



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Social Services

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

Participant Workbook Week Two

December 2025



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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

Core Training Themes

- Pre-Work e-Learning
- Child Welfare Overview, Roles, and Responsibilities
- North Carolina Practice Model
- Essential Function: Communicating
- Safety, Risk, and Protective Factors
- Identifying Child Abuse and Neglect
- Legal Authority and Responsibilities, Mandatory Reporting
- Essential Function: Engaging
- Core Value: Family-Centered Practice
- Introductory Learning Lab (Communicating and Engaging)
- Essential Function: Assessing
- Safety-Organized Practice (SOP) and Structured Decision Making (SDM)
- Assessing Learning Lab
- Core Value: Trauma-Informed Practice
- Trauma-Informed Practice Learning Lab
- Essential Function: Planning
- Considerations for Child Welfare Practice and Family Engagement
- Essential Function: Implementing
- Disproportionality in Child Welfare Services
- Indian Child Welfare Act (ICWA)
- Engaging Families Through Family-Centered Practice
- Narrative Interviewing with Learning Lab
- Crucial Conversations
- Engaging Families with Core Values and Essential Functions
- Involving Fathers, Non-Resident Parents, and Relatives with Learning Lab
- Collateral Contacts
- Using Family-Centered Practice to Engage Families Learning Lab
- Harm and Worry Statements
- Child and Family Teams (CFT) and CFT Meetings
- Child and Family Team Meeting Learning Lab
- SMART Goals with SMART Goals Learning Lab
- Quality Contacts with Learning Lab
- Ambivalence, the Change Process, and Conflict Management

- 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
- Caseworker Well-Being, Self-Care, Self-Awareness, 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 caseworker 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.

<p>All matters as stated above are subject to change due to unforeseen circumstances and with approval.</p>
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Pre-Service Training: Core Topic Schedule

Week 1:

- Child Welfare Overview
- North Carolina Practice Model
- Roles and Responsibilities
- Safety, Risk, and Protective Factors
- Introductory Learning Lab
- Assessing Learning Lab
- Safety-Organized Practice (SOP)
- Structured Decision Making (SDM)
- Trauma-Informed Practice

Week 2:

- Disproportionality in Child Welfare Services
- Considerations for Special Populations
- The Indian Child Welfare Act (ICWA)
- Family Engagement
- Narrative Interviewing
- Quality Contacts
- Structured Decision-Making (SDM)
- Safety Organized Practice (SOP)

Week 3:

- Developing Goals with Families
- Interviewing Skills
- Family Engagement
- Discord
- Crucial Conversations

Week 4:

- Intake
- CPS Assessments
- SDM Safety Assessment
- SDM Family Risk Assessment
- SDM Family Strengths and Needs Assessment

Week 5:

- In-home services
- Permanency

Week 6:

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

Pre-Service Training: Core Week 2 Day 1 Agenda

Child Welfare in North Carolina Pre-Service Training: Core

Welcome

Disproportionality in the Child Welfare System

Institutionalized Racism in Child Welfare

BREAK

Disproportionality in Child Welfare

Implicit Bias in Child Welfare

Family-Centered Services

Considerations for Family Perspectives

LUNCH

Populations with Special Legal Considerations

Indian Child Welfare Act (ICWA)

Placement Preferences

Notice to Tribes

BREAK

Notice to Tribes, continued

Consideration for Engaging Tribal Families

Family and Tribal Engagement

Self-Reflection

Relational Worldview Model

Preservice Training: Core Week 2 Day 1 Learning Objectives

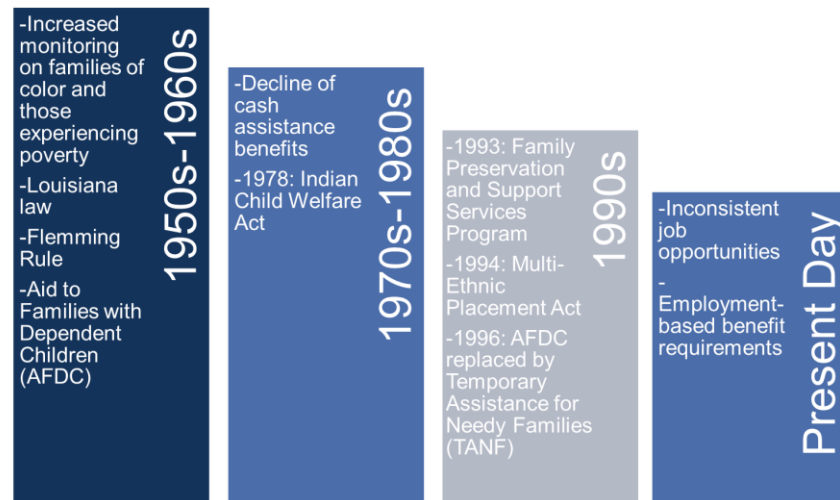
Day 1
Disproportionality in the Child Welfare System
<ul style="list-style-type: none"> • Recognize the institutional racism faced by children and families throughout the history of child welfare. • Describe the disproportionality data and the resulting outcomes for children and families. • Explain the concept of implicit bias and how you can identify your own.
Family-Centered Services
<ul style="list-style-type: none"> • Describe the importance of matching families' individual needs and norms to the services provided to them. • Identify and describe danger indicators and risk factors when working with children and families.
Indian Child Welfare Act (ICWA)
<ul style="list-style-type: none"> • Consistently apply the ICWA placement preferences when determining appropriate foster care and adoptive placements for American Indian/Alaskan Native (AI/AN) children. • Respect the cultural preferences and traditions of every family and apply their understanding of Native American culture to their engagement with Native American families. • Include and engage Native American families and tribal representatives using culturally sensitive strategies and by respecting cultural traditions. • Follow the federally mandated requirement to notify tribes when children may be placed into care or may have their parents' rights terminated.

Core Week 2 Day 1

Disproportionality in the Child Welfare System

Institutional Racism in Child Welfare

History of Child Welfare



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

- Children's Rights. (2021, May 15). *Fighting institutional racism at the front end of child welfare systems: A call to action to end the unjust, unnecessary, and disproportionate removal of Black children from their families*. <https://www.childrensrights.org/wp-content/uploads/2021/05/Childrens-Rights-2021-Call-to-Action-Report.pdf>
- Gordon, L. (2011, January 19). *Child welfare: A brief history*. *Social Welfare History Project*. <https://socialwelfare.library.vcu.edu/programs/child-welfarechild-labor/child-welfare-overview/>
- Minoff, E., & Citrin, A. (2022, March). *Systemically neglected: How racism structures public systems to produce child neglect*. Center for the Study of Social Policy. <https://cssp.org/resource/systemically-neglected/>
- Murray, K. O., & Gesiriech, S. (2004, November 1). *A brief legislative history of the child welfare system*. Mass Legal Services. <https://www.masslegalservices.org/system/files/library/Brief%20Legislative%20History%20of%20Child%20Welfare%20System.pdf>
- O'Neill Murray, K., & Gesiriech, S. (2004, November 1). *A brief legislative history of the child welfare system*. Pew Charitable Trusts. <https://www.pewtrusts.org/en/research-and-analysis/reports/2004/11/01/a-brief-legislative-history-of-the-child-welfare-system>

American Indian Boarding Schools

What comes to mind when you hear these words?

- Assimilation
- Civilization



Visit the following sources for a detailed history of American Indian boarding schools.

- Spectrum News. (2022, July 25). *Three part series: The history of Native American boarding schools*. 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. (2020). Struggling with Cultural Repression. Chapter 3: Boarding Schools. *Native Words, Native Warriors*. <https://americanindian.si.edu/nk360/code-talkers/boarding-schools/>
- Newland, B. (2022). *Federal Indian Boarding School Initiative Investigative Report*. [Investigative Report]. U.S. Department of the Interior, Bureau of Indian Affairs. https://www.bia.gov/sites/default/files/dup/inline-files/bsi_investigative_report_may_2022_508.pdf
- Mejia, M. (n.d.). *The U.S. history of Native American Boarding Schools*. The Indigenous Foundation. <https://www.theindigenousfoundation.org/articles/us-residential-schools>
- National Park Service. (2024). *The Carlisle Indian industrial school: Assimilation with education after the Indian wars (Teaching with Historic Places)*. U.S. National Park Service. <https://www.nps.gov/articles/the-carlisle-indian-industrial-school-assimilation-with-education-after-the-indian-wars-teaching-with-historic-places.htm>

Notes

Video: The History of Native American Boarding Schools

Visit [The History of Native American Boarding Schools](#) for interviews with survivors of Native American boarding schools.

What emotional and cultural impacts on the children did you see?

How is not being allowed to speak one's own language significant?

What are some possible losses that children and families experience when child welfare is involved in their lives?

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

Disproportionality refers to over or underrepresentation of groups compared to their share of the population. Children of color are disproportionately represented in child welfare and face worse outcomes than White children. Children of color often spend longer in foster care due to bias and discrimination.

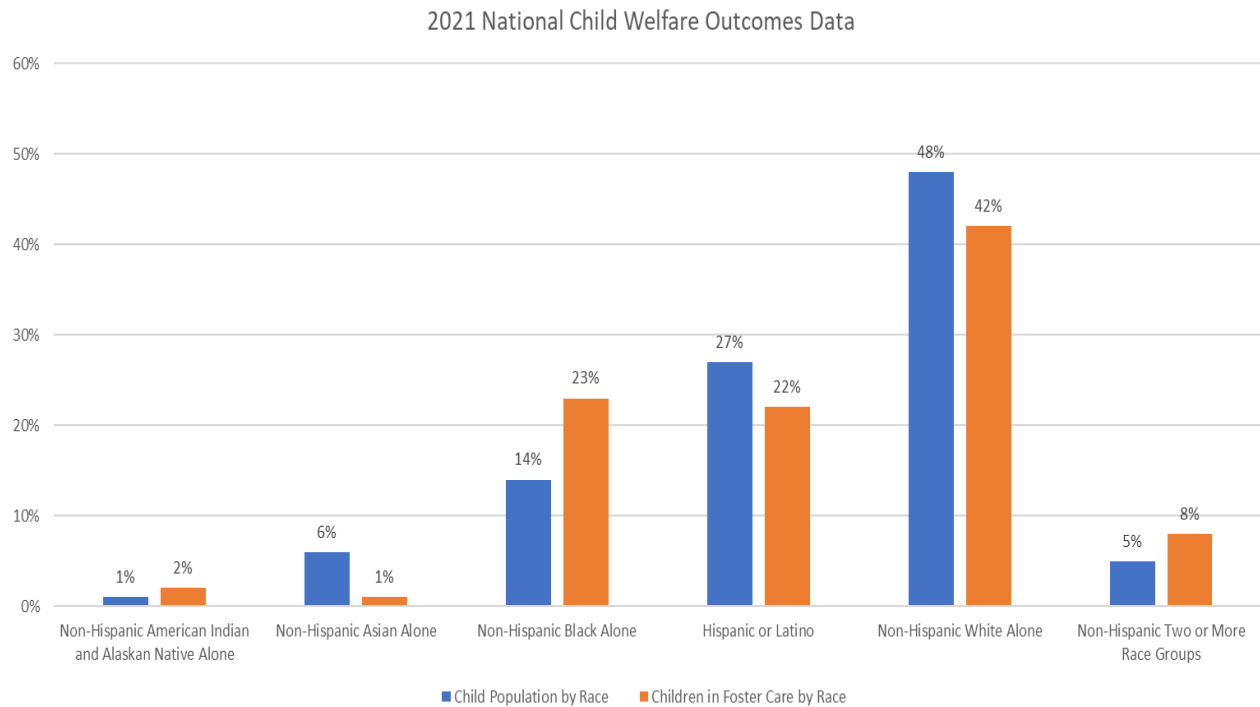
Black and American Indian/Alaskan Native children are more likely to be removed from homes and have parental rights terminated. Disproportionality occurs at multiple stages of the child welfare process, including investigation, substantiation, and placement.

Hispanic children are generally underrepresented nationally but overrepresented in some states; reasons may include underreporting or group norms of not reporting to state officials. Challenges in disproportionality data include:

- Race/ethnicity are self-identified and can change over time.
- Administrative errors and bias in data recording affect accuracy.

Notes

National Child Welfare Outcomes Data



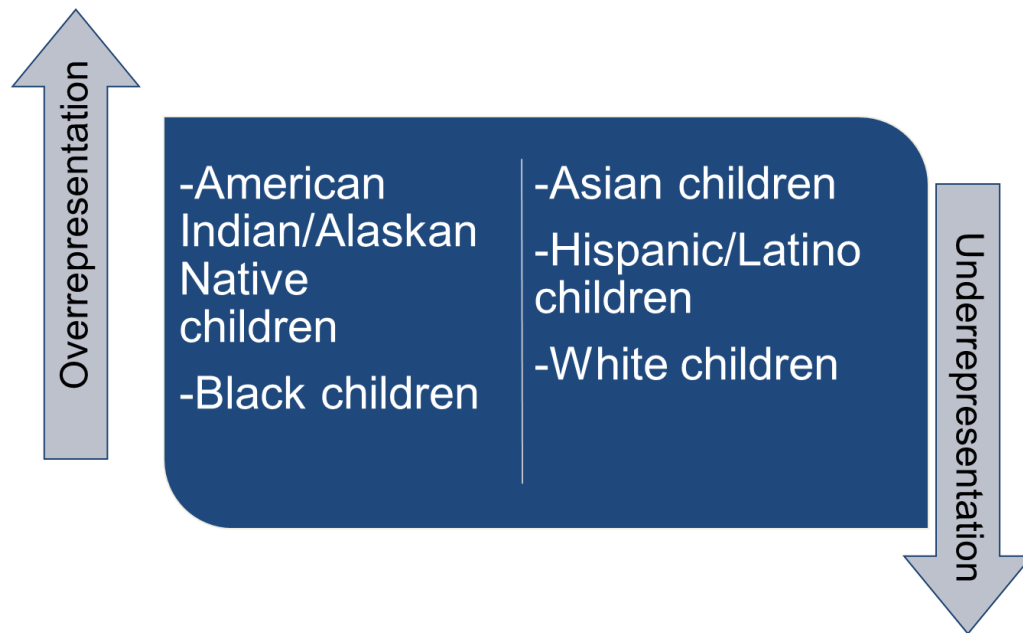
In 2023, the national population of children included:

- 1 percent American Indian and Alaskan Native children
- 6 percent Asian children
- 14 percent Black children
- 27 percent Hispanic or Latino children
- 48 percent White children
- 5 percent two or more race groups

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
- 42 percent White children – almost 10 percent less than the percentage of children in the national population
- 8 percent children in two or more race groups – almost double the percentage in the national population

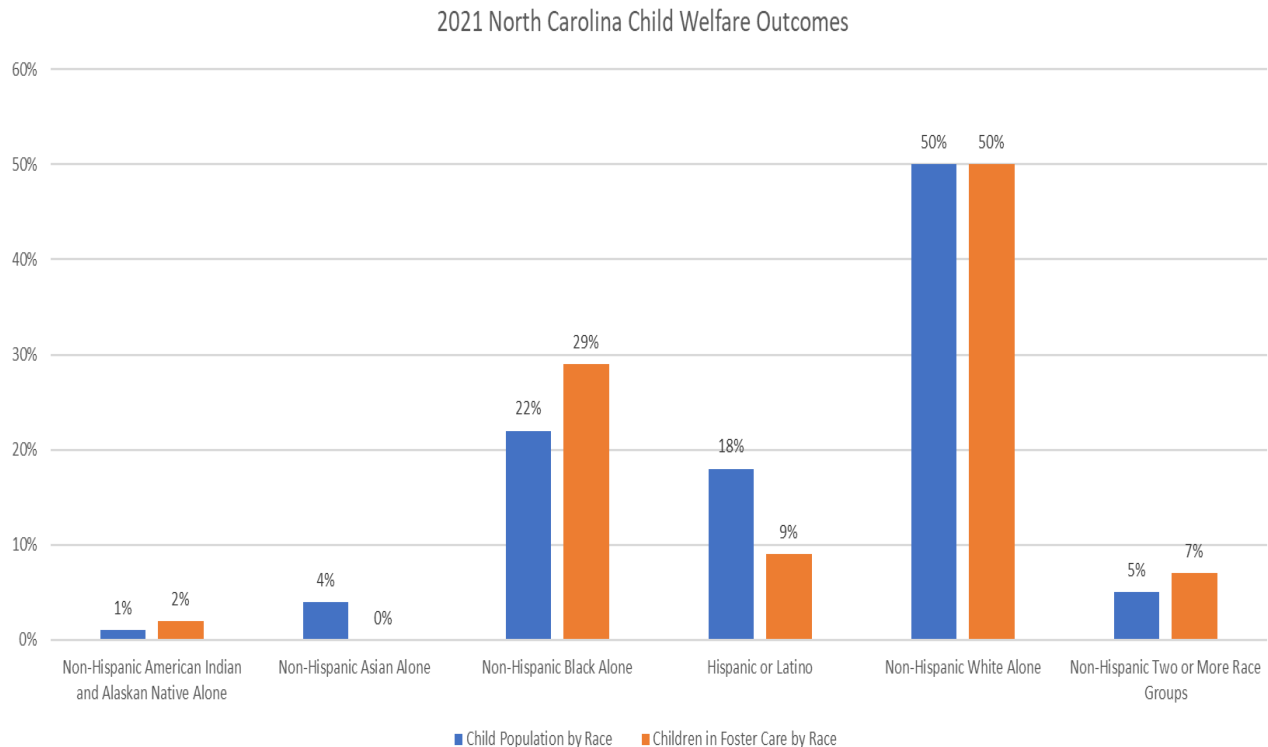
National Child Welfare Outcomes Data



Notes

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North Carolina Child Welfare Outcomes Data



In North Carolina in 2021, you can see the 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 18 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 50 percent of both the statewide and foster care population in North Carolina.

Notes

What surprises you about the national and North Carolina data? Were you surprised to see specific racial or ethnic groups in either the overrepresented or underrepresented groups?

What have you learned about disproportionality that will influence how you might impact these data?

What do the Data Tell Us?

	National Population	National Foster Care Population	North Carolina Population	North Carolina Foster Care Population
Asian	5%	1%	4%	0%
American Indian/ Alaskan Native	1%	2%	1%	2%
Black	14%	23%	22%	29%
Hispanic/ Latinx	26%	22%	18%	9%
White	50%	43%	50%	50%

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? And did you notice that those were both higher in North Carolina than in the national numbers? What does that tell you?

North Carolina has a higher percentage of Black children than national numbers, both in the overall population and in the foster care population. How do you interpret that?

Implicit Bias in Child Welfare

Definition

Automatic positive or negative preference for:

Office on the web Frame

Race	Ethnicity	Age	Gender
Ability	Appearance	Skin tone	Nationality

Implicit bias is an automatic positive or negative preference for a group, based on your subconscious thoughts. Biases can impact our work with families in the child welfare system. Bias impacts families of varied racial and ethnic backgrounds during reporting, investigation, substantiation, and out-of-home placement.

Bias can influence the initiation of legal proceedings, length of stay in foster care, consideration of kinship placements, and other inequitable expectations for families. Child welfare professionals must be aware of and evaluate how their personal bias, as well as systemic biases, negatively impact the children and families they work with.

Notes

Activity: Reflection on Implicit Association Test

For this activity, members from each table will be asked to move to a different table to encourage cross-communication in the classroom. Work with your group to answer the following questions and be prepared to discuss them with the large group.

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?

Worksheet: 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 the address, or mitigate, those biases.

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

Increasing motivation toward egalitarian goals: Some studies show that focusing our internal motivation toward fairness and equality may offset implicit bias. As this motivation becomes automatic, our energy is concentrated on seeking equality and fairness and less on our biases.

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.

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 our biases.

Building new associations: This process helps us to replace our existing biases with new ones that are more aligned with fairness 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 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.

Key Takeaways

Focus on cultural responsiveness 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

Notes

Family-Centered Services

Considerations for Family Perspectives

Worksheet: Considerations for Respectful Child Welfare Services

Think back to the self-assessment you completed before this session. You do not need to share your results from that assessment, but please take a few moments to consider how the biases that you may have could impact your interactions with children and families as you answer the following questions. These notes will be kept private.

How do my own biases impact how I work with families?

What happens when we have miscommunication?

How can I practice and demonstrate positive intent?

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?

Strategies for Respectful Engagement 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?

How are We Doing?

The statewide service array includes services that:

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

Policy doesn't always equal practice.

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

What kinds of services will meet these needs?

How can we ensure these services are offered statewide and are family-centered and respectful?

Key Takeaways

Equality is giving each person or group of people the same resources

Fairness recognizes that each person has different circumstances, and provides resources needed

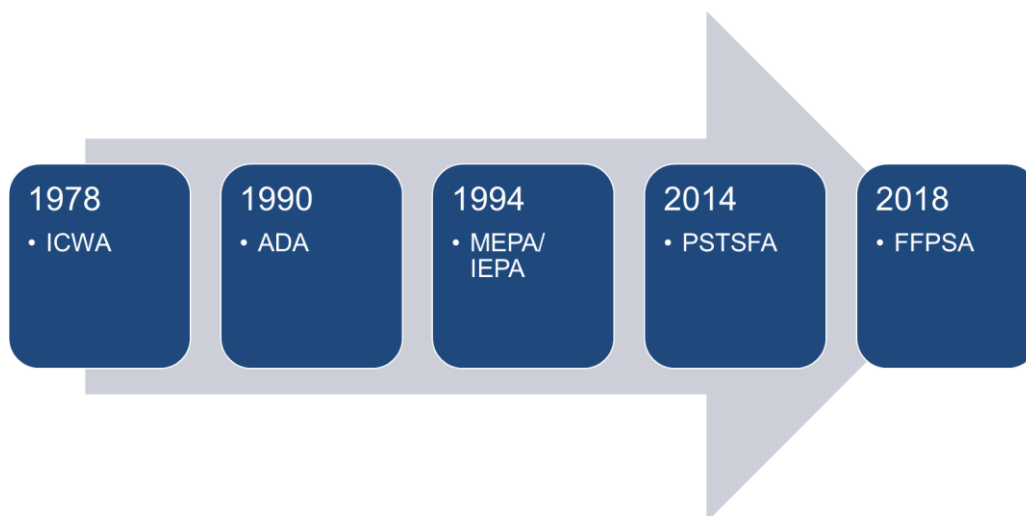
Child welfare services must be respectful and family-centered

North Carolina has a statewide service array

Notes

Populations with Special Legal Considerations

Special Legal Considerations



In the context of child welfare, certain populations are afforded specialized legal protections designed to address their unique vulnerabilities and ensure equitable access to services.

- The Indian Child Welfare Act (ICWA) specifically protects Native American children by requiring heightened procedural safeguards, including tribal notification, the right to legal counsel, active state efforts to prevent family disruption, and placement preferences that honor familial and tribal connections, all aimed at preserving cultural identity and tribal sovereignty.
- The Americans with Disabilities Act (ADA) mandates non-discriminatory access to child welfare services and supports for children with disabilities.
- The Multiethnic Placement Act (MEPA) and its Interethnic Provisions (IEPA) safeguard children in foster care and adoption from discrimination based on race, color, or national origin, ensuring that placement decisions prioritize the child's best interests rather than demographic considerations.
 - The Individualized Education Programs (IEPs) ensure services meet educational and developmental needs.
 - Additionally, MEPA's IEPA provisions reinforce equitable service access for children across racial and ethnic lines, emphasizing timely and unbiased evaluations for foster care or adoption.
- The Preventing Sex Trafficking and Strengthening Families Act (PST-SFA) prioritizes early identification and intervention for youth at risk of exploitation, obligating child welfare agencies to implement comprehensive screening, documentation, and services tailored to protect these children from trafficking and related harms.
- The Family First Prevention Services Act (FFPSA) represents a preventive approach, enabling states to allocate federal funding toward mental health and substance abuse programs, parenting education, and kinship support with the goal of reducing foster care placements.

Activity Worksheet: Child Welfare Legislation for Special Populations

The purpose of this section is to review key laws that guide the work of child welfare and discuss why they are important.

What to Do: Your group will be assigned a Child Welfare law to review, using the “Federal Laws Review” handout that follows this activity. Answer the questions below and be prepared to teach the rest of the class about your assigned law.

My group was assigned the _____.

How does knowing and understanding these pieces of legislation impact our work in child welfare services?

How do these laws impact children and families in North Carolina?

Laws can change. How can you keep up with federal and state legislation and policy changes that impact your work?

Handout: Federal Law Overview

Federal Law Overview

Federal Child Welfare Legislation

CAPTA (*Child Abuse Prevention and Treatment Act* - 42 U.S.C.A. § 5106a(b)(2)(B)(viii)-(x))

Enacted in 1974. CAPTA provides federal funding to states in support of prevention, assessment, investigation, prosecution, and treatment activities, as well as grants to public agencies and nonprofit organizations for demonstration programs and projects. CAPTA provided for mandatory reporting of child abuse. Additionally, CAPTA identifies the federal role in supporting research, evaluation, technical assistance, and data collection activities. CAPTA also sets forth a minimum definition of child abuse and neglect. CAPTA, as amended by the CAPTA Reauthorization Act of 2010, defines child abuse and neglect as, at 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"; or
- "An act or failure to act which presents an imminent risk of serious harm."

While Federal legislation sets minimum standards for states that accept CAPTA funding, each state provides its own definitions of maltreatment within civil and criminal statutes.

As it relates to GALs, CAPTA provides that if judicial proceedings are necessary to protect a child, then a GAL must be appointed to represent the child's interest. CAPTA, however, does not currently require that the GAL be an attorney. A portion of CAPTA funds may also be used to train professionals, including attorneys, and to improve legal preparation and representation.

AACWA (*Adoption Assistance and Child Welfare Act of 1980* - Public Law 96-272)

AACWA was a response to concerns over the number of children entering the foster care system and the length of time children remained in the system following removal. The goal of the Act was to reduce the number of children entering the system and decrease the amount of time spent in the system for those who did enter. In that regard, the Act mandates that state agencies must make "reasonable efforts" to prevent the removal of children and to facilitate permanency for children after removal. The underlying mandate of AACWA was to preserve families. To comply with that mandate, many state agencies increased their use of "family preservation" services.

AACWA also created Titles IV-B and IV-E of the Social Security Act and established the first federal rules to govern child welfare case management, permanency planning, and foster care

placement reviews. States were also required to develop reunification and preventative programs for foster care and ensure that children in non-permanent settings had either court or state agency reviews at least every six months.

Title IV-B of the Social Security Act

Established by ACCWA as a funding scheme to allow state agencies to prevent and respond to cases of child maltreatment. The purpose was to promote a state agency's ability to develop and expand child and family services programs that utilized community-based services and to ensure that children are raised in safe and permanent families.

NOTE: How a state intends to use their IV-B funds should be detailed in their "state plan" which is accessible to the public. As an attorney for the Children's Department you may want to become familiar with Missouri's state plan so that, among other reasons, you can effectively communicate with the agency about available services and you can be prepared to defend the Department if opposing counsel raises an issue re: the state plan.

TITLE IV-E of the Social Security Act

Established by AACWA as a funding scheme to help states offset the costs of placing abused and neglected children into the foster care system when they cannot be safely maintained at home. It requires that the first court order authorizing removal contain a finding that it is "contrary to the child's welfare" to remain in the home (or in the child's best interests to be removed) and a statement of the reasons for that finding. This is especially important for attorneys who represent the Department to be cognizant of so that they can ensure the Department does not lose funding based on the failure to include that language in the court's order.

Additionally, it requires that every child who enters foster care have a plan that articulates the permanency goal and a schedule of services that the parents and children must receive to facilitate reunification (or if reunification is not the goal, the alternative permanency plan).

ASFA (Adoption and Safe Families Act of 1997, Pub. L. No. 105-89)

Enacted in 1997, ASFA was one of the most sweeping child welfare laws passed in over two decades. It was, in part, a response to concerns about the safety and timely permanence of children. ASFA adds to the reasonable efforts requirement, providing that "in determining reasonable efforts, the child's health and safety shall be the paramount concern." In addition, ASFA does the following:

- Requires states to file for TPR if a child has been in the state's custody for **15 of the most recent 22 months**, with 3 exceptions. The exceptions are established if (1) the

child is **placed with a relative**, (2) the state agency documents a ***compelling reason*** why termination is NOT in the child's best interest, OR (3) the state agency has **not provided adequate reunification services**, even though obligated to do so.

- Requires that permanency hearings be held every 12 months.
- Clarifies when a state agency can forego efforts to reunify families and proceed straight to termination/adoption or an alternative permanency goal. These are "aggravated circumstances" that each state can define.
- Requires states to document efforts to move children toward adoption.
- Extends adoption subsidies.
- Provides incentives to state agencies to finalize adoptions.
- Permits states to use ***concurrent planning*** in order to expedite permanency.
- Expanded permanency options available to include permanent guardianship and APPLA (Another Permanency Planned Living Arrangement).

NOTE: Before using an APPLA permanency plan, the state agency must document and present to the court ***compelling reasons*** why a more permanent placement option is not available to the child. Sometimes caseworkers would like to change the permanency plan to APPLA when a child has behavioral or mental health issues that make permanent placement challenging. Attorneys representing the Department should ensure that the reasons the Department asserts to the court are compelling (although this is not defined) and not simply because it's too hard.

FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT OF 2008 (Pub. L. No. 110-351)

The Fostering Connections Act aimed to maintain a child's ties with family, expedite permanency, and achieve better outcomes for youth once they leave the foster care system. States must "opt-in" to many of the provisions contained in this Act. Some specific provisions include:

- Allows states to establish a subsidized kinship guardianship program.
- Provides for matching grants to assist state agencies with "family finding" efforts.
- Requires state agencies to notify adult relatives within 30 days of a child's removal.
- Allows states to waive non-safety licensing rules for relative placements.

- Allows states to extend foster care to youth up to age 21.
- Requires that state agencies develop a transition plan for youth within 90 days of their exit from the foster care system.
- Promotes educational stability by requiring state agencies to take the child's education into account when making placement changes and work with the school system to ensure that a child can remain in their home school.
- Requires state agencies to make reasonable efforts to place siblings together, or if not placed together, to facilitate frequent visitation or other on-going interaction.
- Allows tribes to develop their own plans in order to be eligible for federal funds.
- Increases adoption incentive payments to states.

THE FOSTER CARE INDEPENDENCE ACT of 1999 (*Chafee Act*) Pub. L. No. 106-169

Increased funding to enable states to design, conduct, and evaluate independent living programs with the purpose of assisting youth as they transition out of foster care. Encouraged states to create programs that support youth by addressing finances, housing, health, education, and employment. The act also increases support to youth aging out of foster care in other ways, such as allowing states to provide Medicaid coverage for foster care youth until age 21 (** Now extended up to age 26 via the Affordable Care Act).

ICWA (*Indian Child Welfare Act*) 25 U.S.C. §§ 1901-63

Enacted in 1978 to address the disproportionate removal of American Indian children from their homes for purposes of placement into white foster homes or institutions for adoption. ICWA's purpose is to "protect the best interests of Indian children and to promote the stability and security of Indian tribes and families." As such, it imposes substantive mandates on the states.

Major provisions of ICWA include:

- **Application:** ICWA applies to cases in state courts only in specific situations:
 - (1) Child custody proceedings - foster care placement, termination of parental rights, pre-adoptive and adoptive placements
 - (2) Involving an "Indian child" - any person under the age of 18 who (a) is a member of an Indian tribe, or (b) is the biological child of a member of an Indian tribe and is eligible for membership in an Indian tribe.

- **Jurisdiction:** Where a Native child resides or is domiciled on a reservation or is the ward of the tribal court, only the tribal court may properly exercise jurisdiction. For all other children, however, state courts have concurrent jurisdiction. The state court is required to transfer the case to tribal court, however, if the tribe or parents request transfer except when: (1) either parent objects to transfer, (2) the tribal court declines transfer, or (3) there is good cause to the contrary.
- **Placement:** No placement (away from the biological parents, adoptive parents, or Indian custodian) can be made without (1) **active efforts** to preserve the family through remedial and rehabilitative services designed to prevent the breakup of the Indian family; and (2) **clear and convincing evidence** that continued custody by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child. A qualified expert witness is required to establish the clear and convincing standard.
- **Placement Preferences:**
 - **Foster Care Placement:**
 - With a member of the child's extended family;
 - In a foster home licensed, approved or specified by the child's Tribe;
 - In an Indian foster home licensed or approved by an authorized non-Indian licensing authority (such as the state or a private licensing agency);
 - In an institution for children approved by an Indian tribe or operated by an Indian organization that has a program suitable to meet the child's needs.
 - **Adoptive Placement:**
 - With a member of the child's extended family;
 - With other members of the child's Tribe; or
 - With another Indian family.
- **Termination of Parental Rights:** In proceedings to terminate parental rights to an Indian child, there must be: (1) evidence **beyond a reasonable doubt** that continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical harm to the child and (2) testimony by a qualified expert witness.

NOTE: Failing to follow the requirement of ICWA may be grounds for a tribe, parent, Indian custodian or a child to ask the court to vacate court orders and require new proceedings.

- **NEW ICWA REGULATIONS:** The Bureau of Indian Affairs (BIA) released new ICWA regulations on June 8, 2016, which are now binding. The intent of these regulations is to clarify and strengthen ICWA's requirement to "ensure that Indian families and tribal communities do not face the unwarranted removal of their youngest and most vulnerable members." Some provisions that specifically relate to practice are as follows:
 - A party must certify on the record whether he or she knows or has reason to know that the child is an Indian child.
 - The "active efforts" requirement is defined, and specific examples are provided.
 - Requirements of a "qualified expert witness" are established.
 - Emergency removal is permitted only as necessary to prevent imminent physical damage or harm to the child. The court must immediately terminate the emergency removal as soon as it receives sufficient evidence that the removal is no longer necessary.

ADA (*Americans with Disabilities Act*)

Enacted to address discrimination against persons with physical and mental disabilities. Relates to child welfare law specifically by guaranteeing that all litigants have reasonable access to legal proceedings and that foster children are not denied services based on a disability.

Recently there has been some case law (Michigan) in which a TPR was reversed and remanded because the Department did not comply with the ADA in providing services to the mother. Attorneys who represent the Department should be aware of this and should insist that when a parent has a disability, the Department is complying with the ADA in its provision of services pursuant to the case plan.

IDEA (*Individuals with Disabilities Education Act*)

Enacted in 1975 to ensure that children with disabilities have access to a free appropriate public education that is tailored to their individual needs. Here are the main principles:

- Every child is entitled to a free and appropriate public education (FAPE).

- When a school professional believes that a student between the ages of 3 and 21 may have a disability that has a substantial impact on the student's learning or behavior, the student is entitled to an evaluation in all areas related to the suspected disability.
- Creation of an Individualized Education Plan (IEP). The purpose of the IEP is to lay out a series of specific actions and steps through which educational providers, parents, and the student may reach the stated goals.
- The education and services for children with disabilities must be provided in the least restrictive environment, and if possible, those children be placed in a "typical" education setting with non-disabled students.
- The input of the child and his or her parents must be considered in the education process.
- When a parent feels that an IEP is inappropriate for his or her child, or that the child is not receiving needed services, the parent has the right under IDEA to challenge the child's treatment (through due process).

Additionally, the IDEA requires schools to provide transition planning for children and actively engage them in the planning process.

MEPA (Multi-Ethnic Placement Act) & Inter-Ethnic Adoption Provisions

Enacted in 1994, MEPA establishes the following:

- Prohibits discrimination on the basis of race, color, or national origin in foster care licensing and foster/adoptive placements.
- Requires diligent recruitment of foster/adoptive parents that "reflect the ethnic and racial diversity of children in the state for whom homes are needed."
- Prohibits delay in placement on the basis of race, color, or national origin.
- Prohibits states from making placement decisions solely on the basis of race, color, or national origin.

The Inter-Ethnic Adoption Provisions amended MEPA by:

- Establishing that a MEPA violation may result in a loss of IV-E funding.
- Creating a private right of action for MEPA violations.
- Specifying that the provisions of MEPA do not apply to ICWA children.

HIPAA (Health Insurance Portability and Accountability Act)

This Act and the accompanying regulations provide national standards for protecting health information. It regulates how others may use and disclose health information, gives patients more protection and control over their records, and sets boundaries for the release and use of health records. Doctors, clinics, and psychologists are among the entities covered by the Act. Generally, under the Act, health information may be disclosed only with the consent of the patient.

The Child Abuse Exception:

- Although HIPAA generally overrides state laws, *HIPAA rules do not apply where "state law . . . provides for the reporting of disease or injury, child abuse, birth, or death . . ."* (Section 160.203[c]). Therefore, pursuant to state statute (C.R.S. § 19-1-307), HIPAA allows disclosure to child protection caseworkers where child abuse or neglect is suspected.
- Where disclosure is not otherwise required or permitted, a court may issue a subpoena or order release after the victim/child is given notice and an opportunity to object. Even in this situation, since the victim is a child and notice would otherwise be given to the parent responsible for the abuse or neglect, the notice generally need not be given in advance.
- Disclosure is permitted when consistent with legal and ethical practices, such as when disclosure is necessary "to prevent or lessen a serious and imminent threat to the health or safety of a person or the public."
- Medical records need not be released to a dangerous parent when there is a "reasonable belief" that the child "has been or may be subjected to . . . abuse or neglect . . . or when release would endanger the child."

ICPC (*Interstate Compact on the Placement of Children*)

The ICPC is a uniform law enacted by all 50 states, the District of Columbia, and the U.S. Virgin Islands, to ensure that children placed *out of their home state* receive the same protections and services that would be provided if they remained in their home state. ICPC applies to the following types of placements:

- Placement preliminary to an adoption (independent, private or public adoptions);
- Placement in licensed or approved foster homes (with related or unrelated caregivers);
- Placements with parents and relatives when a parent or relative is not making the placement as defined in Article VIII(a); OR

- Group homes/residential placement of all children, including adjudicated delinquents in institutions in other states.

The ICPC requires:

- The sending state must notify the receiving state and receive back from that state notice that the proposed placement does not appear to be contrary to the interests of the child.
- Approval by BOTH states.
- The sending state retains jurisdiction over and financial responsibility for the child.

NOTE: The ICPC process is very bureaucratic and can take weeks or months depending on the particular states involved. An expedited ICPC evaluation, however, can and should be requested if the child meets any of the following requirements:

- The child is under two years of age;
- The child is in an emergency shelter; OR
- The child has spent a substantial amount of time in the home of the proposed placement recipient.

USA (*Uninterrupted Scholars Act of 2013* - Public Law No: 112-278)

Amends the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974 that prohibit the Department of Education from funding educational agencies or institutions that release student educational records (or personally identifiable information other than certain directory information) to any individual, agency, or organization without written parental consent.

Expands the list of organizations exempt from such prohibitions (thereby permitting the educational agencies or institutions participating in a Department of Education program to release records or identifiable information to such organizations without parental consent) to include an agency caseworker or other representative of a state/local child welfare agency or tribal organization authorized to access a student's case plan when such agencies or organizations are legally responsible for the care and protection of the student.

* Permits the release of such records and information without additional notice to parents and students when a parent is a party to a court proceeding involving child abuse and neglect or dependency matters, and a court order has already been issued in the context of that proceeding.

PREVENTING SEX TRAFFICKING & STRENGTHENING FAMILIES ACT – Public Law No. 113-183

Signed into law in September 2014, the Act seeks to protect foster children and improve the child welfare system as it specifically relates to establishing normalcy and permanency for children.

Specific provisions include:

TITLE I:

- Requires that child welfare agencies create policies and procedures by September 29, 2015, for **identifying, documenting and determining** appropriate services for children over whom they have legal responsibility to either provide care OR supervision and who the state has **reasonable cause** to believe are victims or are at risk of becoming victims of sex trafficking.
- Requires that child welfare agencies immediately (within 24 hours) report children identified as sex trafficking victims to law enforcement.
- Requires child welfare agencies to **develop and implement** plans to expeditiously locate children missing from foster care.
- Allows foster parents and other trained designated officials to make parental decisions, applying the **reasonable and prudent parent standard**, that maintain the health, safety, and best interest of the child, including decisions about participation in extracurricular, enrichment, cultural and social activities.
- In FY 2020, provides additional \$3 million under Title IV-E ILP to support participation in age-appropriate activities for youth likely to age out of foster care.
- Eliminates APPLA for children under 16 years of age (effective 9/29/15 for child welfare agencies and 9/29/17 for children under the responsibility of their tribe).
- Requires additional case plan and review requirements for youth with an APPLA goal.
- Requires that the child welfare agency engage children who are 14 years and older in their case plan development and modification and allows the child to self-select two individuals to be a part of their case planning team (*Department retains veto power if it determines that the individual chosen by the youth would not act in the child's best interest).
- Requires the child welfare agency include in the child's case plan a "list of rights" that outlines their rights with respect to education, health, visitation, and court participation.



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- Requires the child welfare agency to ensure that youth who are aging out and who have been in care for 6 months or longer receive a copy of their birth certificate, a social security card, health insurance information, medical records, and a driver's license or identification card.

TITLE II:

- Extends adoption incentive program through FY 2016.
- Creates four incentive categories.
- Clarifies that states must use adoption and guardianship incentive payments to supplement, as opposed to supplant, other funds already being used under either IV-E or IV-B.
- Allows a successor guardian to receive kinship guardianship assistance in the event of death or incapacity of the original relative guardian.
- Requires that all parents of siblings are identified and notified within 30 days after the removal of a child from the parents (* This includes siblings whose parent's rights were previously terminated).

ESSA (*Every Student Succeeds Act* – Public Law No. 113-183)

Enacted in 2015, the Act reauthorizes the *Elementary and Secondary Education Act* and focuses its provisions on promoting school stability and success. It also requires collaboration between schools and child welfare agencies.

Specifically, as to foster care, the ESSA:

- Provides that state education agencies must ensure that students in foster care remain in their school of origin, unless it would not be in their best interests.
- Allows children in foster care to immediately enroll in a new school when a change is necessary, even without school records. The new school is required to immediately contact the child's previous school to obtain records.
- Requires local education and child welfare agencies to develop plans for providing cost-effective transportation options that would allow children to remain in the same school (by December 10, 2016).
- Requires state education agency to designate a point of contact for child welfare agencies. This point person would facilitate communication and collaboration with the child welfare agency.



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- Requires state educational agencies to collect data and report annually on student achievement/graduation rates for students in foster care.

FFPSA (Family First Prevention and Services Act- enacted in February 2018)

This act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system. The bill aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training. It also seeks to improve the well-being of children already in foster by incentivizing states to reduce placement of children in congregate care.

Part I. – Prevention Activities under Title IV-E (Sec. 50711, 50712, 50713)

- Sec. 50711. Foster Care Prevention Services and Programs State Option – At the option of the state, the Secretary may make a payment to a State for providing the following services or programs for children who are candidates for foster care or who are pregnant or parenting foster youth and the parents or kin caregivers of the children.

Available Services:

- Mental Health Services
- Substance Abuse Prevention and Treatment services
- In-home Parent Skill-based programs

Who is eligible:

- Children who are identified as candidates for foster care identified in a prevention plan as safe to remain safely at home or in a kinship placement with receipt of services or programs
- Children in foster care who are pregnant or parenting,
- The parents or kin caregivers where services are needed to prevent the child's entry into care.

Duration:

- 12 months beginning at identification of prevention strategy
- New prevention plan may begin another 12 months for children/families identified again as candidates.

State Requirements:

- Must identify and maintain a written prevention plan for the child to remain safely at home, live temporarily with a kin caregiver, or live permanently with a kin caregiver and list the services or programs to be provided to or on behalf of the child (including information about how they will monitor, assess, train workforce etc.)
- For pregnant or parenting foster youth the prevention plan must list the services or programs to be provided to or on behalf of the youth to ensure that the youth is



prepared or able to be a parent and describe the prevention strategy for any child born to the youth.

- Services must be trauma informed and should be promising, supported, well-supported practices as modeled by the California Evidence-Based Clearinghouse for child welfare.
- Must report outcomes for those receiving services and costs associated.
- HHS to issue guidance on practices criteria and pre-approved services and programs no later than October 1, 2018

Federal Payments:

- 50 percent of amount spent for prevention services and programs will be available to states beginning October 1, 2019- October 1, 2026,
- Beginning October 1, 2026 the FFP will be the state's FMAP for the prevention services and programs
- States may use IV-E funds for associated training and administrative costs at 50 percent reimbursement
- Maintenance of effort requirement for foster care expenditures so that states do not substitute their state and local prevention dollars for IV-E prevention dollars

Part IV – Ensuring the Necessity of a Placement that is not in a Foster Family Home (Sections 50741, 50742, 50743, 50744, 50745, 50746)

Sec. 50741 Limitation of Federal funds for non- foster family settings:

After two weeks, federal reimbursement will only be made for group homes if the child is in:

- A qualified residential treatment program (Q RTP)
- A setting specializing in providing prenatal, post-partum, or parenting supports for youth,
- Supervised independent living for youth over 18

Q RTP requirements:

- Should have a trauma-informed treatment model designed to address the needs of children with emotional or behavioral disorders and be able to implement the treatment identified by the assessment
- Has registered or licensed nursing staff and clinical staff onsite to the extent the program's treatment model requires
- Facilitates outreach to family members of the child
- Documents how family members are integrated into the treatment process for the child
- Provides discharge planning and family-based care support for 6 months after discharge

Family foster home definition:

- Licensed or approved by state where child in foster care resides

- Adheres to the reasonable and prudent parent standard • Provides 24-hour care for the child
- Provides the care for not more than 6 children in foster care (there is flexibility here: parenting youth, siblings, meaningful relationship with a family, special family training)

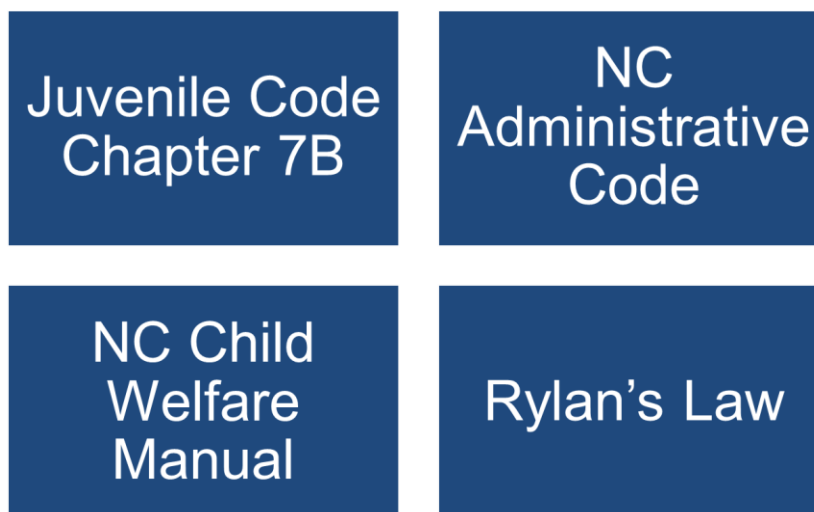
Sec. 50742 Assessment and Documentation of the Need for Placement in a Qualified Residential Treatment Program (QRTP)

- Assessment must be conducted within 30 days after placement in QRTP to receive federal payment by a qualified individual (a trained professional or licensed clinician, cannot an employee of the state)
- Assessment will look at the strengths and needs of the child using an age appropriate evidence-based validated functional assessment tool approved by HHS
- Determine which setting is best for the child, ideally the least-restrictive environment
- Develop list of short- and long-term child specific mental and behavioral health goals. Family and permanency team must be assembled to work in conjunction with qualified individual
- State must document in child's case plan what the team decides, who was there, etc.
- A shortage of foster family homes is not an acceptable reason for determining that the needs of the child cannot be met in a foster family home
- Within 60 days of placement in a QRTP, a family or juvenile court will consider the assessment, determine the most appropriate placement of the child and approve or disapprove the placement- state has to demonstrate why child is in QRTP if for an extended period of time
- If the assessment determined that the placement of a child in a QRTP is not appropriate, a court disapproves of the placement or the child is returning to a family home setting, federal funds can be used while the child remains in QRTP during the transition period
- **No federal funds can be used after 30 days of such a determination**

Sec. 50743 Protocols to Prevent Inappropriate Diagnoses

- Establishes protocols to make sure inappropriate diagnoses are not being made to keep child in a QRTP or other non-foster family home

North Carolina Child Welfare Laws



North Carolina is in the small minority of states that has a state-supervised, county-administered child welfare system.⁶ Each county has either a department of social services (DSS) or a consolidated human services agency that includes social services. DSS's responsibility for protective services include:

- Screening reports of suspected abuse, neglect, or dependency
- Performing assessments
- Providing casework services
- Providing other counseling services to parents, guardians, or other caretakers to help those individuals and the court prevent abuse or neglect; improve the quality of child care; be more adequate parents, guardians, or caretakers; and preserve and stabilize family life

Many requirements of relevant federal laws have been integrated into the North Carolina Juvenile Code, and some are explicitly referenced in the Juvenile Code but not codified. Requirements of federal and state laws are also integrated into state regulations and policies. The Juvenile Code: G.S. Chapter 7B establishes both the procedural and substantive laws that apply to abuse, neglect, dependency, and termination of parental rights cases as well as the legislature's purpose in enacting the Juvenile Code. In North Carolina, binding agency regulations are referred to as "Rules" that are set forth in the North Carolina Administrative Code (N.C.A.C.). The Rules regulating child welfare services are part of social services apply to the extent they do not conflict with federal and state laws. The Division of Social Services at NCDHHS develops policies that comply with state and federal laws and represent best practice guidance, encoded in the Child Welfare Manual.

Rylan's Law was enacted in 2017 to provide a blueprint for creating statewide capacity to protect children and promote safe and stable families while incorporating evidence-based, trauma-informed, and culturally competent practices. It was a statewide reformation of North Carolina's social services and child welfare programs.

Key Takeaways

Vulnerable populations are afforded specialized legal protections

Placement decisions prioritize the child's best interests

ICWA provides Native American children heightened procedural safeguards

Emphasis on prevention and family support

NC Laws align with Federal Laws

Notes

Indian Child Welfare Act (ICWA)

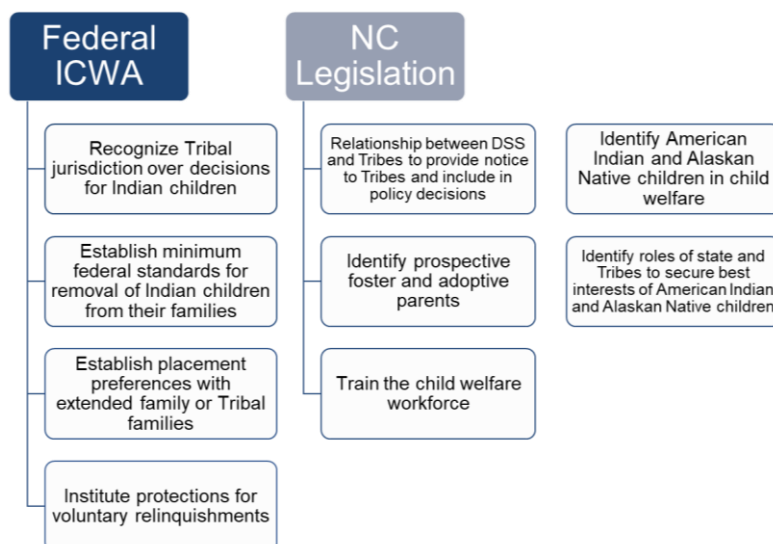
Activity: Indian Child Welfare Act of 1978 (ICWA)

Work with your group to explore your experiences connected to American Indian or Alaska Native tribes. Share your thoughts about how you have learned about American Indian or Alaska Native tribes in North Carolina. There will be no report out for this activity.

Notes

Placement Preferences

ICWA Background



ICWA is unique among the federal laws in that it seeks to mitigate damages done by the federal government through colonization, the pioneering movement, and older federal acts. ICWA governs state custody proceedings in several ways, including:

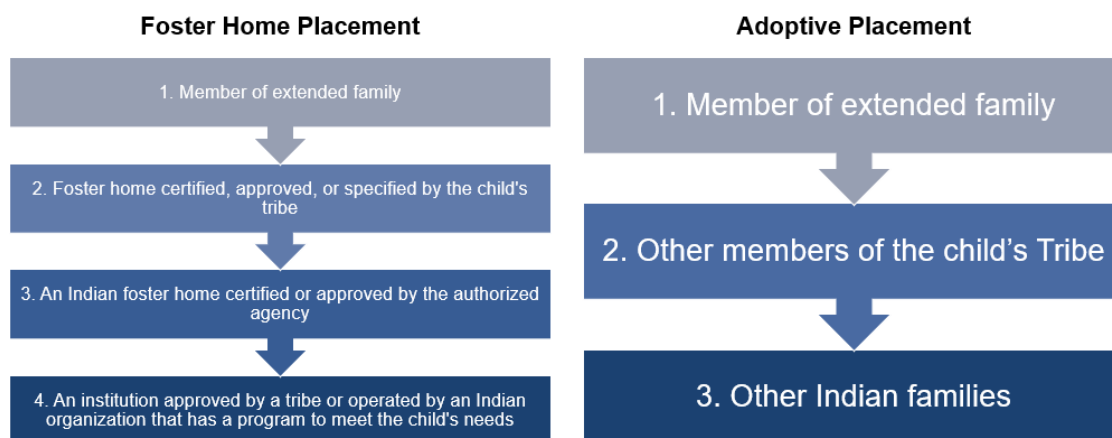
- Recognizing sovereign Tribal jurisdiction over decisions for Indian children
- Establishing minimum Federal standards for the removal of Indian children from their families
- Establishing placement preferences for Indian children with extended family or other Tribal families
- Instituting protections to ensure that the child's parents' voluntary relinquishments of their children are truly voluntary

ICWA applies to any state child custody proceeding involving an Indian child, and a child is considered an "Indian child" if:

- The child is a member of a federally recognized Tribe, or
- The child's parent is a member of a federally recognized Tribe, and the child is eligible for membership

Notes

Placement Preferences



There are two placement preferences within ICWA: foster care and adoption. In all instances, Tribal nations have decision-making powers to determine best placement preferences.

For foster care placements, the placement preferences are, in order:

7. A member of the child's extended family
8. A foster home licensed, approved, or specified by the child's Tribe
9. An Indian foster home licensed or approved by an authorized non-Indian licensing authority
10. An institution approved by a Tribe or operated by an Indian organization that has a program suitable to meet the child's needs

For adoptive placements, the placement preferences are, in order:

1. A member of the child's extended family
2. Other members of the child's Tribe
3. Other Indian families

Notes

Active Efforts

The Indian Child Welfare Act requires the use of “active efforts”, or actions intended to maintain or reunify an American Indian or Alaskan Native child with their family. Active efforts are proactive, thorough, and timely actions that are required of states to maintain or reunite a Native child with their family.

Active efforts differ from ‘reasonable efforts’ as they go beyond referrals to ensure families receive appropriate support and services. ICWA mandates active efforts in two areas:

- Preventing the removal of the child or reunifying them after removal. This includes offering culturally appropriate services
- Collaborating with the child’s tribe on all case planning decisions

ICWA’s provisions, including those for active efforts, apply whether or not the child’s tribe is involved in the custody proceedings.

Examples of active efforts:

- Completing a comprehensive assessment for the child and their family, focusing on how you could achieve safe reunification
- Identifying appropriate services and helping parents to overcome obstacles
- Actively assisting the parents in accessing services
- Identifying, notifying, and inviting Tribal representatives to participate in providing supports and services to the child’s family and in family meetings and permanency planning
- Conducting a diligent search for extended family members, and contacting and consulting those family members to provide support for the child and their parents
- Offering and using culturally appropriate family preservation strategies, and facilitating the use of these strategies provided by the Tribe
- Actively working to keep siblings together whenever possible
- Supporting regular interaction between the child and their parents or Indian custodians in the most natural setting possible
- Facilitating trial home visits when safe
- Monitoring progress and participation in services
- Considering multiple methods to address the child’s, parent’s, and family’s needs
- Providing post-reunification services and monitoring

What examples can you think of that would be considered active efforts?

Notice to Tribes

Requirement to Provide Notice

Handout: Notification to North Carolina Tribal Nations

When an Indian child is removed from their home to be placed into foster care, the child welfare agency is required to notify the child's tribe. Remember from an earlier section of this training that an Indian child is defined as "any unmarried person under the age of 18 who is either a member of a federally recognized Indian Tribe or the biological child of a member of a federally recognized Indian Tribe and is eligible for membership in a federally recognized Indian Tribe."

The federal Indian Child Welfare Act requires notice to tribes for:

- Involuntary foster care placements
- Termination of parental rights proceedings

ICWA does not require notice to tribes:

- For voluntary placements (including when there is no threat of removal by the state child welfare agency or when the child's parent or Indian custodian can regain custody on demand)
- If neither the parent nor child is a member of a federally recognized tribe
- If the child is not eligible for tribal membership in a federally recognized tribe
- For Tribal court proceedings
- For proceedings regarding a criminal act committed by a minor
- For awards of custody in divorce proceedings

ICWA does not require notice to tribes prior to emergency removals, but state child welfare agencies must immediately take action to comply with ICWA if it is applicable.

North Carolina policy requires that county DSS workers notify:

- Tribal authorities, when taking custody of a tribal child or earlier with parental permission
- Adult relatives of Indian children being placed in foster care for possible placement preferences

Best practice indicates that the Caseworker also call and email the Tribal Nation's ICWA or Family Support Services to notify them that official notification has been sent.

An ICWA notice should include:

- The birth name, birthplace, date of birth, Tribal enrollment information, and number (if applicable) for the child, birth parents, grandparents, and other direct lineal ancestors
- A copy of the relevant child-custody proceeding documents or petition, and the date, time, and location of any scheduled hearing

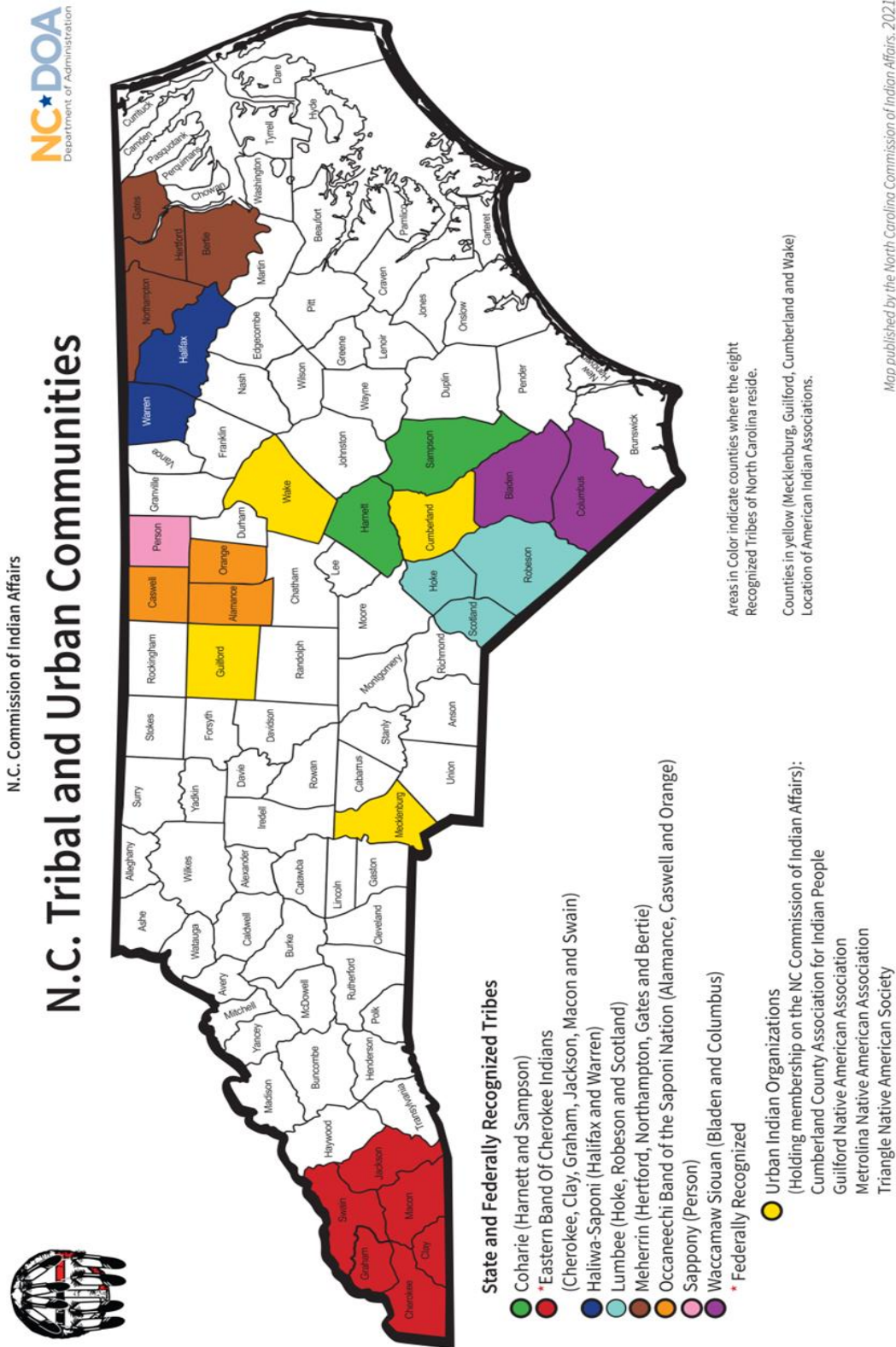
An ICWA notice should be sent to:

- The child's parents
- The child's Indian custodian, if applicable
- The ICWA Designated Agents of each Tribe in which the child is or may be enrolled. The ICWA Designated Agent for each Tribal nation can be found on the Bureau of Indian Affairs website
<https://www.federalregister.gov/documents/2024/12/11/2024-29005/indian-entities-recognized-by-and-eligible-to-receive-services-from-the-united-states-bureau-of>.
- The appropriate BIA Regional Director

The ICWA notice must be sent by registered or certified mail with a return receipt requested, with a copy sent to the appropriate BIA Regional Director. The appropriate Regional Director can also be found on the BIA website.

Notes

Tribes in North Carolina



The eight state-recognized tribes in North Carolina are:

- The **Coharie** (Co-hair-e), which is headquartered in Clinton and mostly located in the southeastern region of the state, in Harnett and Sampson counties. The Coharie community includes four settlements: Holly Grove, New Bethel, Shiloh, and Antioch. The Coharie have approximately 2,700 members, and about 20 percent of the members live outside the tribal communities.
- The **Eastern Band of Cherokee Indians** (which is also federally recognized), whose home is on the 56,000-acre Qualla Boundary next to the Great Smoky Mountains National Park. There are over 16,000 enrolled members, and 60 percent of them live on the Boundary.
- The **Haliwa-Saponi Indian Tribe** (Ha-li-wa Sa-pony), whose members are direct descendants of the Saponi, Tuscarora, Tutelo, and Nansemond Indians. The Haliwa-Saponi tribe has 3,800 members, the third-largest tribe in the state, who mostly live in "The Meadows," which takes up most of the southwestern part of Halifax County and the southeastern part of Warren County.
- The **Lumbee** (Lum-bee) **Tribe of North Carolina** (which has partial federal recognition) is the largest tribe in the state, the largest tribe east of the Mississippi River, and the ninth largest in the nation. The over 55,000 members live mostly in Robeson, Hoke, Cumberland, and Scotland counties.
- The **Meherrin** (Me-hair-in) refer to themselves as "people of the water", and they share language, traditions, and culture with the Nottoway and other Haudenosaunee Nations. The Meherrin are the only non-reservation Indians in North Carolina who still live on their original Reservation lands, near Como.
- The **Sappony** (Sa-pony) **Tribe** includes seven core families (or clans), whose 850 members live in the High Plains along the North Carolina and Virginia border, in Person County (and partially in Halifax County, Virginia).
- The **Occaneechi Band of the Saponi Nation** (O-ka-knee-chi Band of the Sa-pony) is located in Alamance, Caswell, and Orange Counties, with Tribal Grounds in the Little Texas Community. The Occaneechi Band of the Saponi Nation have over 1,100 members.
- The **Waccamaw Siouan** (Wa-ka-maw Sioux-an) moved from northeast of Charleston, South Carolina, to the swamplands of North Carolina, and the Tribal Office is in Columbus and Bladen Counties. The community has over 2,000 citizens.

You'll see a reference to "non-reservation" Indians when talking about the Meherrin Tribe. Not all American Indians live on their reservation lands, and not all Tribes have Tribal lands for their members to live on. This is directly related to the Dawes Act of 1887, which split up reservations and allowed non-Tribal members to purchase the land designated as Indian reservations. In some states, such as Oklahoma, Tribal lands were offered to settlers as homestead lands, a designation still held today and documented on tax records.

According to the BIA, a federally recognized tribe is an American Indian or Alaska Native tribal entity that is recognized as having a government-to-government relationship with the United States, with the responsibilities, powers, limitations, and obligations attached to that designation, and is eligible for funding and services from the

Bureau of Indian Affairs. Federally recognized tribes are recognized as possessing certain inherent rights of self-government (called tribal sovereignty) and are entitled to receive certain federal benefits, services, and protections because of their special relationship with the United States. At present, there are 574 federally recognized American Indian and Alaska Native tribes and villages.

Notes

Activity: North Carolina Tribal Nations

What to Do: With your partner(s), visit the Tribal nation website assigned to your group.

- The Coharie (Co-hair-e): <https://coharietribe.org/>
- The Eastern Band of Cherokee Indians: <https://www.ebci.gov/>
- The Haliwa-Saponi Indian Tribe (Ha-li-wa Sa-pony): <https://www.haliwa-saponi.gov/>
- The Lumbee (Lum-bee) Tribe of North Carolina: <https://www.lumbeetribe.com/>
- The Meherrin (Me-hair-in): <https://meherrinnation.org/>
- The Sappony (Sa-pony) Tribe: <https://www.sappony.org/>
- The Occaneechi Band of the Saponi Nation (O-ka-knee-chi Band of the Sa-pony): <https://obsn.org/>
- The Waccamaw Siouan (Wa-ka-maw Sioux-an): <https://waccamaw-siouan.org/>

Identify two aspects of that Tribal nation's history.

Identify one ceremony celebrated by the Tribal nation.

Name at least two symbols from the Tribal nation website.

Identify at least two services provided by the Tribe to Tribal citizens.

What does this Tribal Nation call their elected leader? (such as Governor, Chief, or Tribal Council)

Handout: Contact Information for North Carolina Tribal Nations

Current as of September 2025, contact information can be found on the NC DOA page: <https://ncadmin.nc.gov/public/american-indians/nc-tribal-communities>

Each Tribal government has a Tribal Office (or offices), and the contact information generally includes the:

- Tribal Chief or Chairperson
- Executive Director or Tribal Administrator
- Tribal Enrollment Specialist



Coharie Tribe

Ammie Gordon "Gordie", Chief

Greg Jacobs, Executive Director - greg_jacobs53@yahoo.com

Vacant, Tribal Enrollment Officer -

Address: 7531 N U.S. Hwy 421, Clinton, NC 28328

Phone: 910-564-6909

Fax: 910-564-2701

Website: <https://coharietribe.org/>



Eastern Band of the Cherokee Nation

Michelle Hicks, Principal Chief

Alan B. Ensley, Vice Chief

Paxton Myers, Chief of Staff

Pam Straughan, Deputy Chief of Staff

Address: PO Box 1927, Cherokee, NC 28719

Phone: 828-359-7000

Fax: 828-497-7000

Website: <https://www.ebci.gov/>



Haliwa-Saponi Indian Tribe

Shalene Kanseah, Tribal Administrator - skanseah@haliwa-saponi.org

Tosha Silver, Enrollment Clerk - toshasilver@haliwa-saponi.com

Dr. Ogletree Richardson, Chief

Gideon Lee, Chairperson

Physical Address: 39021 N.C. Hwy 561, Hollister, NC 27844

Mailing Address: PO Box 99, Hollister, NC 27844

Phone: 252-586-4017

Fax: 252-586-3918

Website: <https://www.haliwa-saponi.gov/>



Lumbee Tribe of North Carolina

Mr. John Lowery, Tribal Chairman - johnlowery@lumbeetribe.com

Ricky Harris, Administrator - rharris@lumbeetribe.com

Phone: 910-522-2190

Camera Brewer, Admin. Assist. to Chairman - cbrewer@lumbeetribe.com

Phone: 910-522-2190

Reena Locklear, Enrollment Director - roxendine@lumbeetribe.com

Mailing Address: PO Box 2709, Pembroke, NC 28372

Physical Address: 6984 NC Hwy 711 West, Pembroke, NC 28372

Main: 910-521-7861

Fax: 910-521-7790

Fax-Adm: 910-521-2278

Website: www.lumbeetribe.com



Meherrin Indian Tribe

Jonathan Caudill, Jr., Chief

Alison Brown, Tribal Administrator

Physical Address: 852 NC-11 South, Ahoskie, NC 27910

Mailing Address: PO Box 274 , Ahoskie, NC 27910

Phone: 252-904-1517

Email: meherrincouncil@gmail.com

Website: <https://meherrinnation.org/>



Occaneechi Band of the Saponi Nation

Mr. W.A. "Tony" Hayes, Tribal Chair - tony.hayes@trancasnc.com

Ms. Vickie Jeffries, Tribal Administrator - vickiejeffries@yahoo.com

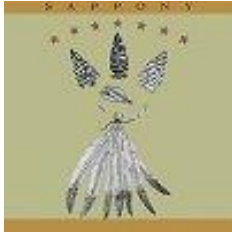
Phone: 336-421-1317

Mailing Address: PO Box 356, Mebane, NC 27302

Phone: 919-304-3723

Email: obsntribe@gmail.com

Website: www.obsn.org



Sappony

Mr. Otis K. Martin, Chief

Mr. Dante Desiderio, Executive Director - dante@nafoa.org

Mrs. Dorothy Stewart Yates, Tribal Chair - dorothysyates@gmail.com

Physical Address: 4281 Virgilina Rd., Virgilina, VA 24598

Mailing Address: PO Box 3265, Roxboro, NC 27574

Email: sappony@msn.com

Website: www.sappony.org



Waccamaw Siouan Tribe

Rev. Mike Jacobs, Chief - revmdjacobs@gmail.com/Phone: 910-619-3967

Ms. Pamela Young Jacobs, Assistant Chief - nativesongpi@yahoo.com

Phone: 910-234-1294

Millie Freeman, Chairperson

Leslie Jones, Housing Coordinator & Tribal Enrollment Specialist –

leslie.jones@waccamaw-siouan.com

Phone: 910-655-8778

Mailing Address: PO Box 69, Bolton, NC 28423

Physical Address: 7275 Old Lake Rd, Bolton, NC 28423

Phone: 910-665-8778

Fax: 910-655-8779

Email: siouan@aol.com

Website: www.waccamaw-siouan.com

Consideration for Engaging Tribal Families

Considerations When Working with Tribal Families

American Indian and Alaskan Native individuals have unique cultural identities, determined by their personal and family histories. Some American Indian and Alaskan Natives refer to themselves as “Native”, by their tribal name, or otherwise, and many Alaskan Natives do not refer to themselves as “Indian” and consider it rude when others do so.

Tribal culture is community-oriented rather than toward each individual. Storytelling is a very common practice in many American Indian and Alaskan Native families and communities to share messages and teachings.

The actions of the federal government throughout the history of our country have led to feelings of distrust from the American Indian and Alaskan Native communities.

Do:

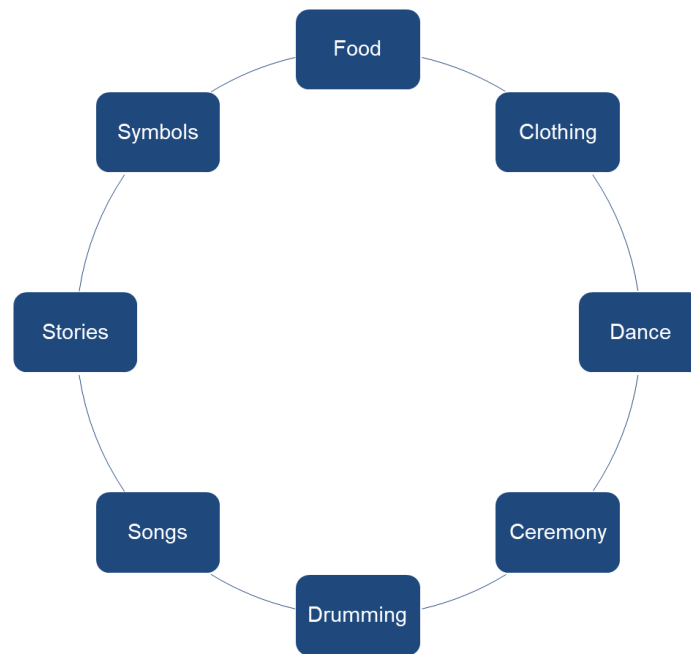
- Learn how the community refers to itself as a group, such as their Tribal name
- Listen more than you speak and learn to be comfortable with silence and pauses in conversation
- Ask people to educate you on cultural traditions and norms in their community

And do not:

- Interrupt people or interject during pauses or long silences
- Invade people’s personal space
- Tell stories about distant relatives of yours who were American Indian or Alaskan Native to build rapport, unless you still have a connection to that community and culture
- Rush conversations and constantly check your watch

Notes

Tribal Traditions



Traditions and customs vary between and among American Indian and Alaskan Native Tribal nations. Tribal nations have different ways of recognizing who is close family and who is responsible for the children in a family.

North Carolina is home to the largest population of American Indians east of the Mississippi River. North Carolina is home to two federally-recognized and eight state-recognized Tribal nations (the two federally-recognized Tribal Nations are also state-recognized).

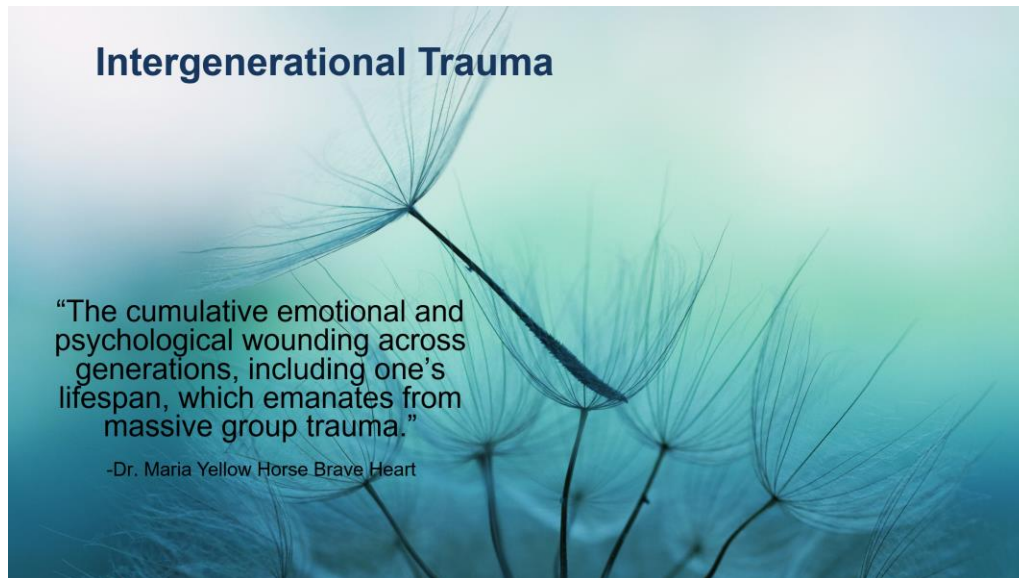
It is important to ask for information and education on what traditions are most important to members of each family, community, and tribe.

Notes

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Family and Tribal Engagement

Intergenerational Trauma



The concept of intergenerational trauma is the “cumulative emotional and psychological wounding across generations, including one’s lifespan, which emanates from massive group trauma. This level of trauma is one of the most significant obstacles to engaging American Indian and Alaskan Native families.

Our role in the child welfare system can trigger these wounds in families despite our best efforts and intentions. When we are engaging American Indian and Alaskan Native families, we must:

- Educate ourselves about intergenerational trauma. You can learn more by visiting the National Indian Child Welfare Association’s website (www.nicwa.org).
- Understand that this trauma has impacted each tribe, community, and family differently
- Approach families in a strengths-based way, and focus on what has happened rather than what is wrong
- Provide space to families to share their story in their way and in their time
- Listen and reflect without judgement
- Address and mitigate your biases to avoid families who are still processing their trauma

Notes

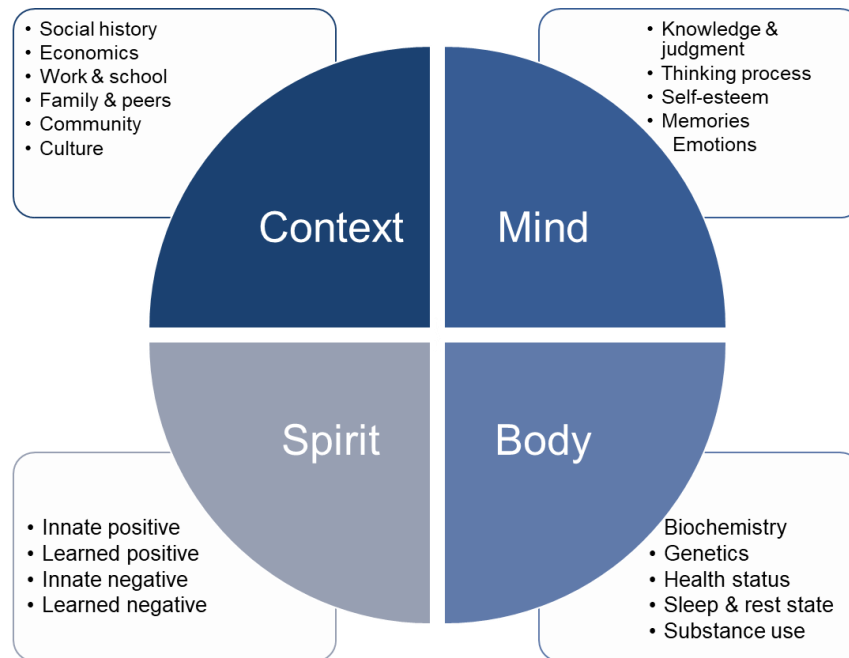
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What do you know about historical and intergenerational trauma?

What have you learned about in this training that would contribute to this historical and intergenerational trauma?

What might you say to acknowledge the role that child welfare services have played in intergenerational and historical trauma for Tribal children and families?

Family Engagement: Relational Worldview Model



The National Indian Child Welfare Association created the Relational Worldview Model as a framework for the child welfare workforce for:

- Assessing imbalances for an individual or family
- Restoring balance or harmony back into an individual or family
- Case planning
- Family crisis planning
- Goal setting

This model is based in tribal teachings and beliefs and includes the four quadrants of context, mind, spirit, and body. Each quadrant is constantly changing, and each is interdependent and interrelated with the others to reach balance and harmony.

Notes

Handout: Tribal Best Practices for Family Engagement Toolkit

Family Engagement

Tribal Best Practices for Family Engagement Toolkit

- Educate yourself about historical and intergenerational trauma and its effects
- Understand that historical and intergenerational trauma has impacted each tribe differently
- Start with the approach of what happened as opposed to what's wrong
- Give space for families to tell their story but not making it a requirement
- Reflect and pay attention to your own bias, remain non-judgmental, and be self-aware of your actions to not offend families who are still working through their trauma

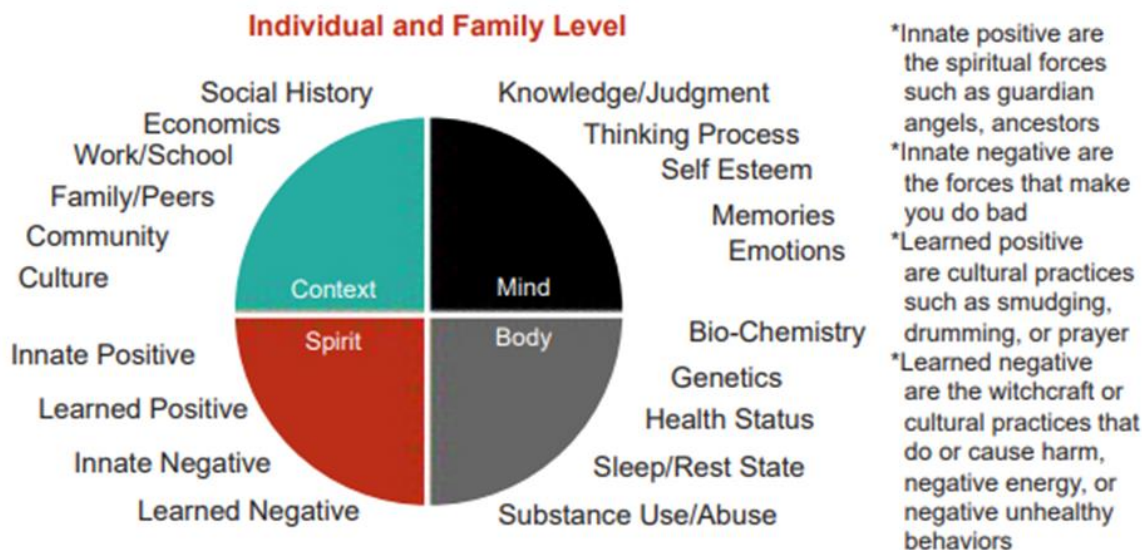
Tribal communities have endured a range of traumatic events that have given rise to the social, economic, cultural, and spiritual challenges seen today. The next section discusses a culturally responsive tool to help assess imbalances and restore balance to family engagement.

Integration of the Relational Worldview Model

The National Indian Child Welfare Association (NICWA) developed the Relational Worldview Model (RWV) as a tribal resource and tool for the child welfare field. Rooted in tribal teachings and belief, the RWV model contains four quadrants of context, mind, spirit, and body (see picture below). Each quadrant is in a constant state of flux emphasizing the importance of interdependency and relationship in order to reach balance and harmony. Health is restored when balance is presented and there is harmony amongst the quadrants.

The RWV model can be used for:

- Assessing imbalances of an individual, family, community, or organization
- Restoring balance or harmony back into an individual, family or organization
- Case planning, family crisis planning tool
- Goal setting



Family Engagement

Tribal Best Practices for Family Engagement Toolkit

Finding balance and harmony in a complex and ever changing world is not an easy task nor is it something you do one time and you're done. Maintaining balance and harmony must be consistently worked on. While each quadrant is separate they may have overlapping content items. Remember change is the only consistent thing we can count on when attending to each quadrant. As each quadrant changes so must the work we do to protect ourselves from falling out of balance and harmony.

Family Engagement RWV Example: A family is going through a substance abusing issue where the mother is abusing methamphetamine and the father is out of the picture. The family consists of two youth and a mother. The child's school has sent a referral to your Systems of Care based on the kids missing too much school (chronic absenteeism). The example below is how a family advocate can utilize the RWV as a tool to help restore balance and harmony in the family.

What you'll find in each quadrant are action steps a family advocate and the parent/caregiver(s) can take to assist in restoring balance and harmony in the household.



Context (Social, Environment)

- Assess the safety needs of the youth and mother
- Identify with mom who are safe family members who can help the family if a crisis occurs
- Get more information from the school concerning the youth's absences
- Gather some information on mom's involvement with the school noting any irregular behavior

Mind/Communication

- Establishing contact with mom is priority – begin building rapport and relationship
- Assessing and noting the behavioral health needs of mom e.g., depression, anxiety, or trauma.
- Establish transparency and boundaries with mom - let her know what resources and support the advocate can provide and that the family advocate is a mandatory reporter

Body/Health and Wellness

- Schedule an appointment with mom to discuss how the team might work together to address the needs of the family
- Ask mom if there are basic needs that the team or SOC can help with.

Spirituality/Tribal Customs and Practices

- The family advocate will approach the mother through the lens of knowing that the mother may be suffering historical/intergenerational trauma – so that the family advocate begins by asking “what happened to you?”

Family Engagement

Tribal Best Practices for Family Engagement Toolkit

- The advocate begins work with the mother to find her motivation to stop using methamphetamine.
- Identify elders / spiritual leader to guide or offer cultural support

The above actions are ideas on how family advocates can use the RWV to holistically assess and respond to the family's situation.



Engagement Strategies

Engaging with families can be challenging especially when situations come up that are beyond a family advocate's control. Building trusting relationships and mutual respect are the best ingredients for a strong engagement foundation. Below are some foundational approaches to effectively engaging families.

When building relationships with families:

- Focus on building trust is a key component to a working relationship
- Be flexible – Each family is different and requires unique and a specific kind of support, response, and attention
- Remain non-judgmental – Whether or not you agree with a family's decision or how they live, staying neutral is important
- Keeping expectations realistic on the family outcomes – working with families is a challenge so remain realistic about outcomes
- Celebrate little victories – every success whether small or large celebrate all things positive.
- Highlight and draw from a family's strengths and resources – too often providers focus on deficiencies as opposed to what the family does well

When working with families:

- Provide social media outlets for families and youth to receive information about community activities. (e.g., flyers, calendars of events, Facebook page with updates of events and programs)
 - Create peer to peer support opportunities for both youth and families – if there are youth/families that may have overcome common struggles in your community and are now thriving, motivate them to become mentors or peer support specialists to support future clients.
 - Offer space for families and youth to share their experiences, strengths and hopes for their lives and community (e.g. open mic nights, community events).
 - Take a holistic approach to family engagement by using any and all resources in the community and thinking outside the box (e.g. families can receive additional mental health support through equine therapy, Gathering Of Native Americans (GONA), Ceremonial and traditional teachings, activities etc.).
-

Family Engagement

Tribal Best Practices for Family Engagement Toolkit

- Identify resources or creative methods to ensure food is provided at family engagement events (e.g., fundraising, partner with the service provider team, create partnerships with food pantries, food co-op, or grocery stores).
- Use the time the children would be in childcare to meet with the child for mental health a appointment. Have activities that are both therapeutic and fun for kids that are in child-care.

(Source: Interviews with Shannon Cross Bear, Barbara Friesen, Dee Bigfoot, 2016)

Outreach Techniques

Having consistent contact with families is important even if the interaction is just to call to check in for a brief moment to say hello or that you are thinking of them. Brief check-ins makes a world of difference for families who may be seeking support. Here are more ideas of how to stay in touch with families.

- Meeting with families can be done at the office, library, park or even a client's home. Get creative!
- Tabling or marketing at events where families hang out (e.g. tribal fair, community events).
- Offer a personal touch by hand written letters and sending personal messages to specific families about upcoming events or programming.
- Social media such as Facebook or Twitter is great for posting updates on events and programming.
- Going door to door to outreach with families may take some dedicated effort and time but it is still a valuable outreach technique.
- Building partnerships with other social serving agencies is a great way to learn about other resources for clients. Agencies such as the Women Infants Children office, the local schools, Indian child welfare agencies, community serving agencies like the recreation center, treatment centers, Temporary Assistance for Needy Families office, Indian Health Services, civic offices, tribal council, food pantries, or shelters.

The Roles within Engaging Families

"Family partnerships are not considered a stand-alone characteristic of the system of care, but are woven throughout the fabric of system of care process and structures" (Pires, 27).

It takes a village to raise a well-rounded child. It takes a team to wrap-around a family when they are in need of essential care. Below are roles a family advocate and their supports can play throughout systems of care.

See next page for roles in engaging families.



Family Engagement

Tribal Best Practices for Family Engagement Toolkit

Family Advocate Roles

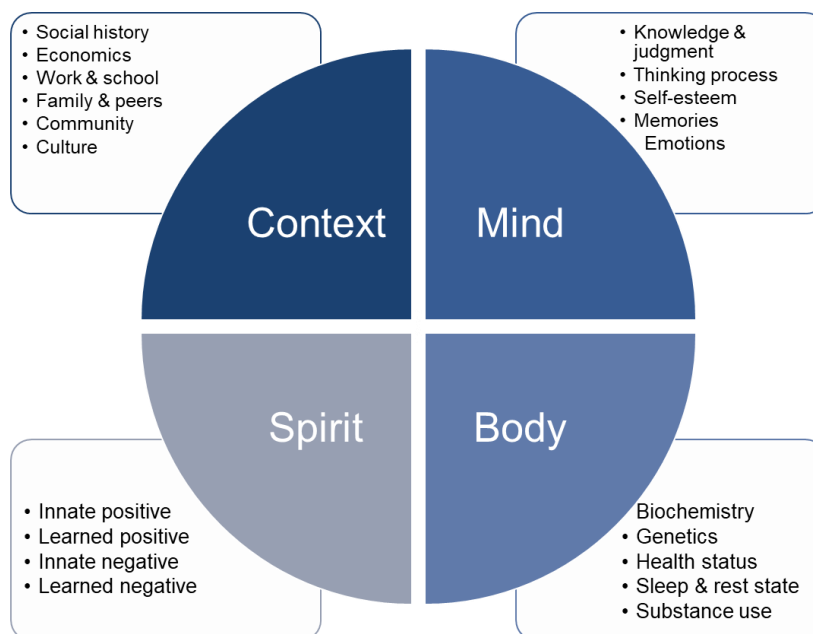
Invest time with families & connect them to resources in the community	Identify tribal protocols to support family engagement	Draft policies on how to engage and work with families
Identify spiritual people, elders, & ceremonial places for families to access	Train families as peer/recovery supports	Help families identify how they can work with tribal council
Identify family and youth champions to help engage families	Develop a family crisis planning model (e.g. RWV)	Provide parenting training including life skill development

Visit the National Indian Child Welfare Association website for more information, or see the toolkit here: <https://www.nicwa.org/wp-content/uploads/2025/02/Fam-Engagement-Toolkit-2018.pdf>

Notes

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Activity: Family Engagement: Relational Worldview Model



The purpose of this activity is to explore the Relational Worldview Model by applying it to a family scenario and strategizing how to work with a Native American family.

What to Do:

- Read the Fletcher family scenario
- Review the suggested quadrant action strategies
- With your group partners, identify steps you could use in each quadrant to work with the Fletcher family
- Discuss questions with your group partners

Scenario

Mother: Stephanie Fletcher, Eastern Band of Cherokee Indians member

Father: Charles Fletcher, Eastern Band of Cherokee Indians member, incarcerated

Child 1: Jeremy Fletcher, 6 yr male, Eastern Band of Cherokee Indians member

Child 2: Abby Fletcher, 4 yr female, Eastern Band of Cherokee Indians member

Stephanie has an open In-Home case due to concerns for supervision due to substance misuse. As you have worked with the family, Stephanie has shared with you that she struggles with using meth and is trying to stop using. You have also received reports from Jeremy and Abby's schools that both children have missed a significant amount of school over the last quarter.

Action Strategies

Context quadrant, focusing on social and environmental factors:

- Assess the safety needs for the family
- Work with Stephanie to identify her natural supports who could help in a crisis
- Reach out to the school to gather more information on Jeremy and Abby's attendance

What steps might you take to work with the Fletcher family in the Context quadrant?

Mind quadrant, focusing on communication with the family:

- Begin (or continue) building rapport with Stephanie
- Assess and recognize Stephanie's behavioral and mental health needs, and consider making a referral for a formal assessment
- Share resources with Stephanie and demonstrate support

What steps might you take to work with the Fletcher family in the Mind quadrant?

Spirit quadrant and focusing on tribal customs:

- Acknowledging that Stephanie may be experiencing intergenerational trauma
- Identify possible tribal elders or a spiritual leader to offer cultural support

What steps might you take to work with the Fletcher family in the Spirit quadrant?

Body quadrant and focusing on physical health:

- Talk with Stephanie about her meth use. What has she tried to stop using, and what help is she open to receiving now?
- Share treatment options with her, ranging from daily or weekly treatment groups or more intensive service options

What steps might you take to work with the Fletcher family in the Body quadrant?

Group Discussion Questions

How did it feel to approach your work with the family using quadrants of mind, body, spirit, and context?

How would discussing balance among the quadrants impact your conversations with families?

How does the Relational Worldview Model impact how you work with families?

How does working within quadrants influence how you engage the family?

What of this model will you use with families in the future?

Key Takeaways

Each Tribal Nation has different traditions, symbols, ceremonies, and customs

Each Tribal Nation has different ways of recognizing who is family

North Carolina has eight state-recognized Tribal Nations

Always seek understanding from the family about their unique Tribal traditions and customs

Active Efforts offer greater support to American Indian families

Family and individual responses may be related to historical and intergenerational trauma

Notes

Self-Reflection

Activity: Relational Worldview Model Self-Reflection

Examine how your well-being and self-care are interpreted through the four quadrants.

Context quadrant, focusing on social and environmental factors:

- Social history
- Economics
- Work and school
- Family and peers
- Community
- Culture

How does the Context quadrant relate to your well-being and self-care?

Mind quadrant, focusing on communication with the family:

- Knowledge and judgment
- Thinking process
- Self-esteem
- Memories
- Emotions

How does the Mind quadrant relate to your well-being and self-care?

Spirit quadrant and focusing on tribal customs:

- Innate positive, which are spiritual forces such as guardian angels and ancestors
- Learned positive, which are cultural practices such as smudging, drumming, or prayer
- Innate negative, which are the forces that make us do bad things
- Learned negative, which are the witchcraft or cultural practices that do or cause harm, negative energy, or negative unhealthy behaviors

How does the Spirit quadrant relate to your well-being and self-care?

Body quadrant and focusing on physical health:

- Biochemistry
- Genetics, including family history of genetic conditions or disease
- Health status, including overall health and any medical or emotional conditions or disease impacting their physical and emotional health
- Sleep and rest state. How much sleep are they getting, and is it quality sleep or are they restless while trying to get good sleep?
- Substance use, including use of alcohol and drugs

How does the Body quadrant relate to your well-being and self-care?

Pre-Service Training: Core Week 2 Day 2 Agenda

Child Welfare in North Carolina Pre-Service Training: Core

Welcome

Engaging Families through Family-Centered Practice

Defining Family

Using Family-Centered Practice to Engage Families

BREAK

Using Family-Centered Practice to Engage Families, continued

Narrative Interviewing

What is Narrative Interviewing?

Narrative Interviewing Process

Learning Lab: Narrative Interviewing

LUNCH

Safety-Organized Practice Tools for Strengths-Based and Solution-Focused Interviewing

BREAK

Quality Contacts

Why is Quality Important?

Quality Contacts

Preparation for Quality Contacts

Engaging Safety and Support Networks

Engaging Support Networks

Skills Practice: Using Interviewing Tools

Self-Reflection

My Eco-Map

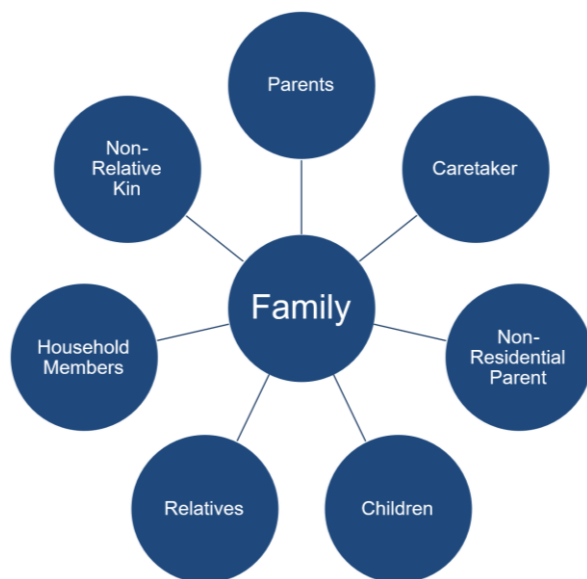
Preservice Training: Core Week 2 Day 2 Learning Objectives

Day 2
Engaging Families through Family-Centered Practice
<ul style="list-style-type: none"> Describe and provide examples of strategies to prepare the child and family for court. Explain the importance of debriefing with families after court hearings.
Narrative Interviewing
<ul style="list-style-type: none"> Describe the key components of Narrative Interviewing. Outline the steps of Narrative Interviewing. Describe the ways in which Narrative Interviewing aligns with the NC Child Welfare Practice Model core values.
Quality Contacts
<ul style="list-style-type: none"> Conduct quality contacts with case participants to facilitate assessment and case planning activities throughout the life of the case. Conduct quality contacts with case participants to facilitate assessment and case planning activities throughout the life of the case. Review case information and prepare for contacts prior to conducting visits. Conduct quality contacts with case participants to facilitate assessment and case planning activities throughout the life of the case. Continually assess for the safety and risk of children involved in DSS cases. Apply a family-centered approach to all interactions they have with families. Conduct quality contacts in accordance with policy and more often, as needed.
Engaging Safety and Support Networks
<ul style="list-style-type: none"> Identify the key components of effective safety and support networks. Explain the benefits of having a robust safety and support network. Apply strategies to identify potential members of a safety and support network.

Core Week 2 Day 2

Engaging Families through Family-Centered Practice

Defining Family



The concept of family, as it pertains to child welfare services, is identified throughout policy documents and guidelines. Recognizing how family is described in policy helps child welfare professionals align their practices with policy mandates and expectations.

There are instances where policy definitions of family differ from how families themselves define their family. Safety and Support Networks may include individuals identified as family by the child or caregivers, as well as other supportive figures who play a meaningful role in the family's life.

Notes

Handout: Defining Family

Cross Function Topics, Parent Engagement (Including Non-Resident Parents) and Needs Assessment (June 2025)

Birth Parent: genetic, biological, or natural parents.

Residential Parent: In child welfare it is the parent with whom the child(ren) primarily resides.

Stepparent: An individual who is the spouse of a parent of a child, but who is not a legal parent of the child.

Relative is defined as an individual directly related to the juvenile by blood, marriage, or adoption. This includes but is not limited to the following examples: a grandparent, sibling, aunt, or uncle. Adoptive parents of siblings are not considered relatives of the legal child; however, they must be considered in the identification and notification of individuals who have legal custody of a sibling.

Absent parents must be involved in the CFT meeting unless there is a valid conflict or safety issue, and this must be clearly documented in the case record.

Policy uses terms absent parent, non-resident parent, and non-custodial parent without providing specific definitions for each. Policy defines the expectation that absent/non-residential/non-custodial parents are involved in the Child Welfare process, as policy states "If an absent or noncustodial/non-residential parent is not involved in the planning, ask what it would take to become involved, as well as if there are any relatives that may be a resource in supporting the child(ren)."

CPS Intake Policy, Protocol, and Guidance, definition section (March 2025)

Juvenile: A person who has not reached the person's eighteenth birthday and is not married, emancipated, or a member of the Armed Forces of the United States.

Caretaker: Any person other than a parent, guardian, or custodian who has responsibility for the health and welfare of a juvenile in a residential setting. A person responsible for a juvenile's health and welfare means a stepparent; foster parent; an adult member of the juvenile's household; an adult entrusted with the juvenile's care; a potential adoptive parent during a visit or trial placement with a juvenile in the custody of a department; any person such as a house parent or cottage parent who has primary responsibility for supervising a juvenile's health and welfare in a residential child care facility or residential educational facility; or any employee or volunteer of a division, institution, or school operated by the Department of Health and Human Services. Nothing in this subdivision shall be construed to impose a legal duty of support under Chapter 50 or Chapter 110 of the General Statutes. The duty imposed upon a caretaker as defined in this subdivision shall be for the purpose of this Subchapter only. Nothing in this subdivision shall be construed to impose a legal duty of support under Chapter 50 or Chapter 110 of the General Statutes. The duty imposed upon a caretaker as defined in this subdivision shall be for the purpose of this Subchapter only. See also Caretaker Definition Decision Tool.

CPS Assessment Policy, Protocol, and Guidance PATHNC, Policy & Legal Basis (March 2025)

Victim Children: When a report of abuse, neglect, and/or dependency is received regarding a non-institutional setting, all children living in the home must be considered and assessed as victim children, regardless of whether they are named in the report.

CPS Assessment Policy, Protocol, and Guidance PATHNC, Contacts During the Assessment (March 2025)

Household members: Every adult in the home is considered a caretaker regardless of their role in the care of the child, unless it is a roommate with a separate access point to the home that restricts their access to the child(ren).

In-Home Services Policy, Protocol, and Guidance, Required Contacts for In-Home Services (October 2024)

Some families may identify individuals that are not biologically related to them as relatives. For families with limited biological supports non-relative kin can be an essential support to those families and should be engaged in the process of assisting families with keeping children safe. For the purposes of engagement in building the Safety Network, any non-relative kin identified as relatives by the family should be treated as such.

Non-Victim Children: Examples of a non-victim child living in the home could be, but are not limited to:

- A child born to the family during In-Home services with no finding of substantiation or Child Protective Services Needed
- A child that moved into the home after the In-Home Services case opened and after the abuse or neglect occurred
- A circumstance with a case decision to substantiate, but not for every child in the home

Permanency Planning Services Policy, Protocol, Guidance, Required Forms: Planning Forms (June 2025)

Per federal law, individuals are considered siblings of a child even if termination or disruption of parental rights, such as death, has occurred.

The county child welfare agency must make diligent efforts to notify the following people within 30 days after the initial order removing custody:

- Adult relatives and kin suggested by parents
- Adult maternal and paternal grandparents, aunts, uncles, siblings, great grandparents, nieces, and nephews
- All parents of a sibling where such parent has legal custody of such sibling
- Relatives and other persons with legal custody of a sibling

Activity: Defining Family

In your groups, discuss the following questions:

What surprises you about these definitions?

Is there anyone missing that you would include as family?

Is there anyone listed that doesn't feel like family?

Activity: Do Families Heal Best Together?

With your group, engage in a discussion about the statement below and use the space provided to record the groups' thoughts for report out.

Families heal best together.

Debrief

Who knows the most about your family?

Who knows their strengths?

Who knows their areas of need?

Who knows their hurt?

Who knows their joys?

Who would we need to engage with to learn the most about your family?

And who else?

Were you able to add to your original list?

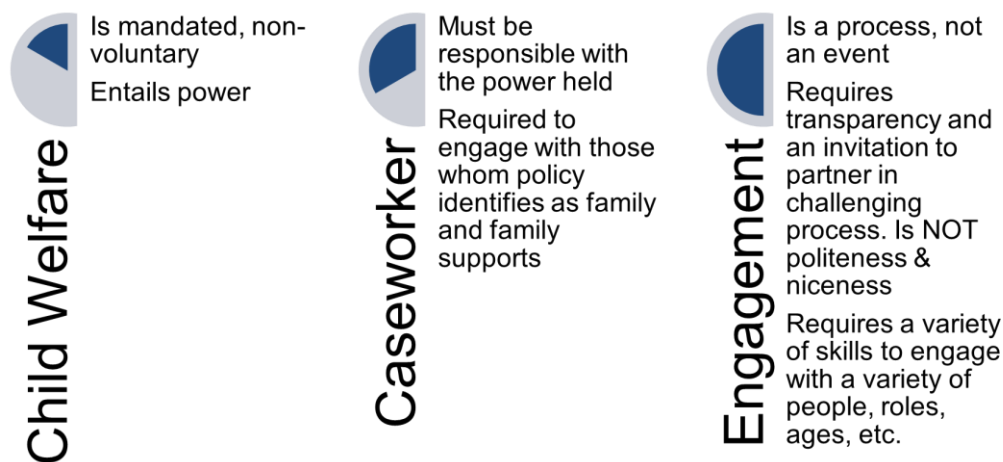
Were you able to provide direction to someone else that could add to your list?

Would you be comfortable with me, as your caseworker, deciding who was not important enough for me to engage with?

Who should decide that?

Using Family-Centered Practice to Engage Families

Engaging Family in the Child Welfare Process



Family-centered engagement is a process, not an event. The child welfare process is a non-voluntary, mandated process. Caseworkers must engage the family and their supports throughout the child welfare process.

Power dynamics create challenges to engagement. Engagement is not about politeness and niceness; it is about transparency, partnership, and invitation into a challenging mandated process. Different roles within the family and support network will require different engagement efforts. Different points within the child welfare process require different engagement efforts.

Will it come naturally and with ease, or might it be challenging for you to connect with families with empathy and build a collaborative partnership?

Will it come naturally and with ease or might it be challenging for you to explain how child welfare is a mandated process and responsibly engage the power you hold in this dynamic?

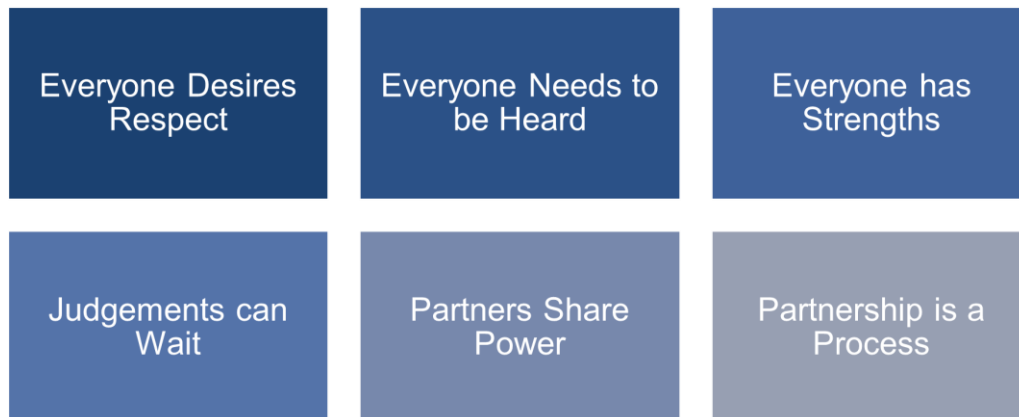
How can you improve your skillset in the areas required to adequately engage families in the child welfare process that balances these required skills?

Activity: Brown Paper Lunch Bag

As we recognize the privilege of holding another's story, we want to realize that sharing can make it easier for the person to carry their own story. The sharing of any part or piece of your story requires an enormous amount of trust. When trauma has occurred, memories can be skewed or lost by the person. Defense mechanisms such as shock, repression, denial, lying, or leaving out essential details may serve protective purposes for themselves or others. How you treat the information (without criticism and judgment), understanding the fragility of the person sharing it, will determine your level of engagement and whether you will receive any more information – or gain their trust.

What are you feeling?**What is your reaction to leaving your story in the room?****What are your key takeaways from this exercise?**

Principles of Partnership



What are some examples of how these principles might look in practice that you remember from your pre-work e-learning modules?

Everyone Desires Respect:

Everyone Needs to be Heard:

Everyone has Strengths:

Judgments can Wait:

Partners Share Power:

Partnership is a Process:

Examples of some of the characteristics of the principles:

Everyone Desires Respect: Asking permission to sit down on a parent's couch before an interview. This shows respect when entering someone's home

Everyone Needs to be Heard: Allowing a peer to vent about a hard day they are having. Empathetic and active listening happens when you allow someone the opportunity to freely share what is on their mind and listen to what they have to say

Everyone has Strengths: Asking questions about what has worked well for someone in the past. When families come to the attention of the agency, or if you see a coworker having a hard time, it may be hard for them to focus on anything but negativity. Asking what has worked well in the past is a way to redirect attention to strengths

Judgments can Wait: Seeking different perspectives on a situation. Not accepting the first explanation of a situation means you are open to hearing other interpretations. As the saying goes, there are always two sides to every story

Partners Share Power: Giving a family a choice between service providers. In child welfare, a lot of control and decision-making is given to the caseworker, and while that will not change, it is critical to try and balance the situation where it is safe to do so

Partnership is a Process: Allowing time and patience to develop a rapport with someone else. This will not happen overnight but practicing these principles with both families and peers will lend itself to a solid and productive working relationship

Using Family-Centered Practice to Engage Families

Throughout the life of a case

Interviews and information gathering

Development of plans and planning

Quality caseworker contacts

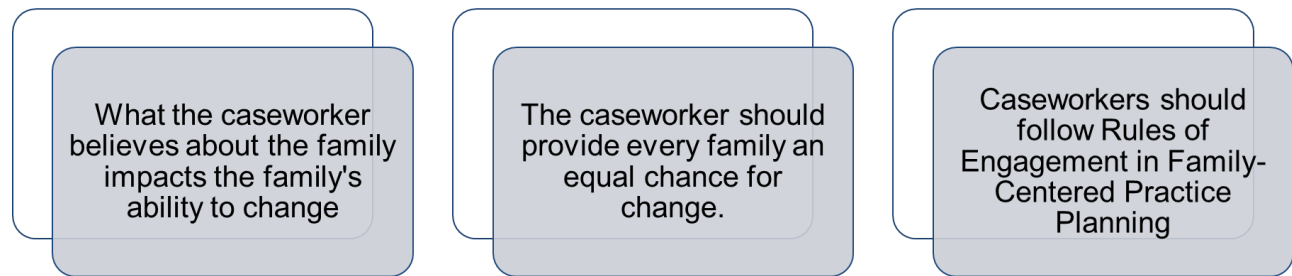
Child and family team (CFT) meetings

Facilitating the parent-child relationship

During what encounters do you use family-centered practice?

When you think about the many aspects of your role as a child welfare worker, where or when else do you think family-centered practice with families takes place?

Why Do OUR Beliefs Matter?



Notes

A large, empty rectangular box with a black border, intended for taking notes.

Impact of Family-Centered Practice on Outcomes

Family-centered practice is a mindset that builds strong partnerships between families and child welfare workers to support effective decision-making. Families are seen as experts in identifying what works best for themselves and their children.

Early family involvement can help preserve families and prevent out-of-home placements. Inclusive planning—involving kin and non-relative kin—enhances a child's sense of belonging and expands permanency options. Youth engagement promotes leadership, self-esteem, and social connection during critical developmental stages.

Notes

Key Takeaways

Caseworker beliefs matter because they impact the families' ability to change

Plans for change are more likely to have investment by family members when they are a part of the process

Family-centered practice is a mindset that builds strong partnerships between families and child welfare workers to support effective decision-making

Families are seen as experts in identifying what works best for themselves and their children

Early family involvement can help preserve families and prevent out-of-home placements

Collaborative planning—involving kin and non-relative kin—enhances a child's sense of belonging and expands permanency options

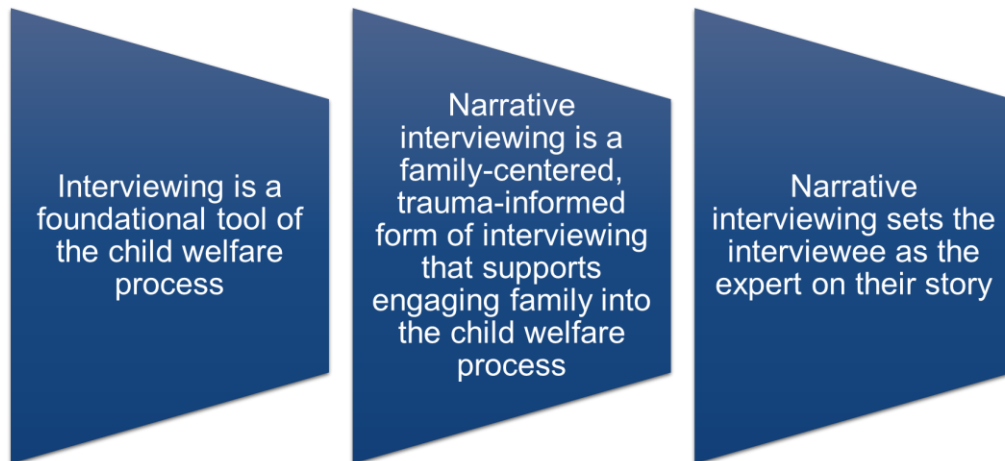
Youth engagement promotes leadership, self-esteem, and social connection during critical developmental stages

Notes

Narrative Interviewing

What is Narrative Interviewing?

Interviewing as a Tool

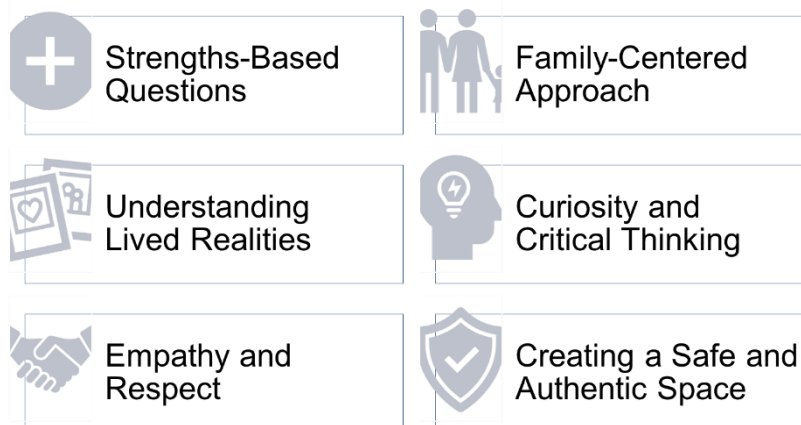


Interviewing is a foundational tool of the child welfare process and incorporates all of the essential functions: communicating, engaging, assessing, planning, and implementing.

Narrative interviewing is a family-centered, trauma-informed form of interviewing that supports engaging families in the child welfare process. It centers the interviewee as the expert on their story. Research shows that open-ended questioning facilitates better recall, reduces suggestibility, and promotes a more accurate representation of events.

How does it feel to discuss interviewing as a tool for child welfare that addresses all essential functions?

Key Components of Narrative Interviewing



Understanding the key components supports the creation of a strong narrative interviewing practice. Narrative interviewing can be used with people of any age.

Strengths-Based Questions: We ask questions highlighting resilience, capacity, and hope. We look for what's working, not just what's broken. This helps families feel seen for more than their challenges

Family-Centered Approach: The family leads the way. We follow their rhythm, their priorities, and their language. We're not just gathering data—we're building trust

Understanding Lived Realities: We seek to understand what life actually looks like for the family. Not just what's documented, but what's felt, experienced, and navigated every day

Curiosity and Critical Thinking: We stay open. We ask questions exploring discrepancies, challenging assumptions, and inviting deeper reflection. We're not here to judge—we're here to learn

Empathy and Respect: Every interaction is grounded in compassion. We honor the dignity of each person we speak with, and we recognize that sharing a story is an act of courage

Creating Safe and Authentic Space: Our job is to create the conditions where families feel safe enough to be honest, vulnerable, and real. That means being present, being patient, and being human

Notes

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Narrative Interviewing Process

Beginning an Interview

Building Rapport

- Introductions
- Supporting psychological safety
- Assessing capacity and developmental level
- Modeling and practicing interview style

Interview Agreements

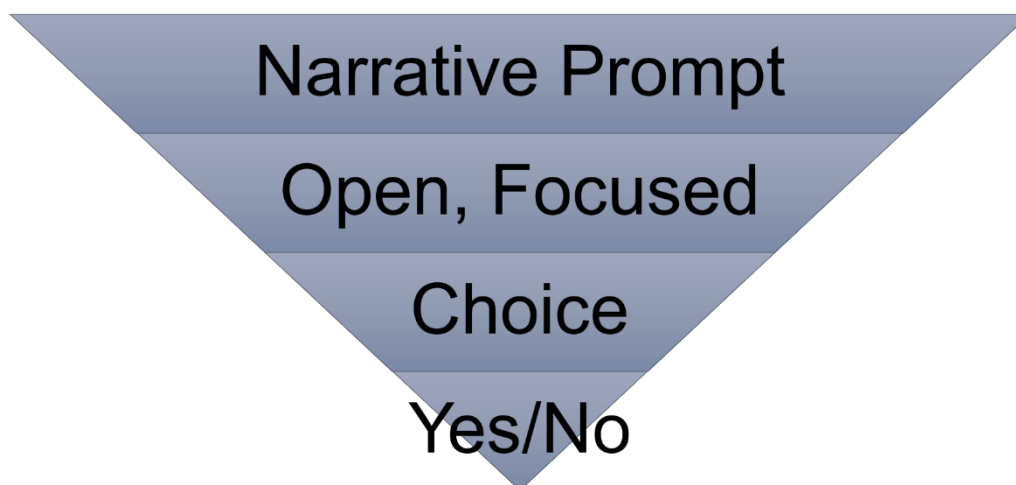
- Explaining the purpose of the interview
- Providing full disclosure
- Establishing expectations

Building rapport and establishing interview agreements takes time and is not to be diminished or skipped due to time constraints or urgency. Narrative interviewing requires caseworkers to take a “not-knowing” stance.

How might taking time to build rapport and establish agreements support the interview process?

What ways have you considered to support a “not-knowing” stance?

Funneling



Funneling refers to a technique of interviewing that begins with open ended questions and encourages a free narrative. Always start with a Narrative Prompt and follow up with open-focused questions. Only ask a direct question after you have tried an open one, and even then, only if you must.

Do not ask “why” when using open focused questions as why can be judgmental, places blame, puts people on the defensive. When you find yourself at the bottom of the funnel use the recycling technique to go back to the top of the funnel and ask a narrative prompt.

Narrative Prompts begin with “tell me,” “help me understand,” or “explain...” Examples are:

- “Tell me everything that happened.”
- “Tell me everything you can remember about that.”
- “Tell me everything from the beginning to the end.”
- “Help me understand what you mean.”
- “Explain how that worked.”

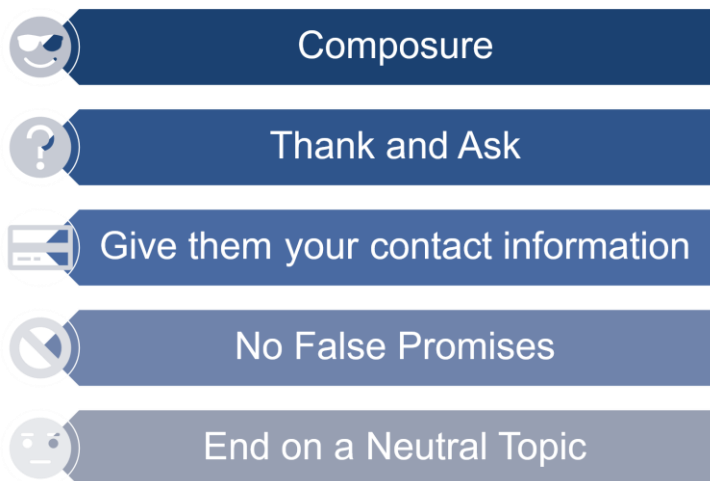
Follow up after the narrative prompts with open, focused questions. These questions usually start with “WH” — who, what, where, when, and how.

- Examples of Open Focused Questions are:
- What did your mom say when you told her?”
- “Where were you when...?”
- “You said the man hit you with a belt. Who was the man?”

Notes

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Closure



Narrative Interviewing includes a 5-step closure process:

Step 1: Composure: Give the interviewee time to regain their composure by saying something like: What you told me is very important. How do you feel about our talk today?

Step 2: Thank and Ask: Thank the interviewee for talking to you, for taking it seriously or doing their best. Ask if there is anything else you need to know and if they have any questions.

Step 3: Give Them Your contact information: Give the interviewee your name and phone number so they can call you if they have questions or are worried.

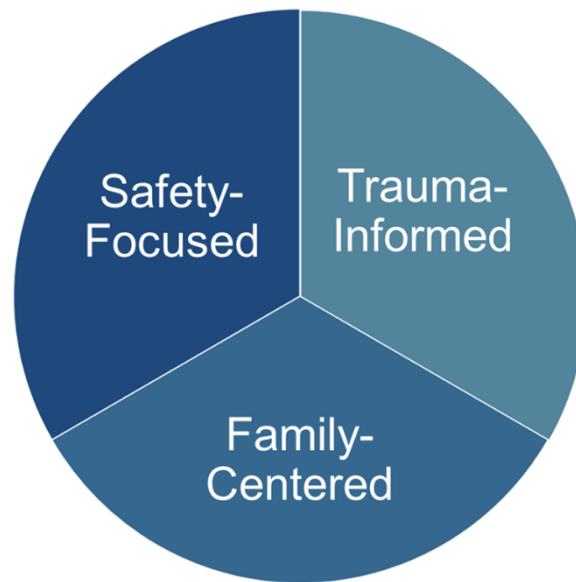
Step 4: No False Promises: Don't make promises you can't keep.

Step 5: End on Neutral Topic: It can also be helpful to end on a neutral topic.

Ask what they plan to do for the rest of the day or ask a follow up question about an activity or hobby they mentioned.

Notes

Narrative Interviewing Alignment to Core Values



The primary purpose of Narrative Interviewing is:

- Evaluate child safety and risk
- Helps determine if the child's environment poses immediate threats to well-being.
- Gather information that helps caseworkers in deciding on interventions and the need for a safety plan.
- Provides crucial insight to support informed decision-making.

How does Narrative Interviewing support the core values?

Key Takeaways

Narrative interviewing engages families in the child welfare process

Narrative interviewing recognizes families as experts of their story

Strengths-based questions

Family-centered approach

Understanding lived realities

Curiosity and critical thinking

Empathy and respect

Creating safe and authentic space

Notes

Narrative Interviewing: Learning Lab

Activity: Exploring Questions/Reverse Funnel

What to Do: Work with your group to reverse funnel your assigned question by:

- Turning it into a choice question
- Developing an open-focused question for the same question
- Creating a narrative prompt

Q1. Did you go to the park today?

Choice Question:

Open-Focused Question:

Narrative Prompt:

Q2. Was school fun today?

Choice Question:

Open-Focused Question:

Narrative Prompt:

Q3. What color shirt did you buy?

Choice Question:

Open-Focused Question:

Narrative Prompt:

Q4. Did you attend parenting classes this week?

Choice Question:

Open-Focused Question:

Narrative Prompt:

What have you learned from this exercise?

What did you notice about the different questions and type of responses they might yield?

How will you remember to move up the funnel to more open questions that invite narrative responses?

Skills Practice: Narrative Interviewing Triads

This activity is designed to give participants an opportunity to experience narrative interviewing through different perspectives and to obtain initial practice with the narrative interviewing process.

What to Do: Each person will take a turn practicing narrative interviewing skills for eight minutes, then the group will share strengths-based feedback for two minutes. There will be three rounds of practice, where each person plays a role:

- Person 1 will share a story
- Person 2 will practice narrative interviewing
- Person 3 will observe and provide feedback

Person 1: Think of a significant, memorable story that includes many details. Ensure it is a story about something impactful in your life that you are comfortable sharing. You want to be able to give your partner something to apply narrative interviewing skills without you discussing anything too personal, nor anything that might bring up distress for you now

Person 2: will use the narrative interviewing skills to learn as much information as possible about this significant memory. Person 2 will use narrative interviewing skills by building rapport, establishing interview agreements, utilizing prompting, open, focused, choice, and yes and no questions, and closing the interview

Person 3: Your role is to act like you are shadowing Person #2. You will remain silent and observe. Take notes of what stands out to you: strengths, suggestions for growth and improvement, and any questions you have. **You are also the timekeeper. Time the interview practice for eight minutes, and the feedback session for two minutes.**

Observation Notes

How did it feel to use the narrative interviewing process?

What did you notice about narrative interviewing?

Were there any trends in the feedback?

What part of narrative interviewing would you want to practice more with your co-workers or supervisor?

Safety-Organized Practice Tools for Strengths-Based and Solution-Focused Interviewing

Strengths-Based Interviewing

Connect human
to human

Acknowledge
power
differentials

Inquire about
family dynamics
and social
factors

Assume nothing

Caseworkers often feel urgency when engaging with children and families, especially when there are strict timeframes. It's important that we take the time to connect with children and families, human-to-human, throughout the child welfare process. Our job in an interview is to acknowledge power differentials, inquire about family dynamics and social factors, and remember to assume nothing and remain curious.

Notes

Solution-Focused Approaches: Empower the Family, Not the Problem



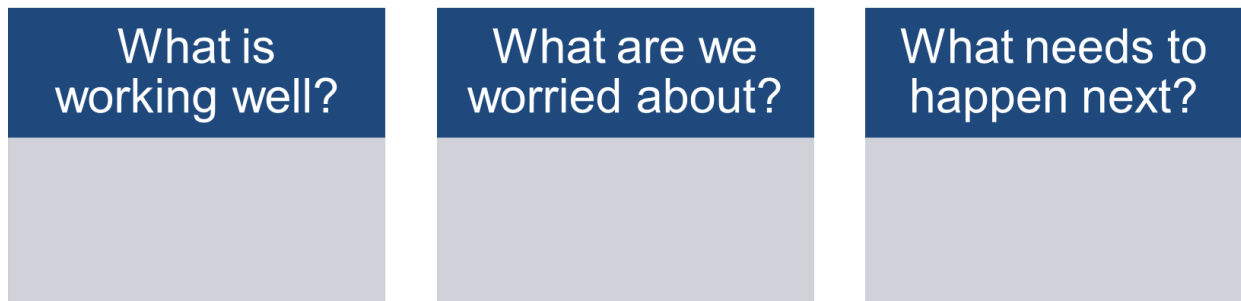
It is easy to focus on the problem, as child welfare is a problem-saturated field. Solution-focused approach empowers families, not the problem. The solution-focused approach begins with asking good questions.

Solution-focused questions:

- Are an intervention: Solution-focused questions are not just data-gathering questions. They help families think differently.
- Provide new understanding: They help families recognize exceptions, solutions, and useful moments that they may have disregarded.
- Begin to imagine new possibilities: These questions help the family think outside the problem and imagine how life could be different.
- Create space for critical reflection: These questions create space for critical reflection with minimal blame and shame. Families can reflect on mistakes, understanding that a mistake doesn't have to be their whole identity or their whole self.
- Can help facilitate change: These questions shift away from looking for problems to finding what works, what helps, and times people have kept their children safe, allowing families to remember and repeat helpful past behavior.

What is the importance of how we ask questions?

Three-Column Mapping



Three-column mapping is a visual guide to the three questions. The three questions support a rigorous and balanced approach that supports identifying solutions while evaluating the problems. The three questions are:

- What is working well?
- What are we worried about?
- What needs to happen next?

Three-column mapping can be used as an interview tool, but does not require a prepared tool, as you can create the three columns on notebook paper with a pen in the field or with markers and a whiteboard in the office.

Notes

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Activity: Strengths-Based and Solution-Focused Questions Enhance Three-Column Mapping



Three-column mapping can be enhanced with the use of Solution-Focused Questions and Scaling. Strengths-Based and Solution-Focused approach supports caseworkers to:

- Exploring the past
- Finding and using expectations for the problem
- Facilitating a positive vision of the future
- Scale responses
- Encouraging commitment
- Developing action steps

What to Do: Review the “Strengths-Based and Solution-Focused Questions” and “Linking the Three Questions with Solution-Focused Questions” handouts that follow this page, then answer the questions below.

What stood out to you?

What excited you about using these skills and questions with families?

Handout: Strengths-Based and Solution-Focused Questions

Open-Ended Questions	
Questions that encourage the client to use their own words and to elaborate on a topic.	<p>Can you tell me about your relationship with your parents</p> <p>Tell me about your parenting experience</p> <p>Who are your supports and how do they help you?</p> <p>Note: identify and reflect to clients any strengths or positive qualities clients may reveal in their responses to the open-ended questions</p>
Summarizing	
Periodically state back to the client his/her thoughts, actions, and feelings.	<p>So, what I hear you say is...</p> <p>If I understand you correctly, you are saying that...</p> <p>So, what you are saying is...</p> <p>Right?</p>
Using Silence	
Allow 10, 15, 20 seconds or so to allow clients to come up with their own responses. Avoid the temptation to fill the silence with advice.	
Complimenting	
Acknowledging client strengths and past success.	<p>As you were talking, I noticed that you have many strengths. You have...,</p> <p>In the past you have had successes evident by your ability to....</p>

Affirming Client's Perception	
Perception is some aspect of a person's self-awareness or awareness of their life. They include a person's thoughts, feelings, behaviors, and experiences. Affirmation of the client's perceptions is similar to reflective listening in form but does not isolate and focus on the feeling component per se, but on the client's larger awareness.	<p>That is very smart of you, let us explore this further...</p> <p>You have a high level of self-awareness. How would you like to use this information to move forward?</p>
Working with Client's Negative or Inaccurate Perceptions	
<p>Perceptions, even negative ones like suicide or assaultive behaviors should be explored to understand the full context.</p> <p>Some perceptions may be obviously inaccurate and reflect a person's denial of a problem. Avoid an immediate educative or dissuading response to negative or inaccurate perceptions. Listening and understanding are the caseworker's first obligations.</p>	<p>What's happening in your life that tells you that hitting or suicide might be helpful in this situation?</p> <p>How does it feel to say, "I don't want to do this anymore?"</p> <p>How might your life be different if you did hit him?</p> <p>What are the pros and cons of your reaction?</p>
Returning the Focus to the Client	
Clients tend to focus on the problem and/or what they would like others to do differently. In the Solution-Focused approach, the client is encouraged to return the focus to themselves and to possible solutions	<p>"My kids are lazy. They don't realize that I need help sometimes." Response: "What gives you hope that this problem can be solved?"</p> <p>"I wish my parents would get with it. A 10:00 pm curfew on weekends is ridiculous." Response: "When things are going better, what will your parents notice you doing differently?"</p> <p>"My teachers are too hard. If they would back off all the homework and give more help my grades would improve." Response "What is it going to take to make things even a little bit better?"</p>
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	Are there times when the problem does not happen or is less serious? When? How does this happen?

<p>helped the exception to occur) - NOT WHY; should be related to client goals.</p>	<p>Have there been times in the last couple of weeks when the problem did not happen or was less severe?</p> <p>How was it that you were able to make this exception happen?</p> <p>What was different about that day?</p> <p>If your friend (teacher, relative, spouse, or partner, were here and I were to ask him what he noticed you doing different on that day, what would he say? What else?</p>
<p style="text-align: center;">Coping Questions</p>	
<p>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 for exceptions.</p>	<p>What have you found that is helpful in managing this situation?</p> <p>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)?</p> <p>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?</p>
<p style="text-align: center;">Miracle Questions</p>	
<p>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.</p>	<p>Imagine waking up tomorrow and a miracle had occurred 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 do? What would things look like for your children? If you could wave a magic wand and things, be different, what would that new state of being look like? What would it take to get there without the magic wand?</p>
<p style="text-align: center;">Scaling Questions</p>	
<p>Scaling questions invite 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.</p>	<p>On a scale of 0 to 10, with 0 being not serious at all and 10 being the most serious, how serious do you think the problem is now?</p> <p>On a scale of 0 to 10, what number would it take for you to consider the problem to be sufficiently solved?</p> <p>On a scale of 0 to 10, with 0 being no confidence and 10 being very confident, how</p>

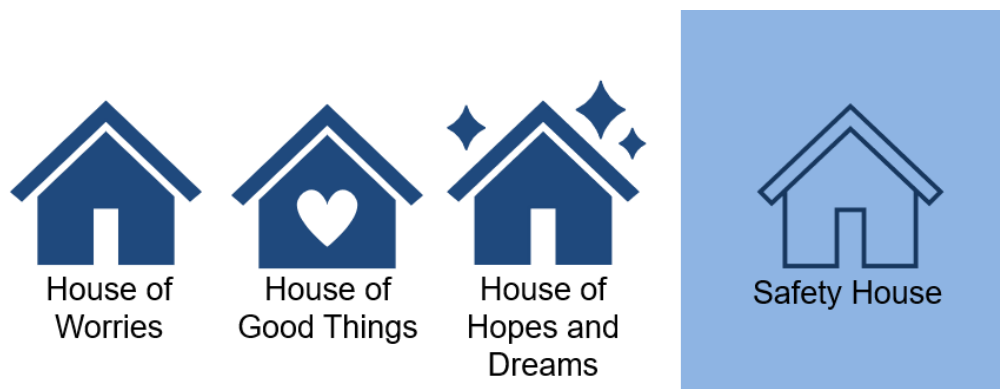
	<p>confident are you that this problem can be solved?</p> <p>On a scale of 0 to 10, with 0 being no chance and 10 being every chance, how likely is it that you will be able to say “No” to your boyfriend when he offers you drugs?</p> <p>What would it take for you to increase, by just one point, your likelihood of saying “No”?</p> <p>What’s the most important thing you have to do to keep things at a 7 or 8?</p>
Indirect Relationship Questions	
<p>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.</p>	<p>How is it that someone might think that you are neglecting or mistreating your children?</p> <p>Has anyone ever told you that they think you have a drinking problem?</p> <p>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?</p> <p>At the upcoming court hearing, what changes do you think the judge will expect from you to consider returning your children?</p> <p>How do you think your children (spouse, relative, caseworker, employer) will react when you make the changes we talked about?</p>

Handout: Linking the Three Questions with Solution-Focused Questions

All three categories should include questions of genuine curiosity, as well as questions about behavioral detail, impact on the child, and voice of the child. You can start with what's working well and then move to the worries, or you can start with the worries and move to what's working well. Every case will be different—asking the family where they want to start may be helpful.

WHAT ARE WE WORRIED ABOUT?	WHAT IS WORKING WELL?	WHAT NEEDS TO HAPPEN?
<p>Assumptions of good intentions</p> <p>Externalizing the Problem</p> <ul style="list-style-type: none"> • When did violence first come into your life? • Who, what, where, when? • How often? How much? • First, last, most recent? <p>Position Questions</p> <p>Is this how you want things to be? Why or why not?</p> <p>Relationship Questions</p> <p>Who else is worried?</p> <p>Networks</p> <p>Who else knows?</p> <p>Scaling Questions</p> <ul style="list-style-type: none"> • Safety/danger, progress • What is keeping the number from being higher? <p>Future Unchanged</p> <p>What will happen if things keep going the way they are?</p>	<p>Assumptions that good intentions are not always enough</p> <p>Exception Questions</p> <ul style="list-style-type: none"> • Has there ever been a time when you were stressed and did not harm your child? • Who, what, where, when? • How often? How much? • First, last, most recent? <p>Coping</p> <ul style="list-style-type: none"> • How have you made it this far? • How have you accomplished what you have? <p>Position Questions</p> <ul style="list-style-type: none"> • Is it important to you that you have taken these steps? • Why? <p>Relationship Questions</p> <p>Who would be most pleased that you have taken these steps?</p> <p>Network</p> <p>Who helps?</p> <p>Scaling Questions</p> <ul style="list-style-type: none"> • Safety/danger, progress • What is keeping the number as high as it is? 	<p>Assumptions that best-made plans do not always work out as they should</p> <p>Preferred Future Questions</p> <ul style="list-style-type: none"> • How would you like things to be instead? • If we meet up in a year and things are better, what will they look like? <p>Position Questions</p> <p>What kind of difference would it make for you to take this step?</p> <p>Scaling Questions</p> <ul style="list-style-type: none"> • What does up by one look like? Up by two? • Willingness, confidence, capacity <p>Relationship Questions</p> <ul style="list-style-type: none"> • What do other people hope will happen? • What can they do to help? • What kind of difference would it make to your children to take these steps? <p>Monitoring Questions</p> <ul style="list-style-type: none"> • How will we know this is working? • Who will have to see what?

Three Houses and Safety House



Children's perspectives are vital to gathering information about what is happening; therefore, children need to be our partners in assessment. Children can be, and often need to be, partners in their own safety planning.

The three houses and the safety house are developmentally appropriate ways to explore the three questions with children. The three houses tool is designed to be used in assessments and initial safety planning to capture the child's voice.

Consists of three houses:

- House of Worries: What are we worried about?
- House of Good Things: What is working well?
- House of Hopes and Dreams: What needs to happen next?

The safety house tool is designed to be used as part of a collaborative safety planning process. The Safety House can also provide good information about safety and danger.

Both tools can be used by simply drawing houses on a piece of notebook paper and labeling the houses. Allow children to write or draw, or scribe on their behalf with consent, what they believe would belong in each of the houses.

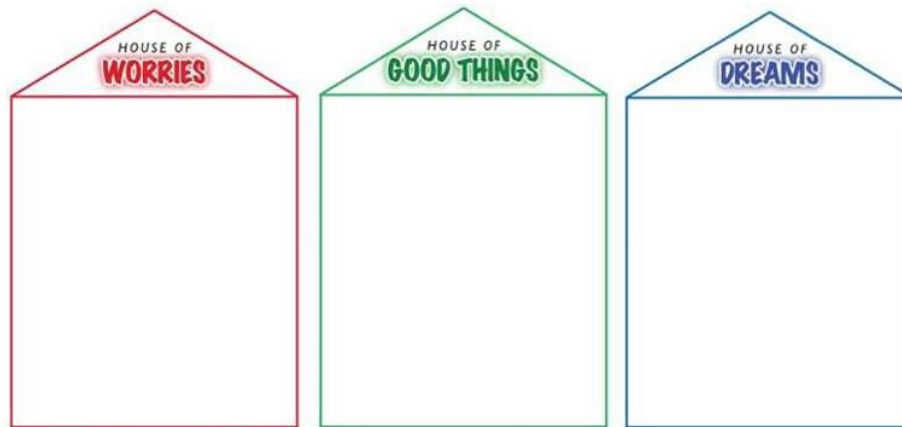
You can learn more by watching "The Child's Voice" eLearning, available on NCSWLearn.

Notes

Handout: Using the Three Houses

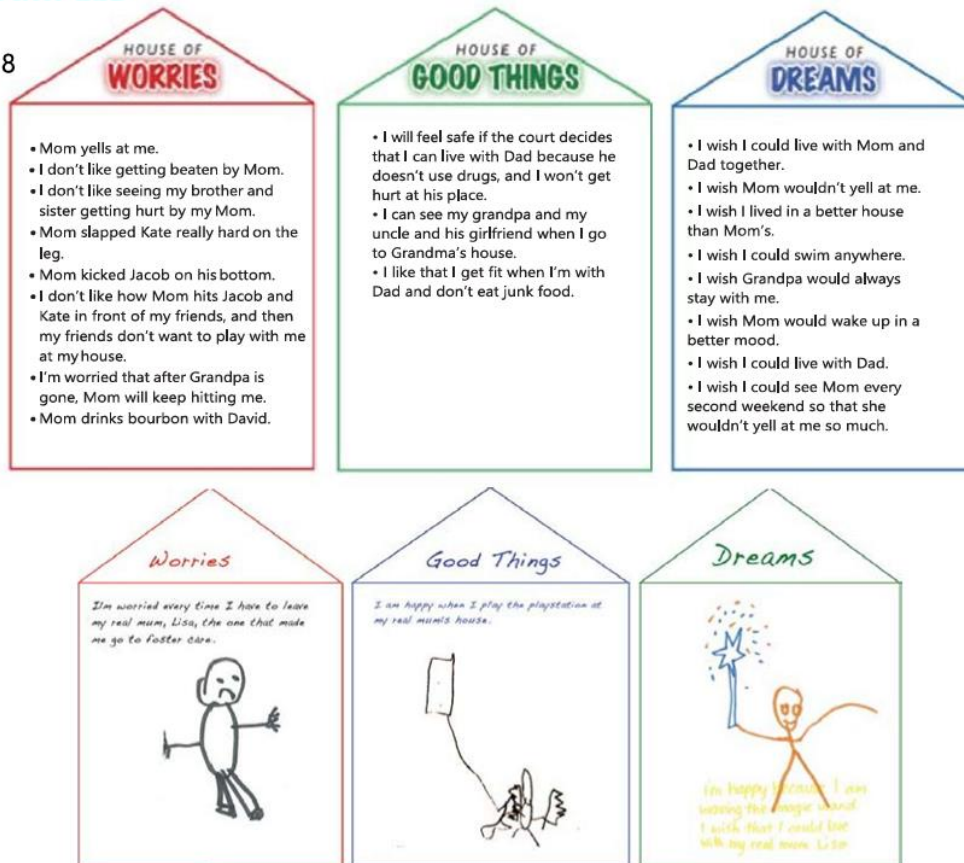
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A tool that engages children in child protection assessment and planning



CASE EXAMPLES

Emma, age 8



- 1. Prepare.** It helps to begin with as much information about the child's background as possible. You will also need the following materials: paper (one sheet for each house as well as some spares), colored pencils, and markers. When deciding where to meet with the child, choose the venue where the child is likely to feel most comfortable.
- 2. Get permission to interview the child.** Sometimes, child protection workers must interview children without advising the caregivers or seeking their permission. Whenever possible, caregivers should be notified in advance. You can show them the Three Houses tool to help them understand what the worker will do.
- 3. Decide whether caregivers should be present.** Sometimes child protection workers must insist on speaking with children without a caregiver present. Whenever possible, let the caregivers and the child choose. If this is not possible, make all efforts to explain to the caregivers why it is necessary to speak with the child alone.
- 4. Explain and work through Three Houses.** Use one sheet of paper per house. Use words and drawings as appropriate and anything else you can think of to engage the child in the process. The child can rename houses, use toys, make Lego houses, use picture cutouts, etc. Let the child decide where to start. It is often best to start with the House of Good Things, especially if the child is anxious or uncertain.
- 6. Explain to the child what will happen next and involve the child in it.** Once the Three Houses process is finished, it is important to explain what will happen next to the child and to get permission to show the child's Three Houses to caregivers, extended family, or professionals. Children usually are happy to share their Three Houses, but some children's assessments could raise concerns and safety issues that must be addressed before sharing with others.
- 7. Present the child's Three Houses to caregivers.** Workers usually begin with the House of Good Things. Before you show the child's Three Houses, it can be useful to ask the caregivers what they think the child put in each house.

Handout: Three Houses

House 1 is the House of Worries: (What are we worried about?)

Possible Questions/Dialogue:

- What makes you feel worried, sad, scared, or unsafe?
- Can you draw or write that in your House of Worries?
- I know this is hard, but can you tell me more about that?
- Are there other things that made you feel unsafe that I should know about?

House 2 is the House of Good Things: (What is working well?)

Possible Questions/Dialogue:

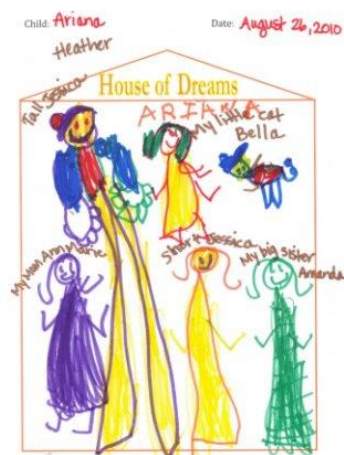
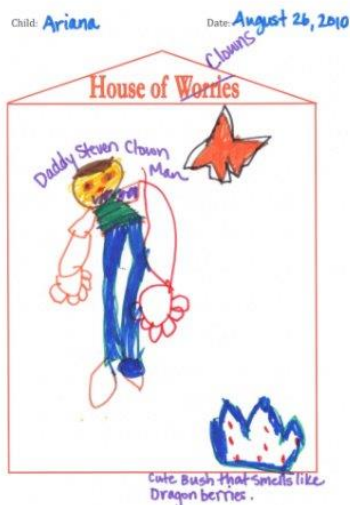
- When you are at home with your family, what makes you feel happy, excited, safe, and well cared for?
- Want to put that in your House of Good Things?
- What else do you want me to know about that?
- Who else helps you feel well cared for? What do they do?

House 3 is the House of Hopes and Dreams: (What needs to happen next?)

Possible Questions/Dialogue:

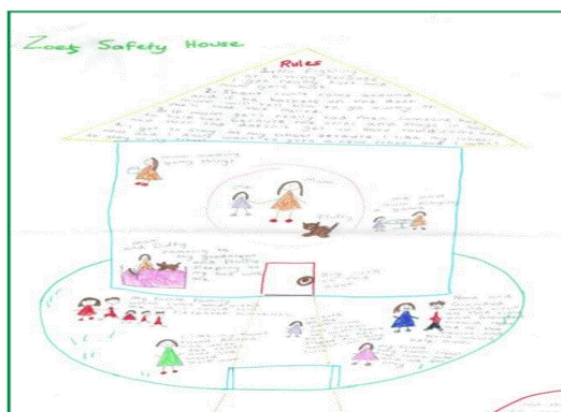
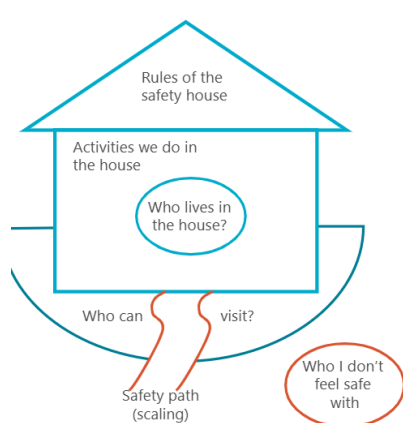
- If all the adults were following the rules and no longer doing the things that were in your House of Worries, what would they be doing instead?
- Would you like to add that to your House of Hopes and Dreams?
- What else would life be like in this house?
- Who else would be there?
- What would you be doing?

Note: You don't have to start with the House of Worries. With children and youth, it is always best to start with the "what is working well" and the House of Good Things. However, you can offer them the choice of which house they would like to start with.



Handout: Safety House

1. **Inner circle and inside the house:** Start by inviting the child to draw themselves in the center of the house. This reinforces that our focus is on the child and how they experience and feel about the world around them. Ask them to fill in the blank space between the walls with things that they enjoy or like about their house and family, such as traditions, routines, and people. To gain this perspective, you can ask, Who lives with you in this house? What activities do you do in the house that make you feel safe?
2. **Outer circle around the house:** For the semicircle under the house, ask the child to think about whom they like visiting the house. Think more about people who can be, or already are, involved with the family (Circle of Support) to ensure the safety of the child. To gain this perspective, you can ask, Who can come visit? What will they do when they visit?
3. **Red circle to the side:** These are people whom the child does not want to allow inside the house, such as unsafe people, deal breakers, or threats to their safety. To gain this perspective, you can ask, Who shouldn't be allowed in? Who doesn't make you feel safe? (Or who are you afraid of? Or hurts you?)
4. **The roof:** These are the rules of the Safety House. Invite the child to create rules for their new safety house. How does that child want everyone in the house to behave? Emphasize that rules are meant to keep everyone safe. To gain this perspective, you can ask, What kind of rules will a house like this need to make sure you always feel safe? What rules do the grown-ups need to follow?
5. **The path to the Safety House (generally understood by age 7 and up, can be skipped for younger children):** The path mimics a scaling question often used in SOP. Use the path and/or sidewalk as a safety scale. Ask the child to draw themselves on the path or color the path (almost like a thermometer) to represent how safe they feel in their home. Any other way that makes sense to you and child is also fine here. To gain this perspective, you can ask, If the beginning of the path at the street is where everyone is worried and (known danger indicator is happening) and the end of the path is where this Safety House exists at the front door and no one is worried, where would you put yourself on the path? What do adults need to do so you could be one step closer to the front door?



EVIDENT
CHANGE

Skills Practice: Strength-Based, Solution-Focused Questions, and Three-Column Mapping

Activity: Skills Practice: Strength-Based, Solution-Focused Questions, and Three-Column Mapping

The purpose of this activity is for learners to practice utilizing strengths-based, solution-focused questions and three-column mapping.

What to Do:

Volunteers will share a real-life problem they would like support with. Your job is:

1st volunteer: use strengths-based and solution-focused questions to support the volunteer. Don't provide suggestions or "fixes," only ask questions. Your questions should instill hope and possibility.

2nd volunteer: use three-column mapping to support the volunteer. Provide a visual to facilitate a strengths-based process and use scaling questions.

What was it like for the volunteer to go through this process? What felt supportive? Was there anything the volunteer would suggest that could have made it more helpful and offered more hope?

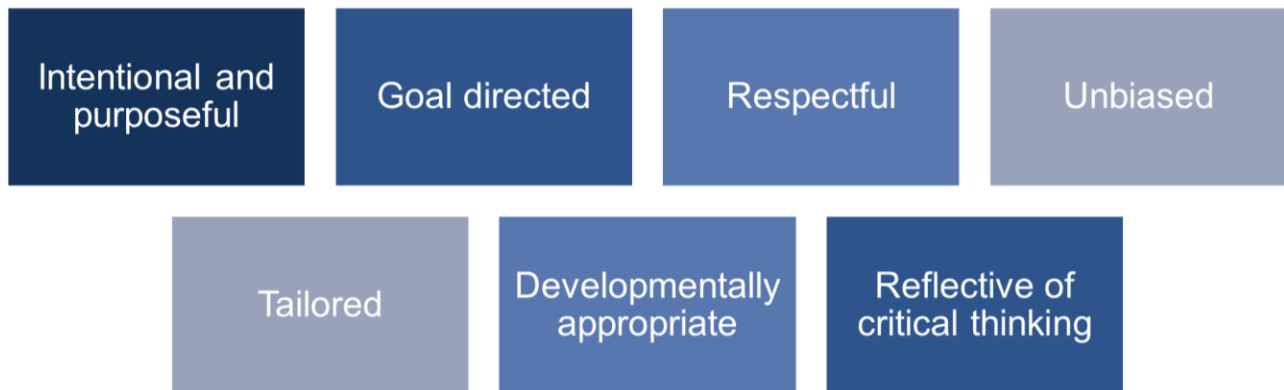
How was it for the rest of the group to practice strength-based, solution-focused questions and three-column mapping?

What was challenging about this activity?

Quality Contacts

Why is Quality Important?

What is a Quality Contact?



Quality contacts are essential for assessing safety, promoting well-being, and working toward permanence. Characteristics of quality contact include:

- Intentionality
- Goal direction
- Respect
- Lack of bias
- Developmental appropriateness
- Tailoring to individual needs
- Critical thinking

Barriers to quality contact include:

- Gaps in caseworker skills
- High caseloads
- Competing priorities
- Crisis management
- Long travel distances
- Staff turnover

Improving quality contact requires preparation, planning, and courage—especially in navigating difficult conversations. Caseworkers must be equipped with engagement strategies and supported in managing workload to prioritize meaningful visits.

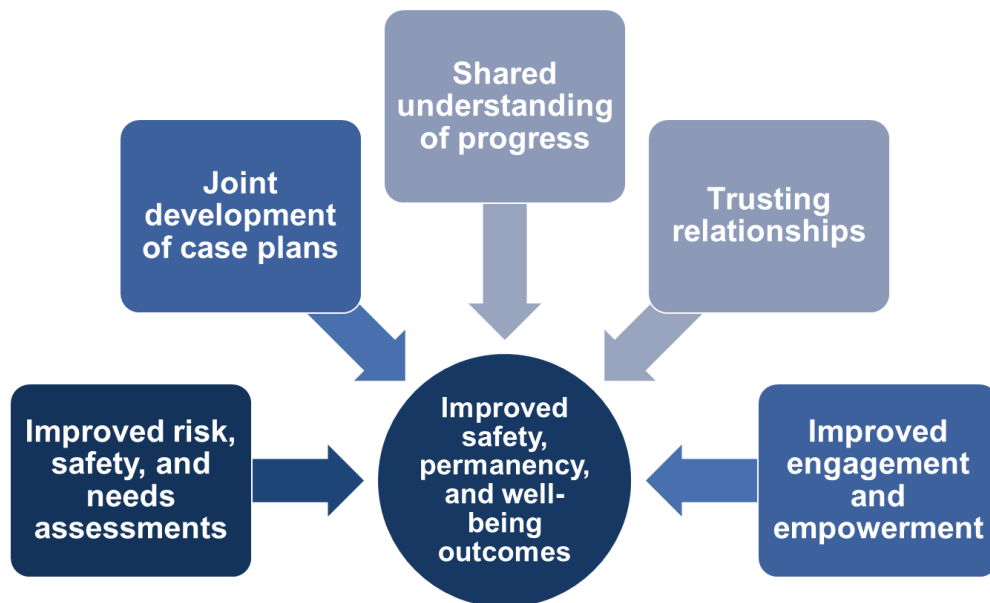
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How do each of these components contribute to a quality interaction with children, youth, families, and caregivers?

What else could impact our ability to conduct quality contacts?

Impact of Quality Contacts



Conducting quality contacts has a significant impact on improved safety, permanency, and well-being outcomes through:

- Improved risk, safety, and needs assessments
- Joint development of case plans
- Creating a shared understanding of progress
- Forming trusting relationships
- Improved engagement and empowerment

What other impacts can you envision if we focus on providing quality contacts?

Policy Requirements

Child	Parent or caregiver	Placement Provider	Collaterals
Use interviewing strategies appropriate to child's developmental level	Assess needs and identify services	Assess their needs on an ongoing basis	Talk with a variety of contacts to gather multiple perspectives
Assess safety and ongoing risk	Address issues relevant to the agency's involvement	Identify services to help them provide care	Exercise discretion to protect privacy and confidentiality
Assess well-being, identify child needs and services	Promote achievement of case goals	Discuss long-term care	
Observe the interaction between the child and their parent or caretaker	Allow for privacy and open and honest communication		
Speak with the <i>child</i> alone	Promote and support positive relationships between children and their parents		

Strategies for Quality Contacts



A quality contact goes beyond a quick check-in with the child, youth, family member, or caregiver, and includes the following core components:

- Preparation and planning specific to the child, youth, and family's circumstances
- Assessment of safety, risk, permanency, and well-being, and progress toward individual case or permanency goals
- Engagement of children, youth, parents, and caregivers by the caseworker through empathy, genuine care, and respect
- Dialogue that amplifies the youth and parents' voices, and promotes discussion and reflection on strengths, needs, and concerns
- Follow up on tasks or concerns you've discussed previously, which might include difficult conversations about why things may not have happened as planned
- Decision-making and problem-solving to address needs and keep moving the case plan forward
- Documentation to support monitoring and follow-up

Notes

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Quality Contacts

Who Ensures Quality?



Administrators and leaders set the standards, policies, and requirements for quality contacts (in accordance with federal regulations). They also build capacity within the agency to conduct quality contacts and review performance, ensuring benchmarks are being met. Leadership also introduces strategies for improvement based on the challenges caseworkers face

Program Managers monitor and support caseworkers in conducting quality contacts and identify and address any barriers within the agency. Program Managers also collaborate across the agency, with IT, data, and CQI staff, to create technology and systems to facilitate data collection and support quality contacts

Trainers like me help build staff knowledge and skills in conducting quality contacts.

Supervisors support caseworkers before, during, and after each contact, debrief with the workers to process strengths and challenges, and promote critical thinking skills. Supervisors are also responsible for monitoring caseworkers' documentation of contacts

Caseworkers – all of you! – plan and conduct the quality contacts, engage the children and families, document, and work with your supervisor to continue building your skills

Children and youth have a responsibility to share their thoughts, concerns, and needs, and participate in decision-making as appropriate. Children and youth can also offer feedback about the level of quality, if developmentally appropriate

Parents and caregivers are responsible for sharing thoughts and concerns about the case plan and goals. They also participate in the decision-making process and planning, and provide feedback to improve quality contacts

Foster parents, kinship providers, and placement providers can also share their thoughts and concerns about the child's well-being and needs, and any needs they have as providers. They can also provide us feedback to improve contact quality

IT Managers must ensure the technology, like NC FAST, allows caseworkers, supervisors, and managers to access case information, and ensure that the documentation of the quality contacts reflects the agency's requirements and policies

Data and CQI Managers analyze, use, and share data to identify areas of improvement as part of the quality assurance process and continuous quality improvement processes

Notes

Family-Centered Strategies

- Engaging
- Including Family Voice
- Strengthening
- Supportive



Family-centered practice is foundational to quality contacts in child welfare. Key components of quality contact—such as intentionality, goal direction, respect, and developmental appropriateness—directly align with family-centered practice. These elements ensure that contacts are collaborative, individualized, and empowering.

Effective engagement during contacts involves amplifying family voices, tailoring interactions to their needs and goals, and using critical thinking to plan and reflect. This approach builds trust and supports meaningful progress toward case plan outcomes.

Think back to when we talked about the components of a quality contact. Which of those components contribute to family-centered practice?

Preparation for Quality Contacts

Before Visits



Quality contact requires intentional preparation before, during, and after each visit. Plan and prepare ahead of time whenever possible. Preparation steps include:

- Aligning visit frequency with policy and family needs
- Choosing appropriate timing and location
- Reviewing case documents and previous contact notes
- Consulting with collateral contacts to gather current insights
- Setting goals for the visit
- Identifying key issues to explore
- Considering safety

This level of preparation helps build trust, demonstrate competence, and ensure that each contact is meaningful and productive.

What other steps can you take before a visit to feel prepared and ready to engage the family?

During Visits



Follow a prepared agenda while incorporating input from the child, youth, or family, and demonstrate respect and empathy throughout the interaction. Creating a safe and supportive environment includes:

- Addressing biases,
- Ensuring privacy by speaking with adults and youth separately,
- Actively listening to understand the family's perspective and needs

Assessment and case planning are central to the visit. Workers must:

- Evaluate safety, risk, and well-being
- Identify strengths and challenges
- Discuss progress toward case goals using developmentally appropriate communication and plain language

Closing the visit with clarity involves summarizing discussions, confirming next steps and responsibilities, and—when possible—scheduling the next contact to maintain consistency and momentum in the case plan.

Are there other things you can do during a visit to achieve your goals and engage the family?

After Visits



Thorough documentation is essential after each visit:

- Record key details such as who was present
- When and where the visit occurred
- Safety and well-being assessments
- Progress toward case goals
- Social considerations
- Follow-up actions needed

Debriefing each visit with a supervisor is a critical step in the visit process. Be sure to follow through on commitments made during the visit, such as completing assigned action steps, and ensure accountability to maintain trust and momentum in the case.

What other things can you do after a visit to confirm or modify your approach for the next contact?

Engaging Safety and Support Networks

Engaging Support Networks

Engagement of the Safety and Support Network



Engagement with a family's network should go beyond gathering case information—it should be a strategic effort to activate and leverage long-term supports for the child, youth, and family's success. A broad support system is essential, encompassing relatives and kin, friends, service providers, faith communities, school-based personnel, mentors, and other collateral contacts.

Support should be lifelong, not just case-based—even referral sources, who often hold valuable information and are part of the family's social network, should be engaged as potential contributors to sustained support.

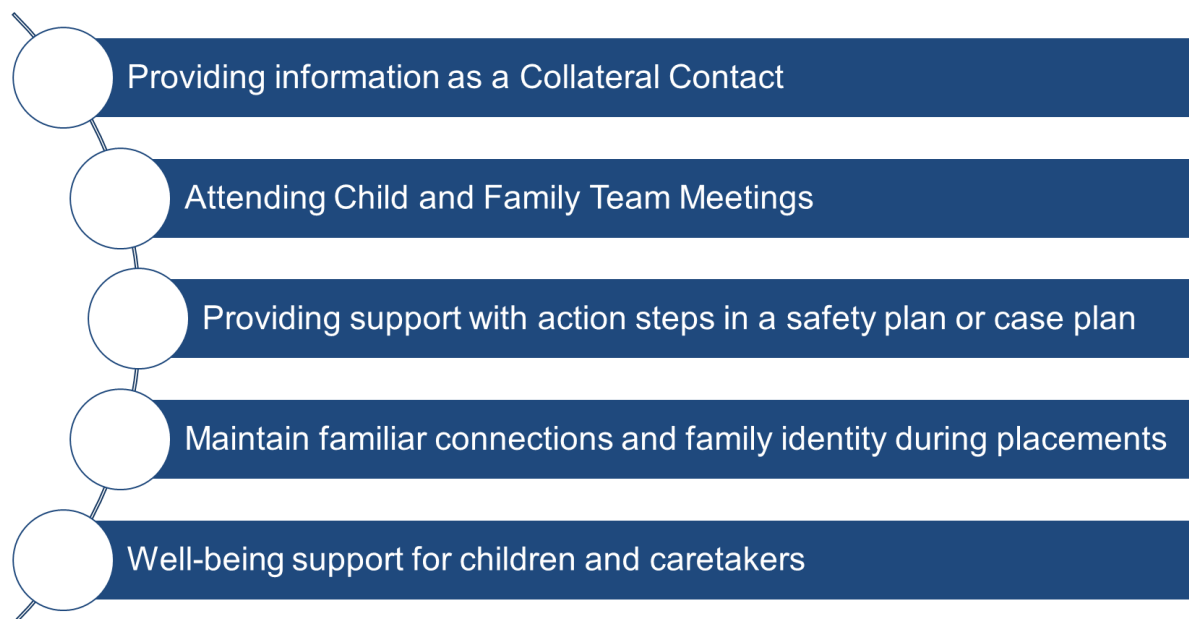
We should begin by engaging:

Family, which includes the nuclear family, extended family, family of choice

- Friends, including neighbors, non-relative kin (familiar friends who are chosen family), and coworkers
- Service providers, which could be medical professionals, mental health providers, early education providers, and childcare providers
- Faith community, like Pastors, church elders, church-based after-school programs, religious organizations, Alcoholics Anonymous, Narcotics Anonymous
- School-based supports include teachers, counselors, coaches, aides, librarians, and principals
- Activity-based supports, for instance, Leaders from Boys and Girls Clubs of America, sports clubs, Big Brothers Big Sisters, mentoring groups, and community-based camps
- And consider engaging other collateral contacts

What other types of support networks or people not mentioned can you think of?

How Safety Networks Can Assist Families



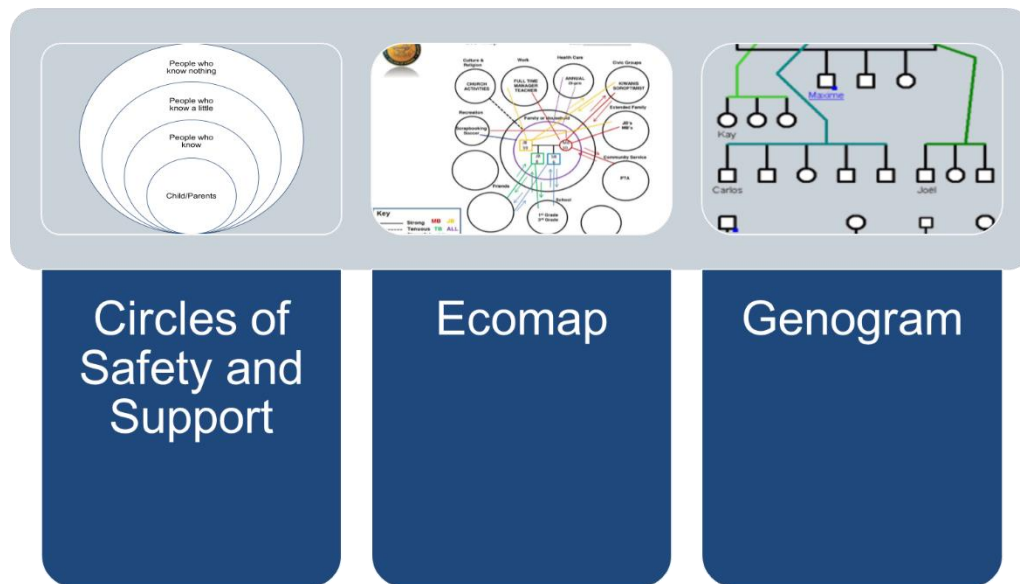
Collateral Contact policy requirements:

- **CPS Assessment:** At least two collateral contacts must occur during the CPS Assessment. All collateral information sources identified by the family before making the case decision, as well as any identified on the Screening and Response tool, and other persons or agencies known to be currently involved with the family or to know the situation, must be contacted.
- **In-Home Services:** Must occur at least twice a month and include contact with people with significant knowledge of the family and their ability to provide a safe home for their children, such as mental health therapists or case managers, school staff, childcare staff, Work First workers, or other professionals. Collaterals should vary monthly depending on what is going on in the case.
- **Permanency Planning:** The agency must have contact with persons significant to the child's case, other than the placement providers, when indicated by child and family needs. This includes family members who reside outside the home, relatives or non-relative kin, guardians, ad litem, service providers, school staff, or others who have information regarding the family. Frequency is monthly, with increased frequent contact when indicated by the child's needs.

Notes

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Tools to Identify Supports



Families may need support in identifying their support systems throughout the case continuum. You play a crucial role in helping families reconnect and re-engage with resources that can provide emotional and practical support.

There are a few tools to support families in identifying their networks:

- Genograms: visual representation of a family tree that can include details about relationships, patterns, and dynamics across generations
- Eco maps: a visual tool used to illustrate relationships between individuals and their family and social environment
- Circles of Safety and Support: SOP tool used to help families identify people in their safety and support network

The process of identifying support systems should begin early and be family-led. You must balance the wishes of both parents and children while including individuals who can contribute meaningfully to the family's long-term well-being.

Families may initially resist identifying support people, often due to embarrassment, strained relationships, or a desire for privacy. Explaining the benefits of engaging support networks is essential, such as helping families achieve their goals and exit child welfare sooner. Best practice is to help families mend relationships that could serve as support networks and identify new supports

What experience do you have with using these tools?

Skills Practice: Using Interviewing Tools

Developing Support Systems: Tools Activity

Activity: Developing Support Systems

The purpose of this activity is to allow participants to practice using tools to identify potential supports/safety networks and to see the benefits for families.

What to Do: Your group will be assigned a tool to use. Review the tool handouts that follow this activity and worksheet to prepare for this skills practice.

Each member of your group will think of their own family or a family they know a lot about, and will play that parent or child when it is their turn to be interviewed by their group. The rest of the team will practice engaging the group member by asking questions for 10 minutes to complete their assigned tool.

After the ten-minute interview is over, spend 5 minutes discussing the worksheet questions for each one:

- Are we missing any potential safety network people in this person's or family's life?
- What might we have asked to get to those additional people?
- What went well?
- What might we do differently when using these tools with families?

Repeat this cycle until every member of your group has the opportunity to act as a parent or child.

Be prepared to share with the large group what your group discussed.

Worksheet: ROUND 1 Tools to Identify Supports Activity

Use this space to draw your assigned tool and fill it in.

A large, empty rectangular box with a thin black border, intended for drawing and filling in the assigned tool.

Are we missing any potential safety network people in this person's or family's life?

What might we have asked to get to those additional people?

What went well? What might we do differently when using these tools with families?

Worksheet: ROUND 2 Tools to Identify Supports Activity

Use this space to draw your assigned tool and fill it in.

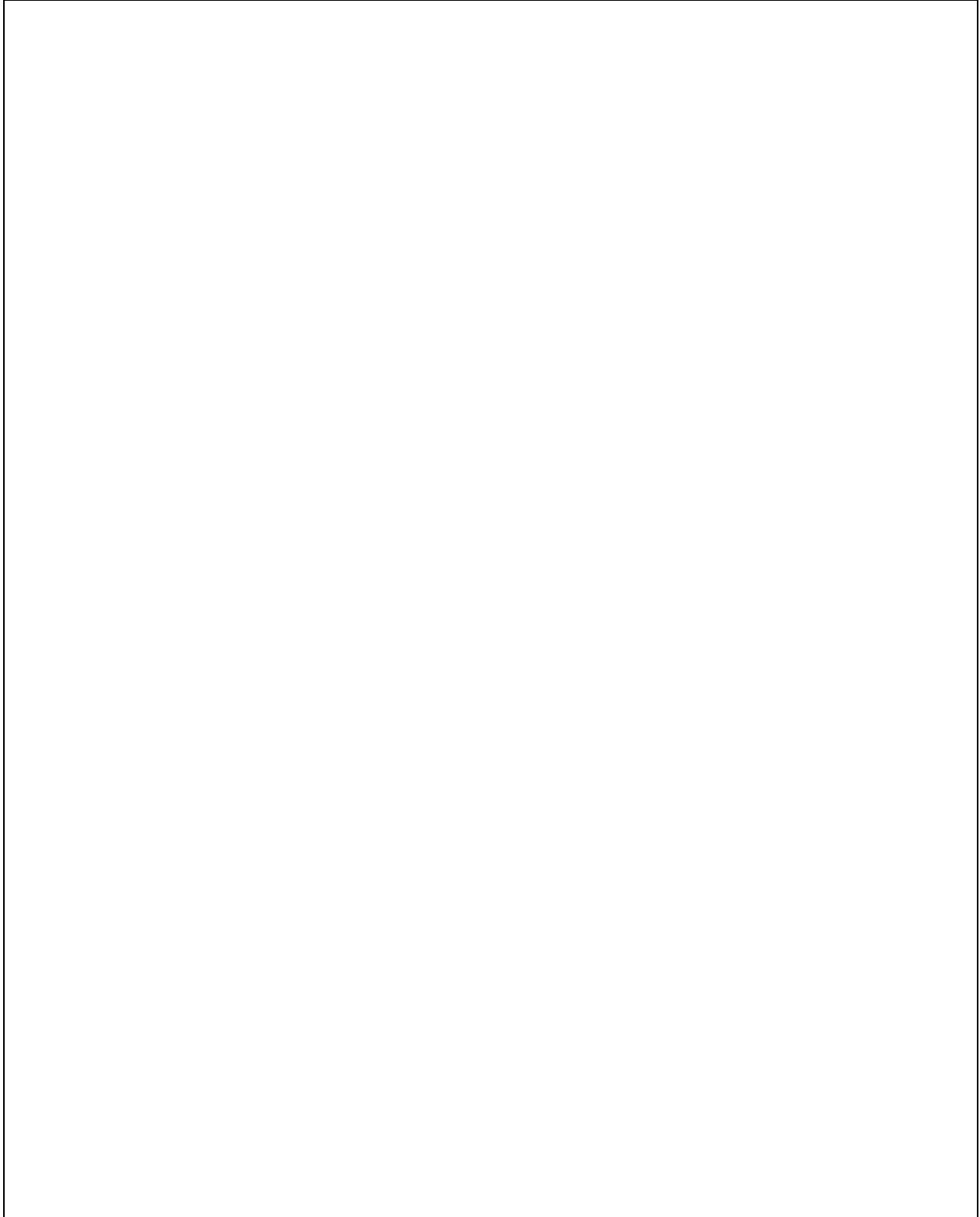
Are we missing any potential safety network people in this person's or family's life?

What might we have asked to get to those additional people?

What went well? What might we do differently when using these tools with families?

Worksheet: ROUND 3 Tools to Identify Supports Activity

Use this space to draw your assigned tool and fill it in.

A large, empty rectangular box with a thin black border, intended for drawing and filling in the assigned tool.

Are we missing any potential safety network people in this person's or family's life?

What might we have asked to get to those additional people?

What went well? What might we do differently when using these tools with families?

Handout: Tools to Identify Supports Overview

Tool	Description	Practice Gap It Fills
Genogram	<p>A genogram is a visual representation of a family tree that includes detailed information about relationships, patterns, and dynamics across generations.</p> <p>It includes symbols to represent individuals, gender, relationships (marriage or divorce), and sometimes emotional connections (conflict or closeness).</p>	<p>This tool helps caseworkers identify relatives on an on-going basis.</p> <ul style="list-style-type: none"> • It supports identifying extended family members who may serve as caregivers or support figures. • Genograms are useful in kinship care planning and placement decisions. <p>They can reveal inter-generational patterns of trauma, abuse, or neglect.</p> <p>Thorough dialogue around this tool may offer insight into cultural norms, migration history, and generational beliefs that may influence parenting and caregiving.</p>
Ecomap	<p>An eco-map is a visual tool used to illustrate the relationships between a child, parent, or family and their social environment.</p> <p>It consists of:</p> <ul style="list-style-type: none"> • A central circle representing the child, parent, or family. • Surrounding circles for external systems (like school, church, extended family, friends, and community) • Lines and symbols connecting the central circle to others showing strength of relationships 	<p>An ecomap provides a holistic view of the individual or families environment. It goes beyond the identified person or family unit to include community and institutional influences.</p> <p>An ecomap helps identify external stressors or supports that may not be obvious in other tools and provides existing support systems that can be leveraged in case planning.</p> <p>An ecomap also identifies gaps in services or areas where additional support is needed.</p> <p>Helps tailor services to the unique social and cultural context of the child or family.</p>

Tool	Description	Practice Gap It Fills
Circles of Safety and Support	<p>The circles of safety and support tool was designed to help family members identify people for the family's safety and support network. This tool also helps workers have conversations with family members about why a safety and support network is necessary, about the role the network can play, and the process of assessing who would be the most appropriate people to participate in this network.</p>	<p>The safety and support network is made up of people who will support the parents to develop and maintain a safety plan for the children, and who can continue to play this role long after professionals have stopped working with the family.</p> <p>Reduces naïve thinking that parents can do it alone and be successful. We cannot plan for safety solely with the people who caused the harm.</p>
Three Houses	<p>A drawing exercise to engage children in responding to the three questions for rigorous and balanced safety and risk assessment.</p> <ul style="list-style-type: none"> • The House of Good Things • The House of Worries • The House of Hopes and Dreams 	<p>To include the child's voice in the safety and risk assessment using a drawing exercise to convey the three questions.</p> <ul style="list-style-type: none"> • Provides motivation for parents to change when they see their own child's words/pictures.
Safety Houses	<p>A drawing exercise developed to help elicit what would need to happen for the child to feel safe in the household and includes specific rules created by the child in the safety plan and how the network members can provide support.</p>	<p>Includes the child's voice in safety and case planning using a drawing exercise.</p> <p>Moves professionals away from thinking it's okay to make plans about children and youth without their input.</p>

Handout: Genogram

Genogram Key

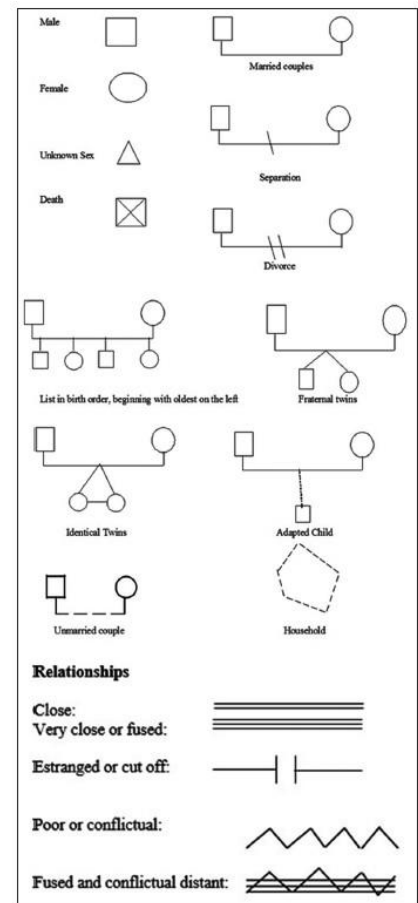
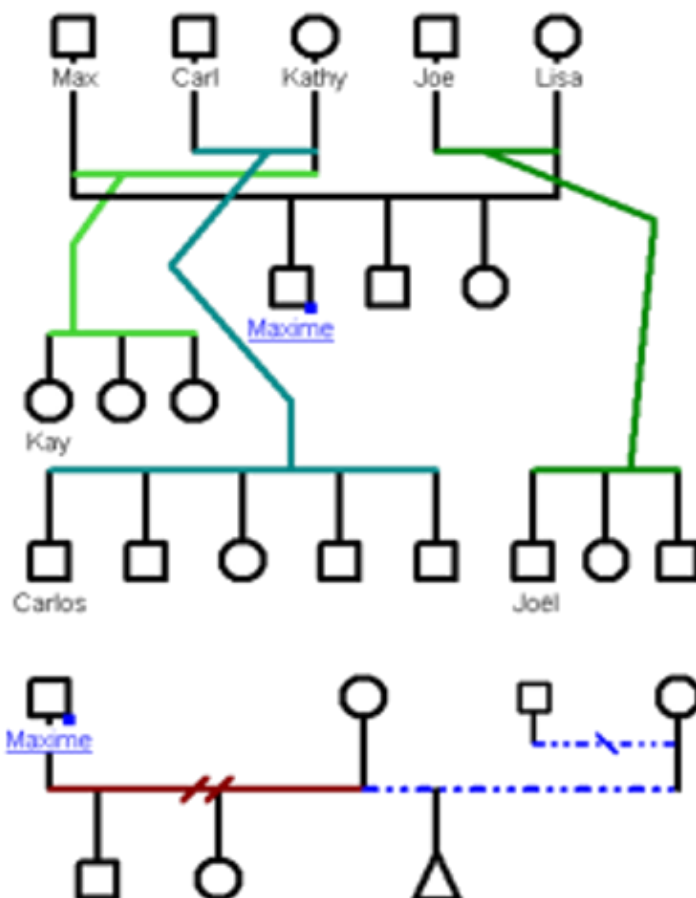
Basic Symbols:

- Male: □ (square)
- Female: ○ (circle)
- Unknown gender: ◇ (diamond)
- Deceased: Symbol with an “X” through it

Emotional Relationship Lines:

- Close: Double solid line
- Distant: Dashed line
- Conflictual: Zigzag line
- Cutoff: Line with a break or slash
- Abusive: Jagged line with annotation

Example Genogram:

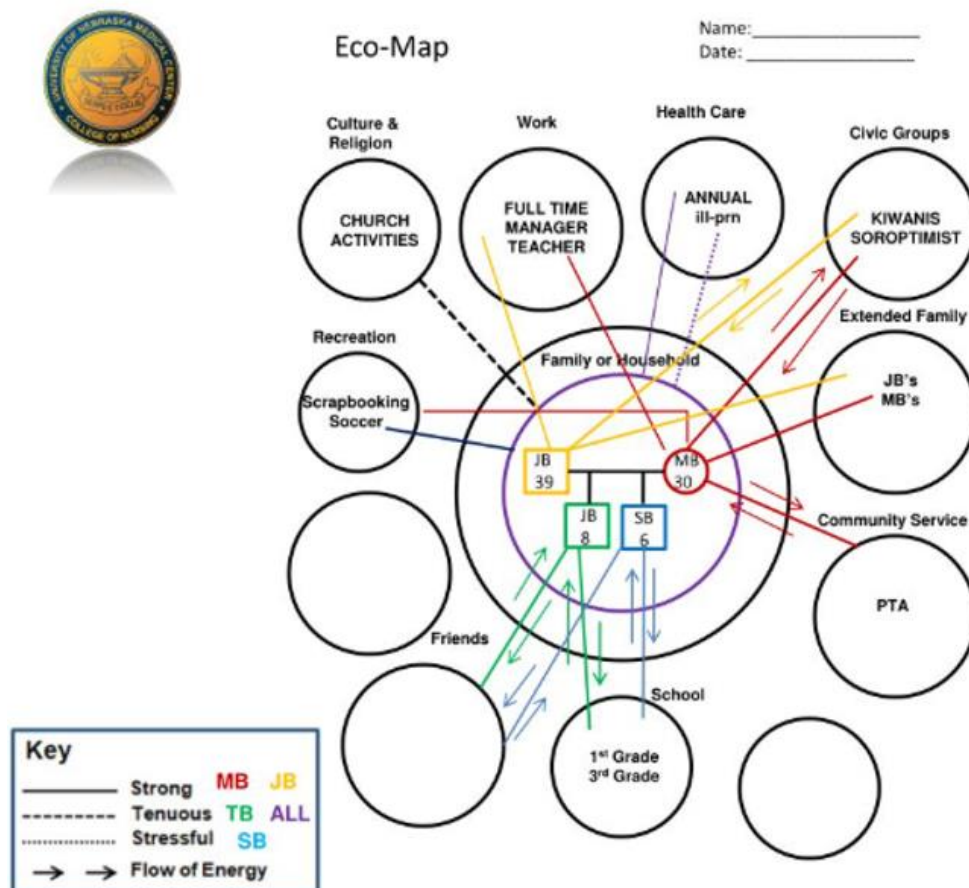


Handout: Ecomap

Ecomap Key

1. Begin with a central circle representing the individual or family
2. Add other circles representing family, friends, church, school, and community
3. Add relationship lines (See key)

Key:	
Close and strong relationship	—————
Less close or occasional relationship	- - - - -
Difficult or stressful relationship	—— / —— / ——
Equal relationship	↔
One-way relationship	→

Ecomap Example:

Handout: Circles of Safety and Support Visual

Innermost Circle: Who knows everything about what happened?

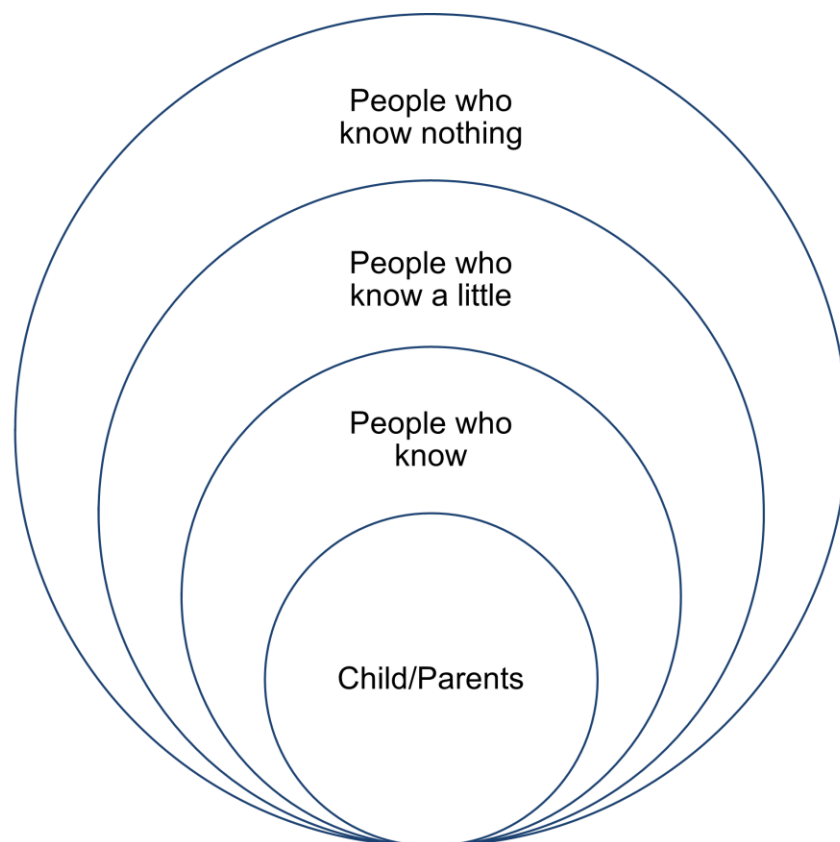
- Ask the caretaker, “Who in your life and your child’s life already knows what happened that led to you and your child’s involvement with DSS? Who knows everything about this?”
- Write all the names in this innermost circle.

Middle Circle: Who knows somethings about what happened but not all?

- Ask the caretaker, “Who in your life and your child’s life knows a little bit about what has happened? Who does not know the whole story but maybe knows some of what has happened? Or maybe they know something has happened, but they don’t know any of the details?”
- In this middle circle, write the names of those who know a little bit or some of what has happened. You can compliment the caretaker as more people are identified.

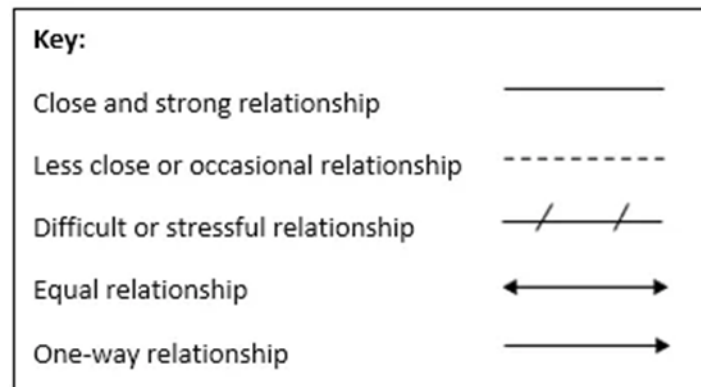
Outermost Circle: Who knows nothing about what has happened? Who should know?

- Finally, ask the caretaker, “Who in your life and your child’s life does not know anything about what has happened?”
- Write these names in this outermost circle.



Self-Reflection

My Eco-map



1. Begin with a central circle representing the individual or family
2. Add other circles representing family, friends, church, school, and community
3. Add relationship lines (See key)

Take a few minutes to reflect on your own life, your family, and your support network. Draw your own ecomap, paying close attention to those relationships that will support and sustain you and your well-being as you enter the child welfare services field.

Pre-Service Training: Core Week 2 Day 3 Agenda

Child Welfare in North Carolina Pre-Service Training: Core

Welcome

Engaging Families through Family-Centered Practice, continued

Involving Fathers, Non-Resident Parents, and Relatives

Engaging Fathers

Engaging Fathers Learning Lab

BREAK

Engaging Incarcerated Parents Learning Lab

Child and Family Team (CFT) Meetings

Recognizing Skills in Child and Family Team (CFT) Meetings

LUNCH

Safety-Organized Practice Tools for Strengths-Based and Solution-Focused Interviewing

Structured Decision-Making (SDM) Tools

Structured Decision-Making Tools

Safety Organized Practice (SOP) Tools

Safety Organized Practice Tools

BREAK

Quality Contacts

Safety Organized Practice Tools, continued

Three Column Mapping

Self-Reflection

What Does Engagement Mean to You?

Pre-Work Reminder

Preservice Training: Core Week 2 Day 3 Learning Objectives

Day 3
Engaging Families through Family-Centered Practice, continued
<ul style="list-style-type: none"> Describe and provide examples of strategies to prepare the child and family for court. Explain the importance of debriefing with families after court hearings.
Structured Decision-Making (SDM) Tools
<ul style="list-style-type: none"> Describe the four characteristics of the SDM system. Explain the essential question each SDM tool answers. Summarize the steps to using SDM tools.
Safety Organized Practice (SOP) Tools
<ul style="list-style-type: none"> Summarize previous harm, current worries, and key goals for families. Recognize how these statements can enhance practice by grounding assessments in facts and focusing on the safety and permanency of the child. Identify the three questions and three column mapping strategies for interviewing and assessments. Apply the strategies for information gathering in practical applications and scenarios.
Quality Contacts
<ul style="list-style-type: none"> Describe the relationship between quality ongoing case contacts and child welfare outcomes. Describe the core components of quality contacts. Explain the importance of gathering and reviewing case information prior to conducting contacts. Develop questions to engage children and families in assessment and case planning. Develop questions to engage children and families in assessment and case planning.

Core Week 2 Day 3

Engaging Families through Family-Centered Practice, continued

Involving Fathers, Non-Resident Parents, and Relatives

Engaging Non-Resident Parents and Relatives



Non-Resident Parents Include Mothers and Fathers. Incarceration does not automatically mean exclusion from a child's life unless safety concerns exist. Maintaining parent-child connections during incarceration is crucial, and caretakers and caseworkers play a vital role in facilitating this contact.

In same-sex relationships, non-biological or non-adoptive parents may lack legal recognition, creating a challenge to engagement in child welfare planning—especially if the legal parent resists. Despite legal and logistical barriers, the emotional bond and continuity of relationships with significant adults remain essential to a child's well-being.

All non-resident parents have the right to be involved in their children's lives if no safety threats exist. Efforts to locate and engage them should be thorough and documented. Relatives on both sides of the family can offer critical support, mentorship, and even placement options, reinforcing the idea that "it takes a village to raise a child."

Coastal Horizons in Eastern NC is an excellent resource with additional information about engaging non-resident parents and relatives

Notes

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Fathers, Non-Resident Parents, and Relatives: Policy Requirements

Child welfare policy emphasizes that non-resident parents, whether labeled absent, non-custodial, or incarcerated, may hold essential information about their child's history, strengths, and needs. Early engagement with these parents can lay the groundwork for stronger involvement and potential reunification or long-term support.

Incarcerated Parents Must Be Contacted-Regardless of whether a parent is incarcerated in-state or out-of-state, they must be contacted to assess:

- Their ability to contribute to the case plan
- Identify family strengths or needs and suggest relatives who may support the child
- Their level of involvement in planning and contact with the child should be determined and documented

County child welfare agencies are required to make diligent and continuous efforts to locate and engage extended maternal and paternal relatives throughout the life of a case. Monthly inquiries with parents and children should gather names, contact details, social media connections, and relationship histories to build a broader support network.

If a non-resident parent or relative refuses involvement, contact, or cooperation, caseworkers must thoroughly document all outreach efforts and the responses received.

Notes

Engaging Fathers

Facts About Engaging and Involving Fathers

Related to positive child health outcomes in infants

Leads to better emotional, academic, social, and behavioral outcomes for children

Father absence hinders development from early infancy through childhood and into adulthood

The quality of the father-child relationship matters more than the number of hours spent together

Reduces the frequency of behavioral problems in boys while also decreasing delinquency and economic disadvantage in low-income families.

Reduces psychological problems and rates of depression in young women.

Child welfare systems tend to be matriarchal, favoring mothers due to ease of legal identification. Worker bias and systemic practices, such as mother-centered materials and services, contribute to the lack of father engagement.

Media portrayals have historically undervalued fathers, though recent shifts are beginning to show more balanced representations. Fathers who have been excluded may be hesitant to engage, requiring thoughtful strategies to build trust and connection.

Research shows that father involvement:

- Linked to improved infant health, emotional stability, academic success, and reduced behavioral issues
- Children with engaged fathers are significantly more likely to succeed in school, avoid incarceration, and experience fewer symptoms of depression

Non-resident fathers can positively impact their children's development. The strength of the father-child bond is more important than the amount of time spent together, with benefits seen across emotional, academic, and behavioral domains.

Notes

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Engaging Teen Fathers

“Much of fatherhood engagement comes down to simply asking fathers to be involved. Fathers care about and take pride in their children, and they want to positively contribute to their children’s lives and healthy development.”
Center for the Study of Social Policy

Teen fathers face many challenges: poverty, unemployment, under-education, and mental health concerns. Systemic bias limits father engagement.

Caseworkers and agencies can play a transformative role by adjusting language in materials, displaying collaborative imagery, hiring male staff, and creating father-friendly environments. Agencies should remove barriers to visitation and engagement by offering transportation support, flexible scheduling, and collaboration with schools.

Creating welcoming spaces for father-child interaction and educating mothers on the importance of father involvement are also key strategies to promote healthy family connections.

Notes

Fathers, Non-Resident Parents, and Relatives: Engagement Strategies

“The biggest thing I hate (is when people say) ‘Oh you’re babysitting your kids’ They’re my kids. I can’t babysit my kids. How do you babysit what you brought into this world”

Damien, Dallas, Zero to Three, National Parent Survey Report (2016)

Intentional Engagement Builds Relationships: Caseworkers can foster trust by using natural opportunities to connect with fathers and non-resident parents. Simple observations of positive parent-child interactions can spark meaningful conversations and validate the parent's role, laying the foundation for a collaborative relationship.

Flexibility and Patience Are Essential: Engaging fathers and non-resident parents requires adaptability in scheduling meetings, accommodating work hours, and sometimes building relationships separately with each parent. Patience and persistence are key, especially when working with individuals who have been historically excluded or alienated.

Support for Incarcerated Parents Requires Interagency Collaboration: Parents in correctional facilities face unique barriers to engagement. Caseworkers must coordinate with corrections staff, attorneys, and community organizations to ensure incarcerated parents can participate in case planning and access tailored services that support reunification and family stability.

Agency Practices Should Reflect Collaborative: Values-Agencies can improve engagement by using trauma-informed language, displaying differing imagery, hiring male staff, and creating father-friendly environments. Practical supports, like transportation, flexible scheduling, and school collaboration, help remove barriers and encourage active involvement from fathers and relatives.

Notes

Handout: Keys to Building Strong Relationships with Fathers

Keys to Building Strong Relationships with Fathers

- 1. Demonstrate interest in the whole family**
 - a. Get contact information of fathers on all intake/enrollment forms.
 - b. When talking to mothers, ask also about the fathers: what do they do for a living, their work schedules, areas of concern, hobbies, and interests
- 2. Initiate programs and activities that appeal to fathers**
 - a. Have workshops on topics such as Family Economic Success, How to Write a Resume, How to Fill Out Job Applications, Job Training Resources, Affordable or Low-Income Housing Resources, How to Start a Small Business
 - b. Organize outdoor events, support groups, and parenting classes that require the participation of fathers.
- 3. Encourage mothers to make room for father involvement**
 - a. Help mothers to see the importance of fathers supporting their children's development by having quality one-on-one time with them.
 - b. Reassure mothers that there will be adequate staffing to support fathers in activities that are father-child specific.
- 4. Get to know fathers in your program and activities**
 - a. Make a special effort to personally greet and thank fathers who attend activities.
 - b. Strike up casual conversations with fathers and listen attentively.
- 5. Follow up with the fathers**
 - a. Call fathers after the activity to get their feedback and assess their interest in further involvement in your program and activities.
 - b. Invite fathers for a relational visit at your center or visit them at their homes.
- 6. Offer opportunities for fathers to get involved in the program's functioning**
 - a. Create a list of volunteer opportunities at the center for fathers. Make sure the list covers a variety of activities, such as physical tasks, technology support, and planning events and activities.
 - b. Recruit fathers to become members of the advisory committee or event planning committees at your center. Help them develop leadership and collaborative skills during their tenure.
- 7. Value the contribution of fathers in your program and activities**
 - a. Regularly and publicly praise them for their dedication, setting them as examples for other fathers.
 - b. Seek their feedback and take it seriously.

Key Takeaways

Non-resident parents are often overlooked

Policy supports including non-resident parents

Fathers play a critical role in child development

Teen fathers face unique barriers

Engagement requires intentional, collaborative strategies

Notes

Engaging Fathers Learning Lab

Video: Strengthening Families – Father Engagement

Visit: [Father Engagement Strengthens Families](#) for a video about the direct link between positive father involvement and child well-being.

As you watch the video, take note of themes and information that has been covered about working with fathers and non-resident parents:

What were some of the common themes and information you heard in the video that we have talked about today?

How did you feel as you heard the fathers share?

Activity: Father Engagement – The Letter**Father Engagement Scenario**

Mother: Dora Allen, age 42, White

Father: Andrew Allen, age 45, White

Children: Andy Allen, age 17, White
Joy Allen, age 14, White

You have been working with the family for two weeks. This is a new report on an open CPS Assessment case with “Unsafe Discipline” maltreatment allegations against mom, Dora, for repeatedly slapping Joy on the arms and shoulders. You had been working with the family about allegations of “Unsafe Discipline” when a new report was received alleging a new incident of the same allegations.

After working with the family, it was determined that a Child and Family Team Meeting would support decision-making. Father Andrew has been disengaged since he and Dora split up two years ago. Andrew doesn’t see the children due to animosity between the parents, as the break-up was ugly and emotional.

Write a letter to Andrew to invite him to participate in the case and attend the Child and Family Team Meeting.

Engaging Incarcerated Parents Learning Lab

Video: The Marshall Project – Inside Tutwiler Prison

Visit: [The Marshall Project: Inside Tutwiler Prison](#) for a short documentary about women in Tutwiler Prison who have children.

After watching the video, please work with your table group to complete this worksheet and record your observations and responses.

Misty Cook interview

What engagement techniques did you note between interviewer and interviewee?

Classroom scene

What did you note about the classroom participants' discussion?

What did the “class participants” want to talk about?

Women sharing the pictures of their children

Share your reactions to this scene.

Share your reaction to the mother who said, “I guess he’s still with DSS”. “I don’t know where he is right now.”

Share your reaction to the women’s responses to each other. What did you note?

Christy, talking about the breastfeeding program

Describe what this mom was saying about keeping her focus.

What did this mom share about her story?

What is your response to the mom asking for help?

Women in the dorm talking about how they view themselves

How do these women feel about themselves?

Did the women's reactions surprise you?

Clean and Sober Celebration in classroom

Describe the interaction of the women.

Describe the engagement of the class facilitators. What messages did they share with the participants?

Brittany talking about substance use

What did this mom share about her story?

What did she want to know?

Jennifer talking about how to manage after birth

Your reaction to: “I don’t want to come outside for a year.”

Your reaction to this statement “When I think I want to do this, this is what I’ll do instead.”

Your observation of the “goal setting” conversation.

Moms reading books to their unborn children

Note your reactions to the moms reading the books to their children.

What messages were the moms sending to their children?

Moms talking about their newborns

Your reaction to the comment, “We’re scared.”

Your reaction to, “What I wonder about.”

What questions do the moms have about their children?

Misty on her way to hospital for delivery

Your reaction to why you “don’t want to give birth.”

Your reaction to “You feel so empty.”

Your reaction to “Locked up your whole pregnancy – just you and the baby.”

Misty returning to prison after delivery

Your reaction to Misty returning to Tutwiler following the birth of her child.

Your observations of the reactions of the other moms to Misty's return to Tutwiler following the delivery of her child.

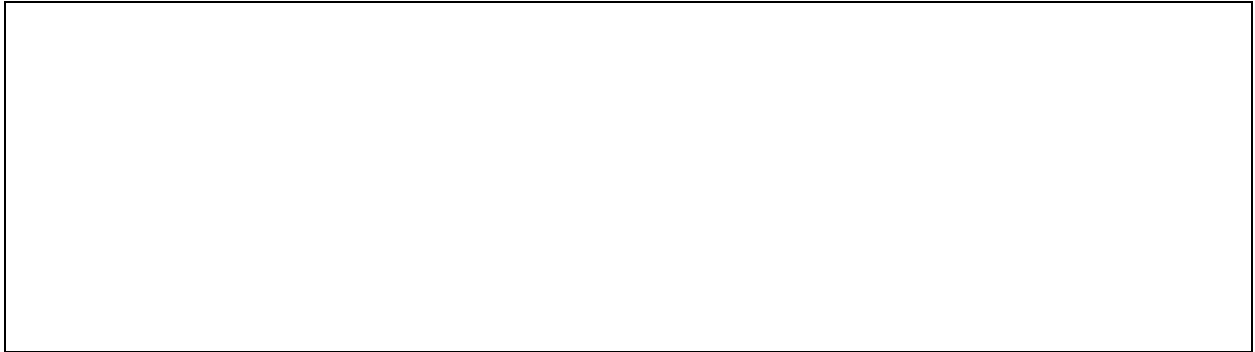
Now that we have processed through this documentary, we want to look a little deeper, moving the learning from the classroom to practice.

Who are these women? Jot down the first responses that come to your mind.

How can we intervene early, deliberately, and with purpose, in a trauma-informed and trauma-responsive way that is targeted to stop the possibility of incarceration?

What if we don't intervene?

What if we do?

A large, empty rectangular box with a thin black border, intended for a response to the question 'What if we do?'. It occupies the upper half of the page below the question.

Child and Family Team (CFT) Meetings

Key Activities of Family-Centered Practice



Through family-centered practice, the voice and choice of the children and families should occur throughout the life of a case in case decision-making and planning. Some of the key activities of family-centered practice include:

- Using active listening and empathy to hear the family's story
- Engaging and involving families and their team in being trauma-focused throughout your assessments of the family
- Elevating family voices
- Involve families and their team in developing their plans. Develop plans with the family
- Use quality caseworker contacts to engage with children and families
- Facilitate the parent-child relationship through Shared Parenting and Family Time when their child is placed outside of the home

Notes

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Child and Family Team (CFT) Meetings

Genuineness	Empathy	Respect
<ul style="list-style-type: none"> • Be yourself • Be clear about concerns • Non-defensive • Be aware of non-verbal behavior and verbal responses 	<ul style="list-style-type: none"> • Attempt to understand the experience of their world • Communicate your understanding of their experiences 	<ul style="list-style-type: none"> • Value everyone separate from their behavior • Treat each family member as worthwhile • Anticipate their capabilities

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

CFT meetings are decision-making meetings that exist for the purpose:

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

CFT meetings share the following components:

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

Notes

Preparing for and Participating in CFT Meetings

Prepare families for participation in CFT meetings:

- Help those involved understand the meeting's purpose, structure, and agenda
- Help families identify goals, establish ground rules, decide who to invite, and build the agenda
- Reassurance that they can share their story at their comfort level, with the caseworker's support if needed

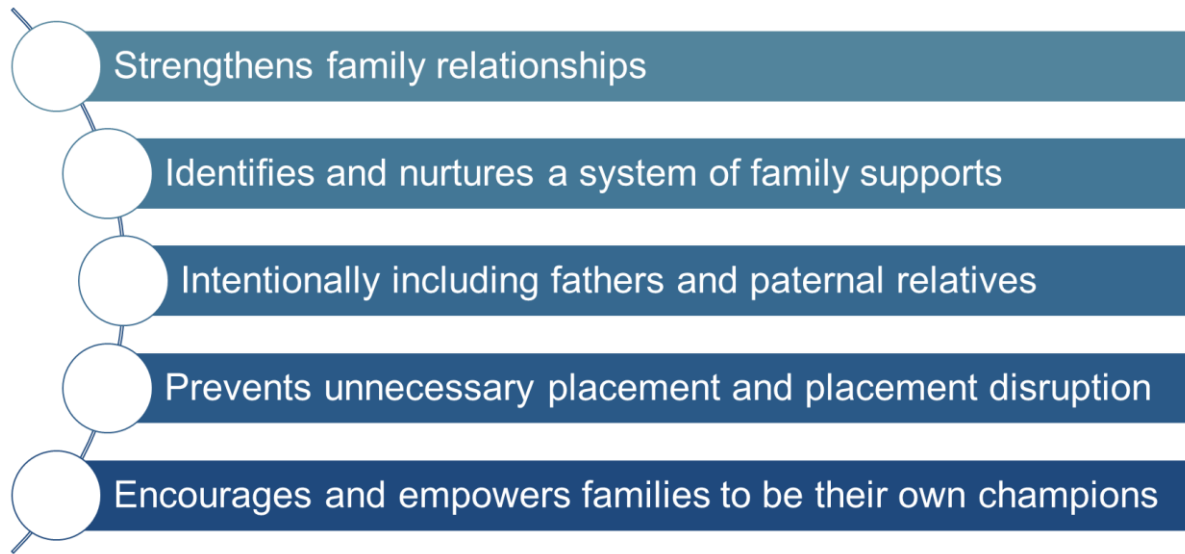
Children must also be prepared in developmentally appropriate ways, including:

- Explaining the meeting's purpose, their role, and encouraging their participation.
- Gaining input on attendees and desired outcomes should be sought
- Reassurance that their voice matters

Adequate preparation can build confidence, reduce anxiety, and reinforce the family's voice and choice in planning.

Notes

Achieving Safety, Permanency, and Well-Being Outcomes



Empowering families to convene their own support networks and actively participate in planning for their children's safety, permanency, and well-being is true engagement.

Outcomes of strong family engagement through CFT meetings:

- Strengthening family relationships
- Identifying and nurturing a system of family supports
- Intentionally including fathers and paternal relatives
- Prevention of unnecessary removals or placement disruptions
- Encourages and empowers family autonomy

Notes

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Recognizing Skills in Child and Family Team (CFT) Meetings

Video: CFT Meeting Gone Awry

Visit [CFT meeting gone awry](#) to recognize and identify how a CFT meeting could go wrong.

How did this meeting go?

How would you describe the facilitator's attitude and tone?

How did the family member respond to the facilitator's tone?

What skills did you see modeled in this meeting?

Who was missing from this meeting?

What was accomplished in this meeting?

What do you think happened after this meeting?

Video: Functional CFT Meeting

Visit [Functional CFT meeting](#) to recognize and identify elements of a functional CFT meeting.

How did this meeting go?

What was different in this meeting from the first one we watched?

How would you describe the facilitator's attitude and tone?

How did the family member respond to the facilitator's tone?

What skills did you see modeled in this meeting?

What was accomplished in this meeting?

What do you think happened after this meeting?

What happened in this meeting that you will remember to do when you attend a CFT meeting?

Key Takeaways

CFT meetings are structured, guided discussions

Provide an opportunity for the family to be involved in decision-making and planning

CFT Meetings are grounded in the Three Core Helping Conditions

Preparing families is a crucial component

There are many benefits to child and family team meetings

Notes

Structured Decision-Making (SDM) Tools

Structured Decision-Making Objectives



Increase
consistency
and **accuracy**
in decision
making.



Provide workers
with **simple,**
objective, reliable
assessments
to support
their decisions.



Provide managers and
administrators with
management
information for
improved program
planning, evaluation,
and resource allocation.

The SDM system provides structured frameworks to guide child protection workers through critical decision points in a case. It emphasizes intentionality, especially in decisions like case closure, and ensures that each decision is straightforward and well-defined.

SDM assessments are tools that support, rather than replace, professional judgment. They are grounded in research and policy, providing reliable and objective data to help workers make informed, consistent, and accurate decisions. Each assessment is designed for a specific decision point and must be understood in context to be effective.

By standardizing data collection and decision-making language, the SDM system promotes consistency across workers, reduces bias, and improves program planning. It also uses ongoing research and evaluation to refine tools and practices, aiming to target resources better and inform policy for families most at risk of repeated involvement with child protection services.

Information-gathering Frameworks:

Decision: The SDM system is focused on key decision points and helps us to be intentional about decisions. It is easy to drift through decisions, especially those related to case closure. The SDM system emphasizes the importance of clear, concise decision points

Support: The SDM assessments support decision-making. Assessments do not make decisions; workers do. The use of research and evidence enables caseworkers to make more informed decisions. While the decisions are structured, no magic formula tells you what to do. No prescription exists

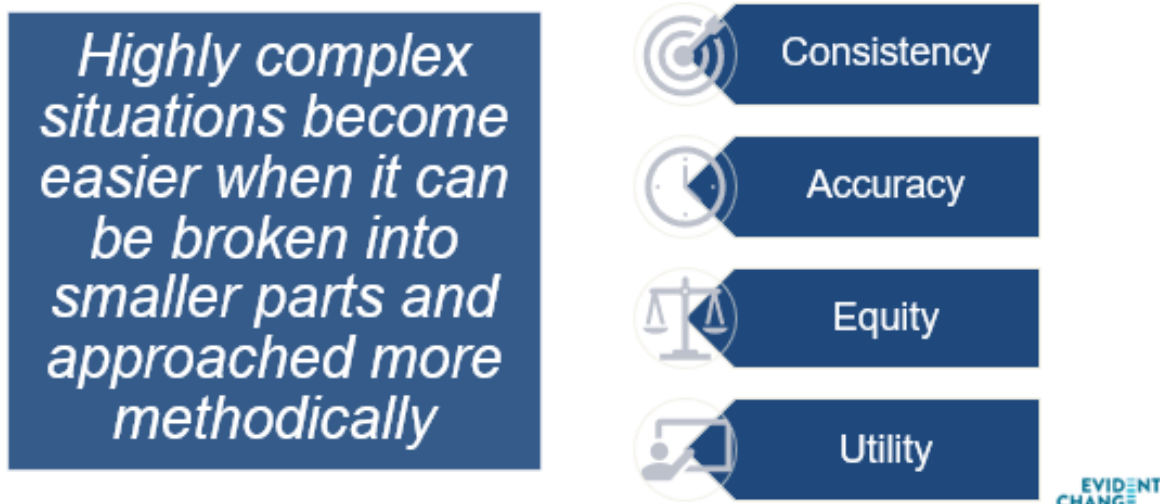
System: The SDM assessments fit together, each with a different teaching point. It is important to understand the function of each assessment and how they fit together.

Each assessment serves only one decision point, and it is important to know the decision point to get the best out of each

Research and evaluation: The SDM system is built with research and evaluation at the center. As our field is still young and this research is still emerging, it is even more important to be intentional in reviewing what is known in the field and to integrate new research and best practices into the tools as appropriate

Notes

Structured Decision-Making System



Consistency means that caseworkers who are given the same information will come to the same conclusion. This helps ensure that any biases held by individual workers that differ from those of another worker do not interfere with good decision-making.

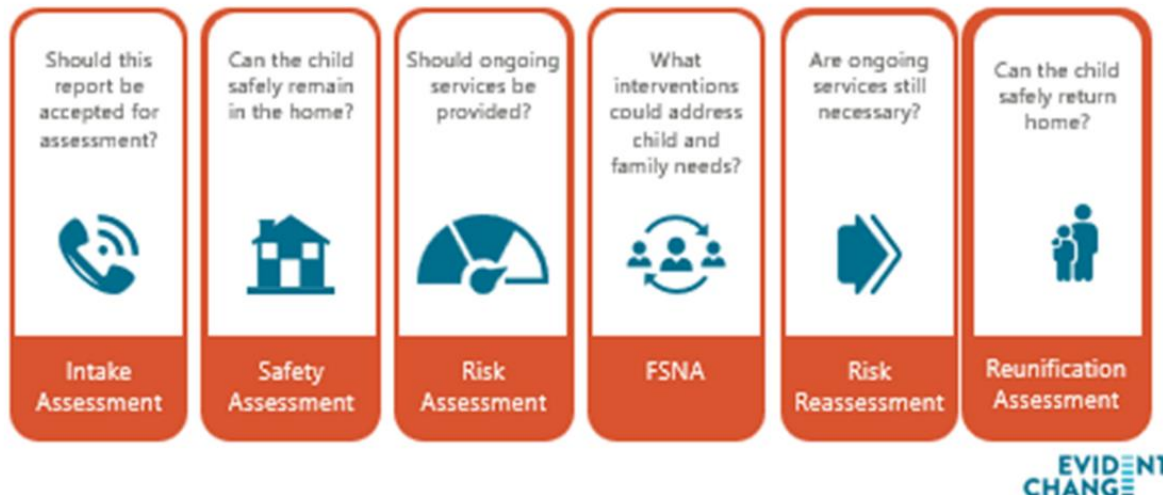
Accuracy is about making the right decision. While staff must reach the same conclusion, it is equally important to ensure that we arrive at the correct one. The SDM tools are designed to guide staff to an accurate decision, ensuring that the items selected on the assessment lead to the correct outcome.

SDM tools also work to be fair and equitable. All SDM assessments are tested to ensure they function as intended with individuals from various racial, ethnic, and social backgrounds, ensuring that accurate decisions are made regardless of a person's background.

Utility involves ensuring that the tools are useful and effective in everyday practice. SDM assessments are designed to benefit workers in the field by providing practical guidance and support in decision-making.

Notes

Structured Decision-Making Tools



The SDM system has six assessment tools. Each assessment corresponds to important decision-making points in the child welfare process:

Intake Assessment: Should this report be accepted for assessment?

This assessment helps the Intake caseworker determine whether a report is accepted for assessment, either a family assessment or investigative assessment, and how quickly a response should be provided.

Safety Assessment: Can the child safely remain in the home?

This helps inform one of the most important decisions caseworkers make: determining whether a child is safe enough to stay home, if a safety plan is needed, or if the child must be placed outside the home.

Risk Assessment: Should ongoing services be provided?

This tool differs from some of the others. The SDM risk assessment is an actuarial assessment that examines extensive data about families in our system and asks, “What characteristics are most present in families who have repeat system involvement?” This helps us know which families would benefit the most from ongoing services of some kind.

Family Strengths and Needs Assessment (FSNA): What interventions could address child and family needs?

This assessment helps us understand the areas where the family and children are doing well, as well as where there might be gaps or needs. It helps to highlight areas that should be addressed on a family case plan.

Risk Assessment: Are ongoing services still necessary?

This helps determine whether the family’s likelihood of returning to the system has changed during our work with them. It is one way to measure progress.

Reunification Assessment: Can the child safely return home?

This assessment helps us bring accuracy, consistency, and equity to another difficult decision: Can children who have been brought into care safely return home, or do they need another form of permanency? This assessment combines safety assessment, risk assessment, and an evaluation of visitation to inform the recommendation.

Notes

Tools are a Prompt for Practice



Tools do not make
decisions



People make
decisions



**Tools help people make better
decisions**

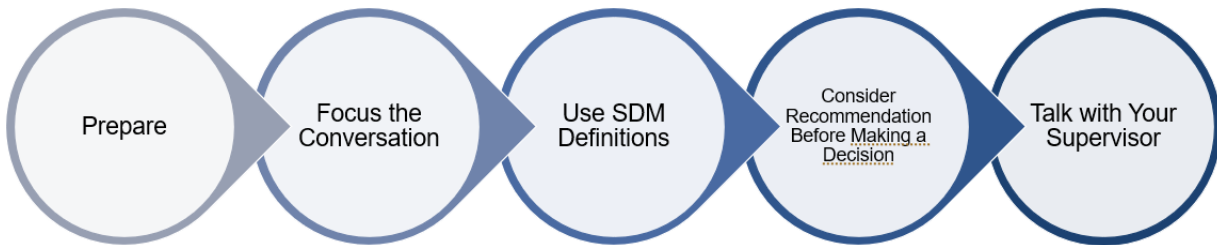
**EVIDENT
CHANGE**

It's important to remember that SDM tools serve as a prompt for practice and a framework for decision-making. SDM tools will help you determine what information to gather to make an accurate, consistent, and equitable decision. These tools are crucial to consider as our primary method for decision-making at these key points. They do not replace a worker's professional judgment, valuable skills, or experience, though.

Tools do not make decisions. People make decisions. Tools help people make better decisions.

Notes

Five Steps to Use SDM Tools

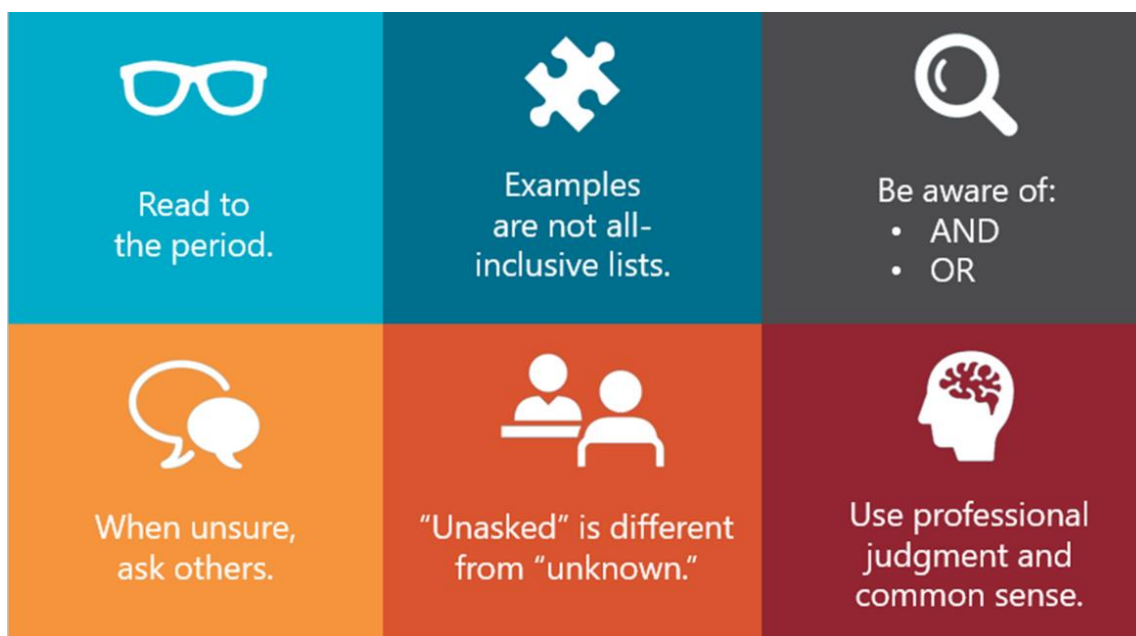


There are five steps to use the SDM tools

4. Prepare before the visit
5. Focus the conversation on the information that is needed for decision-making
6. Use the SDM Definitions
7. See the recommendations before you make a decision
8. Talk with your supervisor

Notes

Using SDM Definitions



The use of definitions is a critical component of the SDM model. Each assessment tool has its own definitions. Definitions establish a threshold. To select a component of the assessment tool, the threshold must be met.

Without using the definitions, the core SDM principles of consistency, accuracy, equity, and utility are impossible to achieve. The definitions represent the legislative and policy mandates that dictate child protection practice in NC. There are six tips for using SDM Definitions:

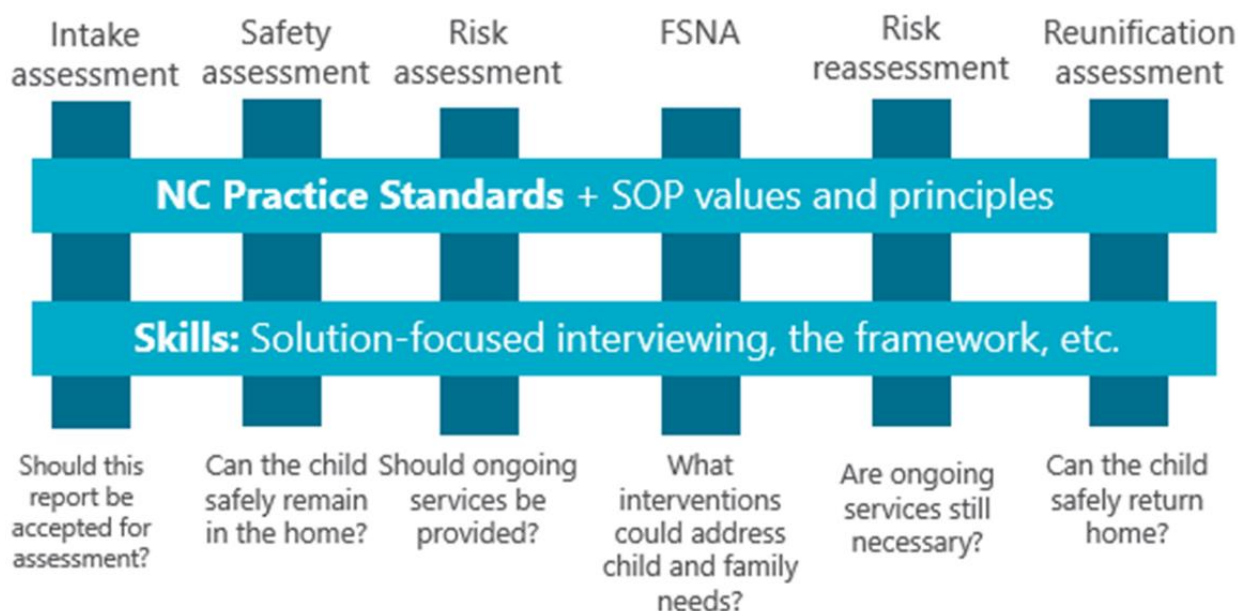
9. Read the full definition and the policy. Workers should read both the entire definition in the SDM assessment and the accompanying North Carolina policy. A common mistake occurs when workers take just a phrase or a part of a definition or policy and apply it inappropriately.
10. Examples are not exhaustive lists. The examples in the definitions illustrate the threshold, nature, severity, and so forth of what is intended by the definition. If an example fits your situation, it does not necessarily mean the whole definition applies. Likewise, if your situation is not explicitly listed in the examples, it does not mean the definition does not apply. Examples are meant to be illustrative, not all-encompassing lists.
11. Be aware of AND/OR. If you see a big "AND," it means that the circumstances stated on both sides of "AND" must be true for the definition to apply. If you see a big "OR," it means one or the other circumstance must be true for the definition to apply.
12. When unsure, ask others. When an example or a definition does not make sense, do not be afraid to ask others. Group supervision or group discussion is an effective way to increase knowledge and help workers understand complex areas.
13. "Unasked" is different from "unknown." Remember that information not requested is different from unknown information. If you didn't ask, you can't select it on the assessment, but it may be a reminder to revisit and follow up with more questions.

14. Use professional judgment and common sense. For example, if the definition says that the child must be 10 years old and the child is a few days or weeks shy of turning 10, the child is substantially 10. Also note that if the definition is precise regarding age, such as in the risk assessment, the child's age must precisely meet the definition, rather than relying on professional judgment.

We will explore each tool within the SDM system as we dive into the divisions of the child welfare process. For now, we are acknowledging how we will utilize the SDM tools and the importance of understanding their definitions and applying them effectively when using these tools.

Notes

SDM Tools Anchor the Child Welfare Process



All of these approaches complement and enhance one another. These practices help form good working relationships and provide us with information to optimize the use of tools and assessments, ensuring our practices remain consistent, especially at key decision points.

Notes

Safety Organized Practice (SOP) Tools

Objectives of Safety-Organized Practice (SOP)



Developing good
working
relationships



Using critical
thinking and
decision-support
tools



Building
collaborative
plans to enhance
daily child safety



Safety Organized Practice or SOP offers tools that support day-to-day child welfare casework. SOP has three (3) major objectives:

- Developing good working relationships
- Using critical thinking and decision support tools
- Building collaborative plans that enhance daily child safety

SOP tools can support engaging children and families in the child welfare process, as well as focusing the conversation on the information needed to support the decision at hand.

Notes

Safety-Organized Practice Tools



Harm, Worry and
Goal Statements

Three Column
Mapping

There are many Safety Organized Practice Tools.

- Harm, Worry, and Goal statements help you to articulate the worries in family-accessible language.
- Three-column mapping builds upon the worries to support planning for safety

Our goal is to provide a rigorous and balanced assessment. We don't actually know how worried to be if we don't know what's working well.

Notes

Harm, Worry and Goal Statements



All statements are communicated in simple, concise, behaviorally specific, family-accessible language.

- Harm statement: Clear and specific statement about the harm or maltreatment that the child experienced
- Worry statement: Simple behavioral statement about the specific worries we have about this child now and in the future
- Goal statement: Clear, simple statement about what will be done differently to ensure that the child is safe now and in the future (NOT how)

Notes

Handout: Safety Organized Practice Tools

Safety Organized Practice Tools

Safety Organized Practice (SOP) is an approach to day-to-day child welfare casework that is designed to help all the key stakeholders involved with a child—parents, extended family, child welfare worker, supervisors and managers, lawyers, judges and other court officials, and the child themselves—keep a clear focus on assessing and enhancing child safety at all points in the case process. This approach integrates a number of innovative methods in child welfare practice—family-centered practice, Signs of Safety, partnership-based collaborative practice, the SDM system, and trauma-informed practice—to create a rigorous child welfare practice model.

SOP Tool	Description	Practice Gap It Fills
Solution Focused Inquiry	SFI is a “questioning” approach or interviewing practice based on a simple idea with profound ramifications: The areas people pay attention to grow. It highlights strategies for child welfare professionals to ask families about their “acts of protection” and “risk” in equally rigorous ways and provides a series of micro-practices (exception questions, relationship questions) to help with this.	Provides an engagement approach that respects the family’s ability to solve their own challenges. Moves practice away from simply giving families directives and expecting them to change.
The Three Questions	Provides a rigorous and balanced assessment. We don’t actually know how worried to be if we don’t know what’s working well. 1. What are we worried about? 2. What’s working well? 3. What needs to happen next?	To get everyone on the same page regarding worries and what’s worked well. Allows everyone to truly understand what is going on and “right-sizes” our assessment. Reduces problem-saturated practice that may drive too many children into unnecessary out-of-home care.
Collaborative Assessment and Planning (CAP) Framework	This process helps workers organize into key domains all the information known about a child and family at any given time. The framework is designed to be inclusive of the family but also can be helpful when used by a child welfare worker and a supervisor, in case consultations, multi-disciplinary teams, etc.	Using common language, the framework helps to sort and prioritize ambiguous case information. This allows increased clarity about the hopes, concerns, and purpose for any particular child welfare intervention.

SOP Tool	Description	Practice Gap It Fills
Harm/Worry/Goal Statements	<p>Once a good analysis has been completed using the framework, the agency can articulate detailed, short, behavior-based statements in very clear, nonjudgmental language that describe:</p> <ul style="list-style-type: none"> • Harm Statements: what concerns the agency has about any past harm that has occurred. • Worry Statements: what may happen to the child if no intervention occurs; and when the agency is most worried this may happen. • Goal Statements: What the family would need to demonstrate (safety, permanency and well-being focused) in order for the children to be returned home or the case closed. <p>These deceptively simple statements take some time to construct; but once they are made, they can be shared with family members, community partners, court officials, and anyone else working with the children and family.</p>	<p>To reach shared understanding/agreement about why child welfare is involved and what it needs to look like to end involvement in plain language that describes caregiver behavior and impact on child.</p> <p>Helps professionals move away from use of jargon that is often not understood or misinterpreted by families and partners.</p>
Circles of Safety and Support	<p>The circles of safety and support tool was designed to help family members identify people for the family's safety and support network. This tool also helps workers have conversations with family members about why a safety and support network is necessary, about the role the network can play, and the process of assessing who would be the most appropriate people to participate in this network.</p>	<p>The safety and support network is made up of people who will support the parents to develop and maintain a safety plan for the children, and who can continue to play this role long after professionals have stopped working with the family.</p> <p>Reduces naïve thinking that parents can go it alone and be successful. We cannot plan for safety solely with the people who caused the harm.</p>

SOP Tool	Description	Practice Gap It Fills
Three Houses	<p>A drawing exercise to engage children in responding to the three questions for rigorous and balanced safety and risk assessment.</p> <ul style="list-style-type: none"> • The House of Good Things • The House of Worries • The House of Hopes and Dreams 	<p>To include the child's voice in the safety and risk assessment using a drawing exercise to convey the three questions.</p> <p>Provides motivation for parents to change when they see their own child's words/pictures.</p>
Safety House	<p>A drawing exercise developed to help elicit what would need to happen for the child to feel safe in the household and includes specific rules created by the child in the safety plan and how the network members can provide support.</p>	<p>Includes the child's voice in safety and case planning using a drawing exercise.</p> <p>Moves professionals away from thinking it's okay to make plans about children and youth without their input.</p>
Collaborative Safety and Case Plans	<p>Steps to create jointly developed, understandable, achievable, behavior-based plans that include all the stakeholders involved and clearly show how enhanced protection of children will occur on an ongoing basis.</p> <ul style="list-style-type: none"> • Safety Plans are designed to control the safety threats on a temporary basis. • Case Plans are designed to support behavior changes over time. 	<p>Leads to co-created detailed on the ground day-to-day plans and network monitors plan implementation and success.</p> <p>Moves away from "cookie cutter" plans that focus on service compliance rather than sustainable behavior change.</p>

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Harm Statements

A specific statement about the harm or maltreatment that has happened to the child. Use details, not judgment!



It was reported



What caretaker
action/inaction



Impact on
the child

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Harm statements focus on harm or maltreatment that has already occurred. Harm statements help summarize the previous incidents in a clear, concise “just the facts” way. It can be helpful to use harm statements as part of your assessment narrative, safety plan, and discussions with families and collaterals.

Harm statement formulas include:

- It was reported
- Caregiver actions/inaction
- Impact on the child

Not all cases have harm statements, as specific harm has not always happened.

Notes

Activity: Harm Statements

Using the vignettes, fill in the responses to the harm statement formula in the space provided below:

Vignette One: On June 12, Matt and Tanya hit and kicked their 14-year-old son, Adam, to the point where bruises were left on his face, legs, and abdomen.

It was reported	Caretaker action/inaction	Impact on the child

Vignette Two: It was reported that on January 10, Tina and Jason were found passed out after ingesting amphetamines. Six-week-old Chloe was in the room with a soiled diaper, unattended by an adult, and crying from hunger.

It was reported	Caretaker action/inaction	Impact on the child

Vignette Three: Choose the from the statements below to complete the harm statement formula:

- Wendy, age 4, was running around the apartment complex alone
- Beth suffers from severe depression
- The apartment manager found Wendy
- Wendy was found playing with glass from a broken window; a cut on her right hand required stitches
- Beth was sleeping, leaving Wendy unsupervised

It was reported	Caretaker action/inaction	Impact on the child

Worry Statements

A simple behavioral statement about the specific worry we have about this child, now and in the future.



Child

may be



Impacted how?

if/when



Context



Worry statements focus on the future. Worry statements take the identified harm or concerns and ask us to answer two questions:

- What is the agency most worried will happen to the child if nothing changes?
- When or in what context is the agency most worried this could happen?

Worry statements are not reflections of the worst that could happen; it is what is most likely to happen if nothing changes. Context is important in worry statements.

Worry statement formula includes:

- Child name
- May be
- Impacted how
- If/when
- Context

Every case where there are concerns for child maltreatment will have a worry statement.

Notes

Activity: Worry Statements

Using the vignettes, fill in the responses to the worry statement formula in the space provided below:

Vignette One: On June 12, Matt and Tanya hit and kicked their 14-year-old son, Adam, to the point where bruises were left on his face, legs, and abdomen.

Child	May be impacted how	If/when context

Vignette Two: It was reported that on January 10, Tina and Jason were found passed out after ingesting amphetamines. Six-week-old Chloe was in the room with a soiled diaper, unattended by an adult, and crying from hunger.

Child	May be impacted how	If/when context

Vignette Three: It was reported that while Beth was sleeping, Wendy, age 4, was running around the apartment complex unsupervised and alone. Wendy was found playing with glass from a broken window and cut her hand, requiring stitches.

Use the statements below to construct a worry statement:

- Wendy
- Beth
- Needs medication and treatment
- Beth's depression becomes severe, and she falls asleep or struggles in some other way to supervise Wendy
- Physically harmed with cuts on her hand or more serious injuries

Child	May be impacted how	If/when context

Two Types of Worry Statements



Safety/danger focus



Permanency focus

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There are two types of worry statements:

- Safety/danger-focused worry statements address worry of future harm to a child's physical or emotional safety
- Permanency focused worry statements address worry about the potential impact if a child is brought into care or when barriers to permanency arise

Notes

Handout: Examples of Two Types of Worry Statements

- Consider each worry statement.
- Select whether the statement is a safety/danger focused or permanency focused worry statement

Focus	Worry Statement
<input type="checkbox"/> Safety/Danger <input type="checkbox"/> Permanency	Cynthia, 8 years old, could be emotionally and socially harmed (separated from family, friends, and community) if she has to come into care and live outside her family's home.
<input type="checkbox"/> Safety/Danger <input type="checkbox"/> Permanency	Cynthia, 8 years old, may be physically harmed (have broken bones, bruises, or even more serious injuries) when her mother, Sharon, loses control or punches or hits her.
<input type="checkbox"/> Safety/Danger <input type="checkbox"/> Permanency	Cynthia, 8 years old, could be emotionally harmed (scared, shocked, or traumatized) when her mother loses control or punches or hits her.

Goal Statements

A clear, simple statement about what the caretaker will DO to demonstrate to everyone that the child is safe now and will be safe in the future.



Child



**What will be done
differently**



**To address
the concern**

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Goal statements are clear, well-formed statements that communicate when enough behavioral change has occurred that child welfare involvement can end. Goal statements describe new behaviors that need to happen instead of just outlining what needs to stop happening by outlining:

- Has enough behavioral change occurred?
- Have we established clear “bottom lines” of what needs to change?
- Does the family understand what new behavior needs to happen?

Services are not safety; therefore service engagement is not part of a goal statement. Goal statements formulas include:

The child > What will be done differently > To address the concern

Notes

Activity: Goal Statements

Using the vignettes, fill in the responses to the goal statement formula in the space provided below:

Vignette One: Adam will be cared for by a caretaker who finds ways to respond to their anger without hurting their child.

How does this statement meet or not meet the criteria for the goal statement?

--

Vignette Two: Chloe will be cared for by a safe and sober caretaker who will ensure that her important infant needs are being met.

Child	What will be done differently	To address the concern

Vignette Three:

- Harm: It was reported that while Beth was sleeping, Wendy, age 4, was running around the apartment complex unsupervised and alone. Wendy was found playing with glass from a broken window and cut her hand requiring stitches.
- Worry: Wendy may be physically harmed with cuts on her hand or more serious injuries if Beth's depression becomes severe and she falls asleep or struggles in some other way to supervise Wendy.

Use the statements below to construct a goal statement:

1. Wendy
2. Beth will never be depressed
3. Will be cared for by a caretaker who is managing their mental health concerns
4. And is able to ensure Wendy is never by herself
5. And is able to ensure she is supervised by a safe adult who can meet her needs

Child	What will be done differently	To address the concern

Discussion Questions

How do clear Goal Statements help parents to understand what behavior(s) we need to see?

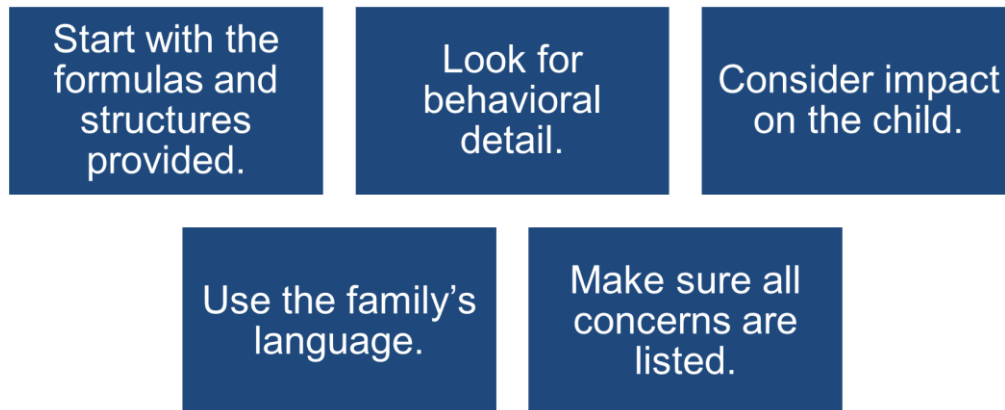
What are the benefits of using clear Goal Statements with caretakers?

In our statement about Chloe, we included sober caretaking- does all caretaking require sobriety?

What are the reasons you think we included sobriety in this particular case?

If we are requiring Chloe's parents to be sober, how come we are not requiring Beth never to be depressed?

Using Harm, Worry and Goal Statements



Harm, worry, and goal statements clarify the Department's thinking and prompt shared language about concerns. Statements are tools for partnership with families, as they clearly delineate the concerns and worries of the Department in family-accessible language.

Tips for using harm, worry, and goal statements include:

- Utilizing the formulas and structures provided
- Ensure behavioral details
- Consider and include the impact on the child
- Whenever possible, use the family's language
- Make sure all concerns are listed, even if that means having multiple statements

Writing good harm, worry, and goal statements takes practice.

Notes

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Three Column Mapping

Refresher: Three Column Mapping



Organize your
assessment and
interviewing activities



Promote collaboration and
transparency



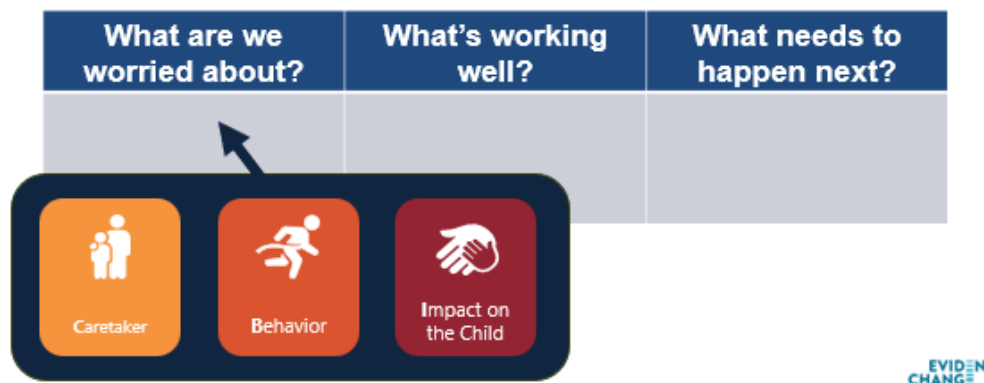
Ensure you have
conducted a rigorous and
balanced assessment

Three-column mapping supports caseworkers to:

- Organize your assessment and interviewing activities
- Promote collaboration and transparency
- Ensure you have conducted a rigorous and balanced assessment

How might three-column maps support the use of SDM tools and harm and worry statements with families?

Harm and Worry with Three Column Mapping



Worries reflected in the three-column map must be behaviorally descriptive. Safety threats listed as worries must connect caretaker behavior to the impact on the child. What is working well is a place to reflect on protective capacities and protective factors that support addressing concerns.

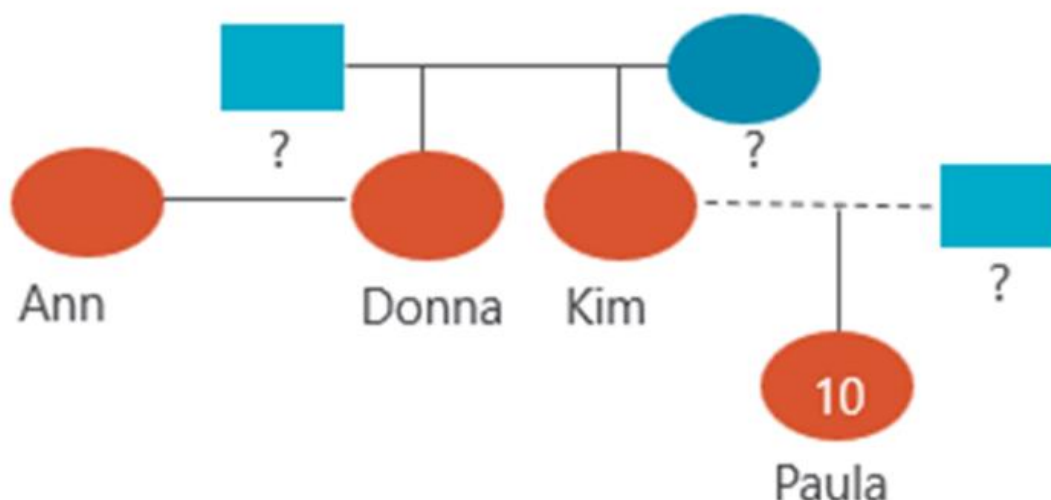
When we use the three questions—specifically, when we ask about what is working well—we come to understand the times when caretakers were able to keep their children safe, and families learn that we see them for more than just the concerns.

After gathering information from the family about their worries and what is working well, you can begin to discuss what needs to happen next.

In this column, we typically document action items that need to be completed within a relatively short timeframe—between now and the next home visit, for example. These might be action items for the family to do, action items for the caseworker to do, or action items for others. Completing this column helps keep a focus on the future.

Notes

Three Column Mapping Process



Kim, a single mother, overdosed on fentanyl and passed out while cooking dinner. Her 10-year-old daughter, Paula, was home at the time; she was frightened when she saw her mother pass out and couldn't wake her. Paula sought help from their property manager, who called 911.

Kim was taken to a hospital via ambulance. Upon awakening, she agreed to be transferred to an inpatient substance abuse treatment unit once she was medically cleared. Paula was taken into a kinship foster home placement with Kim's sister, Donna, and her wife, Ann. Kim previously asked Donna and Ann to care for Paula if she ever relapsed.

Kim has one prior involvement with DSS for neglect; the case was closed after a family assessment. Kim said she had been clean and sober for four years leading up to this latest incident. Kim has a previous diagnosis of depression.

Donna and Ann confirmed that Kim was clean and sober for almost four years until this incident Kim attributed the latest incident to feeling depressed after a tough breakup few weeks back and stopping her attendance at Narcotics Anonymous meetings.

What are we worried about?	What do we know is working well?	What needs to happen next?

Handout: Rigorous and Balanced Assessment

A RIGOROUS AND BALANCED ASSESSMENT

Three-Column Mapping		
What are we worried about?	What is working well?	What needs to happen next?
<ul style="list-style-type: none"> Kim overdosed on fentanyl and passed out while cooking dinner. Ten-year-old Paula was home at the time and found her mother unconscious. Paula said she was frightened. Kim had one prior involvement with DSS. When Paula was 6, she was not being properly clothed and had poor hygiene because of her mother's fentanyl abuse. Kim went through a tough breakup with a long-term boyfriend a few months ago and stopped attending Narcotics Anonymous meetings. Kim has been diagnosed with depression. 	<ul style="list-style-type: none"> Kim reports being clean and sober for four years before this incident—a report confirmed by her sister, Donna. In her past voluntary work with the department, Kim worked with her worker and a home-based outreach team, went into drug treatment, and made sure Paula came to school and was appropriately clothed and bathed. Kim and Donna made plans for Paula to be cared for by Donna and her wife, Ann, if Kim ever relapses, and Paula was able to enter a kinship foster placement with Donna and Ann. 	<ul style="list-style-type: none"> Kim agrees to invite Donna and Ann and extended family to a family meeting with her professional supports to discuss next steps and make an action plan. Kim agrees to start meeting with a new therapist for assistance in managing and coping with her depression. DSS will help identify potential therapists. Kim will rejoin Narcotics Anonymous to get more recovery support. Kim stated she wants to take back full-time caretaking of Paula but knows there should be a transition to ensure she is ready. She wants to start visitation as soon as possible.

0

10

No trust and confidence

Lots of trust and confidence

Using Three Column Mapping in Staffing and Supervision



Bring completed
map to staffing

Complete in
staffing

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If you have completed a three-column map with a family, you can bring it to staffing meetings with your supervisor as a way to make sure the family's voice is part of your conversation. Even if you haven't completed a map in the field, if you used the three questions with a family, you could draft a three-column map to discuss it with your supervisor. Sometimes, if you have completed only the "worries" and "working well" columns, you can use the map and the conversation with your supervisor to help determine next steps.

Notes

Key Takeaways

The SDM system provides structured frameworks to guide child protection workers through critical decision points

SDM assessments are tools that support, rather than replace, professional judgment

SOP tools can support engaging children and families in the child welfare process

Harm, Worry, and Goal statements support articulating the worries in family accessible language

Three-column mapping builds upon the worries to support planning for safety

Notes

Self-Reflection

What Does Engagement Mean to You?

Think about the word engagement. Draw one symbol, picture, or word on the correlating flip charts posted around the room.

What concerns or questions do you have about being open, direct, and honest?

When you think about information that may be more difficult to share than other information, what comes to your mind?

Read the scenario and answer the following questions.

Okay mom, I know you have shared that your boyfriend was babysitting your two-year-old and that he said your child fell from the couch and hit their head. I also remember you saying he would never hurt your child and that he has accepted your child as his own. I need to share with you this preliminary medical report we have just received, and then I need us to work together to figure out what happened. I can really feel that we want the same thing. We both want your child to be okay from this injury and to be safe. We both want your child to be with you. The medical report states clearly that your child has a non-accidental injury. Clearly, the report states that there was no fall from the couch (onto the carpet). The report states (and I can show you right here) that your child has a subdural hematoma caused most likely from being shaken. Let's look at this report together, and we can even call the doctor together. That's a shock to think about, I know, you thought this injury was from a fall. It's important to me that you, as the mom, have all the information that I have. I want you to know I will share all information with you.

What are your reactions to that “crucial” “tough” conversation?

What did that look like to you?

Did it look like engagement?

Did it look like the words on the flip charts?

If not, what else does it need? To lean into our goal of engagement?

How did this conversation feel to you?

Pre-Work Reminder

Handout: Identifying Needs and Developing Goals

To be completed with your supervisor on a specific case. The recommendation is that this worksheet will be completed following an observation of a child and family team meeting.

What is the specific problem or issue related to why the agency is continuing to be involved with this family?

**What does the family need to have happen concerning the problem or issue?
What needs to occur for the child(ren) to be safe from possible abuse or neglect and/or to have the child(ren)'s needs met (such as psychological, mental, emotional, physical, educational, dental, medical, safety, security, nurturance, developmental, special needs or other)?**

What would the situation look like if the need was met, and the problem/issue was resolved? Describe what it would be like for the child(ren) and family when the problem is resolved. What would this situation look like if the risk(s) of abuse and neglect were reduced or eliminated?

State the goal for the family using the description given in #3.

Does everyone agree that this is the goal and does everyone agree regarding the problems and issues? If not, list disagreement points.

List two agreed upon problems/issues. Name one need and state one goal that everyone agrees upon.

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