



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 Five

December 2025



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Instructions

This course is designed to guide child welfare professionals through the knowledge, skills, and behaviors necessary to effectively 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, the 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 the delete key 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 start 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-Learning 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 session, learners will complete a training evaluation tool to assess their satisfaction with the 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 Five

Engaging the Family in Child Protection Services
<ul style="list-style-type: none"> Learners will be able to explain how the needs of children and youth in diverse populations impact assessment decisions.
<ul style="list-style-type: none"> Learners will be able to identify appropriate resources specific to families of children and youth in diverse populations.
<ul style="list-style-type: none"> Learners will be able to describe strategies to identify and locate non-resident parents.
<ul style="list-style-type: none"> Learners will be able to identify strategies to engage and involve fathers, estranged parents, or incarcerated parents.
Risk Assessment
<ul style="list-style-type: none"> Learners will be able to describe the purpose of SDM tools used to support assessments.
<ul style="list-style-type: none"> Learners will be able to identify risk factors in child welfare cases and discuss how they relate to concerns of future maltreatment.
<ul style="list-style-type: none"> Learners will be able to define protective factors.
<ul style="list-style-type: none"> Learners will be able to distinguish protective capacities from protective factors.
<ul style="list-style-type: none"> Learners will be able to identify protective factors in case scenarios and discuss how they mitigate risk.
<ul style="list-style-type: none"> Learners will be able to describe how and when to complete the North Carolina Risk Assessment.
<ul style="list-style-type: none"> Learners will be able to apply the definitions of risk factors to case examples.
Crucial Conversations
<ul style="list-style-type: none"> Learners will be able to outline different approaches in preparing for courageous conversations.
<ul style="list-style-type: none"> Learners will be able to discuss how their own biases may impact courageous conversations.
<ul style="list-style-type: none"> Learners will be able to identify points of conflict and various strategies to help children and families resolve conflict.

Quality Contacts
<ul style="list-style-type: none">• Learners will be able to explain the importance of quality contacts.
<ul style="list-style-type: none">• Learners will be able to outline NC policy related to quality contacts.
<ul style="list-style-type: none">• Learners will be able to describe the use of quality contacts to assess and monitor child safety.
<ul style="list-style-type: none">• Learners will be able to conduct contact interviews while maintaining child and family confidentiality.
Caseworker Safety
<ul style="list-style-type: none">• Learners will share and discuss examples of vicarious traumatization and STS.
<ul style="list-style-type: none">• Learners will be able to identify at least three risk factors associated with STS.
<ul style="list-style-type: none">• Learners will be able to identify the impacts of STS on the emotional, physical, and psychological health and decision-making of child welfare professionals and themselves.
<ul style="list-style-type: none">• Learners will be able to recognize and discuss burnout and compassion fatigue.

Day Five Agenda

CPS Assessment Track Training

Welcome

Engaging the Family in Child Protection Services

Engaging the Non-Resident Parent

Special Considerations in Engaging Families

Risk Assessment

Identifying and Understanding Risk Factors

Protective Factors

Risk Assessment Tool

Impact

Crucial Conversations

Crucial Conversations and Managing Conflict

Quality Contacts

Quality Contacts

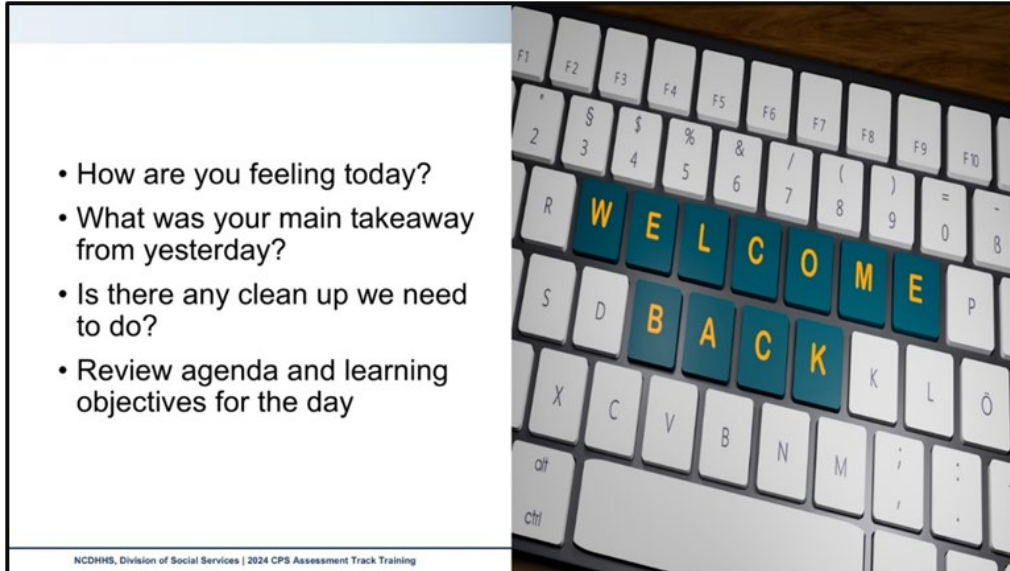
Caseworker Safety

Considerations for Caseworker Safety

End-of-Day Values Reflections

Child Welfare Track Training: CPS Assessment Day 5

Welcome



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

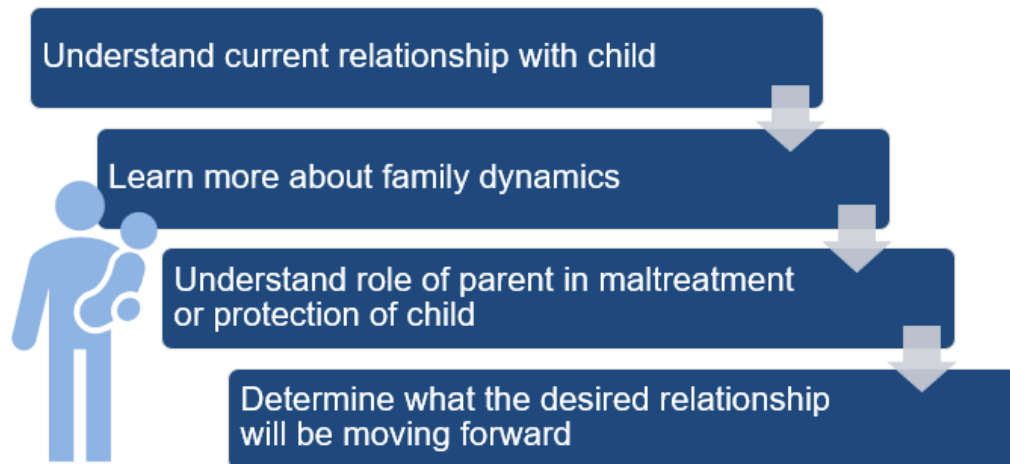
NCDHHS, Division of Social Services | 2024 CPS Assessment Track Training

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

Engaging the Family in Child Protection Services

Engaging the Non-Resident Parent

Engaging the Non-Resident Parent



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Considerations for Engaging with Non-Resident Parents

A non-resident parent may be mothers, fathers, or other caretakers

Worker bias can impact non-resident parent involvement

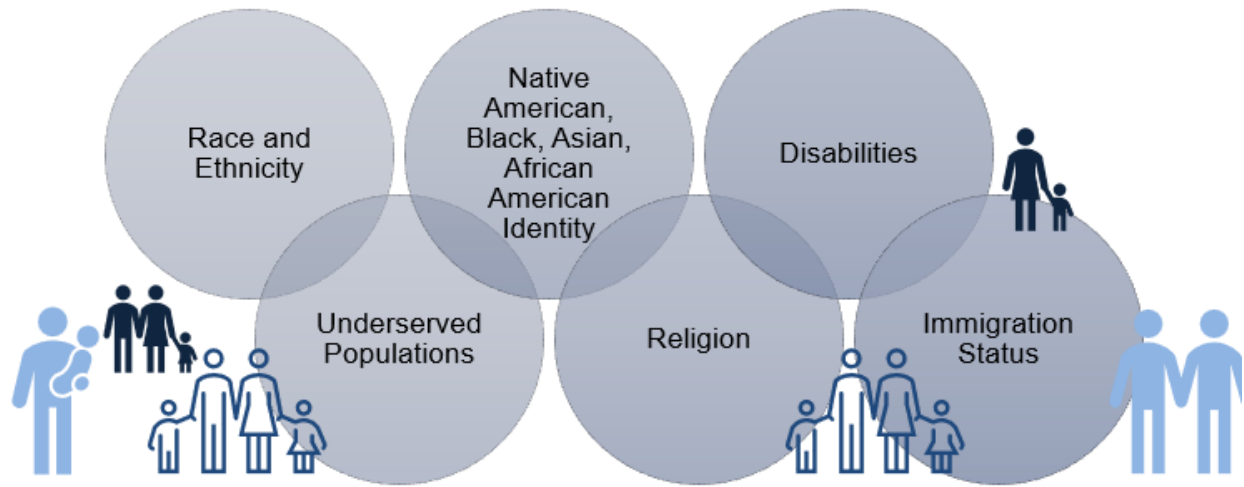
A non-resident parent may have protective factors that bring support to the family

Conversely, the non-residential parent may aggravate the risk of harm to the child or to the custodial parent

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Special Considerations in Engaging Families

Considerations for Communities with Special Legal Protections



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Activity: Considerations for Communities with Special Legal Protections
Scenario Summary

Key Points about Scenario

Applicable Laws and Policy to Consider

Special Considerations

Risk Assessment

Identifying and Understanding Risk Factors

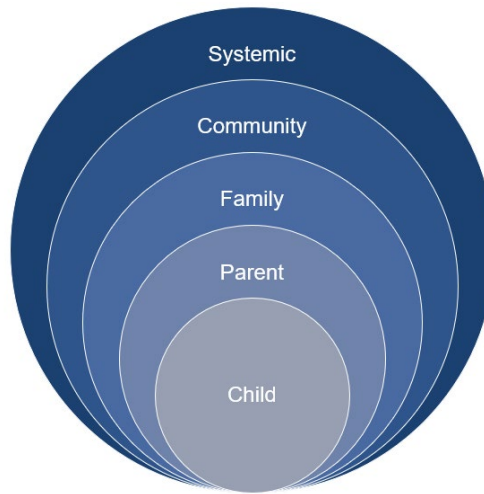
Safety and Risk

Safety: The absence of an immediate threat of moderate-to-serious harm to a child.

Risk: The likelihood that a child will be maltreated in the future.

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Risk Factors



Caseworkers determine findings based on evidence of how parental behaviors and circumstances impact child safety, assessing whether those actions rise to the level of abuse or neglect, rather than relying on personal feelings.

Many factors increase risk for maltreatment that are not related to caretaker behavior.

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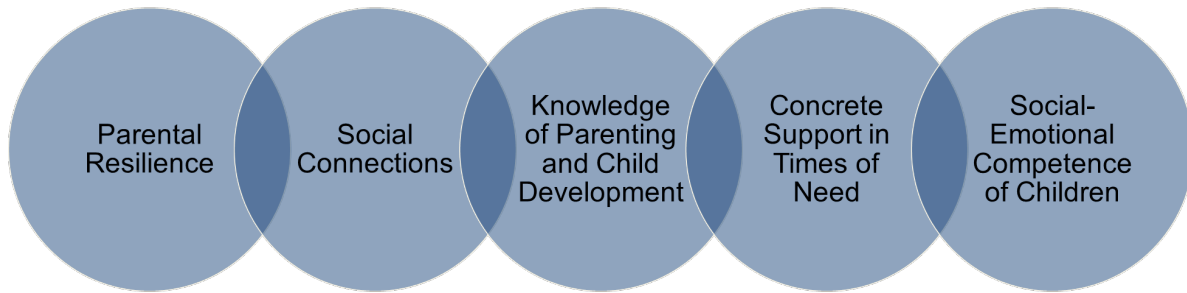
Quote



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Protective Factors

Protective Factors Framework



The Protective Factors Framework is a research-informed, strengths-based approach that helps prevent child abuse and neglect by focusing on the well-being of all families and helping them identify and build on their own protective factors.

The framework includes five protective factors:

Parental Resilience: The ability to cope with and bounce back from all types of challenges. Caregivers manage stress and function well when faced with challenges, adversity, and trauma.

Social Connections: Caregivers form and sustain positive relationships that provide emotional, informational, instrumental, and spiritual support.

Knowledge of Parenting and Child Development: Caregivers believe they have accurate information about raising young children and have appropriate expectations for their behavior. Caregivers demonstrate knowledge of parenting strategies and child development that support healthy physical, cognitive, language, social, and emotional development.

Concrete Supports in Times of Need: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.

Social and Emotional Competence of Children: A child's ability to interact positively with others and communicate their emotions effectively. Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.

Some strategies that can be used to mitigate risk and strengthen families include:

- **Parental Resilience:** Encourage parents to take care of themselves, seek support from others, and develop problem-solving skills.
- **Social Connections:** Help parents build a support network, connect with other families, and participate in community activities.

- **Knowledge of Parenting and Child Development:** Provide parents with accurate information about child development, positive parenting practices, and child safety.
- **Concrete Support in Times of Need:** Connect families with resources such as housing, food, and healthcare, and help them navigate complex systems.
- **Social and Emotional Competence of Children:** Promote children's social and emotional development through positive interactions with caregivers, peers, and the community.

Use this space to record notes.

Protective Factors Increase Safety and Reduce Risk



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Protective Factors Exploration

Activity: Protective Factors Exploration

- In your groups, create a poster by answering the following. In addition to your own knowledge and experience, please feel free to use the handout in the Appendix entitled 'Protective Factors: Action Sheets'.

Define the Protective Factor in family-accessible language.

Name at least five ways that the presence of this protective factor buffers from risk and trauma.

Name at least five ways that this protective factor shows up in a family's life.

Risk Assessment Tool

SDM® Risk Assessment DSS-5230



Please refer to the DSS–5230: SDM® Risk Assessment, which can be found on the state website.

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SDM® Risk Assessment Overview

Neglect and Abuse Indices

Scored Risk Level

- Low, Moderate, High

Overrides

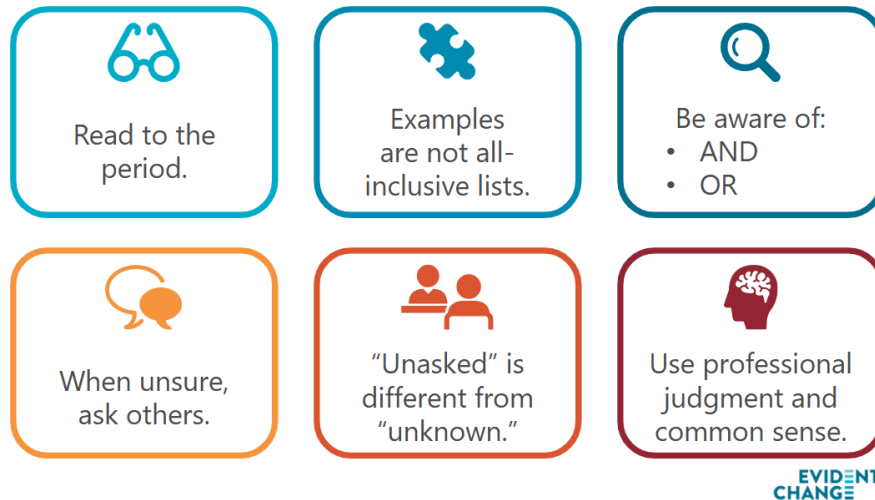
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Family Risk Assessment of Child Abuse and Neglect

Skills Practice: Family Risk Assessment of Child Abuse and Neglect

Complete independently:

- Review the information you have gathered about the Avilla Chavis family so far
- Complete the SDM® Risk Assessment for the family
- Remember the tips for using SDM Tools:



With a partner, check your work:

- Notice similarities and differences
- Answer the following questions.

What future risk of abuse did you identify?

What future risk of neglect did you identify?

How might the family mitigate harm from the risks you identified?

Impact

Categories of Neglect

Video: The Science of Neglect

<https://www.youtube.com/watch?v=bF3j5UVCSCA>

What are your reflections, thoughts, and feelings after watching this video?

How does this information impact the work you are doing today?

How does this information support differentiation of safety and risk?

Skills Practice: Describing Impact

Impact is when a parent’s behavior, attitudes, emotions, intent, or circumstances create conditions that fall beyond the mere risk of maltreatment and have become an actual imminent threat to a child’s safety.

Step One: State the indications of impact. Place one concern in each left-hand column. Indications of impact can be generated from the following:

- Information from interviews or observations that prompts concern that the child may be negatively impacted by parental actions.
- Concerns based on the child welfare knowledge base, such as child development, trauma, mental health, etc.

Step Two: Consider the source of the impact.

Consider whether the impact is created by parent behavior, family dynamics, conditions of the home environment, or the broader context of the community.

If you are unsure of the source, consider methods to assess further.

Step Three: What are the next steps to address this impact

Consider the source of impact and identify ways to address it within the family. This may include safety planning to mitigate the impact of safety threats, utilizing three-column mapping or another tool to engage the family in discussion, facilitating a crucial conversation, engaging the safety and support network, providing education, or referrals for voluntary services to build protective factors and reduce the risk of future harm.

Assigned child:		
Indication of Impact	What is the source of this impact?	What are the next steps to address impact?

Indication of Impact	What is the source of this impact?	What are the next steps to address impact?
Indication of Impact	What is the source of this impact?	What are the next steps to address impact?

Handout: The Science of Neglect

IN BRIEF | THE SCIENCE OF NEGLECT

A series of brief summaries of essential findings from recent scientific publications and presentations by the Center on the Developing Child at Harvard University.

Thriving communities depend on the successful development of the people who live in them, and building the foundations of successful development in childhood requires responsive relationships and supportive environments.

Beginning shortly after birth, the typical “serve and return” interactions that occur between young children and the adults who care for them actually affect the formation of neural connections and the circuitry of the developing brain. Over the next few months, as babies reach out for greater engagement through cooing, crying, and facial expressions—and adults “return the serve” by responding with similar vocalizing and expressiveness—these reciprocal and dynamic exchanges literally shape the architecture of the developing brain. In contrast, if adult responses are unreliable, inappropriate, or simply absent, developing brain circuits can be disrupted, and subsequent learning, behavior, and health can be impaired.

1 Because responsive relationships are both expected and essential, their absence is a serious threat to a child’s development and well-being. Sensing threat activates biological stress response systems, and excessive activation of those systems can have a toxic effect on developing brain circuitry. When the lack of responsiveness persists, the adverse effects of toxic stress can compound the lost opportunities for development associated with limited or ineffective interaction. This multifaceted impact of neglect on the developing brain underscores why it is so harmful in the earliest years of life and why effective early interventions are likely to pay significant dividends in better, long-term outcomes

in educational achievement, lifelong health, and successful parenting of the next generation.

2 Chronic neglect is associated with a wider range of damage than active abuse, but it receives less attention in policy and practice. Science tells us that young children who experience significantly limited caregiver responsiveness may sustain a range of adverse physical and mental health consequences that actually produce more widespread developmental impairments than overt physical abuse. These can include cognitive delays, stunting of physical growth, impairments in executive function and self-regulation skills, and disruptions of the body’s stress response.

Science Helps to Differentiate Four Types of Unresponsive Care

	OCCASIONAL INATTENTION	CHRONIC UNDER-STIMULATION	SEVERE NEGLECT IN A FAMILY CONTEXT	SEVERE NEGLECT IN AN INSTITUTIONAL SETTING
Features	Intermittent, diminished attention in an otherwise responsive environment	Ongoing, diminished level of child-focused responsiveness and developmental enrichment	Significant, ongoing absence of serve and return interaction, often associated with failure to provide for basic needs	“Warehouse-like” conditions with many children, few caregivers, and no individualized adult-child relationships that are reliably responsive
Effects	Can be growth-promoting under caring conditions	Often leads to developmental delays and may be caused by a variety of factors	Wide range of adverse impacts, from significant developmental impairments to immediate threat to health or survival	Basic survival needs may be met, but lack of individualized adult responsiveness can lead to severe impairments in cognitive, physical, and psychosocial development
Action	No intervention needed	Interventions that address the needs of caregivers combined with access to high-quality early care and education for children can be effective	Intervention to assure caregiver responsiveness and address the developmental needs of the child required as soon as possible	Intervention and removal to a stable, caring, and socially responsive environment required as soon as possible

With more than a half million documented cases in the U.S. in 2010 alone, neglect accounts for 78% of all child maltreatment cases nationwide, far more than physical abuse (17%), sexual abuse (9%), and psychological abuse (8%) *combined*. Despite these compelling findings, child neglect receives far less public attention than either physical abuse or sexual exploitation and a lower proportion of mental health services.

3 Studies on children in a variety of settings show conclusively that severe deprivation or neglect:

- **disrupts the ways in which children’s brains develop and process information**, thereby increasing the risk for attentional, emotional, cognitive, and behavioral disorders.
- **alters the development of biological stress-response systems**, leading to greater risk for anxiety, depression, cardiovascular problems, and other chronic health impairments later in life.
- **is associated with significant risk for emotional and interpersonal difficulties**, including high levels of

negativity, poor impulse control, and personality disorders, as well as low levels of enthusiasm, confidence, and assertiveness.

- **is associated with significant risk for learning difficulties and poor school achievement**, including deficits in executive function and attention regulation, low IQ scores, poor reading skills, and low rates of high school graduation.

4 The negative consequences of deprivation and neglect can be reversed or reduced through appropriate and timely interventions, but merely removing a young child from an insufficiently responsive environment does not guarantee positive outcomes. Children who experience severe deprivation typically need therapeutic intervention and highly supportive care to mitigate the adverse effects and facilitate recovery.

For more information, see “The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain” and the Working Paper series from the Center on the Developing Child at Harvard University. www.developingchild.harvard.edu/resources/

IMPLICATIONS FOR POLICY AND PROGRAMS

Science tells us that repeated and persistent periods of prolonged unresponsiveness from primary caregivers can produce toxic stress, which disrupts brain architecture and stress response systems that, in turn, can lead to long-term problems in learning, behavior, and both physical and mental health. These advances in science should inform a fundamental re-examination of our approaches to the identification, prevention, reduction, and mitigation of neglect and its consequences, particularly in the early years of life.

- **Address the distinctive needs of children who are experiencing significant neglect.** The immediate circumstances and long-term prospects of neglected children could be enhanced significantly by: (1) disseminating new scientific findings to child welfare professionals and focusing on the implications of this evidence for practice; (2) supporting collaboration between child development researchers and service providers to develop more effective prevention and intervention strategies; (3) coordinating across policy and service sectors to identify vulnerable children and families as early as possible; and (4) creating contexts for cooperation among policymakers, family court judges, and practitioners to improve access to non-stigmatizing, community-based services.
- **Invest in prevention programs that intervene as early as possible.** The earlier in life that neglected children receive appropriate intervention, the more likely they are to achieve long-term, positive outcomes and contribute productively to their communities. Key personnel in the primary health care, child welfare, mental health, and legal systems can work together to assure the earliest possible identification of families that require preventive assistance as well as children who need therapeutic intervention. Because child neglect often co-occurs with other family problems (particularly parental mental health disorders and addictions), specialized services that address a variety of medical, economic, and social needs in adults present important opportunities to identify and address neglectful circumstances for young children. Policies and programs that provide preventive interventions in high-risk situations before the onset of neglect present a particularly compelling goal.

The authors gratefully acknowledge the contributions of the National Governors Association Center for Best Practices and the National Conference of State Legislatures.



Center on the Developing Child
HARVARD UNIVERSITY

www.developingchild.harvard.edu

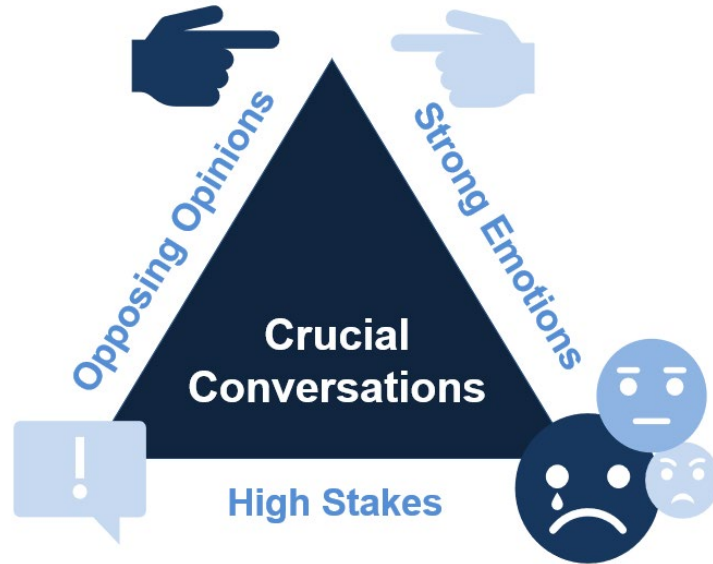
ALSO IN THIS SERIES:

INBRIEF: The Science of Early Childhood Development
INBRIEF: The Impact of Early Adversity on Brain Development
INBRIEF: Early Childhood Program Effectiveness
INBRIEF: The Foundations of Lifelong Health
INBRIEF: Executive Function: Essential Skills for Life and Learning
INBRIEF: Early Childhood Mental Health

Crucial Conversations

Crucial Conversations and Managing Conflict

Crucial Conversations Practice



Use this space to record notes.

Handout: Managing Crucial Conversations

Steps	How Do I Do This?
Start with the Heart.	Start from a genuine, well-intentioned place. Stay focused on what you really want and your intentions for the conversation.
Learn to Look.	Look for signs of stress, conflict, and emotional elevation. Notice when your safety is at risk. Manage your own response tendencies. Look for language and behavior that could escalate the conversation.
Make it Safe.	Notice when others don't feel safe to respond, check to make sure you are listening well and validating. Keep highlighting the common goal. When you notice a risk, "step out" of the conversation and work to restore safety.
Master Your Stories.	Manage intended and unintended bias and check how you see others. "Stories" are assumptions we make about why others are doing what they are doing. Assumptions can interfere with your conversation.
State Your Path.	Share very specific concerns and a clear explanation of the purpose of the conversation. Share your experiences and learn from others. Speak cautiously to be clear and not too soft or too firm.
Explore Others' Perspectives.	Active listening becomes key, and empathy is critical. Validate the person's feelings while maintaining the importance of what needs to be accomplished.
Move to Action.	Make decisions and commit to action together.

Skills Practice: Crucial Conversations

Worksheet: Crucial Conversations Planning

- Plan a crucial conversation with Olivia or Franklin to address considerations from previous activity regarding the impact.
- Consider what you may say or do to implement each step of crucial conversations

Steps	What this may look like to address the impact
Start with the Heart	
Learn to Look	
Make it Safe	
Master Your Stories	

State Your Path	
Explore Others' Perspectives	
Move to Action	

Debrief: Crucial Conversations Practice

What went well? What didn't?

What impact did your planning have on your conversation?

In thinking about your conversation, which components do you think you'll need to work on?

Quality Contacts

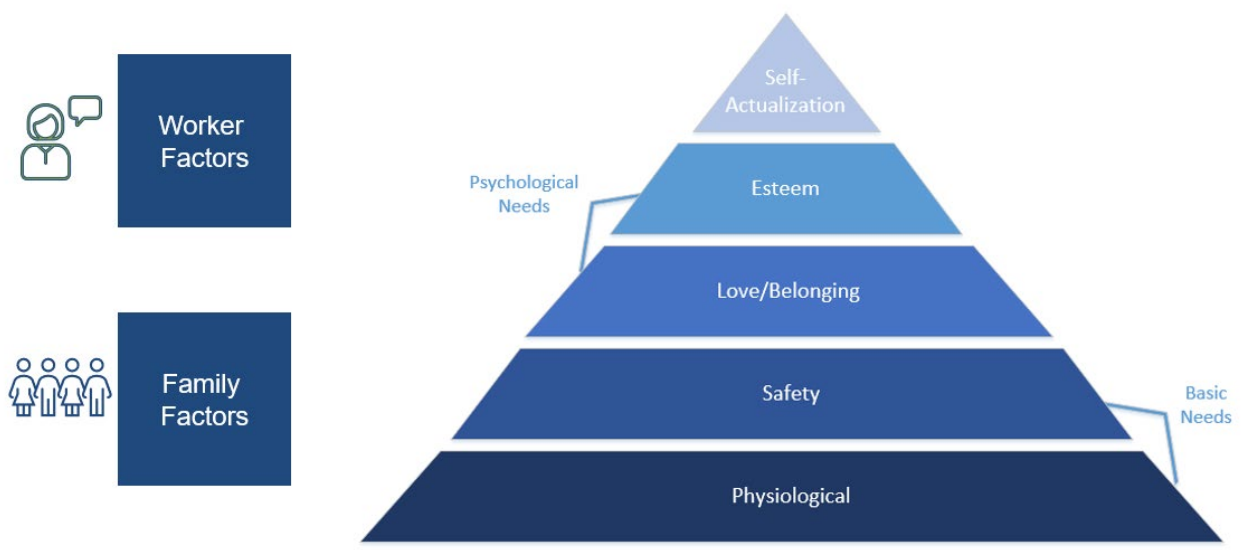
Quality Contacts

Importance of Quality Contacts

Purposeful interaction between caseworkers and children, youth, parents, and resource parents that reflect engagement and contribute to assessment and case planning processes.

Use this space to record notes.

Factors that Affect Quality Contacts



Use this space to record notes.

Worksheet: Competing Factors in Quality Contacts

- Work with your group to brainstorm ideas on how to overcome barriers presented in each scenario.

During your visit to the home, Mom's boss calls and texts several times.

Random people are coming in and out of the home during the visit, raising concerns about what can be shared due to confidentiality.

Children are in the room while discussing sensitive topics, such as intimate partner violence or parental substance misuse.

Suspected criminal activity is occurring during the visit, such as the selling or misuse of substances.

Preparing for Quality Contacts

Quiz: True or False

When preparing for quality contacts, caseworkers should review previous case file notes to ensure accuracy.	<input type="checkbox"/> True <input type="checkbox"/> False
The child welfare caseworker should inform the family of the reason for the visit.	<input type="checkbox"/> True <input type="checkbox"/> False
Practicing self-reflection about personal bias is part of planning for a quality contact.	<input type="checkbox"/> True <input type="checkbox"/> False

What are four things you need to do to prepare for a quality contact with a family member or collateral contact?

Day-to-day, what does your preparation and planning look like?

Activity: Planning for Quality Contacts

Ensuring quality contacts requires intentionality and planning. Work with your table group to list elements that need attention when planning your follow-up visit with the Avilla Chavis family.

Consider the following:

Questions and actions to assess if the safety plan is implemented and followed, or requires adjustments.

Ideas to engage children of different ages and stages of development.

Education, information, referrals, or other support to provide, ensuring the visit is meaningful.

Activity: Perspective Taking: Assessing Safety and Risk Through Quality Contacts

This is a perspective-taking activity. Perspective-taking requires that you share thoughts, feelings, and ideas that center on the perspective of the person you represent. It is different than role play in that your goal is to keep your assigned perspective in mind when engaging in the discussion, not act or pretend like you are in that role.

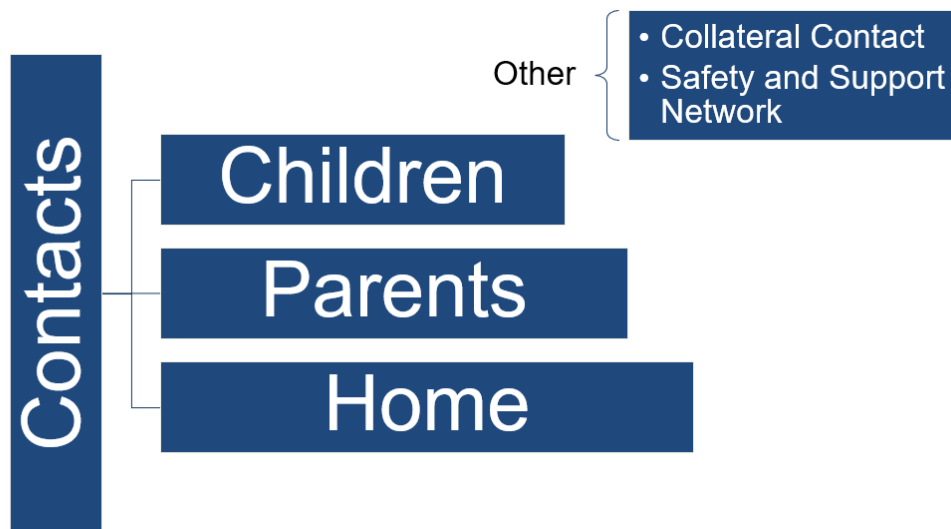
- Instead of pretending or acting like you feel an emotion, you could share considerations about how actions or statements could affect someone in your role.
 - Instead of acting or presenting to be offended, you could say, “A statement like that could be offensive to someone in this role.”
- Focus on your assigned perspective only. This means that if you’re assigned a family member, you would not share a perspective with the caseworker and vice versa.

Assigned Person:

As you hear the presentation for the Quality Contact Visit approach, what thoughts, feelings, or ideas do you have from the perspective of your assigned person?

Use this space to record notes from the debrief.

Contacts and Frequency



Worksheet: Required Contacts and Frequency Requirements

1. **At what visit, if needed, is the Safety Plan first developed?**
2. **What is the minimum frequency of face-to-face contact with victim children and parents?**
3. **Are children interviewed with their parents during follow-up contacts?**
4. **How often must you visit the home during an open CPS Assessment?**

- 5. Under what circumstances are you required to visit a non-resident parent's home?**

- 6. In addition to assessing for general safety, what three areas must you assess within the home at your visits?**

- 7. What is the minimum number of collateral contacts you are to contact during a CPS Assessment?**

- 8. What are the policy expectations for contact with safety and support network members with an active role in the Safety Plan?**

- 9. Who should be included in family home visits/contacts?**

- 10. At what visits do you review the Safety Plan?**

11. When do you document case activities and actions?

Caseworker Safety

Considerations for Caseworker Safety

Skills Practice: Safety Concerns

The best way to avoid violence and danger is to prevent it in the first place.

What can you do to avoid violence or danger before going out in the field?

What are ways that your safety might be compromised while you're working in the field?
What can you do in the moment to be safe?

Consider the following in responding to your assigned questions:

- NC DSS Best Practice for Social Worker Well-Being Appendix 6 (July 2019) found at <https://policies.ncdhhs.gov/wp-content/uploads/appendix-6-best-practice-for-social-worker-well-being.pdf>
- The Pennsylvania Child Welfare Resource Center Field Safety Checklist for Child Welfare Professionals
https://www.pacwrc.pitt.edu/ELearn/CaseworkerSafety/Field_Safety-checklist.pdf

What can you do to avoid violence or danger before going out in the field?

What are the ways that your safety might be compromised while you're working in the field? What can you do in the moment to be safe?

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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Appendix: Handouts

Protective Factors: Action Sheets

Protective Factors: Action Sheets

PARENTAL RESILIENCE: ACTION SHEET

Your role as a caseworker

Having an open child welfare case is necessarily emotional and difficult for parents and can cause self-doubt that fundamentally undermines resilience. As a caseworker part of your role is to make the child welfare experience as constructive as possible by:

- Projecting a positive and strengths-based approach to the family
- Supporting the family as key decision-makers throughout the case planning process
- Making self-care a part of the case plan
- Encouraging the parent to explore their own past experiences of trauma and address how those experiences impact them in the present
- Normalizing the fact that parenting is stressful and helping the parent plan proactively about how to respond to stressful parenting situations
- Validating and supporting good decisions

Questions to ask

- What helps you cope with everyday life?
- Where do you draw your strength?
- How does this help you in parenting?
- What are your dreams for yourself and family?
- What kind of worries and frustrations do you deal with during the day? How do you solve them?
- How are you able to meet your children's needs when you are stressed?
- How does your spouse or partner support you? When you are under stress, what is most helpful?
- What do you do to take care of yourself when you are stressed?

What to look for

- Problem solving skills
- Ability to cope with stress
- Self-care strategies
- Help-seeking behavior
- Receiving mental health or substance abuse services if needed
- Not allowing stress to impact parenting

Activities to do with parents

- Ask the parent to write down their self-care strategies and ensure that they are taking time for self-care each day.
- Ask the parent to identify situations they find stressful and make a plan in advance for how they will keep themselves calm and centered in these circumstances.

SOCIAL CONNECTIONS: ACTION SHEET

Your role as a caseworker

As the family's caseworker you can help caregivers to think critically about their social network and how they could utilize it more effectively, as well as the skills and tools they need to expand it. The following strategies may assist you in engaging families in developing social connections:

- Model good relational behavior and use the case management process as an opportunity to help the caregiver develop stronger relational skills
- When engaging the family's broader network in teaming or other supports, be sensitive to the quality of existing relationships and help the family identify supporters in their network who will contribute positively
- Encourage the caregiver to expand or deepen their social network as part of the case plan
- If there are specific issues that serve as barriers for the family in developing healthy social connections such as anxiety or depression, encourage the family to address them

Questions to ask

- Do you have friends or family members that help you out once in a while?
- Are you a member of any groups or organizations?
- Who can you call for advice or just to talk? How often do you see them?
- What kind of social support do you need?
- Do you find it easy or challenging to make friends? If it is challenging, what specific things represent a barrier for you?
- What helps you feel connected?

What to look for

- Does the parent have supportive relationships with one or more persons (friends, family, neighbors, community, faith-based organizations, etc.)?
- Can the parent turn to their social network for help in times of need (for instance, when they need help with transportation, childcare or other resources)?
- Is the parent willing and able to accept assistance from others?
- Does the parent have positive relationships with other parents of same-age kids?
- Does the parent have skills for establishing and maintaining social relationships?
- Does the parent provide reciprocal social support to peers?

Activities to do with parents

- Work with the parent to develop an EcoMap showing the people and institutions that are sources of support and/or stress in his or her life.
- Role play with the parent to help them practice skills in approaching another parent to develop a friendship. Have the parent choose a realistic scenario such as starting a conversation at a school event, on the playground or at a place of worship.

KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT: ACTION SHEET

Your role as a caseworker

Each contact you have with the family provides an important opportunity to link them to parenting resources, provide child development information and model and validate effective caregiving. You can:

- Connect parents to parenting education classes or home visiting as part of case planning
- Model appropriate expectations for the child
- Engage caregivers in dialogue when their expectations are not in line with the child's developmental phase
- Underline the importance of nurturing care to help the caregiver in valuing the importance of their own role
- Provide "just in time" parenting education: information a parent needs at the time when parenting issues arise
- Help the caregiver identify a series of trusted informants that they can turn to when they need parenting information

Questions to ask

- What does your child do best and what do you like about your child?
- What do you like about parenting? What do you find challenging about parenting?
- How have you learned about parenting skills?
- How do you continue to learn about your child's development?
- What has helped you learn about yourself as a parent?
- Are there things that worry you about your child's development or behavior?
- Have other people expressed concern about your child?

What to look for

- Do the caregivers understand and encourage healthy development?
- Are the caregivers able to respond and manage their child's behavior?
- Do the caregivers understand and demonstrate age-appropriate parenting skills in their expectations, discipline, communication, protection and supervision of their child?
- Does the child respond positively to the caregivers' approaches?
- Do the caregivers understand and value their parenting role?
- Do the caregivers have a reliable source for parenting information when issues come up?
- Are the caregivers involved in their child's school or preschool?
- Do the caregivers understand the child's specific needs (especially if the child has special developmental or behavioral needs)?

Activities to do with parents

- Ask the parent what their hopes and dreams are for their child(ren). Discuss any worries the parent has about ensuring those hopes and dreams are met. Then discuss what the parent is doing today (or wants to do) to help achieve those hopes and dreams.
- Identify a particular parenting task the parent finds challenging (e.g., mealtimes, putting the child to bed). Provide the parent with information on strategies for this task. Ask them to practice these strategies and debrief on your next visit.

CONCRETE SUPPORT IN TIMES OF NEED: ACTION SHEET

Your role as a caseworker

As the family's caseworker your role is not just to provide referrals to needed services, but to identify any barriers the families may have in accessing those services. Helping families overcome those barriers is crucial to ensuring that their concrete needs are met. Such help may entail:

- Encouraging help seeking behavior
- Working with the family to understand their past experience with service systems and any stigma they attach to certain services
- Helping the family to navigate complex systems by explaining eligibility requirements, filling out forms or making a warm handoff to an individual who can help them negotiate getting access to the services they need
- Helping the caregiver understand their role as an advocate for themselves and their child

Questions to ask

- What do you need to _____ (stay in your house, keep your job, pay your heating bill etc.)?
- What have you done to handle the problem? Has this worked?
- Are there community groups or local services that you have worked with in the past? What has been your experience accessing their services?
- Are there specific barriers that have made it difficult for you to access services in the past?
- How does dealing with these issues impact the way you parent?

What to look for

- Is the caregiver open to accessing and utilizing services?
- Has the caregiver had positive experiences with services in the past?
- Does the caregiver have specific barriers (literacy, lack of transportation, etc.) that will make it difficult to access services?
- Are there personal behavioral traits (e.g., punctuality, willingness to share personal information, etc.) that the caregiver could address to more effectively utilize services?
- Does the caregiver try to buffer the child from the stress caused by the family's concrete needs?

Activities to do with parents

- Ask the parent to identify one concrete need that, if met, would lighten his or her burden. Come up with a list of at least three possible avenues to get that need met (e.g., agencies to approach, people to ask for help, cutting back on other expenses).
- Talk to the parent about what their family's socioeconomic status was in their childhood and what effect that had on them. Discuss things their parents did or did not do to buffer them from the stress of poverty, to teach them the value of money or to make sure their needs were met.

SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN: ACTION SHEET

Your role as a caseworker

It is important to increase caregivers' awareness of the importance of early relationships and of their role in nurturing their child's social-emotional development by:

- Providing concrete tips and resources to caregivers to help them build their skills
- Staying attuned to trauma and how it impacts the child's relationships with significant adults and, as they grow, with peers
- Connecting the family to resources that can help support the child's social-emotional development—these might be simple (such as classes like Second Step, or books and games that help children to name or recognize their emotions) or more intensive (such as mental health counseling)
- Providing families with support in dealing with children's attachment issues and/or challenging behaviors
- Taking time to explain and discuss children's behavior with caregivers when they are "acting out" due to trauma

Questions to ask

- How is the emotional relationship between you and your child?
- How do you express love and affection to your child?
- How do you help your child express his or her emotions?
- In what situations are your child's emotions hard for you to deal with?

What to look for

- Do the caregivers know how to encourage social-emotional development and apply a range of age-appropriate disciplinary strategies?
- Does the caregiver create an environment in which the child feels safe to express emotions?
- Is the caregiver emotionally responsive to the child?
- Does the caregiver model empathy?
- Does the caregiver set clear expectations and limits (e.g., "People in our family don't hurt each other")?
- Does the caregiver separate emotions from actions (e.g., "It's okay to be angry, but we don't hit someone when we are angry")?
- Does the caregiver encourage and reinforce social skills such as greeting others and taking turns?
- Does the caregiver create opportunities for children to solve problems? (e.g., "What do you think you should do if another child calls you a bad name?")?

Activities to do with parents

- Have the parent sketch out (or write out) an interaction with their child. Begin with an experience that typically makes the child happy, sad, frustrated or angry. Then have the parent illustrate or describe what the child does when he or she feels those emotions, how the parent responds and how the child responds. Identify and talk through positive or negative patterns in the interaction.
- Ask the parent to think of an adult who they loved as a child. What was it about the relationship with that adult that made it so important? Ask them what elements of that relationship they can replicate in their relationship with their child(ren).