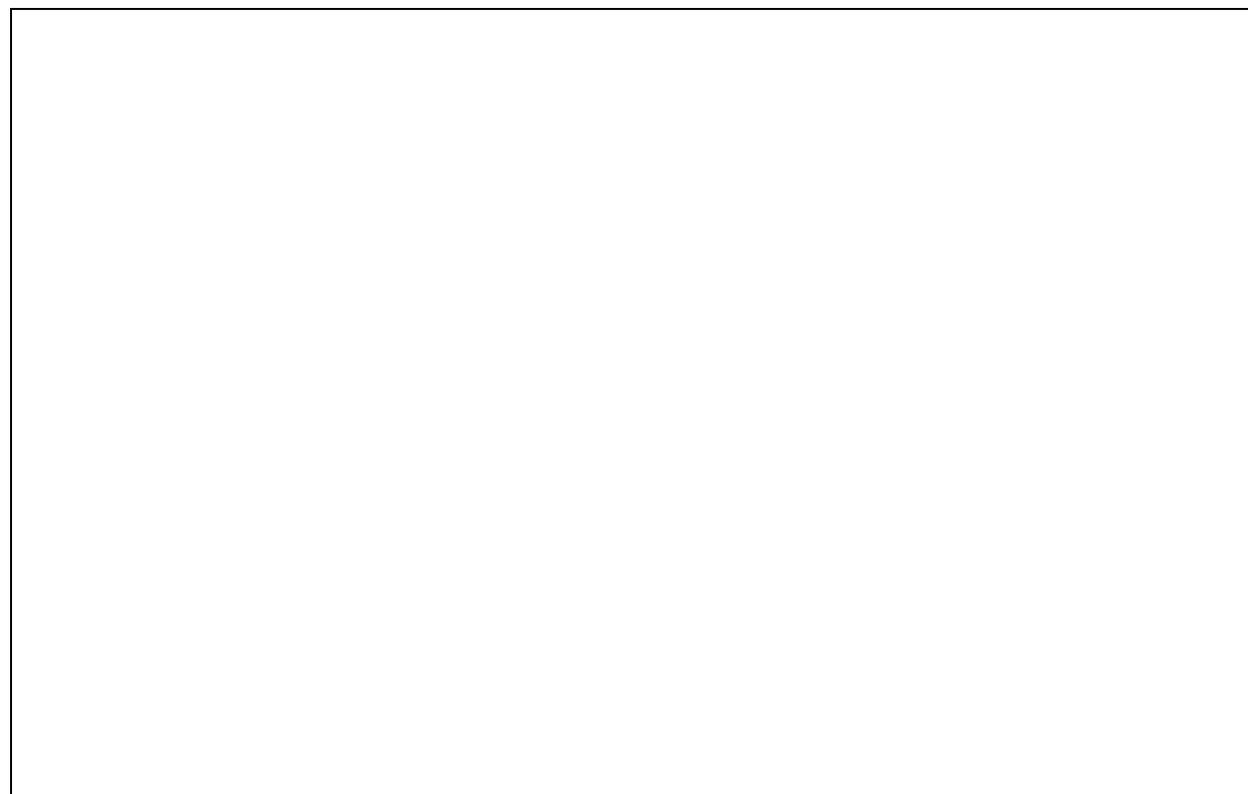
- Describe the importance of matching families' cultural needs and norms to the services provided to them.



Cultural Humility



Recall that cultural humility is the dynamic and lifelong process of focusing on our self-reflection and critiquing our interactions as we acknowledge our own biases. It is defined as the “process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals, resulting in mutual empowerment, respect, partnerships, optimal care, and lifelong learning.”



### Cultural Considerations for Child Welfare Services

Cultural humility is the dynamic and lifelong process of focusing on our self-reflection and critiquing our interactions as we acknowledge our own biases. It is defined as the “process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals, resulting in mutual empowerment, respect, partnerships, optimal care, and lifelong learning.”

**How can we be confident that our child welfare services are culturally responsive?**

**Respect each child and family’s individual experiences.** We must meet people where they are and consider each person’s unique experience and background so that we can see the whole picture from their perspective. How can we show this respect to children and families? What can we say and do to show this respect and build trust?

**Recruit diverse staff.** We need to be sure that child welfare agencies reflect the race, ethnicity, and lived experience of children and families in the child welfare system. Representation is crucial in child welfare and creates a sense of psychological safety for children and families. How can we expand our staff to represent the children and families we work with?

**Partner with the community.** We work with children and families who come from local communities, and we need to be sure that we form relationships and connections with those communities to better serve families. We need to know what services and supports are available to families within their communities to be able to provide inclusive and responsive support. How can we partner with the community? Where do we need to focus our efforts in our communities?

**Listen and learn.** Being committed to listening and being willing to learn from children and families allows us to come from a culturally humble space. This also gives us an opportunity to empathize with families. We need to continually ask ourselves if we are willing to listen and learn daily. How can we show this commitment to listening and learning? What can we do when interacting with families?

How Are We Doing?

**How are we doing?**

- Assess strengths and needs of children and families
- Address the needs of families to create a safe home environment
- Enable children to remain safely with their parents when possible
- Help children achieve permanence

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**In your experience, so far in North Carolina child welfare, are we providing all of these services?**

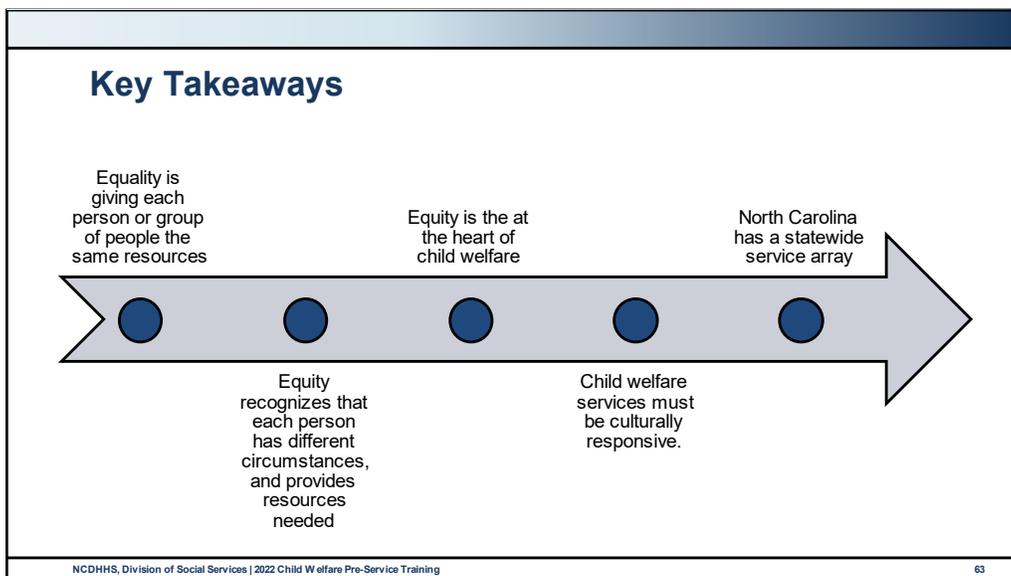
**What kinds of services will meet these needs?**

**How can we ensure these services are offered statewide and are culturally responsive?**

Questions and Reflections

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

Key Takeaways



Activity: Self-Reflection

- Take a breath
- Stand up
- Take a lap around the room. Feel free to shake out your arms and legs as you walk around the room.
- As you move around or sit back down, think about all that we've talked about since the beginning of the section.
- Stop and listen to your breathing and focus on one thing that you're taking with you as you leave.

**What will you take with you? Use this space to record your thoughts.**

A large, empty rectangular box with a thin black border, intended for the user to write their reflections on the activity.

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## Appendix: Handouts

How the Child Welfare System Works.....	<b>Error! Bookmark not defined.</b>
Child and Family Services Review (CFSR) .....	<b>Error! Bookmark not defined.</b>
North Carolina Worker Practice Standards.....	<b>Error! Bookmark not defined.</b>
Worker Practice Standards Assessment .....	<b>Error! Bookmark not defined.</b>
Job Responsibilities.....	<b>Error! Bookmark not defined.</b>
Risk and Protective Factors for Child Maltreatment .....	<b>Error! Bookmark not defined.</b>
What is Child Abuse and Neglect? .....	<b>Error! Bookmark not defined.</b>
Cultural Humility Practice Principles .....	<b>Error! Bookmark not defined.</b>
North Carolina Mandatory Reporting Laws.....	<b>Error! Bookmark not defined.</b>
Types of Questions .....	<b>Error! Bookmark not defined.</b>
Considerations for Interviewing Children.....	<b>Error! Bookmark not defined.</b>
Sample Interview Questions.....	<b>Error! Bookmark not defined.</b>
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## How the Child Welfare System Works



## How the Child Welfare System Works

The child welfare system is not a single entity. Many organizations in each community work together to strengthen families and keep children safe. Public agencies, such as departments of social services or child and family services, often contract and collaborate with private child welfare agencies and community-based organizations to provide services to families, such as in-home family preservation services, foster care, residential treatment, mental health care, substance use treatment, parenting skills classes, domestic violence services, employment assistance, and financial or housing assistance.

Child welfare systems are complex, and their specific procedures vary widely by State. The purpose of this factsheet is to give a brief overview of the purposes and functions of child welfare from a national perspective.

### WHAT'S INSIDE

What is the child welfare system?

What happens when possible abuse or neglect is reported?

What happens after a report is screened in?

What happens in substantiated cases?

Summary

References

Appendix: The child welfare system



## WHAT IS THE CHILD WELFARE SYSTEM?

The child welfare system is a group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families. While the primary responsibility for child welfare services rests with the States, the Federal Government supports States through program funding and legislative initiatives.

The Children's Bureau within the U.S. Department of Health and Human Services' Administration for Children and Families holds the primary responsibility for implementing Federal child and family legislation. The Children's Bureau works with State and local agencies to develop programs that focus on preventing child abuse and neglect by strengthening families, protecting children from further maltreatment, reuniting children safely with their families, and finding permanent families for children who cannot safely return home. For more information on child welfare legislation and policy, see Child Welfare Information Gateway's [Major Federal Legislation Concerned With Child Protection, Child Welfare, and Adoption](#). For more on how child welfare programs are funded, see Information Gateway's [Funding web section](#).

Most families first become involved with the child welfare system because of a report of suspected child abuse or neglect, which is also referred to as "child maltreatment." Child maltreatment is defined by CAPTA as serious harm (e.g., physical abuse, sexual abuse, emotional abuse, neglect) caused to children by parents or primary caregivers, such as extended family members or babysitters. Child

### The Child Abuse Prevention and Treatment Act

The Child Abuse Prevention and Treatment Act (CAPTA), originally passed in 1974, brought national attention to the need to protect vulnerable children in the United States. CAPTA provides Federal funding to States in support of the prevention, assessment, investigation, and prosecution of child abuse and neglect as well as grants to public agencies and nonprofit organizations for demonstration programs and projects. Since it was signed into law, CAPTA has been amended several times, most recently by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). For more information, see Information Gateway's [About CAPTA: A Legislative History](#).

maltreatment also can include harm that a caregiver allows to happen to a child or does not prevent from happening.

Each State has its own laws that define abuse and neglect, the reporting obligations of individuals, and the required State and local child protective services (CPS) agency interventions. In general, child welfare agencies do not intervene in cases of harm to children caused by acquaintances or strangers. These cases are generally the responsibility of law enforcement. (In those cases, criminal charges may be filed in court against the perpetrators of child maltreatment.) Some States authorize CPS

agencies to respond to all reports of alleged child maltreatment, while others authorize law enforcement to respond to certain types of maltreatment, such as sexual or physical abuse. To learn more about child maltreatment and State-by-State information about civil laws related to child abuse and neglect, visit Information Gateway's [What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms, Definitions of Child Abuse and Neglect](#), and the [State Statutes database](#). For data regarding child maltreatment as well as outcomes within the child welfare system, refer to the Children's Bureau's [Statistics & Research](#) web section.

Child welfare systems typically take the following actions:

- **Investigate reports** (receive and investigate reports of possible child abuse and neglect)
- **Support families** (provide prevention services to families that need assistance protecting and caring for their children to prevent entry into foster care)
- **Provide temporary safe shelter** (arrange for children to live with kin or foster families when they are not safe at home)
- **Seek to return children to their families when safety has improved or find other permanent arrangements** (arrange for reunification, adoption, or other permanent family connections for children leaving foster care)

The flowchart at the end of this factsheet provides an overview of the process described in the following sections.

## WHAT HAPPENS WHEN POSSIBLE ABUSE OR NEGLECT IS REPORTED?

Any concerned person can report suspicions of child abuse or neglect, and reports may be made anonymously. Most reports are made by people called "mandatory reporters," who are individuals required by State law to report suspicions of child abuse and neglect. These reports are generally received by CPS workers and are either screened in or screened out. A report is screened in when there is sufficient information to suggest an investigation is warranted. A report may be screened out if there is not enough information on which to follow up on or if the situation reported does not meet the State's legal definition of abuse or neglect. In these instances, the CPS worker may refer the person reporting the incident to other community services or law enforcement for additional help.

For additional information about the child welfare system, refer to the following Information Gateway resources:

- [Making and Screening Reports of Child Abuse and Neglect](#)
- [Mandatory Reporters of Child Abuse and Neglect](#)
- [Responding to Child Abuse & Neglect](#) (webpage)

### WHAT HAPPENS AFTER A REPORT IS SCREENED IN?

CPS caseworkers respond within a few hours to a few days after a report is entered depending on the type of maltreatment alleged, the potential severity of the situation, and requirements under State law. They may speak with the parents and other people in contact with the child, such as doctors, teachers, or child-care providers. They also may speak with the child, alone or in the presence of caregivers, depending on the child's age and level of risk. Children who are believed to be in immediate danger of continued maltreatment may be moved to a shelter, a foster home, or a relative's home during the investigation and while court proceedings are pending. The caseworker also engages the family to assess their strengths and needs and initiate connections to community resources and services.

At the end of the investigation, CPS caseworkers typically make one of two findings—unsubstantiated (unfounded) or substantiated (founded). These terms vary from State to State. Typically, a finding of unsubstantiated means there is insufficient evidence for the caseworker to conclude that the child was abused or neglected or that what happened does not meet the legal definition of child abuse or neglect. A finding of substantiated maltreatment typically means that an incident of child abuse or

neglect, as defined by State law, is believed to have occurred. Some States have additional categories, such as "unable to determine," that suggest there is not enough evidence to either confirm or refute that abuse or neglect occurred.

if the agency determines that the authority of the juvenile court is necessary to keep a child safe, it will initiate a court action, such as a child protection or dependency proceeding. To protect the child, the court can issue temporary orders placing the child in shelter care during the investigation, ordering services, or ordering certain individuals to have no contact with the child. Later, at an adjudicatory hearing, the court hears evidence and decides whether maltreatment occurred and whether the child should be under the continuing jurisdiction of the court. For additional information about the legal process, refer to Information Gateway's [Understanding Child Welfare and the Courts](#).

Some jurisdictions employ an alternative, or differential, response system. In these jurisdictions, when the risk to the child is considered low, the CPS caseworker—rather than investigating the occurrence of abuse or neglect—focuses on assessing family strengths, resources, and difficulties and on identifying supports and services needed. To learn more about differential response, read Information Gateway's [Differential Response: A Primer for Child Welfare Professionals](#).

### Neglect

Nearly three-quarters of all child maltreatment cases are related to some form of neglect (Children's Bureau, 2020), which may be the result of a family's need for financial and related social supports. See the following Information Gateway resources to learn more about neglect and how to support families:

- [Identification of Neglect](#) (webpage)
- [Family Support Policy and Program Support Approaches](#) (webpage)
- [Acts of Omission: An Overview of Child Neglect](#)

### WHAT HAPPENS IN SUBSTANTIATED CASES?

If a report of abuse or neglect is substantiated, the next steps for the child and parent depend on State or local policy, the severity of the maltreatment, an assessment of the child's immediate safety, the perceived risk of continued or future maltreatment, the services available to address the family's needs, and whether the maltreatment prompted the child's removal from the home and/or a protective court action. When a report is substantiated as a result of a court hearing, the court may enter a disposition ordering a parent to comply with services necessary to alleviate the abuse or neglect. Orders can also contain provisions regarding visitation requirements between the parent and the child, agency obligations to provide the parent with services, and services needed by the child.

Decisions about services and other next steps may be made by the CPS worker or the courts based on the following categories of perceived risk for future maltreatment:

- **Little or no risk.** The family's case may be closed with no services if a determination is made that the maltreatment was a one-time incident, the child is considered to now be safe, and there is little or no risk of future incidents. Any services the family needs will be provided through community-based resources and service systems—not the child welfare agency.
- **Low to moderate risk.** Referrals may be made to community-based or voluntary [in-home child welfare services](#) if the CPS worker believes the family would benefit from these services and the child's present and future safety would be enhanced. (This may happen even when no abuse or neglect is found if the family needs and is willing to participate in services.) Local [family resource centers](#) or other organizations can provide community-based services related to parent skill training, child care, housing needs, job training, substance use and mental health counseling, or respite and crisis care services.
- **Moderate to high risk.** The family may be offered voluntary in-home services to address safety concerns and help reduce the risks. If these are refused, the agency may seek intervention by the juvenile dependency court. The court may in turn require the family to cooperate with in-home services if it is believed the child can remain safely at home while the family addresses the issues contributing to the perceived risk of future maltreatment. If the child has already been seriously harmed, is

considered to be at high risk of serious harm, or the child's safety is threatened, the court may order the child's removal from the home or affirm the agency's prior removal of the child. The child may be placed with a relative or in foster care.

### Central Registries for Child Maltreatment

Whether or not criminal charges are filed, the name of the person committing the abuse or neglect may be placed in a State child maltreatment registry if the abuse or neglect is confirmed. A registry is a central database that collects information about maltreated children and individuals who are found to have abused or neglected their children. These registries are usually confidential and used for internal child protective purposes only. Information about perpetrators, however, may be used in background checks for certain professions that involve working with children to help prevent children from coming into contact with individuals who may mistreat them.

For more information about these registries, see Information Gateway's [Establishment and Maintenance of Central Registries for Child Abuse or Neglect Reports](#).

Depending on the severity of the case and other factors, children may be removed from their homes and placed in foster care. Most children in foster care are placed with relatives or foster families, but some may be placed in a group or residential setting. While in foster care, the child attends school and receives medical care and other services as needed. The child's family also receives services to support their efforts to reduce the risk of future maltreatment and to help them reunite with their child. Visits between parents and their children and between siblings are established as appropriate or according to the case plan.

Every child in foster care should have a permanency plan. Federal law requires the court to hold a permanency hearing, during which a child's permanency plan is developed. This should take place within 12 months of a child entering foster care and every 12 months thereafter. The courts may review each case more frequently to ensure the agency is actively pursuing permanency for the child. (See Information Gateway's [Legal and Court Issues in Permanency](#) web section for more information.) The child's family typically participates in developing the permanency plan for the child, as well as their own service plan. Family reunification, except in unusual and extreme circumstances, is the permanency plan for most children. In some cases, when prospects for reunification appear less likely, a concurrent permanency plan may be developed. If the efforts toward reunification are not successful, the plan may be changed to another permanent

arrangement, such as adoption or transfer of custody to a relative. For more information on reunification and concurrent planning, see Information Gateway's [Supporting Successful Reunifications](#), [Concurrent Planning for Timely Permanence](#), and [Concurrent Planning for Permanency for Children](#).

In addition to receiving support in developing permanent legal and relational connections to family and other important people in their lives, older youth in foster care should receive transitional or independent living services to help prepare them for self-sufficiency in the event they leave foster care without a permanent family. Information Gateway's [Achieving & Maintaining Permanency](#) and [Permanency for Youth](#) webpages offer related resources. Depending on State law, youth may age out of foster care somewhere between the ages of 18 and 21.

### SUMMARY

The goal of child welfare is to promote the well-being, permanency, and safety of children and families by helping families care for their children successfully or, when that is not possible, helping children find permanency with kin or adoptive families. Among children who enter foster care, most will return safely to the care of their own families or go to live with relatives or an adoptive family.

For more detailed information about the child welfare system, please refer to the resources listed below. For more information about the child welfare system in your State or local jurisdiction, contact your local public child welfare agency.

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### SUGGESTED CITATION:

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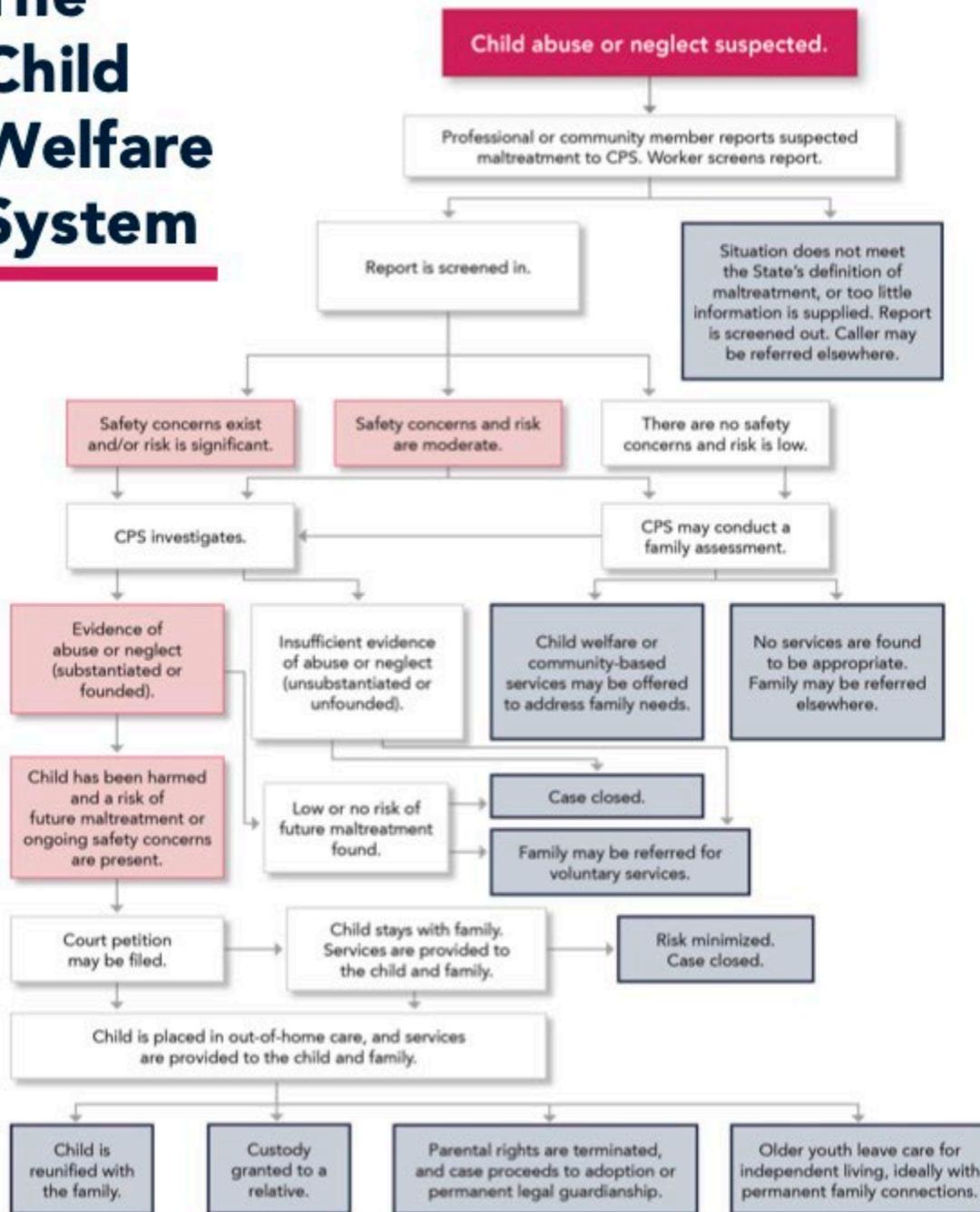


U.S. Department of Health and Human Services  
Administration for Children and Families  
Administration on Children, Youth and Families  
Children's Bureau



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# The Child Welfare System



## Child and Family Services Review (CFSR)

## CFSR Quick Reference Items List

## OUTCOMES

**Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

- Item 1: Were the agency's responses to all **accepted child maltreatment reports initiated**, and **face-to-face contact** with the child(ren) made, within time frames established by agency policies or state statutes?

**Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

- Item 2: Did the agency make concerted efforts to provide services to the family to **prevent** children's **entry into foster care or re-entry** after reunification?
- Item 3: Did the agency make concerted efforts to **assess and address the risk and safety** concerns relating to the child(ren) in their own homes or while in foster care?

**Permanency Outcome 1: Children have permanency and stability in their living situations.**

- Item 4: Is the child in foster care in a **stable placement** and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?
- Item 5: Did the agency establish **appropriate permanency goals** for the child in a **timely manner**?
- Item 6: Did the agency make concerted efforts to **achieve reunification, guardianship, adoption, or other planned permanent living arrangement** for the child?

**Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

- Item 7: Did the agency make concerted efforts to ensure that **siblings in foster care are placed together** unless separation was necessary to meet the needs of one of the siblings?
- Item 8: Did the agency make concerted efforts to ensure that **visitation between a child in foster care and his or her mother, father, and siblings** was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?
- Item 9: Did the agency make concerted efforts to **preserve the child's connections** to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?
- Item 10: Did the agency make concerted efforts to **place the child with relatives** when appropriate?
- Item 11: Did the agency make concerted efforts to promote, support, and/or maintain **positive relationships between the child in foster care and his or her mother and father** or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

**Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.**

- Item 12: Did the agency make concerted efforts to **assess the needs** of and **provide services** to **children, parents, and foster parents** to identify the services necessary to

- achieve case goals and adequately address the issues relevant to the agency's involvement with the family?
- Item 13: Did the agency make concerted efforts to involve the **parents and children** (if developmentally appropriate) **in the case planning** process on an ongoing basis?
- Item 14: Were the **frequency and quality of visits between caseworkers and child(ren)** sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?
- Item 15: Were the **frequency and quality of visits between caseworkers and the mothers and fathers** of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

### Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

- Item 16: Did the agency make concerted efforts to assess **children's educational needs**, and appropriately address identified needs in case planning and case management activities?

### Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

- Item 17: Did the agency address the **physical health needs** of children, including dental health needs?
- Item 18: Did the agency address the **mental/behavioral health needs** of children?

## SYSTEMIC FACTORS

### Statewide Information System

- Item 19: How well is the **statewide information system** functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

### Case Review System

- Item 20: How well is the case review system functioning statewide to ensure that each child has a **written case plan** that is developed jointly with the child's parent(s) and includes the required provisions?
- Item 21: How well is the case review system functioning statewide to ensure that a **periodic review** for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?
- Item 22: How well is the case review system functioning statewide to ensure that, for each child, a **permanency hearing** in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?
- Item 23: How well is the case review system functioning to ensure that the filing of **termination of parental rights (TPR)** proceedings occurs in accordance with required provisions?
- Item 24: How well is the case review system functioning to ensure that foster parents, pre-

adoptive parents, and relative caregivers of children in foster care are **notified of, and have a right to be heard** in, any review or hearing held with respect to the child?

### Quality Assurance System

Item 25: How well is the **quality assurance system** functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

### Staff and Provider Training

Item 26: How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

Item 27: How well is the staff and provider training system functioning statewide to ensure that **ongoing training** is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Item 28: How well is the staff and provider training system functioning to ensure that **training** is occurring statewide for current or prospective **foster parents, adoptive parents, and staff** of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?

### Service Array and Resource Development

Item 29: How well is the service array and resource development system functioning to ensure that the following array of services is **accessible** in all political jurisdictions covered by the Child and Family Services Plan (CFSP)?

1. Services that assess the strengths and needs of children and families and determine other service needs;
2. Services that address the needs of families in addition to individual children in order to create a safe home environment;
3. Services that enable children to remain safely with their parents when reasonable; and
4. Services that help children in foster and adoptive placements achieve permanency.

Item 30: How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be **individualized** to meet the unique needs of children and families served by the agency?

### Agency Responsiveness to the Community

Item 31: How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the

state engages in **ongoing consultation** with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

- Item 32: How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Services Plan (CFSP) are **coordinated with services or benefits of other federal or federally assisted programs** serving the same population?

### Foster and Adoptive Parent Licensing, Recruitment, and Retention

- Item 33: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that **state standards** are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?
- Item 34: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for **criminal background clearances** as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?
- Item 35: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the **diligent recruitment** of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?
- Item 36: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of **cross-jurisdictional resources** to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

## North Carolina Worker Practice Standards

The North Carolina Practice Standards build skills and behaviors in the workforce that provide the groundwork for learning, and they are the foundation of North Carolina's Practice Model. The Practice Standards are anchored by our core values: safety-focused, trauma-informed, family-centered, and cultural humility. They are described in observable, behaviorally specific terms to illustrate how social workers will conduct the essential functions of child welfare and how supervisors and leaders will support them. The Practice Standards are divided into five essential functions: communicating, engaging, assessing, planning, and implementing.

**Communicating:** Using clear language and checking to assure two-way understanding. Timely and consistent sharing of spoken and written information so that meaning and intent are understood in the same way by all parties involved. Open and honest communication underpins the successful performance of all essential functions in child welfare.

**Engaging:** Focused attention to understand families. Empowering and motivating families to actively participate with child welfare by communicating openly and honestly with the family, demonstrating respect, and valuing the family's input and preferences. Engagement begins upon first meeting a family and continues throughout child welfare services.

**Assessing:** Gathering information from children, caretakers, and other family members. Gathering and synthesizing information from children, families, support systems, agency records, and persons with knowledge to determine the need for child protective services and to inform planning for safety, permanency, and well-being. Assessing occurs throughout child welfare services and includes learning from families about their strengths and preferences.

**Planning:** Synthesizing and integrating current and previous assessment information and family history to inform plans. Respectfully and meaningfully collaborating with families, communities, tribes, and other identified team members to set goals and develop strategies based on the continuous assessment of safety, risk, family strengths and needs through a child and family team process. Plans should be revisited regularly by the team to determine progress toward meeting goals and make changes when needed.

**Implementing:** Supporting families to take actions agreed upon in the plan and connecting families to services and community support. Carrying out plans that have been developed. Implementing includes linking families to services and community supports, supporting families to take actions agreed upon in plans and monitoring to assure plans are being implemented by both families and providers, monitoring progress on behavioral goals, and identifying when plans need to be adapted.

## Worker Practice Standards Assessment

### North Carolina Worker Assessment

The North Carolina Practice Standards build skills and behaviors in the workforce that provide the groundwork for learning, and they are the foundation of North Carolina's Practice Model. The Practice Standards are anchored by our core values: safety-focused, trauma-informed, family-centered, and cultural humility. They are described in observable, behaviorally specific terms to illustrate how social workers will conduct the essential functions of child welfare and how supervisors and leaders will support them. The Practice Standards are divided into five essential functions: communicating, engaging, assessing, planning, and implementing.

The North Carolina Worker Assessment tool is a companion document to the Practice Standards. This assessment is a useful tool to evaluate ways in which you incorporate the Practice Standards into your own practice and areas to improve upon. Assessments are used as a quality improvement measure and will support your learning to enhance your skills and behaviors. This assessment tool can be used in a variety of ways, such as a self-assessment, peer review, or a 360-degree evaluation. Following the assessment tool is an Action Plan you will complete where you will identify the specific actions you plan to take to implement the behaviors of the Practice Standards into your work paying particular attention to the areas noted as occurring 'sometimes' or 'never.'

#### Self-Assessment

A self-assessment is your evaluation of your own practice, behaviors, and attitudes, in particular your implementation of the Practice Standards within your work. When completing the assessment tool as a self-assessment, you will complete the tool on your own following the below instructions. Reflective, thoughtful, and honest responses to each item will provide you with the information necessary to improve your practice to the benefit of the children and families you work with.

#### Peer Review

A peer review is an evaluation of your practice and professional work by others in similar positions who you work with. A peer review provides a structured framework for other workers to assess and provide feedback to you on your work and implementation of the Practice Standards. When completing the assessment tool as a peer review, you will ask other workers to complete the tool as an evaluation of your work following the below instructions. You can use the information gathered through the peer review as you complete your action plan.

#### 360-Degree Evaluation

A 360-degree evaluation is a process where you receive confidential and anonymous feedback on your practice and work from others who work around you, including leaders in your organization, your supervisor, and other workers. It's important that a 360-degree evaluation be completed by a variety of colleagues in different positions. A 360-degree evaluation is a helpful assessment that will provide you with greater insight and understanding of your practice and behaviors, particularly those that relate to the Practice Standards. When completing the assessment tool as a 360-degree evaluation, you will ask leaders, supervisors, workers, and other staff within your organization to complete the tool as an evaluation of your work following the below instructions. You can use the information gathered through the 360-degree evaluation as you complete your action plan.

### **Instructions**

The North Carolina Worker Assessment tool is divided into several sections; there is one section for each corresponding Practice Standard. Each section may be completed in one sitting or completed over time. The assessment should be completed individually, and keep in mind the assessment will be looking at your practice as a whole.

Each core activity within the Practice Standards is broken down into three stages: optimal, developmental, and insufficient. These stages should be used to anchor the ratings in the assessment. Each stage is a stepping stone to the next allowing you to gradually improve your skill set as a child welfare professional. This assessment will help you, as a learner, identify goals and objectives to begin integrating the Practice Standards into your work.

The assessment is completed by determining which number on the rating scale corresponds best to your own practice behaviors. There is also space to take notes where a rationale for the rating can be added. Each behavior will be rated on a three-point scale: (1) always, (2) sometimes, (3) never.

1. Always: I implement this standard consistently in my own child welfare practice
2. Sometimes: I inconsistently implement this standard in my own child welfare practice
3. Never: I never implement this standard in my own child welfare practice

## North Carolina Worker Assessment: Communicating

### Introduction

Communicating is defined as the timely and consistent sharing of spoken and written information so that meaning, and intent are understood in the same way by all parties involved. Open and honest communication underpins successful performance of all essential functions in child welfare.

There are four Communicating core activities: (1) use clear language and checking to assure two-way understanding, (2) using respectful, non-judgmental, and empowering language, (3) operating with transparency, and (4) respecting confidentiality and privacy.

Table 1. Core Activity: Using clear language and checking to assure two-way understanding

Practice Standard 1: Ensure clarity when communicating				
	A	S	N	Notes
I use clear, specific, understandable oral and written communication	(1)	(2)	(3)	
I share important information with families verbally and in writing	(1)	(2)	(3)	
Practice Standard 2: Adapt communication to family needs and preferences, and provide consistent information to all family members who need it				
	A	S	N	Notes
I consider language barriers, preferences, literacy, and tailor communication	(1)	(2)	(3)	
I use preferred gender pronouns	(1)	(2)	(3)	
I attend to the child and family's language and use their words	(1)	(2)	(3)	
I ask families for their communication preferences	(1)	(2)	(3)	
I share appropriate information, provide consistent information	(1)	(2)	(3)	
Practice Standard 3: Allow time to enhance two-way communication with families through questions and checks for understanding				
	A	S	N	Notes
I seek to allow enough time for two-way communication	(1)	(2)	(3)	

I inform families of time limits, fully present, schedule follow-up meeting	(1)	(2)	(3)
I actively listen to families, reflect back	(1)	(2)	(3)
I ask questions for deeper understanding	(1)	(2)	(3)
I encourage and respond to questions from families, confirm understanding	(1)	(2)	(3)

Table 2. Using respectful, non-judgmental, and empowering language

Practice Standard 4: Speak with youth and families in a non-judgement, respectful manner				
	A	S	N	Notes
I convey interest and respect through body language	(1)	(2)	(3)	
I use consistently objective, strengths-based language	(1)	(2)	(3)	
I regularly seek out families' feelings, validate them	(1)	(2)	(3)	

Table 3. Operating with transparency and honesty

Practice Standard 5: Clearly and openly express to youth and families what is expected from them and what they can expect from child welfare				
	A	S	N	Notes
I explain the role of child welfare, what to expect, decision points, timeframes	(1)	(2)	(3)	
I fully inform families of options and opportunities, seek options from families	(1)	(2)	(3)	
I follow through with commitments, explain changing circumstances	(1)	(2)	(3)	
I set timeframes for responses to questions, follow through	(1)	(2)	(3)	

Practice Standard 6: Always tell the truth, including during difficult conversations, in a manner that promotes dialogue				
	A	S	N	Notes
I answer questions honestly	(1)	(2)	(3)	
I acknowledge mistakes and misunderstandings	(1)	(2)	(3)	
I acknowledge when information is not known, cannot be shared	(1)	(2)	(3)	
I consistently model transparency and honesty	(1)	(2)	(3)	
I share important information without threatening or attacking, promotes dialogue	(1)	(2)	(3)	

Table 4. Core Activity: Respecting confidentiality and privacy

Practice Standard 7: Diligently respect confidentiality while sharing information when necessary and appropriate				
	A	S	N	Notes
I clarify and follow legal expectations for confidentiality, explain what can be shared	(1)	(2)	(3)	
I follow-up with my supervisor on what can be shared	(1)	(2)	(3)	
I take the release of information process seriously	(1)	(2)	(3)	
I ensure families know their right to revoke release of information	(1)	(2)	(3)	
I anticipate and minimize breaches of confidentiality	(1)	(2)	(3)	
I understand that families perceive confidentiality as isolating, discuss confidentiality, obtain releases	(1)	(2)	(3)	

## North Carolina Worker Self-Assessment: Engaging

### Introduction

Engaging is defined as empowering and motivating families to actively participate with child welfare by communicating openly and honestly with the family, demonstrating respect, and valuing the family's input and preferences. Engagement begins upon first meeting a family and continues throughout child welfare services.

There are three Engaging core activities: (1) Focused attention to understand families, (2) demonstrating interest and empathy for families in verbal and non-verbal behavior, and (3) acknowledging family strengths.

Table 1. Core Activity: Focused attention to understand families

Practice Standard 1: Fully present when meeting with families				
	A	S	N	Notes
I attend to families, ignore other distractions	(1)	(2)	(3)	
I explain notetaking, present and paying attention	(1)	(2)	(3)	
I acknowledge the statements of families	(1)	(2)	(3)	
I am aware of cultural norms and family preferences	(1)	(2)	(3)	
I allow families to finish speaking	(1)	(2)	(3)	
I establish rapport	(1)	(2)	(3)	
Practice Standard 2: Prepares in advance to be able to connect with families				
	A	S	N	Notes
I develop clarifying and follow-up questions	(1)	(2)	(3)	
I prepare questions, is flexible based on meeting dynamics	(1)	(2)	(3)	
I prepare for interactions based on individual needs	(1)	(2)	(3)	

I remember action items for future discussions	(1)	(2)	(3)	
I collaborate with families, brings understanding to all interactions	(1)	(2)	(3)	
I understand, adjust to cultural considerations and preferences	(1)	(2)	(3)	
<b>Practice Standard 3: Considers the family's perspective in all exchanges and actions</b>				
	A	S	N	Notes
I operate with belief that families are experts of their own situation	(1)	(2)	(3)	
I listen and acknowledge families' perspective	(1)	(2)	(3)	
I ask questions to understand	(1)	(2)	(3)	
I treat families as essential partners	(1)	(2)	(3)	
I show respect by including families in planning	(1)	(2)	(3)	
I include families in decision making	(1)	(2)	(3)	
I appropriately build relationships with families from other cultural groups	(1)	(2)	(3)	

Table 2. Core Activity: Demonstrating interest and empathy for families in verbal and non-verbal behavior

<b>Practice Standard 4: Recognizes the family's perspectives and desires</b>				
	A	S	N	Notes
I empower families to feel confident and comfortable	(1)	(2)	(3)	
I provide opportunity for families to co-lead conversation	(1)	(2)	(3)	

I engage with families to check-in after tough situations	(1)	(2)	(3)	
I recognize the power dynamics in uncomfortable situations	(1)	(2)	(3)	
I am open minded	(1)	(2)	(3)	
I engage families in problem solving, encourage ownership	(1)	(2)	(3)	
<b>Practice Standard 5: Use body language to convey interest to families</b>				
	A	S	N	Notes
I maintain eye contact	(1)	(2)	(3)	
I lean in when speaking	(1)	(2)	(3)	
I am mindful of facial expressions and nod my head affirmatively	(1)	(2)	(3)	
I understand culture may play a role in body language	(1)	(2)	(3)	

Table 3. Core Activity: Acknowledging family strengths

<b>Practice Standard 6: Acknowledge and celebrate strengths and successes</b>				
	A	S	N	Notes
I build on small successes and verbally recognize progress	(1)	(2)	(3)	
I am consistently strengths-based and objective	(1)	(2)	(3)	
I identify positives	(1)	(2)	(3)	
I take a holistic approach, focusing on strengths	(1)	(2)	(3)	
I encourage families to identify their strengths	(1)	(2)	(3)	

## North Carolina Worker Assessment: Assessing

### Introduction

Assessing is defined as gathering and synthesizing information from children, families, support systems, agency records, and persons with knowledge to determine the need for child protective services and to inform planning for safety, permanency, and well-being. Assessing occurs throughout child welfare services and includes learning from families about their strengths and preferences.

There are four Assessing core activities: (1) gathering information from children, caretakers, and other family members, (2) gathering and reviewing history, including agency records and other service assessments, (3) gathering information from collateral sources including service providers and persons with relevant knowledge, and (4) using critical thinking to synthesize information, assess what additional information is needed, and inform decision making.

Table 1. Core Activity: Gathering information from children, caretakers, and other family members

Practice Standard 1: Differentiates between information and positions				
	A	S	N	Notes
I moderate information gathering sessions	(1)	(2)	(3)	
I gather information that supports all positions	(1)	(2)	(3)	
I understand my own biases that may cloud positions	(1)	(2)	(3)	
Practice Standard 2: Takes time to get to know families and explain the assessment process				
	A	S	N	Notes
I take time to conversationally gather the family's story	(1)	(2)	(3)	
I use engagement to build family participation in assessment process	(1)	(2)	(3)	
I get a picture of the family's hopes, aspirations, challenges, and worries	(1)	(2)	(3)	
I explain the assessment process, reiterating purpose	(1)	(2)	(3)	

I authentically share with the family about the process	(1)	(2)	(3)	
I keep in mind the culture of the family when gathering information	(1)	(2)	(3)	
<b>Practice Standard 3: Asks questions based on information needed and at ease asking uncomfortable questions</b>				
	A	S	N	Notes
I ask open-ended, strengths-based questions	(1)	(2)	(3)	
I understand what type of questions elicit the best type of answers	(1)	(2)	(3)	
I have the ability to hear difficult information without reaction	(1)	(2)	(3)	
I engage in crucial conversations	(1)	(2)	(3)	
I utilize a narrative approach to gather perspectives on historical information	(1)	(2)	(3)	

Table 2. Core Activity: Gathering and reviewing history, including agency records and other service assessments

<b>Practice Standard 4: Stays open to different explanations of events in the record, keeping biases in check</b>				
	A	S	N	Notes
I continuously gather information	(1)	(2)	(3)	
I am diligent in pursuing information	(1)	(2)	(3)	
I understand how to factor historical information into current situation	(1)	(2)	(3)	
I keep an open mind	(1)	(2)	(3)	

Practice Standard 5: Balances what is read in the record and what families share				
	A	S	N	Notes
I review information ahead of meeting the family, but ask them to share their perspective	(1)	(2)	(3)	
I identify in the record what has historically worked well for the family	(1)	(2)	(3)	
I have an understanding of what biases I hold when reviewing history	(1)	(2)	(3)	

Table 3. Core Activity: Gathering information from collateral sources including service providers and persons with relevant knowledge

Practice Standard 6: Obtains all sides if there are differing positions among collaterals, engaging families in the process				
	A	S	N	Notes
I seek out wide number of collaterals and balance collateral sources	(1)	(2)	(3)	
I obtain information from as many collaterals as time permits	(1)	(2)	(3)	
I consider all relevant collateral sources	(1)	(2)	(3)	
I am honest with families when I must reach out to collaterals the family is unhappy with and explain why	(1)	(2)	(3)	
I let the family help identify collaterals and ask their permission before contacting	(1)	(2)	(3)	

Table 4. Core Activity: Using critical thinking to synthesize information, assess what additional information is needed, and inform decision making

Practice Standard 7: Synthesizes information and considers sources, prioritization, and timelines				
	A	S	N	Notes

I continually gather information	(1)	(2)	(3)	
I understand assessment is ongoing process in determining needs	(1)	(2)	(3)	
I rank information received based on relevance and priority	(1)	(2)	(3)	
I prioritize information that negatively impacts children to address first	(1)	(2)	(3)	
<b>Practice Standard 8: Remains non-judgmental when processing information</b>				
	<b>A</b>	<b>S</b>	<b>N</b>	<b>Notes</b>
I am inquisitive from the beginning of assessment process	(1)	(2)	(3)	
I understand the family's community as they define it	(1)	(2)	(3)	
I operate with cultural humility	(1)	(2)	(3)	
I persevere in gathering information, follow the information	(1)	(2)	(3)	
I understand not all information is relevant	(1)	(2)	(3)	
I normalize reactions family has to information and assessment results	(1)	(2)	(3)	
I understand fight, flight, or freeze response	(1)	(2)	(3)	

## North Carolina Worker Assessment: Planning

### Introduction

Planning is defined as respectfully and meaningfully collaborating with families, communities, tribes, and other identified team members to set goals and develop strategies based on the continuous assessment of safety, risk, family strengths, and needs through a child and family team process. Plans should be revisited regularly by the team to determine progress towards meeting goals and make changes when needed.

There are Four Planning core activities: (1) synthesizing and integrating current and previous assessment information and family history to inform plans, (2) preparing families for the teaming/planning process, (3) conducting child and family team meetings with children, youth, and families, and (4) completing and revising behaviorally based case plans.

Table 1. Core Activity: Synthesizing and integrating current and previous assessment information and family history to inform plans

Practice Standard 1: Engages family in understanding assessment and history, focusing on strengths to customize plans				
	A	S	N	Notes
I transparently share assessments with families	(1)	(2)	(3)	
I see family input into what has and hasn't worked in the past, apply information	(1)	(2)	(3)	
I partner with families owning their plan, creating buy-in	(1)	(2)	(3)	
Practice Standard 2: Discovers root causes and underlying reasons for family involvement				
	A	S	N	Notes
I seek input from others with knowledge of family history, keep an open mind	(1)	(2)	(3)	
I focus plan on identified needs, tied to assessment	(1)	(2)	(3)	
I ask questions and seek information to help families understand root cause	(1)	(2)	(3)	
I discuss DSS concerns with family, get feedback	(1)	(2)	(3)	

Table 2. Core Activity: Preparing families for the teaming/planning process

Practice Standard 3: Believes and practices the importance of preparation, both for self and for the family, for teaming and planning				
	A	S	N	Notes
I come to meeting prepared based on review of information	(1)	(2)	(3)	
I prepare families for meetings ahead of time, providing copies of documents	(1)	(2)	(3)	
I consider adjustments to better accommodate families	(1)	(2)	(3)	
I ensure families understand CFTs are their meetings, explains rights	(1)	(2)	(3)	
I ask families who they would like to invite to meetings	(1)	(2)	(3)	
I ask families what they want to accomplish during meetings	(1)	(2)	(3)	
Practice Standard 4: Actively engages family in identifying their team				
	A	S	N	Notes
I explain to families the purpose of teams, role they play	(1)	(2)	(3)	
I explore ways to involve children in CFT	(1)	(2)	(3)	
I work with families to identify supports, encourage families to invite to meetings	(1)	(2)	(3)	
I explain why having support is important	(1)	(2)	(3)	
I creatively explore and troubleshoot with families past supports	(1)	(2)	(3)	

Table 3. Core Activity: Conducting child and family team meetings with children, youth, and families

Practice Standard 5: Promotes family voice as the cornerstone of the meeting				
	A	S	N	Notes
I encourage families to start meetings sharing strengths or concerns	(1)	(2)	(3)	
I encourage children and youth to participate	(1)	(2)	(3)	
I reinforce strengths of families through meeting, share protective capacity examples	(1)	(2)	(3)	
I provide families options about aspects of meetings to engage families	(1)	(2)	(3)	
Practice Standard 6: Facilitates and engages participants throughout, acknowledging and managing conflict				
	A	S	N	Notes
I set and reinforce boundaries and expectations throughout meetings	(1)	(2)	(3)	
I make sure all voices are heard and expressed during meetings	(1)	(2)	(3)	
I show empathy and acknowledge how distressing situation may be, provide support	(1)	(2)	(3)	
I am clear on concerns, ask families to identify solutions	(1)	(2)	(3)	
I diffuse situations when conversations escalate	(1)	(2)	(3)	
I manage emotions in the room well	(1)	(2)	(3)	

Table 4. Core Activity: Completing and revising behaviorally based case plans.

Practice Standard 7: Actively involves families in developing behavioral based case plans				
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	A	S	N	Notes
I co-create plans that are flexible and individualized	(1)	(2)	(3)	
I invite families to identify issues they want to change, include in plan	(1)	(2)	(3)	
I utilize harm and danger statements to identify safety issues	(1)	(2)	(3)	
I plan with families not for or about families	(1)	(2)	(3)	
I structure plan around behaviors desired to change, not completion of programs	(1)	(2)	(3)	
I prioritize tasks in plans and break down tasks into manageable steps	(1)	(2)	(3)	
<b>Practice Standard 8: Revisits the case plan regularly, willing to modify or update as needed, but at a minimum per policy</b>				
	A	S	N	Notes
I bring subject of case plan into every conversation	(1)	(2)	(3)	
I ensure families have a copy of their case plan	(1)	(2)	(3)	
I update plans with every success to show progress, keep families motivated	(1)	(2)	(3)	

## North Carolina Worker Assessment: Implementing

### Introduction

Implementing is defined as carrying out plans that have been developed. Implementing includes linking families to services and community supports, supporting families to take actions agreed upon in plans and monitoring to assure plans are being implemented by both families and providers, monitoring progress on behavioral goals, and identifying when plans need to be adapted.

There are three Implementing core activities: (1) supporting families to take actions agreed upon in the plan and connecting families to services and community support, (2) collaborating with providers and informal supports in the community to help families achieve desired outcomes, and (3) coaching with families and partnering with providers to assure plans are being implemented, progress is made, and outcomes achieved.

Table 1. Core Activity: Supporting families to take actions agreed upon in the plan and connecting families to services and community support

Practice Standard 1: Supports families to take actions				
	A	S	N	Notes
I prioritize the family's availability and convenience when providing support	(1)	(2)	(3)	
I offer to call or link families to providers as a first step	(1)	(2)	(3)	
I show families through actions and words that I am interested in their success	(1)	(2)	(3)	
Practice Standard 2: Works with families to find solutions to challenges				
	A	S	N	Notes
I ask questions tailored to individual family needs to identify challenges to engaging in services	(1)	(2)	(3)	
I ask families what their concerns about services and service delivery	(1)	(2)	(3)	
I advocate for families and help them navigate the system	(1)	(2)	(3)	

I ensure families are participating in the amount of services they can handle	(1)	(2)	(3)	
I support families in their service prioritization	(1)	(2)	(3)	
<b>Practice Standard 3: Explains to families what services are and what they could do for the family to provide information and informed decisions</b>				
	A	S	N	Notes
I engage families in conversation about purpose of recommended service	(1)	(2)	(3)	
I check-in for families' understanding of services purpose on ongoing basis	(1)	(2)	(3)	
I provide families with contact information for service providers	(1)	(2)	(3)	
I make suggestions on the frequency families should follow-up with providers	(1)	(2)	(3)	
I ensure recommended services are behaviorally specific, not duplicative	(1)	(2)	(3)	
I seek to understand and empathize families' concerns related to services	(1)	(2)	(3)	
<b>Practice Standard 4: Offers an array of service providers to choose from if there are choices to be had</b>				
	A	S	N	Notes
I identify resources available and provide information to families	(1)	(2)	(3)	
I offer to think with the families as they decide on service providers	(1)	(2)	(3)	
I point out service providers based on knowledge of families' history	(1)	(2)	(3)	

Table 2. Core Activity: Collaborating with providers and informal supports in the community to help families achieve desired outcomes

Practice Standard 5: Advocates with and for families with providers on what behavioral change is expected to ensure quality service delivery				
	A	S	N	Notes
I communicate with providers and families about agreed upon behavioral changes being sought	(1)	(2)	(3)	
I share with providers relevant assessment and case plan information	(1)	(2)	(3)	
I provide feedback to providers, ask questions about services	(1)	(2)	(3)	
I regularly check-in, monitor service delivery	(1)	(2)	(3)	
I escalate problems to my supervisor	(1)	(2)	(3)	
I understand what treatment being provided, what is expected, and evidence of results	(1)	(2)	(3)	
I ensure services delivered are tailored to meet families' needs	(1)	(2)	(3)	
Practice Standard 6: Accesses natural supports in the community to assist families to achieve their goals				
	A	S	N	Notes
I engage families to identify community supports	(1)	(2)	(3)	
I educate families regarding how to access community resources	(1)	(2)	(3)	
I encourage families to reach out to other systems	(1)	(2)	(3)	
I facilitate meetings between families and support systems	(1)	(2)	(3)	

Table 3. Core Activity: Coaching with families and partnering with providers to assure plans are being implemented, progress is made, and outcomes achieved

Practice Standard 7: Checks-in on an ongoing basis with families on progress with the Family Service Agreement				
	A	S	N	Notes
I routinely ask families if services are good match	(1)	(2)	(3)	
I provide families feedback if they are or are not making efforts	(1)	(2)	(3)	
I follow-up with families when appointments missed to identify challenges	(1)	(2)	(3)	
I problem solve with families to find solutions to challenges	(1)	(2)	(3)	
I reassess barriers once services begun	(1)	(2)	(3)	
Practice Standard 8: Assesses progress in implementing actions of plan, making adjustments as needed				
	A	S	N	Notes
I work with families to identify when changes needed in service delivery	(1)	(2)	(3)	
I troubleshoot when goals not achieved to determine root cause	(1)	(2)	(3)	
I engage collaterals about progress made and additional service needs	(1)	(2)	(3)	
I make changes in actions in plan when necessary, not when convenient	(1)	(2)	(3)	
I celebrate wins when goals achieved	(1)	(2)	(3)	
Practice Standard 9: Tracks service delivery for achievement of safety, permanency, and well-being outcomes for the family				

	A	S	N	Notes
I routinely check-in with service providers on progress	(1)	(2)	(3)	
I assess successful completion of service in connection with desired behavior change	(1)	(2)	(3)	
I consider the long-term outcomes when determining achievement of outcomes	(1)	(2)	(3)	

## North Carolina Worker Action Plan

### Action Planning

This Action Plan will help you identify the specific actions you plan to take to implement the behaviors of the Practice Standards into your work. While you complete the Action Plan, pay particular attention to the behaviors noted as happening 'sometimes' or 'never' and identify specific actions to address these areas.

	Practice Standard Behavior	As a result of what I learned through this assessment, I am going to...	I will know I am succeeding with this objective when...
1.			
2.			
3.			
4.			
5.			
6.			
7.			

## Job Responsibilities

### Intake Responsibilities

- Use a strengths-based approach to interview reporters;
- Complete a new CPS Intake in NC FAST or Structured Intake Report tool;
- Consult The Maltreatment Screening Tools that correspond to the allegations to determine if the allegations meet the legal definition of abuse, neglect, and/or dependency;
- Make a screening decision in consultation with the supervisor;
- Determine residency and the county responsible for completing the CPS Assessment;
- Consult the Response Priority Decision Tree to determine the appropriate response time;
- Determine the appropriate Assessment Response Type (Family or Investigative);
- Assign reports for CPS Assessment; and
- Send reporter notification letters

### CPS Assessment Responsibilities

- Establish contact with all identified persons who might have information regarding the report, including family members, collateral sources, and the child;
- Approach the family in a manner that communicates that the agency's interests and responsibilities are to protect children and strengthen families, not to establish guilt or innocence;
- Establish trust and rapport with family members to encourage them to disclose pertinent information and participate fully in the problem-solving process;
- Conduct a fact-finding process by interviewing family members, extended family, collateral contacts, and other sources of data; through observation of the family's interactions; and through other types of data collection to determine if:
  - Child maltreatment occurred
  - There is a risk of future maltreatment and the level of that risk
  - The child is safe within the home, and if not, what interventions can be implemented that will ensure the child's protection and maintain the family unit intact if reasonably possible
  - Ongoing agency services are needed to reduce the risk of maltreatment occurring in the home; and
  - Out-of-home placement is necessary to protect the child from harm
- Weigh the interacting effects of both safety and risk factors to establish the degree of safety to the child(ren) at the present time, and the level of risk of harm to the child(ren) in the foreseeable future;
- Identify strategies and initiate immediate interventions to provide protection for children who are determined to be unsafe and to prevent the need for removal and placement, if possible;
- Complete appropriate documentation of all information to develop a safety agreement;
- Substantiate or refute the report and the likelihood of future harm;

- Present appropriate testimony in situations when juvenile court action is required to protect the child;
- Determine if ongoing services are needed to reduce the risk of maltreatment occurring in the future; and
- Prepare the family for ongoing service intervention and case transfer to the ongoing caseworker, if applicable.

### **In-Home Services Responsibilities**

- Provide the most intensive services and contacts to families with identified needs;
- Deliver services within the context of the family's own community culture;
- Monitor child safety and risk while in the home;
- Engage children, youth, and families in the planning process while producing better outcomes of safety, permanency, and well-being for children; and
- Encourage families to develop a support network and show how this support network can assist them in planning for coping with future challenges.

### **Permanency Planning**

- Careful planning and decision-making with the family about placement, when necessary, and preparing the child, the child's family, and the foster family for separation and placement, including developing a family time and contact (visitation) agreement;
- Assessing children's needs to ensure appropriate placement and services;
- Arranging and monitoring a placement appropriate to the child's needs;
- Involving the kinship network to provide planning, placement, and other support for the child and family;
- Assessing family strengths and needs to determine the appropriate plan for service;
- Developing and arranging community-based services to support the child and family;
- Collaborating with other community service providers working with the family to ensure continuity of services and to prevent duplication of services;
- Referring the child and family to needed services, including clinical treatment;
- Collaborating with educational agencies to ensure school stability for the child and that all factors relating to the child's best interest are considered in determining the child's educational setting; all appropriate educational services are provided to the child; and documentation of educational planning is in the case file;
- Providing ongoing assessment to determine the risk to the child and to guide the case planning process;
- Working with the family to develop and implement the Permanency Planning Family Services Agreement;
- Helping the family meet the Permanency Planning Family Services Agreement objectives by providing information, instruction, guidance, and mentoring related to parenting skills, and by monitoring and updating the agreement with the family;

- Providing case planning and management;
- Concurrent permanency planning with the family to develop alternative options to provide a permanent home for a child should reunification fail;
- Supervising the placement to ensure the child receives proper care during placement;
- Preparing for and participating in court proceedings;
- Preparing for and facilitating Child and Family Team /Permanency Planning Review meetings;
- Providing transportation for children in county child welfare agency custody when needed and not otherwise available, including visits with parents, siblings, and relatives;
- Providing LINKS services to assist older youth in learning life skills necessary to make a successful transition from foster care to living on their own;
- Ensuring placements across state lines comply with the Interstate Compact on the Placement of Children (ICPC);
- Recruiting and assessing relatives and other kin as potential caregivers;
- Involving foster parents in planning and decision-making for children in county child welfare agency custody;
- Preparing children for adoptive placements and maintaining life books; and
- Maintaining the permanency planning case record and thorough documentation of case activities.

### **Adoptions**

- Ensure timely permanence for children through legal adoption;
- Ensure that each child, regardless of race, ethnicity, age, or handicapping condition, has an opportunity for placement in a permanent family;
- Prepare and assist children in their transition to an adoptive family;
- Support and strengthen the adoptive family;
- Provide services to all members of the adoption triad; and
- Provide post-adoption services to optimize family functioning and prevent the dissolution of adoption.

### **Licensing**

- Recruiting, developing, and supervising foster care families and child care facilities;
- Submitting the “licensing application” and all supportive documents to the Licensing Authority (located in Black Mountain);
- Submitting re-licensure documentation every 2 years for licensed foster families;
- Recruiting and assessing relatives and other kin as potential caregivers;
- Assessing and periodically reassessing foster care homes and facilities to determine if the home or facility meets the needs of the children it serves;
- Providing consultation, technical assistance, and Pre-service training (TIPS-MAPP: Trauma Informed Partnering for Permanency and Safety: Model Approach to Partnerships in Parenting) to assist prospective foster families in making an informed decision about fostering/adopting;

- Involving foster parents in the planning and decision-making for children in foster care;
- Providing in-service training regarding the benefits/challenges of shared parenting; and
- Facilitating foster/adoptive options for children and preparing foster/adoptive parents.

## Risk and Protective Factors for Child Maltreatment

*From the Centers for Disease Control and Prevention*

### **Risk Factors for Victimization**

#### Individual Risk Factors

- Children younger than 4 years of age
- Children with special needs that may increase caregiver burden (e.g., disabilities, mental health issues, and chronic physical illnesses)

### **Risk Factors for Perpetration**

#### Individual Risk Factors

- Caregivers with drug or alcohol issues
- Caregivers with mental health issues, including depression
- Caregivers who don't understand children's needs or development
- Caregivers who were abused or neglected as children
- Caregivers who are young or single parents or parents with many children
- Caregivers with low education or income
- Caregivers experiencing high levels of parenting stress or economic stress
- Caregivers who use spanking and other forms of corporal punishment for discipline
- Caregivers in the home who are not a biological parent
- Caregivers with attitudes accepting of or justifying violence or aggression

#### Family Risk Factors

- Families that have household members in jail or prison
- Families that are isolated from and not connected to other people (extended family, friends, neighbors)
- Families experiencing other types of violence, including relationship violence
- Families with high conflict and negative communication styles

#### Community Risk Factors

- Communities with high rates of violence and crime
- Communities with high rates of poverty and limited educational and economic opportunities
- Communities with high unemployment rates
- Communities with easy access to drugs and alcohol
- Communities where neighbors don't know or look out for each other and there is low community involvement among residents
- Communities with few community activities for young people
- Communities with unstable housing and where residents move frequently
- Communities where families frequently experience food insecurity

## Protective Factors for Child Abuse and Neglect

Protective factors may lessen the likelihood of children being abused or neglected. Identifying and understanding protective factors are equally as important as researching risk factors.

### Individual Protective Factors

- Caregivers who create safe, positive relationships with children
- Caregivers who practice nurturing parenting skills and provide emotional support
- Caregivers who can meet the basic needs of food, shelter, education, and health services
- Caregivers who have a college degree or higher and have steady employment

### Family Protective Factors

- Families with strong social support networks and stable, positive relationships with the people around them
- Families where caregivers are present and interested in the child
- Families where caregivers enforce household rules and engage in child monitoring
- Families with caring adults outside the family who can serve as role models or mentors

### Community Protective Factors

- Communities with access to safe, stable housing
- Communities where families have access to high-quality preschool
- Communities where families have access to nurturing and safe childcare
- Communities where families have access to safe, engaging after-school programs and activities
- Communities where families have access to medical care and mental health services
- Communities where families have access to economic and financial help
- Communities where adults have work opportunities with family-friendly policies
- [Risk and Protective Factors|Child Abuse and Neglect|Violence Prevention|Injury Center|CDC](#)

## What is Child Abuse and Neglect?



### FACTSHEET

April 2019

## What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms

The first step in helping children who have been abused or neglected is learning to recognize the signs of maltreatment. The presence of a single sign does not necessarily mean that child maltreatment is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination. This factsheet is intended to help you better understand the Federal definition of child abuse and neglect; learn about the different types of abuse and neglect, including human trafficking; and recognize their signs and symptoms. It also includes additional resources with information on how to effectively identify and report maltreatment and refer children who have been maltreated.

### WHAT'S INSIDE

How is child abuse and neglect defined in Federal law?

What are the major types of child abuse and neglect?

Recognizing signs of abuse and neglect and when to report

Resources



Children's Bureau/ACYF/ACF/HHS  
800.394.3366 | Email: [info@childwelfare.gov](mailto:info@childwelfare.gov) | <https://www.childwelfare.gov>



## How Is Child Abuse and Neglect Defined in Federal Law?

Federal legislation lays the groundwork for State laws on child maltreatment by identifying a minimum set of actions or behaviors that define child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA), as amended and reauthorized by the CAPTA Reauthorization Act of 2010, defines child abuse and neglect as, at a minimum, "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation (including sexual abuse as determined under section 111), or an act or failure to act which presents an imminent risk of serious harm" (42 U.S.C. 5101 note, § 3).

Additionally, it stipulates that "a child shall be considered a victim of 'child abuse and neglect' and of 'sexual abuse' if the child is identified, by a State or local agency employee of the State or locality involved, as being a victim of sex trafficking<sup>1</sup> (as defined in paragraph (10) of section 7102 of title 22) or a victim of severe forms of trafficking in persons described in paragraph (9)(A) of that section" (42 U.S.C. § 5106g(b)(2)).

Most Federal and State child protection laws primarily refer to cases of harm to a child caused by parents or other caregivers; they generally do not include harm caused by other people, such as acquaintances or strangers. Some State laws also include a child's witnessing of domestic violence as a form of abuse or neglect.

For State-specific laws pertaining to child abuse and neglect, see Child Welfare Information Gateway's State Statutes Search page at <https://www.childwelfare.gov/topics/systemwide/laws-policies/state/>.

<sup>1</sup> According to the Victims of Trafficking and Violence Protection Act of 2000, sex trafficking is categorized as a "severe form of trafficking in persons" and is defined as a "situation in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age." As of May 2017, States are required to have provisions and procedures in place as part of their CAPTA State Plans that require "identification and assessment of all reports involving children known or suspected to be victims of sex trafficking and...training child protective services workers about identifying, assessing, and providing comprehensive services for children who are sex trafficking victims, including efforts to coordinate with State law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters..."

To view civil definitions that determine the grounds for intervention by State child protective agencies, visit Information Gateway's *Definitions of Child Abuse and Neglect* at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/define/>.

**Child Maltreatment reports.** These annual reports summarize annual child maltreatment and neglect statistics submitted by States to the National Child Abuse and Neglect Data System. They include information about victims, fatalities, perpetrators, services, and additional research. The reports are available at <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

**Child Welfare Outcomes Report Data.** This website provides information on the performance of States in seven outcome categories related to the safety, permanency, and well-being of children involved in the child welfare system. Data, which are made available on the website prior to the release of the annual report, include the number of child victims of maltreatment. To view the website, visit <https://cwoutcomes.acf.hhs.gov/cwodatasite/>.

## What Are the Major Types of Child Abuse and Neglect?

Within the minimum standards set by CAPTA, each State is responsible for providing its own definitions of child abuse and neglect. Most States recognize four major types of maltreatment: physical abuse, neglect, sexual abuse, and emotional abuse. Additionally, many States identify abandonment, parental substance use, and human trafficking as abuse or neglect. While some of these types of maltreatment may be found separately, they can occur in combination. This section provides brief definitions for each of these types.

**Physical abuse** is a nonaccidental physical injury to a child caused by a parent, caregiver, or other person responsible for a child and can include punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise causing physical harm.<sup>2</sup> Physical discipline, such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no bodily injury to the child. Injuries from physical abuse could range from minor bruises to severe fractures or death.

**Neglect** is the failure of a parent or other caregiver to provide for a child's basic needs. Neglect generally includes the following categories:

- Physical (e.g., failure to provide necessary food or shelter, lack of appropriate supervision)
- Medical (e.g., failure to provide necessary medical or mental health treatment, withholding medically indicated treatment from children with life-threatening conditions)<sup>3</sup>
- Educational (e.g., failure to educate a child or attend to special education needs)
- Emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, permitting a child to use alcohol or other drugs)

Sometimes cultural values, the standards of care in the community, and poverty may contribute to what is perceived as maltreatment, indicating the family may need information or assistance. It is important to note that living in poverty is not considered child abuse or neglect. However, a family's failure to use available information and resources to care for their child may put the child's health or safety at risk, and child welfare intervention could be required. In addition, many States provide an exception

<sup>2</sup> Nonaccidental injury that is inflicted by someone other than a parent, guardian, relative, or other caregiver (i.e., a stranger) is considered a criminal act that is not addressed by child protective services.

<sup>3</sup> Although it can apply to children of any age, withholding of medically indicated treatment is a form of medical neglect that is defined by CAPTA as "the failure to respond to...life-threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) which, in the treating physician's or physicians' reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions..." CAPTA does note a few exceptions, including infants who are "chronically and irreversibly comatose," situations when providing treatment would not save the infant's life but merely prolong dying, or when "the provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane."

to the definition of neglect for parents who choose not to seek medical care for their children due to religious beliefs.<sup>4</sup>

**Sexual abuse** includes activities by a parent or other caregiver such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials. Sexual abuse is defined by CAPTA as "the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or interfamilial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children" (42 U.S.C. § 5106g(a)(4)).

**Emotional abuse** (or psychological abuse) is a pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove, and, therefore, child protective services may not be able to intervene without evidence of harm or mental injury to the child (Prevent Child Abuse America, 2016).

**Abandonment** is considered in many States as a form of neglect. In general, a child is considered to be abandoned when the parent's identity or whereabouts are unknown, the child has been left alone in circumstances where the child suffers serious harm, the child has been deserted with no regard for his or her health or safety, or the parent has failed to maintain contact with the child or provide reasonable support for a specified period of time. Some States have enacted laws—often called safe haven laws—that provide safe places for parents to relinquish newborn infants. Information Gateway produced a publication as part of its State Statutes series that summarizes such laws. *Infant Safe Haven Laws* is available at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/safehaven/>.

<sup>4</sup> The CAPTA amendments of 1996 (42 U.S.C. § 5106i) added new provisions specifying that nothing in the act be construed as establishing a Federal requirement that a parent or legal guardian provide any medical service or treatment that is against the religious beliefs of the parent or legal guardian.

**Parental substance use** is included in the definition of child abuse or neglect in many States. Related circumstances that are considered abuse or neglect in some States include the following:

- Exposing a child to harm prenatally due to the mother's use of legal or illegal drugs or other substances
- Manufacturing methamphetamine in the presence of a child
- Selling, distributing, or giving illegal drugs or alcohol to a child
- Using a controlled substance that impairs the caregiver's ability to adequately care for the child

For more information about this issue, see Information Gateway's *Parental Substance Use as Child Abuse* at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/parentalsubstanceuse/>.

**Human trafficking** is considered a form of modern slavery and includes both sex trafficking and labor trafficking. Sex trafficking is recruiting, harboring, transporting, providing, or obtaining someone for a commercial sex act, such as prostitution, pornography, or stripping. Labor trafficking is forced labor, including drug dealing, begging, or working long hours for little pay (Child Welfare Information Gateway, 2018). Although human trafficking includes victims of any sex, age, race/ethnicity, or socioeconomic status, children involved in child welfare, including children who are in out-of-home care, are especially vulnerable (Child Welfare Information Gateway, 2018).

For more information, see Information Gateway's webpage on human trafficking at <https://www.childwelfare.gov/topics/systemwide/trafficking/> and the State statutes on the definitions of human trafficking at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/definitions-trafficking/>.

## Recognizing Signs of Abuse and Neglect and When to Report

It is important to recognize high-risk situations and the signs and symptoms of maltreatment. If you suspect a child is being harmed, reporting your suspicions may protect him or her and help the family receive assistance. Any concerned person can report suspicions of child abuse or neglect. Reporting your concerns is not making an accusation; rather, it is a request for an investigation and assessment to determine if help is needed.

Some people (typically certain types of professionals, such as teachers or physicians) are required by State laws to report child maltreatment under specific circumstances. Some States require all adults to report suspicions of child abuse or neglect. Individuals required to report maltreatment are called mandatory reporters. Information Gateway's *Mandatory Reporters of Child Abuse and Neglect* discusses the laws that designate groups of professionals or individuals as mandatory reporters. It is available at <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/manda/?hasBeenRedirected=1>.

For information about where and how to file a report, contact your local child protective services agency or police department. Childhelp's National Child Abuse Hotline (800.4.A.CHILD) and its website (<https://www.childhelp.org/hotline/>) offer crisis intervention, information, resources, and referrals to support services and provide assistance in more than 170 languages.

For information on what happens when suspected abuse or neglect is reported, read Information Gateway's *How the Child Welfare System Works* at <https://www.childwelfare.gov/pubs/factsheets/cpswork/>.

A child may directly disclose to you that he or she has experienced abuse or neglect. Childhelp's *Handling Child Abuse Disclosures* defines direct and indirect disclosure and provides tips for supporting the child. It is available at <https://www.childhelp.org/story-resource-center/handling-child-abuse-disclosures/>.

While it's important to know the signs of physical, mental, and emotional abuse and neglect, which are provided later in this factsheet, the following signs of general maltreatment also can help determine whether a child needs help:

- Child
  - Shows sudden changes in behavior or school performance
  - Has not received help for physical or medical problems brought to the parents' attention
  - Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
  - Is always watchful, as though preparing for something bad to happen
  - Lacks adult supervision
  - Is overly compliant, passive, or withdrawn
  - Comes to school or other activities early, stays late, and does not want to go home
  - Is reluctant to be around a particular person
  - Discloses maltreatment
- Parent
  - Denies the existence of—or blames the child for—the child's problems in school or at home
  - Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
  - Sees the child as entirely bad, worthless, or burdensome
  - Demands a level of physical or academic performance the child cannot achieve
  - Looks primarily to the child for care, attention, and satisfaction of the parent's emotional needs
  - Shows little concern for the child
- Parent and child
  - Touch or look at each other rarely
  - Consider their relationship entirely negative
  - State consistently they do not like each other

The preceding list is not a comprehensive list of the signs of maltreatment. It is important to pay attention to other behaviors that may seem unusual or concerning. Additionally, the presence of these signs does not necessarily mean that a child is being maltreated; there may be other causes. They are, however, indicators that others should be concerned about the child's welfare, particularly when multiple signs are present or they occur repeatedly.

For information about risk factors for maltreatment as well as the perpetrators, see the webpage *Risk Factors That Contribute to Child Abuse and Neglect*, which is available at <https://www.childwelfare.gov/topics/can/factors/>, and the webpage *Perpetrators of Child Abuse & Neglect*, which is available at <https://www.childwelfare.gov/topics/can/perpetrators/>.

### Signs of Physical Abuse

A child who exhibits the following signs may be a victim of physical abuse:

- Has unexplained injuries, such as burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other noticeable marks after an absence from school
- Seems scared, anxious, depressed, withdrawn, or aggressive
- Seems frightened of his or her parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Shows changes in eating and sleeping habits
- Reports injury by a parent or another adult caregiver
- Abuses animals or pets

Consider the possibility of physical abuse when a parent or other adult caregiver exhibits the following (Prevent Child Abuse America, 2018):

- Offers conflicting, unconvincing, or no explanation for the child's injury or provides an explanation that is not consistent with the injury
- Shows little concern for the child
- Sees the child as entirely bad, burdensome, or worthless
- Uses harsh physical discipline with the child
- Has a history of abusing animals or pets

### Signs of Neglect

A child who exhibits the following signs may be a victim of neglect (Tracy, 2018a):

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical care (including immunizations), dental care, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

Consider the possibility of neglect when a parent or other caregiver exhibits the following (Tracy, 2018b):

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Abuses alcohol or other drugs

### Signs of Sexual Abuse

A child who exhibits the following signs may be a victim of sexual abuse (American Academy of Child and Adolescent Psychology, 2014; Rape, Abuse and Incest National Network [RAINN], 2018a):

- Has difficulty walking or sitting
- Experiences bleeding, bruising, or swelling in their private parts
- Suddenly refuses to go to school

- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a sexually transmitted disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver
- Attaches very quickly to strangers or new adults in their environment

Consider the possibility of sexual abuse when a parent or other caregiver exhibits the following (RAINN, 2018b):

- Tries to be the child's friend rather than assume an adult role
- Makes up excuses to be alone with the child
- Talks with the child about the adult's personal problems or relationships

### Signs of Emotional Maltreatment

A child who exhibits the following signs may be a victim of emotional maltreatment (Prevent Child Abuse America, 2016):

- Shows extremes in behavior, such as being overly compliant or demanding, extremely passive, or aggressive
- Is either inappropriately adult (e.g., parenting other children) or inappropriately infantile (e.g., frequently rocking or head-banging)
- Is delayed in physical or emotional development
- Shows signs of depression or suicidal thoughts
- Reports an inability to develop emotional bonds with others

Consider the possibility of emotional maltreatment when the parent or other adult caregiver exhibits the following (Prevent Child Abuse America, 2016):

- Constantly blames, belittles, or berates the child
- Describes the child negatively
- Overtly rejects the child

### The Impact of Childhood Trauma on Well-Being

Child abuse and neglect can have lifelong implications for victims, including on their well-being. While the physical wounds may heal, there are many long-term consequences of experiencing the trauma of abuse or neglect. A child or youth's ability to cope and thrive after trauma is called "resilience." With help, many of these children can work through and overcome their past experiences.

Children who are maltreated may be at risk of experiencing cognitive delays and emotional difficulties, among other issues, which can affect many aspects of their lives, including their academic outcomes and social skills development (Bick & Nelson, 2016). Experiencing childhood maltreatment also is a risk factor for depression, anxiety, and other psychiatric disorders (Fuller-Thomson, Baird, Dhrodia, & Brennenstuhl, 2016). For more information on the lasting effects of child abuse and neglect, read *Long-Term Consequences of Child Abuse and Neglect* at <https://www.childwelfare.gov/pubs/factsheets/long-term-consequences>.

### Resources

**The National Child Traumatic Stress Network's** factsheet *What Is Child Traumatic Stress?* (<https://www.nctsn.org/resources/what-child-traumatic-stress>) defines child traumatic stress and provides an overview of trauma, trauma signs and symptoms, and how trauma can impact children. Find more resources that strive to raise the standard of care and improve access to services for traumatized children, their families, and communities on the National Child Traumatic Stress Network at <http://www.nctsn.org/>.

**The Centers for Disease Control and Prevention (CDC)** web section, *Child Abuse and Neglect: Consequences*, provides information on the prevalence, effects, and physical and mental consequences of child abuse

and neglect as well as additional resources and a comprehensive reference list. You can visit it at <https://www.cdc.gov/violenceprevention/childabuseandneglect/consequences.html>.

**Stop It Now!** is a website that provides parents and other adults with resources to help prevent child sexual abuse. The site offers direct help to those with questions or concerns about child abuse, prevention advocacy, prevention education, and technical assistance and training. The website is available at <http://www.stopitnow.org/>.

**The American Academy of Pediatrics'** The Resilience Project gives pediatricians and other health-care providers the resources they need to more effectively identify, treat, and refer children and youth who have been maltreated as well as promotes the importance of resilience in how a child deals with traumatic stress. The webpage is available at <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Resilience-Project.aspx>.

**Information Gateway** has produced webpages and publications about child abuse and neglect:

- The Child Abuse and Neglect webpage (<https://www.childwelfare.gov/topics/can/>) provides information on identifying abuse, statistics, risk and protective factors, and more.
- The Reporting Child Abuse and Neglect webpage (<https://www.childwelfare.gov/topics/responding/reporting/>) provides information about mandatory reporting and how to report suspected maltreatment.
- Information Gateway also has several publications that cover understanding and preventing maltreatment:
  - *Child Maltreatment: Past, Present, and Future:* <https://www.childwelfare.gov/pubs/issue-briefs/cm-prevention/>
  - *Preventing Child Abuse and Neglect:* <https://www.childwelfare.gov/pubs/factsheets/preventingcan/>
  - *Understanding the Effects of Maltreatment on Brain Development* <https://www.childwelfare.gov/pubs/issue-briefs/brain-development/>

The CDC produced *Preventing Child Abuse & Neglect* (<https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>), which defines the many types of maltreatment and the CDC's approach to prevention.

**Prevent Child Abuse America** is a national organization dedicated to providing information on child maltreatment and its prevention. You can visit its website at <http://preventchildabuse.org/>.

A list of organizations focused on child maltreatment prevention is available on Information Gateway's National Child Abuse Prevention Partner Organizations page at [https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS\\_ID=75&rList=ROL](https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS_ID=75&rList=ROL).

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U.S. Department of Health and Human Services  
Administration for Children and Families  
Administration on Children, Youth and Families  
Children's Bureau



## Cultural Humility Practice Principles



National Child Welfare  
Workforce Institute

LEARNING, LEADING, CHANGING

# CULTURAL HUMILITY

## PRACTICE PRINCIPLES<sup>1</sup>

### CULTURAL HUMILITY

is a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals, resulting in mutual empowerment, respect, partnerships, optimal care, and lifelong learning.<sup>2</sup>

**Embrace the complexity of diversity:** Everyone occupies multiple positions with related identities and statuses, which intersect to distinguish us as individuals

**Be open to individual differences and the social experiences due to these differences:** Intersecting group memberships affect people's expectations, quality of life, capacities as individuals and parents, and life chances

**Reserve judgment:** Cultural humility encourages a less deterministic, less authoritative approach to understanding cultural differences, placing more value on others' cultural expressions

**Relate to others in ways that are most understandable to them:** Culturally appropriate communication and interaction skills enable people to describe their experience in their own words, reducing the need of mastering a wide range of cultural beliefs and practices

**Consider cultural humility as a constant effort to become more familiar with the worldview of others:** Treat this practice as an ongoing process rather than an outcome, including an awareness and appreciation of everyone's physical and social environment

**Instill a spirit of collaboration:** Encourage all staff to become involved in mutually beneficial, non-paternalistic, and respectful working relationships with others, as well as considering the factors at play when defining important priorities and activities needed to achieve common goals

**Demonstrate familiarity with children and families' living environments, building on strengths while reducing negative factors:** Learn to identify, understand, and build on the assets and adaptive strengths of children and parents and engage in efforts to disrupt or dismantle social forces that act to disenfranchise and disempower them

**Know yourself and the ways in which biases interfere with an ability to objectively listen to or work with others:** Use self-reflection and self-critique to engage in a process of realistic, ongoing self-appraisal of biases and stereotypes to challenge the ingrained behaviors and ideas that you have toward others

**Critically challenge one's "openness" to learn from others:** Assess the barriers our attitudes and behaviors present to learning from others

**Build organizational supports that demonstrate cultural humility as an important and ongoing aspect of the work itself:** Include an assessment of the organizational environment, policies, procedures, knowledge, and skills connected to organizational practices to identify ways to employ and promote a cultural humility perspective

<sup>1</sup>Adapted from Ortega, R. M., & Coulborn, K. (2011). Training child welfare workers from an intersectional cultural humility perspective: A paradigm shift. *Child Welfare, 90*(5).

<sup>2</sup>Foronda, C., Baptiste, D. L., Reinholdt, M. M., & Ousman, K. (2016). Cultural humility: A concept analysis. *Journal of Transcultural Nursing, 27*(3), 210–217.

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## North Carolina Mandatory Reporting Laws

### **§ 7B-301. Duty to report abuse, neglect, dependency, or death due to maltreatment.**

(a) Any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, as defined by G.S. 7B-101, or has died as the result of maltreatment, shall report the case of that juvenile to the director of the department of social services in the county where the juvenile resides or is found. The report may be made orally, by telephone, or in writing. The report shall include information as is known to the person making it including the name and address of the juvenile; the name and address of the juvenile's parent, guardian, or caretaker; the age of the juvenile; the names and ages of other juveniles in the home; the present whereabouts of the juvenile if not at the home address; the nature and extent of any injury or condition resulting from abuse, neglect, or dependency; and any other information which the person making the report believes might be helpful in establishing the need for protective services or court intervention. If the report is made orally or by telephone, the person making the report shall give the person's name, address, and telephone number. Refusal of the person making the report to give a name shall not preclude the department's assessment of the alleged abuse, neglect, dependency, or death as a result of maltreatment.

(b) Any person or institution who knowingly or wantonly fails to report the case of a juvenile as required by subsection (a) of this section, or who knowingly or wantonly prevents another person from making a report as required by subsection (a) of this section, is guilty of a Class 1 misdemeanor.

(c) Repealed by Session Laws 2015-123, s. 3, effective January 1, 2016. (1979, c. 815, s. 1; 1991 (Reg. Sess., 1992), c. 923, s. 2; 1993, c. 516, s. 4; 1997-506, s. 32; 1998-202, s. 6; 1999-456, s. 60; 2005-55, s. 3; 2013-52, s. 7; 2015-123, s. 3.)

### **§ 7B-309. Immunity of persons reporting and cooperating in an assessment.**

Anyone who makes a report pursuant to this Article; cooperates with the county department of social services in a protective services assessment; testifies in any judicial proceeding resulting from a protective services report or assessment; provides information or assistance, including medical evaluations or consultation in connection with a report, investigation, or legal intervention pursuant to a good-faith report of child abuse or neglect; or otherwise participates in the program authorized by this Article; is immune from any civil or criminal liability that might otherwise be incurred or imposed for that action provided that the person was acting in good faith. In any proceeding involving liability, good faith is presumed. (1979, c. 815, s. 1; 1981, s. 469, s. 8; 1993, c. 516, s. 9; 1998-202, s. 6; 1999-456, s. 60; 2005-55, s. 9; 2019-240, s. 18.)

## Types of Questions

### Purposes for Using Questions

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

### Types of Questions

#### Open

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

For example:

- How...
- Could you tell me
- What...

#### Closed

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

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

#### Indirect

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

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

### Solution-Focused Interviewing Questions

#### Exception Questions

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

- Are there times when the problem does not happen or is less serious? When? How does this happen?
- Have there been times in the last couple of weeks when the problem did not happen or was less severe?

- How was it that you were able to make this exception happen?
- What was different about that day?
- If your friend (teacher, relative, spouse, partner, etc.) were here and I were to ask him what he noticed you doing differently on that day, what would he say? What else?

### **Coping Questions**

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

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

### **Scaling Questions**

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

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

### **Indirect (Relationship) Questions**

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

Examples:

- "How is it that someone might think that you are neglecting or mistreating your children?"
- "Has anyone ever told you that they think you have a drinking problem?"
- "If your children were here (and could talk, if the children are infants or toddlers) what might they say about how they feel when you and your wife have one of those serious arguments?"

- “At the upcoming court hearing, what changes do you think the judge will expect from you to consider returning your children?”
- “How do you think your children (spouse, relative, caseworker, employer) will react when you make the changes we talked about?”

### **Miracle Questions**

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

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

### **Inappropriate Use of Questions**

#### **Double Questions:**

Asking two questions at the same time, for example:

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

#### **Bombarding:**

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

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

#### **Statement or Leading Questions**

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

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

#### **“Why” Questions:**

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

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

#### **Loaded Questions:**

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

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

**Gotcha Questions:**

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

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

## Considerations for Interviewing Children

### Interviewing Children\*

Excerpts from an article for Court Appointed Special Advocates to help professional evaluators interview children

**Many of the techniques listed in this article can be used by child welfare workers to interview children to assess the child's safety and well-being. This should not be confused with an ability to use these as therapy or to diagnosis a child.**

**Document Author:** Rosemary Vasquez, L.C. S.W.  
**Contact:** NCASAA Program Relations Staff  
**Date Posted:** April, 2000  
**Source:** <http://www.casenet.org/library/advocacy/interviewing.htm>

#### Choosing Appropriate Interview Questions

It is difficult to do an entire interview without asking any questions. It is more effective to use open-ended, or indirect questions. Research shows that children provide more accurate information when they are freely narrating, rather than when they are being asked direct questions (Garbarino). Open-ended questions allow children to expand on their ideas and give us a better sense of their thinking. Asking children to describe their home, their parents, or what they enjoy doing, allows them the freedom to elaborate as they choose. Indirect questions provide a margin of safety for the child. If children are asked questions such as, "Some kids believe all boys should live with their Dads, what do you think?" or "Why would it be a good idea if the judge decided\_," then they have an opportunity to comment, without feeling that they are directly revealing their choice. As evaluators, we have to try to find indirect ways to help the child share important information. If a child avoids an issue, then it may be necessary to try another approach

As an evaluator, you should encourage children to ask questions, and ask them to share whatever they would like about themselves or their family. Children enjoy having a sense of control over what they will be doing and saying.

#### Confidentiality

Another issue to consider in interviewing children for an evaluation is confidentiality. Gardner avoids this issue, but does ask the children if there is anything they've said during the interview that they do not want their parents to know. Some courts have guidelines which state that children are to be informed that the information they provide will not be confidential. Evaluators need to comply with their court, or if their court does not offer any guidance, reach a decision of their own. At the end of the interview you may want to ask the child if there is anything they do or do not want you to tell their parents or the judge.

**Developmental Stages and Interviewing Techniques**

At the beginning of the interview, it is important for you to assess the child's developmental level and to frame the interview so that age-appropriate interview techniques are used. It is important not to confuse chronological age with normal developmental stages. A child's developmental age may not match what may be expected for the child's chronological age. You need to integrate your knowledge of child development with your knowledge of the child's sense of time, temperament, and language abilities. Some of this information may be obtained through interviews with the parents, either through questionnaires completed by the parents, consultations with school teachers, or your own observations.

Once you have a sense of the child, it becomes easier to understand the child's thinking. What the child says and does can best be interpreted by understanding the child's developing cognitive abilities and emotional state of mind.

When formulating questions to ask a child, it is important that the questions be appropriate for the developmental level of the child. The following developmental stages address some of the developmental considerations which can be useful in planning an interview with a child

**The Interview Setting**

A home visit allows you an opportunity to enter that particular child's world and learn about the child's home and play environment. When doing a home visit, I always take certain items which I may want to use in the interview. The items depend on the age of the child and on the information I am trying to elicit. I always include drawing paper (large and small), felt pens, crayons, puppets, games, and a deck of cards. After the initial greetings with the family, I ask the child to show me the child's bedroom and play area and then proceed with the interview in a room which is separate from the rest of the family. Before leaving the home, I observe the child with the family and engage them in some interactive family activity.

**Beginning the Interview**

During the initial part of the interview, you need to focus on helping the child feel comfortable and relaxed, and explain to the child why the interview is taking place. Initially, I let the child explore and move towards getting the child to share something about the child's self. I then share with the child my role in the process using drawings or the dry-erase board. I use the latter to depict my meeting with the child's parents and to explain the importance of getting to know the child since I am trying to help the parents plan for the necessary changes in their lives I encourage the child to ask me any questions. As a way of reducing anxiety and engaging the child, I may introduce the "squiggle game," ask the child to "draw yourself," play a game of hangman (latency-

aged children), or do the card toss.

#### Squiggle game.

This game was introduced by D.W. Winnicott. In this game, the child and therapist each take a turn making a "squiggle" on a blank sheet of paper. A squiggle is a continuous line drawn in circles or any other shapes. The child creates a drawing from the squiggle and describes what they've drawn. Some children will color in each shape and others will make the shape look like some animal. Squiggles can become suggestive and express hidden conflicts when done repeatedly in a therapeutic situation. I use it as a safe, nonthreatening way to engage children of many ages.

Winnicott describes squiggles as a way to loosen a child's defenses and to begin communication with the child.

#### Draw yourself.

I use this task to provide an indicator of the child's developmental level and to get a sense of the child's perception of self. After the child completes the drawing, I ask the child to give me some words that tell me what this child is like, thinking, or feeling. If this is a young child, I write the words on the child's picture or, if the child is older, ask the child to write the words which gives me an idea of writing and spelling skills.

#### Hangman.

Most children eight and older know how to play hangman. I usually use a dry erase board and ask the child to draw a hanging platform and pick a word for me to guess. If the child seems very relaxed during the interview, I will ask the child to pick a word that will tell me how the child feels about being in this interview, how the child feels about the parents not living together, and/or about the parents fighting. If the child is not sure how to spell the word, I get someone to write it on a piece of paper for them. The child then draws blank lines to represent each letter of the word below the hanging platform. I begin guessing letters, and if they are not part of the word, the child writes the letters down along the side of the board and begins to "hang me" by putting a part of the body on the noose for each letter that is guessed incorrectly. If I guess the correct letter, it is written on the appropriate blank line. The objective is for me to either guess all of the correct letters or guess the word. If I have not guessed the word by the time an entire body is drawn, then I'm "hung," and the child reveals the word and wins the game.

#### Card toss.

I use an empty wastebasket and set it on the far side of the room. I take a deck of cards and the child and I take turns tossing a card into the basket, and keep score as to how many are successfully tossed in. If it is a small child, I make sure the child is standing

closer to the basket than I am. This also works well when I am meeting the siblings together, because it provides a good opportunity to observe sibling interaction.

### **Age Appropriate Interviewing Techniques and Games**

When interviewing children, it is important to remember that what we observe may raise questions about the child and the child's life, but we must be cautious not to misinterpret their play or take their words literally. We do not want to reach a conclusion based on any one piece of information; it is best to use play to assist in formulating a hypothesis which can then be further explored. Information that emerges in play needs to be corroborated by other sources, such as further observation of the child during play techniques, teacher consults, or parental, sibling, and other relative interviews. Observe the affective tone of the play and the context in which the affect occurs.

#### **Infants**

Since we cannot "interview" infants, I propose the following process.

##### Direct observation of the child.

Watch the child while playing, or generally relating to the parent, in order to gain a sense of the child's temperament. Observe the infant's development, and view the infant's reactions to a stranger (the evaluator). It may be useful to use the Baley's Infant Development Scale in assessing the developmental range. Note whether or not the baby makes eye contact (some are gaze avoidant). Ask yourself: What is this baby's affect? Is the baby dour? Does the baby show apathy? Does the baby seem comfortable with the parent? Is this a baby with whom anyone could be happy?

##### Assessing the parent-child interaction.

It is important to note how the parent relates to the child.

Note whether the parent appears to be calm, gentle, relaxed, and confident about parenting, or if the parent is anxious, easily frustrated, inattentive, indifferent, or detached. Note what the parent does with the baby and what the parent communicates to the child through looks, touches, and gestures.

One diagnostic tool you might use is a colorful object (for example, a red unsharpened pencil) placed between you and the parent holding the child. Observe the child's and parent's responses. Does the baby move towards the object? Does the parent restrain the child, or move the object away or towards the child?

After the observation, ask the parent for their view of the observation. Was this typical behavior for the child, or was it atypical. (Has the child been sick? Did the child have a difficult night?)

Interviews with collaterals who know the infant.

This "interview" with the infant and parent will hopefully provide you with a sense of how secure this child feels and whether or not the baby is wary, not very responsive, not very flexible, and, therefore, not very adaptable, to changing situations. You may also get a sense of whether the parent provides the child with appropriate stimuli, enhances the security of the child, and meets the child's needs.

### **2 to 5-year olds**

With this age group, it often works best to simply have a table with play figures (small people and animals, with small houses, cars, etc., such as Fisher-Price's, "Play Family") and invite the child to play. This can be done with the child alone and then with each parent to see if certain themes emerge in the child's play or if these themes differ in each situation.

Dialogue with the child needs to fit the child's developmental level. The following are some suggestions which have been found to be effective (Garbarino):

1. When possible, use short and simple sentences that incorporate the child's terms. If you are unfamiliar with the child's terms, ask the child: "What do you call \_?" or "Tell me about\_."
2. Use names rather than pronouns (for example, "Uncle Sam", rather than "he").
3. Rephrase a question that a child does not understand rather than repeating it (if you repeat the question the child may think they gave the wrong answer the first time and change their answer).
4. Avoid asking questions involving time.

Although some 2 and 3-year-olds may not have very good verbal skills, recreating a situation or event often helps to stimulate their memory. The following are examples of structured play which can bring forth important information about who is central to the child's life as well as the child's feelings about a particular person. Young children can often be engaged in doll house play and play with animals (stuffed or puppets) where specific situations can be played out. Even if they are not very verbal, the children can be asked to place the play figures where they think they belong.

They may also respond to, "Please show me what happens when Dad comes to pick you up and you leave Mom." Some kids will have the Mom wave good-bye as the child leaves. One child I interviewed had the Mom figure grab the child saying, "Mama said, 'Don't go, Emily, don't go; stay with Mommy.'" It is difficult to know whether the child was projecting her own feelings of resistance in going with Dad or if she was mimicking her Mom. This, however, provides you with a clue to explore further.

Tea parties can create an opportunity to see who children invite or don't invite. The child can be asked to pick a stuffed animal to represent each in- tee. Ask the

child to pick an animal who reminds the child of that person. Place the animal at the "tea party," and then have the child continue with the play. If the child does not include the parents, then you may ask if they would like to do so. You may also be invited to have tea and then will have an opportunity to see how the child relates to new people.

Children enjoy putting play figures into cars or airplanes and then going places. These scenes can be suggested such as, "Who will go in the car? or Where will you go?" You can suggest that the car is going to the other parent's home, and see if the child plays that out. The child can be asked questions about the car ride such as, "What is fun about driving or going in the car with Mom/Dad?" "Who else is in the car when Mom or Dad pick you up?" Sometimes the child is resistant to drive to the other parent's home, another clue which should be explored.

I feel game.

This game is very nonthreatening and familiar to some children, so they feel comfortable playing. It may pave the way for exploring the child's feelings. Use a paper bag with several objects in it, such as a piece of yarn, an eraser, a rock a pencil with a sharp point, or a small ball, etc.

Invite the child to feel one object and describe to you what it's like: "Is it small, big, soft, hard, long, short?"

After pulling all the objects out of the bag, invite the child to draw, or help draw, some faces that show how the child feels, for example a sad or happy face (some will draw other faces). Each face needs to be on a separate piece of paper, near the child. Next, show the child appropriate pictures (from the TAT, or pictures cut out of magazines) and ask the child how they would feel if what is happening in the picture happened to them. Or, ask the child to, "Show me the face that shows how you feel when happens. (I then describe an event that has happened or might have happened to them.) I mix difficult happenings with safe ones ("How do you feel when you get to sleep with Mom?" or "when you go to the park to play?"). It helps to prepare your questions in advance.

Book reading.

I will read to the child an appropriate book about separation/divorce (for example, *Dinosaur's Divorce*), and as I am reading I ask, "Did this happen in your family?" "Do you ever feel like this?" "What did You do when your Mom/Dad ?"

Telephone game.

Two telephones are needed, or other items can serve as objects to represent telephones (for example, two blocks). Different make-believe phone calls are presented to the child such as:

1. "Let's pretend Dad has called your Mom to ask if he can come pick you up."
2. "Let's pretend Mom calls you when you are at Dad's house."
3. "Let's pretend Dad calls you and Mom is angry at him."
4. "Let's pretend you call Mom when you're at Dad's."
5. "Let's pretend Dad calls you. What does he say to you?"

### **6 to 9-year olds**

The younger children in this age group respond well to some of the above techniques: doll house play, puppet shows, tea parties, car/airplane scenes, telephone game, and reading books.

With this age group, it helps when trying to determine if the child has understood a question, to ask the child to repeat what you have said rather than asking, "Do you understand?" As evaluators, we have a tendency to ask questions repeatedly. Try not to follow every answer with another question. Instead, either comment, ask the child to elaborate, or simply acknowledge the child's response. Learning about a child's routines affords you an opportunity to refer to certain activities that may help a child recall particular events that you may need to learn more about.

The following are common techniques used to elicit information about the child's family situation, the child's feelings, and/or their feelings about their family.

Three wishes.

"If you had three wishes about your family, what would they be?" Common responses are: "That Mom and Dad live together, that they stop fighting, or that we all live in the same house."

Magic wand.

"If you had a magic wand (it is nice if you actually have a magic wand!) and could change anything you wanted, what would you change about a) your family, b) your Mom or Dad, c) where you live, and d) yourself." Since these children need a sense of control over their lives, they enjoy getting to "change" the parents. Some will say, "I'd make them stop yelling at me." or

"I'd make Dad be more fun." or "I'd make Mom not be so tired all the time "

Draw your family (kinetic family drawing).

Often this will give you the child's idealized version of the family. You might want to ask the child to, "Tell me about your family. " or "Tell me something about your Mom or Dad."

Then ask the child to draw their family with everyone doing something active. You might ask:

"How is feeling in this drawing?" If the child draws a picture with only one parent, ask the child to, "Draw me a picture of the family at 's house."

Draw your Mom/Dad.

After the drawing is complete, tell the child, "Well, this gives me an idea of what your Mom and Dad looks like. Now can you tell me some words that will give me an idea of what your Mom and Dad are like and I'll write the words next to their picture as you tell me." (Some children may need you to give them some examples of words or you may have a list on a large piece of butcher paper which contains a number of adjectives from which they can select.) Some children are quick to use phrases such as: grumpy, yells a lot, fun, and takes me places. Other children are reticent. If the child struggles with providing the adjectives, I may try to guess and ask: "Is Mom fun, sad a lot, quiet, or boring?" Sometimes I get nothing but positive comments about one parent and nothing but negatives about the other. I may also get the same adjectives for each parent. Often this technique gives me an idea of the child's view of each parent.

Animal projection..

Ask the child about having animals at home or what the child's favorite animals are Then ask: "What animal reminds you of your Mom/Dad? Why?" Or, ask the child to draw the animal that reminds them of Mom/Dad. - "If you could change yourself into an animal, what animal would you be? Why?"

Projective storytelling.

I propose to tell a story with the child. I tell the child that I will tell a part of the story, and then stop so the child can add to the story. We go on taking turns adding to the story until one of us wants to end the story. I usually begin with: "Once upon a time Annie lived with her Mom and Dad in a \_ (child adds on). Annie, Mom, and Dad liked to go together to\_ (child adds

on). "Then one day, Dad ", etc.

The story can give you more information about the child's perception of the child's life history, or of the child's capacity for fantasizing! Nonetheless, children have the opportunity to, in a less threatening way, tell you about themselves.

#### Draw Mom/Dad 's homes

Ask the child to list the members of their home and then to list next to each home what they like best and least about being there. You can also ask them how they feel about the others living in the home. This can inform you about their relationships with siblings and significant others in the home.

#### Favorite things in life.

Take three sheets of paper and title them Mom, Dad, and Me. Ask the child to list each person's favorite things (for example, TV program, ice cream flavor, sport, activity, etc.) and have the child list each item on the appropriate sheet. Each response is an opportunity to ask the child to share more about themselves. After the three lists are done, you may have a sense of the areas in which the child identifies with a parent.

Again, we must remember how sensitive these children are about comparing Mom and Dad with the above techniques, it helps to ask about an activity with only one parent, and then ask about another activity with another parent. When asking about Mom and Dad, alternate between asking about Mom first and then about Dad first; It is best if you select which activity you want to use with this child, and avoid using more than two activities that involve comparison.

#### How do you feel when ...

Prepare a list of applicable situations for the child, mixing the situations, such as, "How do you feel when you get good grades? How do you feel when your Mom/Dad sees you've gotten bad grades? How do you feel when you get to stay up as late as you want? How do you feel when Mom arrives to pick you up when your at Dad's?"

Kids tend to be more responsive to these questions when you have a chalkboard, butcher paper, or a piece of large paper with a horizontal line that is marked "Great" on one end, "Awful" at the other end, and "OK" in the middle. Ask the child to mark a perpendicular line on the horizontal one to indicate their response. Be sure to put the number of the question you

have asked next to the child's perpendicular line. Having lines to mark, rather than responding verbally, sometimes makes it safer for children to express their feelings.

Life story.

"Let's write a short story about your life..." This can be done either on butcher paper taped on the wall or on a large piece of paper. Either the child or you can do the writing. Prompt the child with: "Let's start with where you were born. Do you know who was there when you were born? Joey was born in\_. He lived with\_ at

Road of life.

Ask the child to draw a road, marking important happenings in their life. At the beginning of the road, make a notation of the child's birth date and birthplace. Ask the child to make bumps, pot-holes, rocks, or other obstacles in the road to represent illnesses or difficult times that have happened during their life--note these on the road as they are shared. At the end of The road, ask what the child sees ahead (for example, What will he be doing? Where will she live?, etc.).

Sentence completion.

Prepare sentences for the child to complete. Formulate sentences that are relative to the child's situation.

Draw an island.

There are several different variations on the "Island Fantasy." Skafta tells the

child to fantasize about living on an island where you have everything you need, but where you are lonely because no one else lives there.

A magic fairy gives the child the chance to have anyone the child wants on the island. The fantasy ends with everyone going back to the land where they live, and everyone living happily ever after. You may get a sense of who is most important to the child through this fantasy. In another version of the island fantasy, I ask the child to draw an island and to put on the island only what the child wants on the island.

When finished, I ask the child to put the persons they want on the island with them. Older kids may put only their friends, in which case, I then ask,

"If your parents need to be on the island, where would you put them?"

In one example of this game, a child put one parent on the island and the other far out at sea. The child had a boat, but only she could take the parents from one place to the other. She had control of whether the parents could get near each other!

Games.

Children of this age enjoy board games. There are certain divorce-related games which can be useful. Some of these games are:

- The Ungame
- The Talking, Feeling, Doing Game
- My Homes, My Places
- Mom's House, Dad's House
- The Storytelling Game (Richard Gardner)

Building toys.

Legos, Lincoln Logs, Connect, blocks, Tinkertoys, etc. can often provide an opportunity for the child to tell a story about what they have built.

### **10 to 13-year olds**

Many of the previously mentioned games are suitable for this age group. I find that the most useful games are the Drawing of the island. How do you feel when...?, Road of Life. and a variation of Hangman.

For the latter, ask the child to think of a word that tells you how they feel about ... (for example, living with Dad, the way their parents get along, the amount of time they spend with Mom/Dad).

The logical thinking for this group is advanced, so I try to challenge them in some way. The following are two techniques I use:

Guessing games.

After familiarizing myself with the child, I engage them in the following, "I'm going to guess a few things about your life. I hope you'll tell me when I've guessed right or wrong." I then proceed with something such as: "I'm going to guess that you like to go over to your Dad's because you don't get along with your stepbrother. Am I right?" I often try to say something that I know is wrong, so that the child will elaborate and correct me. They love to prove me wrong.

#### The Debate.

I will take a situation and explain to the child that I am going to present some reasons why the situation should be a certain way. If the child thinks my reason has merit, then I get a point. The situation being debated, as well as the points gained, is written down on a chalkboard or piece of butcher paper. If the child disagrees with my statement, then I ask the child to present the reasons why the situation should be another way. I decide if the child's reason has enough merit to warrant a point-and either give or don't give the point. Sometimes I purposely withhold a point, so that the child continues to advocate for the validity of their reason.

This game has worked well in situations involving a child moving out of the area. I usually ask the child to take the position they may not want to advocate (if I have a sense they do want to move, I ask the child to argue on behalf of not moving).

#### Talk Show.

Tell the child to pretend they are being interviewed or are appearing on a TV talk show. Ask the child, "What is your opinion about what children (in California) find difficult about their parent's getting separated or divorced?" Then ask the child to, "give advice to the TV viewers about some things that might help kids whose parents no longer live together."

### Teens

Many of you have experienced teens who are angry, hostile, and defensive. Teens are not usually very responsive to doing drawings or playing games, so the interview needs to be very carefully framed.

Issues of confidentiality may arise, and the teens need to understand that you will be writing a report that only the judge will read. As with younger children, the major focus during the interview needs to be the consideration of the teen's mental health. The needs and conflicts of the teen are very important.

Some adolescents withdraw from the family to protect themselves from pain, and may be very resistant to any questioning. In most cases, the first part of the interview should focus on encouraging the teen to talk about issues central to the child's life which are separate from the divorce, such as dating, friends, classes, sports, and extra-curricular activities.

These are a few other questions which may elicit discussion with a teen:

- Ask them about what they think is going on with their family.

## Sample Interview Questions

### Interviewing Children: Sample Questions

#### Family

- Who is in your family?
- Who lives at home with you?
- What kinds of things does your family do together?
- How do you get along with your brothers/sisters? What kinds of things do you do with them?
- Tell me about your grandparents, aunts, uncles, etc.
- What kinds of things do you do in school? Any areas where you have problems? Are there times when things are easy?
- Who do you hang out with at school? Who are your friends?
- Do you belong to any clubs, or participate in any organized activities?

#### Parent

- How do you get along with your mom/dad?
- What happens when things aren't going well? How do your parents react?
- What kind of things do they do?
- What about your brothers/sisters, how do they deal with them?
- Do your parents belong to any organizations, have any friends, etc.?

#### Maltreatment

- As I mentioned to you earlier, I understand you have \_\_\_\_\_ (injury, situation), can you tell me about what happened?
- I understand \_\_\_\_\_ happened to you. Can you tell me about it?
- What else happened? (Maltreatment) You will often ask this type of question to fully explore with the child the extent of the maltreatment.
- Has anything like this happened to your other brothers/sisters?
- What did your parent(s) say, do, etc.?
- When this occurred, how did it happen? What was happening around the home when this occurred? What else was occurring?

### Interviewing the Non-Maltreating Parent: Sample Questions

#### Child

- Tell me about your child. How do you feel about your child? What do you think about your child? His/her capacity? His/her actions/behaviors?
- How does your child behave/act?
- Does your child have friends?

- Can you think of ways in which you can keep the child and the maltreating parent from being alone with each other?
- Does the child have any current or past health-related problems that affect him today?

### Parent

- Tell me about yourself—about your feelings, and about what is happening.
- How do you think things have been between you and your spouse (partner)?
- Explore with the non-maltreating parent the feelings that the worker believes are being exhibited and follow up on those.
- What is the most special thing about parenting your child? The most difficult thing?
- Explore with a non-maltreating parent how they believe their child is doing, and what they are experiencing. Examine issues relating to bonding, attachment, concern, empathy, worry, anxiety, etc.
- Tell me about the family that you grew up in. What types of things did you do? What are some of your fond memories? Your sad or hurtful memories?
- What do you do with your friends? Who are your friends? What do you share with your friends?
- Do you belong to any groups, organizations, religious affiliations, etc.?

### Family

- What types of things are you responsible for in the home and with the family: chores, routine, structure, meals, etc.?
- How do the family members show they care about each other? What affection is demonstrated?
- Who makes decisions for the family? Who is in charge?
- What happens when the directives given are not followed?
- Talk about the marriage (relationship). What are the things that make it good? Things you wish you could change? Communication difficulties?
- Tell me about your folks. What about extended family members? What about neighbors, are they helpful to you and you to them?
- Influences regarding the demographics, extended family, and family functioning are gathered through a variety of observations during the initial interview and subsequent interviews.

### Maltreatment

- What are the parent's thoughts, feelings, attitudes, and beliefs about the maltreatment?
- Do you have any information which suggests the non-maltreating parent has been involved in maltreatment? If yes, explore this with the parent in a direct, yet non-adversarial manner.
- Explore with the non-maltreating parent the alternatives to provide protection to the family. Can this person, with your assistance, do such?

## Interviewing Alleged Maltreater: Sample Questions

### Child

- Tell me about your child. How does your child respond to you? Is he easy-going? Difficult?
- What type of things do you expect your child to do around the house, with siblings, for you?
- What type of behaviors and emotions does your child show?
- Does your child have friends?
- Does your child have any health-related problems that affect him today?

### Parent

- Tell me about yourself, about your feelings, and about what is happening. How do you think things have been between you and your spouse (partner)? Explore with the maltreating parent the feelings that the worker believes are being exhibited and follow up on those.
- What is the most special thing about parenting your child? The most difficult thing?
- Explore with a maltreating parent how they believe their child is doing, and what they are experiencing. Examine issues relating to bonding, attachment, concern, empathy, worry/ anxiety, etc.
- Tell me about the family that you grew up in. What types of things did you do? What are some of your fond memories? Your sad or hurtful memories?
- What do you do with your friends? Who are your friends? What do you share with your friends?
- Do you belong to any groups, organizations, religious affiliations, etc.?

### Family

- How do the family members show they care about each other? What affection is demonstrated?
- How are decisions made in your family? Who is in charge?
- What happens when the directives given are not followed?
- Talk about the marriage (relationship). What are the things that make it good? Things you wish you could change? Communication difficulties?
- Tell me about your folks. What about extended family members? What about neighbors, are they helpful to you and you to them?
- Describe how roles are developed, assumed, and carried out in the home. Who does what? How is it decided who will do what in the home?
- Influences regarding demographics, extended family, and family functioning are gathered through a variety of observations during the initial interview and subsequent interviews.

### Maltreatment

- When you begin to talk to the parent about the maltreatment, minimal information should be given. It is critical that you do not engage in a battle of wills; refocus the parent on his own feelings.
- How does he feel about what happened?
- What do you want to do about this? How can we make sure nothing like this happens again?
- Tell me what has been going on with you. Have you been under stress? What from? Drinking? Marital problems? Job-related problems?
- At an appropriate time, you should always share your belief about maltreatment with the maltreating parent.

## S.E.E.M.A.P.S.

### NORTH CAROLINA CPS ASSESSMENTS DOCUMENTATION TOOL (DSS-5010) INSTRUCTIONS

Source: [DSS-5010ins: NC CPS Assessments Documentation Tool \(DSS-5010\) Instructions — Policies and Manuals \(ncdhhs.gov\)](#)

#### Understanding S.E.E.M.A.P.S.

The key to understanding the purpose of S.E.E.M.A.P.S. is found in understanding that a holistic assessment makes for a more accurate and overall stronger assessment while a partial assessment makes for a poor assessment. The one question that is not asked might be the key to an underlying need of the family or the strength that could be unlocked to help the family remain together. S.E.E.M.A.P.S. is an acronym used to assist the worker in structuring their documentation of the assessment process. The family's life is divided into seven domains or dimensions. These dimensions (Social, Economic, Environmental, Mental health, Activities of daily living, Physical health, and a Summary of strengths) help ensure that the worker assesses all areas of a family's life. Use of the S.E.E.M.A.P.S. method:

- gives structure to the assessment process,
- ensures coverage of many of the possible areas in which the family may have issues, and
- sets the foundation for the identification of needs and strengths upon which interventions with the family will be planned

These seven S.E.E.M.A.P.S. dimensions are comprised primarily of exploratory questions that the worker should use not as a script, but rather as prompts to better understand the family and their strengths and needs. It may not be necessary to ask each of these questions every time the worker makes contact on a case. However, the more familiar a worker becomes with these questions, the better equipped the worker will be to assess the family.

#### Social

Who lives in the house?

How are people connected to each other?

What is the feeling when you enter the house (comfortable, tense, etc.)?

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 does the family do for fun?

What stories do they tell about themselves?

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?  
 Can children discern between truths and lies?  
 Do the children have age-appropriate knowledge of social interactions?  
 Do the children have age-appropriate knowledge of physical or sexual relationships?  
 Are preteen or teenage children sexually active?  
 Do not forget the importance of non-traditional connections a family may have.

### **Economic**

Are adults willing to discuss their finances after a period of getting acquainted?  
 Does the family have adequate income and/or resources to meet basic needs?  
 Do adults in the home know how to access benefits programs for financial support?  
 Is the family receiving food stamps, child support, TANF, or LIEAP? If not, are they eligible?  
 Do the adults in the family demonstrate an awareness of how to budget the money that is available to them? Are bills paid on time?  
 What are the income sources in the family?  
 What is the strongest economic skill each person in this family displays?  
 Do they have enough money to make it through the month?  
 Does the parent subsystem agree about the destination of any monies available?  
 Are adults employed? If so, are they content with the job they have?

### **Environment / Home**

How does the residence look from the outside (kept up; in disrepair; etc.)?  
 What is the surrounding area like?  
 Are there places for children to play?  
 Are there obvious hazards around the house (old refrigerators, non-working cars, broken glass, etc.)?  
 What is the feeling you get when you arrive at this residence?  
 Are there any safety concerns in the neighborhood?  
 In the residence, is there any place to sit and talk?  
 Are there toys appropriate for the ages of the children who live there?  
 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?  
 What kind of food is available in the home?  
 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, etc.)?

Is there a heating and/or cooling system in the home?  
What are the best features of this environment?  
Is the family aware of weapons safety issues?

### **Mental Health**

Take a mental picture of the people in this family. What is their effect? Does their effect 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 any other mental health condition?

If so, are they able to afford the medication, and do they have continued access to medical care for refills?

Are the persons you interview able to attend to the conversation?

Are there times when they seem emotionally absent/distant during conversation?

Are family members clearly oriented to time and location and coherent?

Are there indicators that persons in this family have substance use concerns?

Do adults have an appropriate understanding of child development?

How do people in this family express anger?

Are family members able to discuss and describe emotions?

What is the major belief system in this family?

Does anyone in the family express any concern about their own mental health or the mental health of a family member?

Has anyone ever received counseling or been under the care of a physician for a mental health problem?

Is there any history of mental illness in the family?

### **Activities of Daily Living**

Do family members understand "Safe Sleeping" habits (for infants under the age of 18 months)?

Is the children's clothing adequate (appropriate as to weather, size, cleanliness, etc.)?

What activities does the family participate in?

How does the family spend its free time?

Do adults in this family know how to obtain, prepare, and feed meals to children in this family? What is the family's native language? If it is not English, do they have language barriers to accessing resources?

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 have reliable means of transportation (car, public transportation)?

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?

### **Physical Health**

Do the children appear healthy?

Do the children appear on target with their height and/or weight?

Are there any special medical concerns faced by family members?

If so, who knows how to treat or administer those concerns?

How do people in this family appear?

Do they tend to their hygiene regularly?

Does anyone appear fatigued or overly energetic?

Is anyone chronically ill, taking medication, or physically disabled?

Is anyone in this family using illegal drugs or abusing prescription drugs?

Do people in this family eat healthy food and/or get regular exercise?

Does anyone in this family use tobacco products?

Are there any members of the family who appear to be significantly obese?

Are there any members of the family who appear to be significantly underweight?

How long has it been since members of the family had a physical examination?

Are there older children who continue to have bedwetting problems?

Do people have marks or bruises on their bodies (remember that people may overdress or apply heavy makeup, perhaps to hide injuries)?

Have steps been taken to ensure that the area where small children live is reasonably free from life-threatening hazards?

Do small children ride in safety seats or use seatbelts?

What is the healthiest thing this family does?

What are the skin tone, hair quality, and color of lips (especially with infants) with family members? Have the children had vaccinations?

Are they up to date?

Does anyone in the family have mobility issues?

What is the family's perception of their own physical health?

Does the family have medical and/or dental insurance coverage? If so, who is the provider? If not, is the family eligible to apply for Medicaid? If the family is not eligible to receive Medicaid are there other resources available?

Does the family have a "Medical Home"? If so, who are the providers that make up that "Medical Home"?

### **Summary of Strengths**

What are the major interpersonal strengths of this family? Assess if any adults in the family (especially regular caregivers) were abused or neglected as children. Were there substance abuse or domestic violence issues in the homes of the adult family members? How were adult family members disciplined?

Strengths may be identified by observation from the worker or by disclosure from the family. Family strengths take many forms and appear as dreams, skills, abilities, talents, resources, and capacities. Strengths apply to any family member in the home

(grandparents, aunts, uncles, etc.). Strengths can be an interest in art, the ability to throw a football, getting to work every day, drawing a picture, making friends, cooking a balanced meal, etc.

These interests, talents, abilities, and resources can all be used to help a family meet its needs. Strengths can be found by asking family members and by asking other professionals.