



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Social Services

North Carolina Department of Health and Human Services CPS Assessment in Child Welfare Track Training

Participant's Workbook Day Four

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

The central themes of the CPS Assessment Track Training are divided across several course topics.

- Purpose and Legal Basis for Child Protection Services in North Carolina
- Essential Function: Communicating
- Diversity, Equity, Inclusion, and Belonging
- Trauma-Informed Care
- Family-Centered Practice
- Essential Function: Engaging
- Safety Focused
- Essential Function: Assessing
- Interviewing Learning Lab
- The Role of Observation in Assessing for Safety
- Structured Decision-Making: Safety Assessment
- Assessment Learning Lab
- Safety Planning
- Safety Planning Learning Lab
- Trauma-Informed Practice
- Considerations for Cases Involving Special Circumstances
- Caseworker Safety
- Engaging the Family in Child Protection Services
- Risk Assessment
- Crucial Conversations
- Quality Contacts
- Assessing Family Strengths and Needs
- Secondary Traumatic Stress and Vicarious Traumatization
- Ongoing Assessment
- Family Engagement and Ongoing Assessment Learning Lab
- Documentation
- Well-Being as an Outcome
- Reasonable Efforts and Removals

- Reasonable Efforts and Removals Learning Lab
- Decision-Making
- Decision-Making and Case Closure Learning Lab

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 CPS Assessment Track 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. North Carolina Worker Practice Standards
2. Safety Organized Practice
3. Understanding and Assessing Safety and Risk
4. Understanding and Screening for Trauma

Transfer of Learning

The CPS Assessment Track Training Transfer of Learning (ToL) tool is a comprehensive and collaborative activity for workers and supervisors to work together in identifying worker goals, knowledge gain, and priorities for further development throughout the training process. In four distinct steps, the worker and supervisor will highlight their goals and action plan related to participating in training, reflect on lessons and outstanding questions, and create an action plan to support worker growth. The tool should be started prior to beginning the CPS Assessment Track Training and re-visited on an ongoing basis to assess growth and re-prioritize actions for development.

- Part A: Training Preparation: Prior to completing any eLearning and in-person Track Training sessions, the worker and supervisor should meet to complete Part A: Training Preparation. In this step, the worker and supervisor will discuss their goals for participation in training and develop a plan to meet those goals through pre-work, other opportunities for learning, and support for addressing anticipated barriers.
- Part B: Worker Reflections During Training: The worker will document their thoughts, top takeaways, and outstanding questions regarding each section. This level of reflection serves two purposes. First, the practice of distilling down a full section of training into three takeaways and three remaining questions requires

the worker to actively engage with the material, subsequently forming cognitive cues related to the information for future use in case practice. Second, prioritizing takeaways and questions by section allows workers to continually review information to determine if questions are answered in future sessions and supports the development of an action plan by requiring workers to highlight the questions they find most important.

- Part C: Planning for Post-Training Debrief with Supervisor: The worker considers the takeaways and questions they identified in each section and creates a framework to transfer those takeaways and questions into an action plan.
- Part D: Post-Training Debrief with Supervisor: Provides an opportunity for the supervisor and worker to determine a specific plan of action to answer outstanding questions and to further support worker training.

While this ToL is specific to the Track Training in North Carolina, workers and supervisors can review the takeaways and questions highlighted by the worker in each section of training on an ongoing basis, revising action steps when prior actions are completed, and celebrating worker growth and success along the way.

Training Evaluations

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

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

Learning Objectives

Day Four

Safety Planning
<ul style="list-style-type: none">• Learners will be able to articulate the connection between current danger indicators and Temporary Parental Safety Agreements.• Learners will be able to describe when TSPs are appropriate.• Learners will be able to explain the process for assessing a TSP.• Learners will be able to articulate policy requirements for monitoring TSPs.• Learners will be able to identify how a family's culture may impact the worker's approach to courageous conversations.
Safety Planning Learning Lab
<ul style="list-style-type: none">• Learners will be able to identify danger indicators.• Learners will be able to describe how caregiver behavior impacts child safety.• Learners will be able to identify safety interventions based on case scenarios.• Learners will be able to demonstrate family engagement skills when safety planning with children, families, and safety networks.• Learners will be able to articulate the connection between current danger indicators and Temporary Parental Safety Agreements.• Learners will be able to describe the importance of identifying their own biases.• Learners will be able to explain how they will maintain cultural humility in their work.
Trauma-Informed Practice
<ul style="list-style-type: none">• Learners will be able to define trauma and describe how it differs from everyday stress.• Learners will be able to describe traumatic stress and how it impacts brain development.• Learners will be able to explain the importance of trauma-informed services.
Considerations for Cases Involving Special Circumstances

<ul style="list-style-type: none">• Learners will be able to describe policy requirements and strategies to ensure the safety of children and non-offending parents in cases involving domestic violence.• Learners will be able to describe the dynamics of human trafficking cases and specific considerations for safety planning.• Learners will be able to describe how to incorporate mental health and substance use knowledge to develop behaviorally specific case plans.• Learners will be able to articulate specific strategies to ensure the safety of children who have been sexually abused.• Learners will be able to describe the dynamics of domestic violence and discuss the direct impact on child safety.• Learners will be able to identify common risk factors that may indicate human trafficking and describe required DSS policies and procedures in cases involving human trafficking.• Learners will be able to apply an understanding of mental health and substance use concerns to the assessment of safety and risk.• Learners will be able to describe considerations for interviewing children and parents in cases involving sexual abuse.
<p style="text-align: center;">Caseworker Safety</p> <ul style="list-style-type: none">• Learners will recognize and describe at least three signs of danger and at least three methods of avoiding or mitigating danger when conducting home visits and after-hours or on-call tasks.• Learners will develop and utilize a safety plan that describes methods of preventive, environmentally and situationally aware, and responsive behavior.• Learners will be able to incorporate safety and threat and risk identification and mitigation into their self-care plan.

Day Four Agenda

CPS Assessment Track Training

Welcome

Safety Planning

Essential Function: Planning

Safety Interventions and Safety Decisions

Safety Plan

Family-Centered Safety Assessments

Safety Planning Learning Lab

Safety Planning

Applying Bias Self-Awareness to Safety Planning

Trauma-Informed Practice

Trauma-Informed Practice

Considerations for Cases Involving Special Circumstances

Considerations for Cases Involving Special Circumstances

Domestic and Intimate Partner Violence

Caseworker Safety

Secondary Traumatic Stress and Vicarious Traumatization

End-of-Day Values Reflections

Child Welfare Track Training: CPS Assessment Day 4

Welcome



NCDHHS, Division of Social Services | 2024 CPS Assessment Track Training

- What is your main takeaway from yesterday?
- What questions do you have from yesterday's topics?

Icebreaker

What was your childhood nickname? Why was it given to you?



Share something that fascinated you when you were a child.

NCDHHS, Division of Social Services | 2024 CPS Assessment Track Training

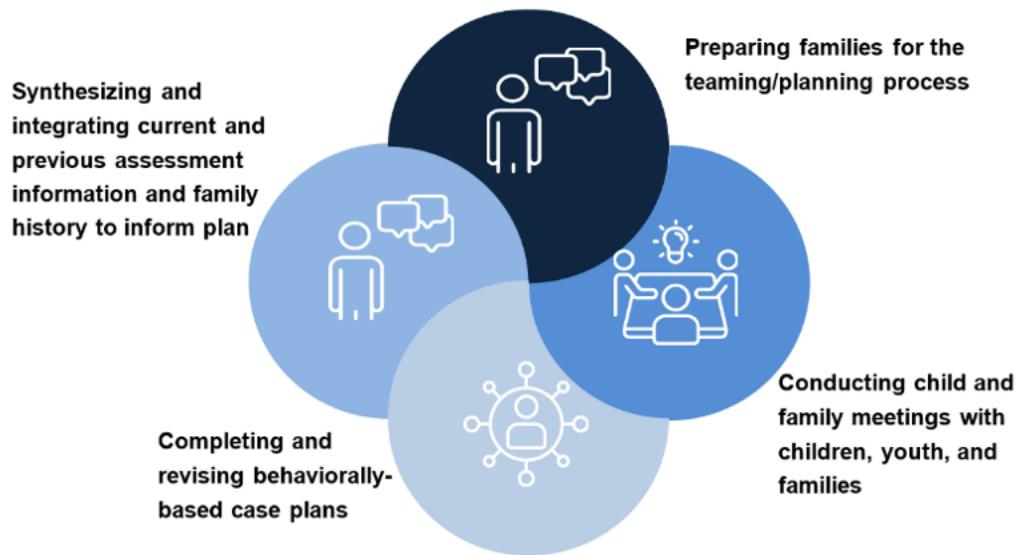
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Safety Planning

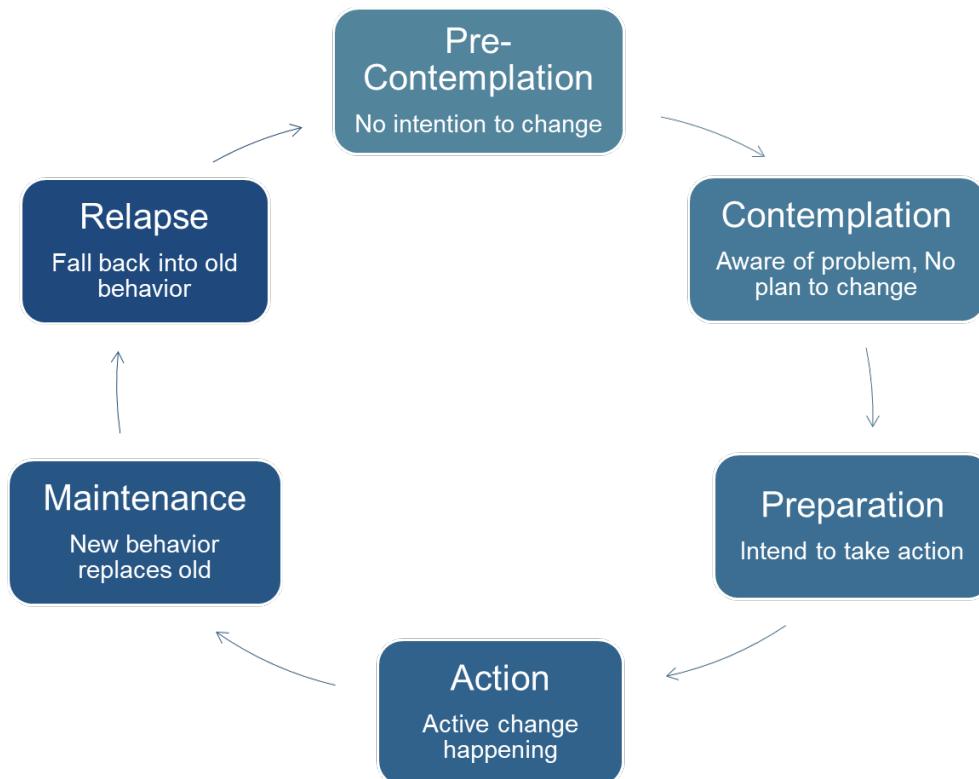
Essential Function: Planning

Planning Core Activities



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Stages of Change



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Activity: Stages of Change

Think of a time when you were forced to change. This could be a pleasant change, like becoming an older sibling or becoming a parent, or an unpleasant change, like the death of a parent, spouse, sibling, or child, or a health diagnosis causing a great change in your daily life, diet, or habits.

Take turns with your partner and share the change you were forced to make and how you experienced the stages of change. Discuss with your partner what and who was most helpful to you in making the change, and what or who was least helpful in supporting your change.

What helped you move into action when you experienced change?

What was most helpful in maintaining your changed behavior? Did you ever relapse?

What helped you get back into action, or even maintain your changed behavior?

How does this activity relate to the experiences of families involved with CPS Assessment interventions?

Ambivalence

Ambivalence is predictable and natural

Emotional reaction to feeling forced to change

Occurs as a response to feeling vulnerable, out of control, or threatened

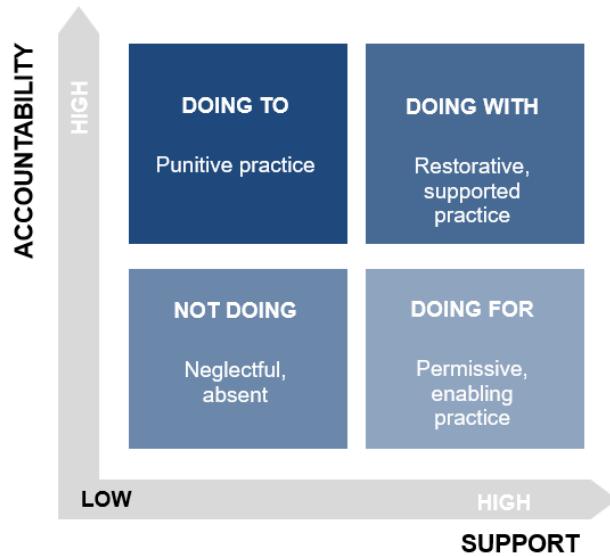
Many caregivers in the families you serve will experience ambivalence

What emotions might you encounter when working with a family about change?

How will you know when you are encountering ambivalence when working with a family? What are some behavioral indicators?

How have you responded in interactions influenced by a family member's ambivalence?

Accountability and Support



Restorative Practice is Ideal. Most change occurs when caseworkers “do with” families, balancing high accountability and high support. This approach requires mutual commitment and aims for families to become self-sufficient.

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Worksheet: Accountability and Support

Accountability**Support**

Each person is more than the harm they have caused. Understanding the interplay of accountability and support gives your families the best chance for change.

Doing To High Accountability and Low Support	Doing With High Accountability and High Support
Not Doing Low Accountability and Low Support	Doing For Low Accountability and High Support

Additional resources to learn more:

Barnard Center for Research on Women, Accountability Series, specifically the following two videos:

- What is Accountability?
<https://www.youtube.com/watch?v=QZuJ55iGI14&list=RDCMUCQIRhZk3WxSLPKxrFUGfUlw&index=1>
- How to Support Harm Doers in Being Accountable.
<https://www.youtube.com/watch?v=AhANo6wzBAA&list=RDCMUCQIRhZk3WxSLPKxrFUGfUlw&index=2>

Safety Interventions and Safety Decisions

Part C: Family Safety Interventions

Identifying an appropriate safety intervention to address the safety in partnership with the caretaker is key to a caretaker's understanding of how an intervention may or may not be effective.



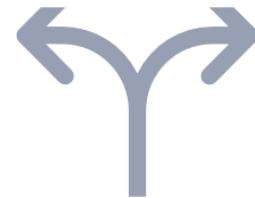
Resource Support



Social Support



Crisis Management



Separation or Restriction

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Handout: Safety Interventions

Policy outlines four main categories for safety interventions that may be incorporated into safety agreements:

- **Resource support** refers to safety actions that address a shortage of family resources and resource utilization (such as obtaining heat, water, electricity, food, childcare, etc.), the absence of which directly threatens the safety of the child.
- **Social support** includes actions that reduce social isolation. Social support may be used alone or in combination with other actions to reinforce and support the capacity of the parents or other caretakers.
- **Crisis management** is specifically concerned with intervening to halt a crisis and to facilitate problem-solving to bring a state of calm to a family. The purpose of crisis management is to quickly control the threat to the child's safety. Crisis management will often be employed along with other safety actions.
- **Separation or restriction** refers to the removal of any household member from the home for a period or otherwise interfering with a parent's custodial rights. Separation is viewed as a temporary action. Separation may involve, among other things, the child temporarily moving to a safe environment, a friend or relative moving into the home, the protective parent moving with the child to a safe environment, a parent agreeing not to have unsupervised contact with the child, a parent agreeing to forfeit decision-making authority over the child, or the alleged perpetrator agreeing to leave the home.

Within these categories of intervention, the roles of those who carry out these interventions are defined by the DSS-5231 NC Safety Assessment, Part C: Family Safety Interventions. Those choices include:

1. **Use of direct services by the county child welfare agency:** DO NOT include the assessment itself as an intervention. Actions taken or planned by the assessment caseworker or other staff specifically address one or more danger indicators.
2. **Include family, neighbors, or other community members in developing and implementing a safety plan.** The caretaker engages the family's natural safety network to mitigate safety concerns.
3. **Use community agencies or immediate services.** Involving community or faith-based organizations or other agency in activities to address danger indicators. This DOES NOT INCLUDE long-term therapy or treatment or being put on a waiting list for those services.
4. **The alleged perpetrator has left voluntarily or in response to legal action.** Temporary or permanent removal of the alleged perpetrator. The alleged perpetrator must leave the home after completing the safety plan and before the caseworker leaves.
5. **A protective caregiver will move or has moved to a safe environment with the children.** A caretaker not suspected of harming the child has taken or plans to take the child to an alternative location where the alleged perpetrator will not have access. The protective caretaker must move to a safe environment with the

child(ren) after completing the safety plan and before the caseworker leaves the home

6. **Use of a Temporary Safety Provider:** One of two actions must happen.
 - The child will temporarily reside with a TSP identified by the family, with the caseworker monitoring the safety plan.
 - A TSP (identified by the family with the caseworker monitoring the safety plan) will reside in the family home to supervise or restrict the parent's access to the child(ren).

Activity: Family Safety Interventions

- Work with your group and reference the above-mentioned Safety Interventions handout.
- In the table below, begin working on the row that represents your assigned safety intervention category.
- Utilize the remaining rows for notetaking.

	Caseworker	Parents (both non-offending and alleged perpetrator)	Family & Support Network	Community Agency & Services
Resource Support				
Social Support				
Crisis Management				
Separation or Restriction				

Temporary Safety Providers (TSP)

A Temporary Safety Provider (TSP) is the person(s) used as a safety intervention when a caretaker plans to protect their children with someone else on a short-term basis, with approval from the local child welfare agency.

Only when less intrusive safety interventions are not sufficient

Used to address immediate safety concerns that can be resolved in a short time

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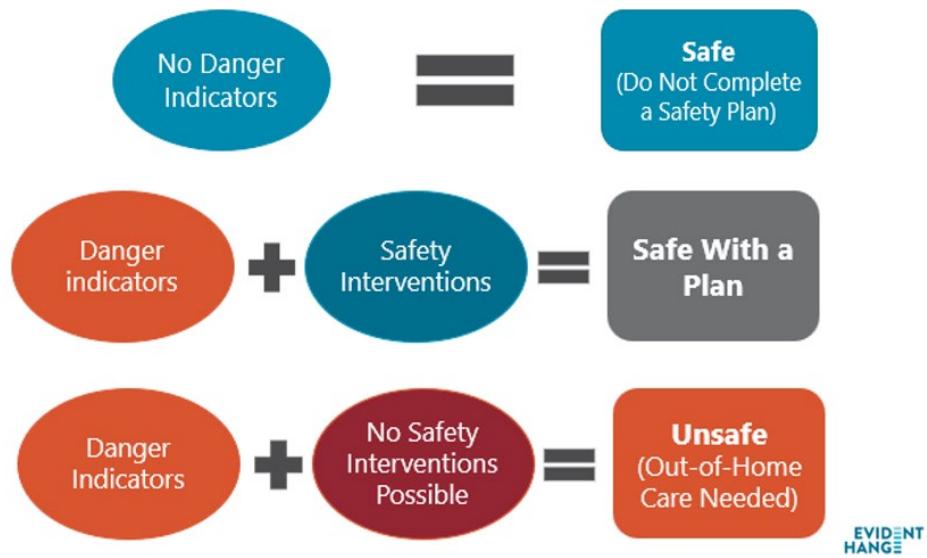
Handout: Temporary Safety Providers and Safety Plans: Best Practices

TEMPORARY SAFETY PROVIDERS AND SAFETY PLANS: BEST PRACTICES

Temporary safety providers (TSPs) should be used as a last resort when there are no other options to keep the child safe. They are meant to allow the caretakers time to address a danger indicator. Follow these best practices when considering a TSP for a family.

- When completing the SDM safety assessment, caseworkers must include detailed information regarding the caretaker's behavior, its impact on child, and why the impact cannot be mitigated with safety interventions 1–5. This process also informs discussions with the family.
- Having conversations with families about using a TSP can be difficult. Transparency is crucial, and harm and worry statements could be especially helpful. Approach these discussions in a non-coercive manner. Present the agency's bottom lines and the need to provide immediate safety for the child, such as by saying, "We have some ideas that could help address the danger to your child. We want to hear what you think we could all do together to help, and we can build from there."
- Caseworkers must explain TSPs, and caretakers must understand that TSPs are only used for a limited time—as are the safety interventions—while everyone involved works diligently to mitigate the danger. Caseworkers must clearly explain the observable behaviors and changes required to alleviate the danger.
- Caretakers must decide they want to use a TSP. Caseworkers can provide it as an option, but caretakers must agree. Caretakers need to see and understand that the plan is voluntary. If the TSP is restricting the caretaker's rights and the caretaker does not voluntarily agree, consultation with the agency's legal representation should occur to discuss filing a petition.
- Filing a petition is a potential outcome if safety cannot be assured with a safety plan, but it should not be presented as a threat.
- The TSP must be identified first by the caretaker and then approved by DSS using the initial provider assessment TSP. This is different from the initial provider assessment for kinship. DSS has to review the family's choice for TSP and document why they would or would not approve the family's recommendation; consult the initial provider assessment to determine this. While the child is in the TSP's home, DSS should help support the family through activities such as home visits to ensure the child's basic needs are met and the caretakers continue to make progress on safety plan items.
- Caseworkers need to actively assist the family to resolve this temporary separation. If the situation changes and separation will last longer, collaborate with the family in moving toward a different, long-term solution.

Part D: Safety Decision



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Safety Plan

Part E: Safety Plan

What harm has occurred?

Who has agreed to be part of this safety plan

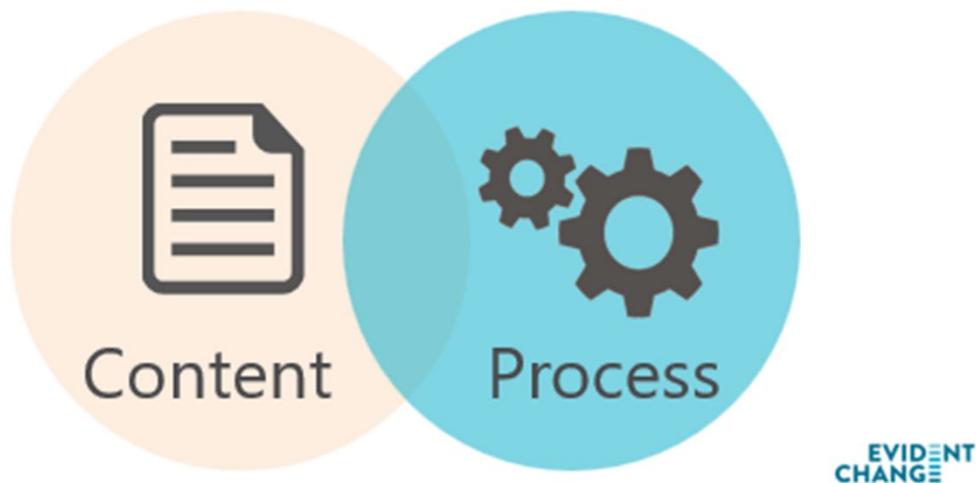
- List family member or network member
- Include contact information

What is the agency and/or the family worried will happen to the child's safety if nothing else changes?

- Describe the Danger Indicator (C+B+I)
- What will be done to address the danger indicator until the next updated safety plan?
- Who will do it?
- How will we know it is working?
- What will people do if they believe the safety plan is not working?

Use this space to record notes.

Safety Planning



Process refers to the skills and tools utilized to engage the family in the process. Content, in this case, refers to the SDM® Safety Assessment tool.

Use this space to record notes

Handout: Steps for Safety Planning

Safety plans answer the question “What needs to change in the care of the child so we all will know they will be safe?” Safety plans are an agreement between the family, the family’s support network, and the agency as to how the children will remain safe in the home.

On the safety plan, list which danger indicators are present. For each one, describe the specific existing conditions in simple, family-friendly language. Consider using a worry statement format.

For each family safety intervention, describe very specifically who will do what and by when. Remember that a safety plan is not a case plan. These activities are not intended to resolve an underlying problem, but rather to control the danger indicator for now.

Describe how you will know whether each part of the plan is working. Will the family report to you? Will you call the agency to confirm they can assist you? Will you make unannounced visits? Will the grandmother stop at the house every day and call the caseworker if there is a problem?

Be sure to obtain signatures. At least one caretaker should sign. The caseworker should use critical judgment as to whether all caretakers (if there is more than one) should sign and check in with their supervisor about whether to accept a plan if the caretaker refuses to sign. The caseworker should also sign. Remember the requirement of a network member when a safety plan is required.

The safety planning process includes the steps:

1. Assess: gather information, using critical thinking and family engagement skills
2. Describe: create at least one statement per danger indicator, simple, family accessible language
3. Orient: explain to the family what a safety plan is
4. Identify: creating safety requires more than just the family
5. Act: safety plans include action steps to keep the child safe
6. Agree: all participants must agree to the plan
7. Monitor, Build, Assess: create a timetable and measurements for safety plan review
 - Always make available a copy of the plan for the family

Handout: Safety Plan Checklist

HOT SPOTS	SOLUTIONS	COVERED?
The only intervention is that the alleged perpetrator promises not to repeat a behavior.	Network/other caretaker will monitor behavior.	
There is jargon in the harm or worry statements.	Craft family-friendly harm and worry statements with the family using their own words.	
Network agrees to help, but no legal caretaker is included.	At least one legal caretaker agrees to the interventions.	
The caretaker is coerced into agreeing under the threat of a child's removal.	Explain the planning process to caretaker/network. Include them in planning so they freely consent to the plan.	
The survivor is left to keep an alleged perpetrator out of the home without the alleged perpetrator's consent.	<ul style="list-style-type: none"> Alleged perpetrator agrees to the plan. The survivor and children leave to be safe and together. A network member comes to stay in the home to monitor. 	
The only intervention is a temporary restraining order.	Any restraining order is augmented with additional safety planning.	
A survivor is expected to protect the children when they are not demonstrating their own protection.	Network members contribute to keep young children safe.	
A caretaker's constitutional rights (fourth and 14th amendments) are violated: Caretaker is forced to leave home or is deprived of visits with child; non-caretaker is given custody without consent or knowledge.	<ul style="list-style-type: none"> Gain informed consent for interventions. Consider that a protective caretaker may have to leave with the children to be safe and together. If no caretaker is available to help with a safety plan, custody may be the only option. 	
A safety plan is written when protective custody is not really being considered.	<ul style="list-style-type: none"> Carefully review danger indicator definitions. Document efforts to gain agreements with the family for future safety and write a "referral closing" letter or promote to a case for ongoing services. 	
The safety plan does not have a time limit.	Include a date and time, no later than 14 days from the initial safety plan being signed, to review the plan. The safety plan can be reviewed prior to 14 days at the request of any participant. If/when a safety plan exceeds 45 days, a review of that plan must be completed with the caretaker(s).	
There is no clear way to monitor whether the safety plan is working, and there is no fail-safe behavior if it is not working.	Clearly describe the behavior that will affirm that the plan is working and who will do what if it is not (e.g., whom they will contact, how they will intervene). If this is not possible, the household may be found unsafe.	
The voice of the child is missing.	Remember to include the voice of the child for both impact and keeping the child safe as age appropriate. Using the Three Houses or Safety House can help.	

Educational neglect is not a safety issue and should not lead to a safety plan. Also, reports of unsafe discipline will not lead to a safety plan unless it becomes abuse as in danger indicator 1. Please consult with your supervisor on danger indicators that may lead to a safety plan.

SOP Tools that can Support Safety Planning



SOP tools complement your work when embedded into day-to-day practice:

Caretaker + behavior + impact on the child. All of our assessment work should revolve around understanding “caretaker + behavior + impact on the child.” All the danger indicators in the SDM safety assessment are based on this formula and will be extremely helpful in identifying whether there is truly a danger indicator. If a caretaker’s behavior doesn’t have a significant impact on the child, it likely will not rise to a danger on the SDM safety assessment, and there will be no need for a safety plan.

Three-column mapping. You can use three-column mapping, along with solution-focused questions, to help gather and organize information and support critical thinking with the family around the three questions: what are we worried about, what is working well, and what needs to happen next.

Solution-focused questions. Solution-focused questions, or SFQs, are the starting point for a more detailed discussion with families about these plans. In addition to using them to start a more detailed discussion, SFQs can help build hope for families. SFQs are at the core of all SOP tools.

Harm and worry statements. Harm and worry statements help create a shared understanding of what maltreatment has already occurred and what DSS worries might happen if nothing is done to address the danger indicator. Harm and worry statements can serve as a starting place for deep, meaningful discussions with families about a plan to control the danger indicator.

Building networks. A cornerstone of SOP is to engage at least one additional person who could not have caused the harm to be part of the safety plan. SOP has several tools that workers can use with families to help them identify network members, such as the Circles of Safety and Support, ecomap, Support Network Grid, and genogram.

Safety House and Three Houses. The Safety House and Three Houses can be used with children to include their voices in the assessment and safety planning process.

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Three Things to Remember About Safety Plans



Services are not safety: It is important to distinguish between behavior change and service compliance.

Children are central to the safety planning process; include them.

- Use SOP tools such as the three houses and the safety house
- Determine when and how children should be on the plan
- Use simple language and explain the plan to the children who are impacted

Children are not responsible for planning for their own safety.

Safety Assessing and Planning are dynamic processes, and safety plans can evolve.

- Safety plans must be reviewed with the family at least every 14 days and adjustments made as necessary to maintain the safety of the children.

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Family-Centered Safety Assessments

Family-Centered Safety Plans

- Building a Safety Plan requires sensitivity to a family's beliefs, values, customs, and background.
- Incorporating informal supports such as extended family, kin, and community resources often results in more family-centered and effective safety plans.
- Professional curiosity and family-centered practices emphasize ongoing self-reflection, openness to learning, and honoring others' beliefs and values.
- Family-centered practices include offering services in the community's language, providing interpreters, respecting family and social norms, employing staff who reflect the ethnic makeup of the community, and delivering services at accessible times and locations. Professionals must actively listen, avoid judgment, and maintain respect for unfamiliar perspectives.
- Caseworkers must avoid assumptions, remain flexible, and continuously seek to understand each family's unique experiences. This approach builds trust and strengthens collaboration in safety planning.

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Safety Planning Learning Lab

Safety Planning

Self-Care Health Plan Check-In

The trainers will provide a worksheet for the completion of the self-care health plan check-in.

Use this space to record notes.

Avilla Chavis Family Safety Assessment Decision

Activity: Avilla Chavis Family Safety Interventions

Utilizing the information gathered throughout the learning labs, brainstorm possible family safety interventions for the anchor family. Consider the following questions for each of the identified Safety Threats:

- What are you worried about?
- What are we worried will happen next, if the concern is not resolved?
- How will we know if the worry is resolved?

Allow the answers to the questions above to guide your brainstorm for specific interventions that address the underlying threats. Consider the four categories of safety intervention and the safety intervention contributors specific to the case scenario.

	Caseworker	Parents (both non-offending and alleged perpetrator)	Support Network	Community Agency & Services
Resource Support				
Social Support				
Crisis Management				
Separation or Restriction				

Worksheet: Avilla Chavis Safety Decision

Select one of the following safety decisions. Check one only.

This decision should be based on the assessment of all danger indicators, child vulnerability, and any other information known about this case.

Safe	<input type="checkbox"/> No children are likely to be in imminent danger of serious harm. (All danger indicators marked "no.")
Safe with a Plan	<p>One or more danger indicators are present. A safety plan is required.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family safety interventions one, two, and/or three will address danger indicators <input type="checkbox"/> The alleged perpetrator left the home <input type="checkbox"/> A protective caretaker moved to a safe environment with the child (ren) <input type="checkbox"/> A TSP will be used
Unsafe	<input type="checkbox"/> One or more children were removed in response to legal action

Record the name and status of each child assessed

Last Name	First Name	Age	Safe	Safe with a Plan	Unsafe
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the safety decision was different for any child, please describe why.

Skills Practice: Building a Safety Plan

Utilizing ideas from the safety intervention activity you just completed, work in your triad to generate a Temporary Parental Safety Agreement for your assigned family. Remember your specific role in this brainstorming process:

- Ones: Represent the parent advocating for the least restrictive intervention possible
- Twos: Represent DSS, accurately describing the Safety Threats
- Threes: Represent objectivity

Use the space below to brainstorm and draft your statements. Once completed, transfer your completed Safety Plan to Part E of your Safety Assessment DSS-5231.

Describe the Danger Indicator (caretaker + behavior + impact on child)	What will be done to address the danger indicator until the next updated safety plan? (proactive/reactive)	Who will do it?	How will we know it is working?	What will people do if they believe the safety plan is not working

Describe the Danger Indicator (caretaker + behavior + impact on child)	What will be done to address the danger indicator until the next updated safety plan? (proactive/reactive)	Who will do it?	How will we know it is working?	What will people do if they believe the safety plan is not working

Applying Bias Self-Awareness to Safety Planning

Applying Bias Self-Awareness to Assessing and Planning

Activity: Applying Bias Self-Awareness to Assessing and Planning

Listen as the activity or decision is read by the trainer.

- Is the activity or decision appropriate?
- At what age is the activity appropriate?

Hold up your sticky note with your response for others to see.

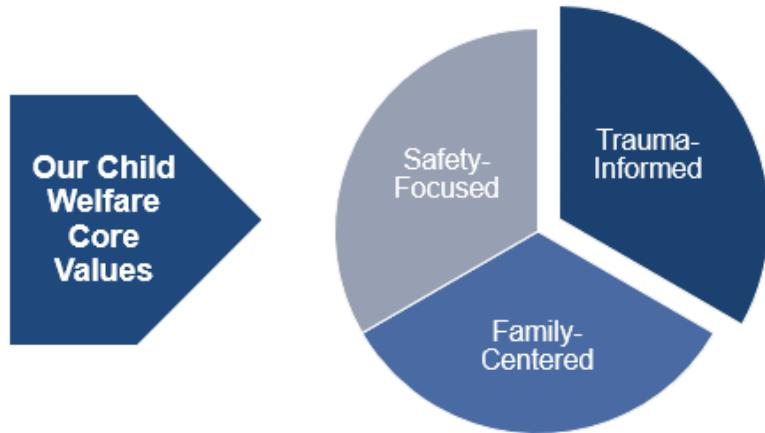
How would you reconcile some of these in your responses?

How does this get decided when what you think is different than what the family believes?

Trauma-Informed Practice

Trauma-Informed Practice

Our Child Welfare Core Values



Use this space to record notes.

Honoring Stories, Holding Hope

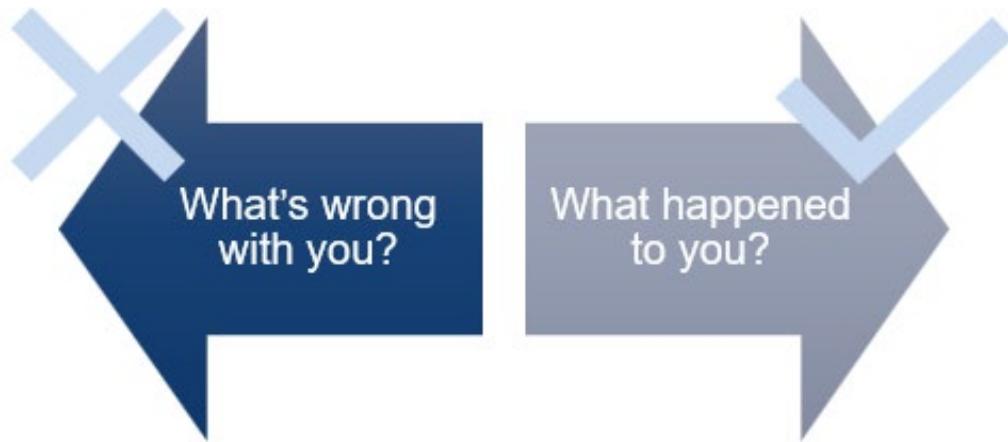
Video: Step Inside the Circle

<https://youtu.be/FVxjuTkWQiE>

As you watch the video, make note of what is said about:

- Physical safety
- Psychological safety
- Feelings associated with trauma
- Personal histories
- Community histories
- Feelings when trauma is discussed

Trauma-Informed



Use this space to record notes.

Considerations for Cases Involving Special Circumstances

Considerations for Cases Involving Special Circumstances

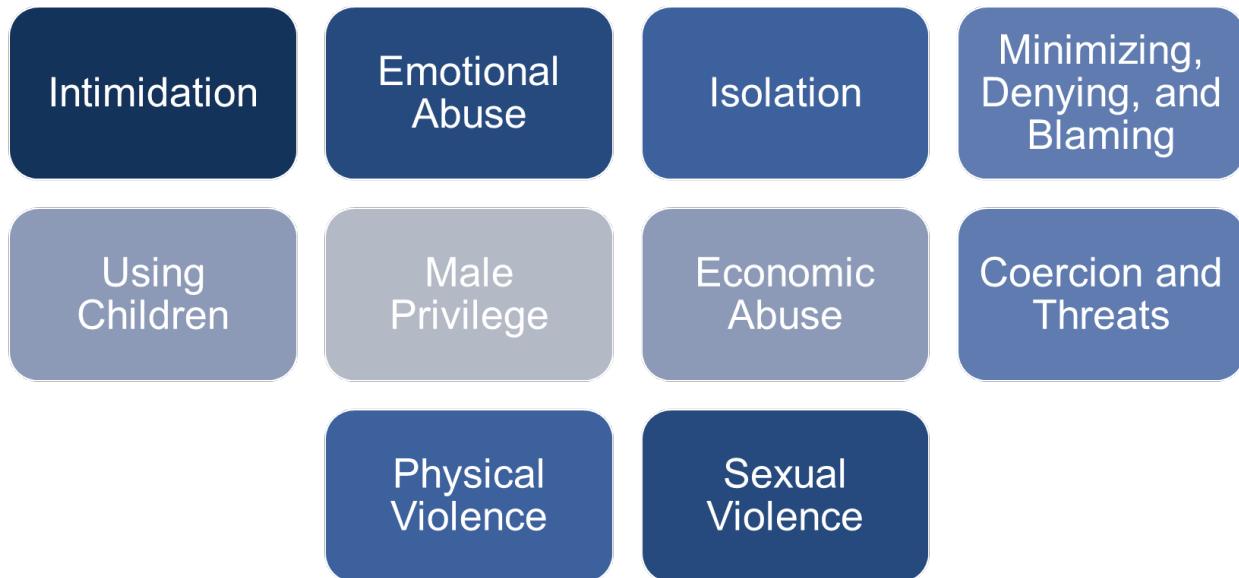
Considerations for Cases with Special Circumstances

- Domestic or Intimate Partner Violence
- Medical Neglect of Infants with Life-Threatening Conditions
- Substance Affected Infant
- Safe Surrender
- Human Trafficking
- Responding to Missing Children
- Vulnerable Juveniles

Use this space to record notes.

Domestic and Intimate Partner Violence

Domestic and Intimate Partner Violence



Domestic Violence is a pattern of coercive behaviors aimed at maintaining power and control over a partner. The cycle often includes a “honeymoon period,” making it confusing for victims to leave. Abusers frequently rationalize their actions by blaming anger, stress, or the victim’s behavior; these are excuses, not causes.

Caseworker Responsibilities:

- Assess social and family influences on how violence is experienced
- Identify available services and whether perpetrators accept responsibility
- Maintain clarity on personal feelings and responses to domestic violence

Use this space to record notes.

Impacts of Family Violence

Children's Domestic Violence Assessment Tool DSS-5237

The Children's Domestic Violence Assessment Tool (DSS-5237) contains scaled assessment questions and should be used to support the determination of the safety and risk factors on assessments with allegations of domestic violence.

✓ Name: _____ Case #: _____ Date: _____

The purpose of this tool is to help assess safety, risk, strengths and needs. It may be used to assist in decision making and service planning during any stage of the CPS case (assessment through case planning and case management) in conjunction with the required Structured Decision Making Tools. The tool is designed for use with the child(ren) in CPS cases involving domestic violence.

Assessing the Children's Exposure to Violence:

According to the children, how often	Often	Sometimes	Rarely	Never
Does violence occur in their family?				

Follow up questions concerning the children's exposure to violence
What happens when there is violence in their family?
If there is yelling during violent incidents, who does it?
If there is hitting during violent incidents, who does it?
What usually happens before the hitting starts?
What do the children do when there is violence in the family?

Use this space to record notes.

Special Circumstances Impacting Families

Activity: Special Circumstances Impacting Families

Work with your group to create a poster on the impact your assigned factor has on children and families. Use the following prompts to guide the creation of your poster.

Assigned special circumstance factor:

Review policy requirements that are different or additional for cases with this circumstance.

List how this factor may impact child safety and parental capacity.

List activities and tools that are available that support your assessment and list what policy requires.

List how to measure impacts on children.

Name stereotypes or biases that impact assessment of this factor.

Caseworker Safety

Secondary Traumatic Stress and Vicarious Traumatization

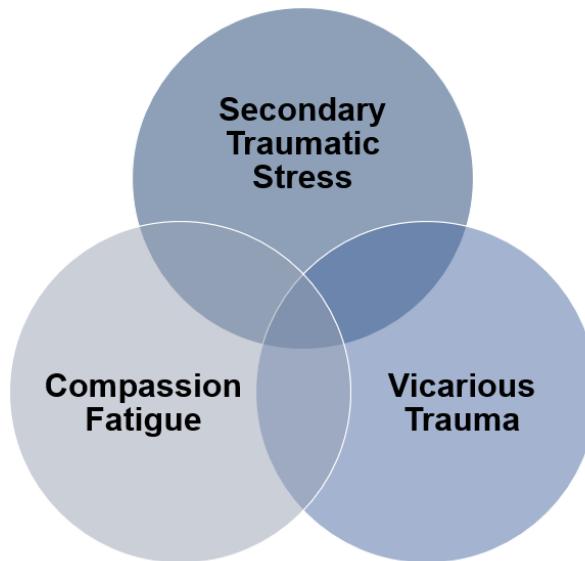
Worker Safety Begins with You

Video: Impacts of Secondary Traumatic Stress on the Child Welfare Workforce

<https://www.qic-wd.org/impact-secondary-traumatic-stress-child-welfare-workforce>

Use this space to record notes.

Indirect Trauma



Use this space to record notes.

Decontextualized Trauma

"Trauma, decontextualized in a person, looks like personality.

Trauma, decontextualized in a family, looks like family dynamics.

Trauma, decontextualized in a people, can look like culture."

-Resmaa Menakem

Use this space to record notes.

Socio-Ecological Model

Activity: Socio-Ecological Model

Work with your group to brainstorm some of the factors that contribute to stress and trauma across each of the following layers of the socio-ecological model.

Identify at least five or six factors for each layer and whether you have control over factors in each layer.

Individual

Interpersonal & Relational

Organization

Community

Policy & Institutional

Society

End-of-Day Values Reflections

Questions and Reflections

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

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Day Four

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