



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

# Participant's Workbook Day Eight

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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
- Social Worker 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 Eight**

## **Decision-Making**

- Learners will be able to describe how caregiver behavior impacts child safety.
- Learners will be able to describe how to incorporate all safety and risk factors into the comprehensive family assessment.
- Learners will be able to develop strategies to adequately address safety and risk factors within ongoing case planning activities.
- Learners will be able to distinguish between safety and risk when considering instances of abuse and neglect.
- Learners will be able to identify and describe danger indicators and risk factors when working with children and families.
- Learners will be able to explain the importance of engaging families in the decision-making process.
- Learners will be able to outline the process for case decision making, including case closure.
- Learners will be able to discuss information needed to make informed case decisions.
- Learners will be able to describe strategies for preparing for staffing meetings with supervisors.
- Learners will be able to outline required notifications and associated timeframes at the conclusion of an assessment.
- Learners will be able to describe the requirements and process for adding an individual to the RIL.
- Learners will be able to describe the requirements and process for adding an individual to the central registry.
- Learners will be able to discuss case dynamics related to domestic violence and how they factor into case closure decisions and ongoing planning.
- Learners will be able to identify and apply policy requirements related to cases involving domestic violence.

- Learners will be able to discuss case dynamics related to domestic violence and how they factor into case closure decisions and ongoing planning.
- Learners will be able to identify and apply policy requirements related to cases involving domestic violence.
- Learners will be able to identify and demonstrate strategies for communicating case decisions to children and families.
- Learners will be able to provide examples of appropriate ongoing support for families after case closure.

# **Decision-Making and Case Closure Learning Lab**

- Learners will be able to explain how to use the NC Family Strengths and Needs Assessment in case planning activities.
- Learners will be able to identify policies and protocols for case transfer from assessment to in-home or permanency planning services.
- Learners will be able to describe best practices to support the family during case transfer.
- Learners will be able to identify and demonstrate strategies for communicating case decisions to children and families.

# **Worker Safety**

- Learners will identify, discuss, and apply strategies to promote their physical, psychological, and emotional safety and well-being.
- Learners will be able to discuss strategies that promote their physical, psychological, and emotional safety.
- Learners will be able to discuss their self-care plan with an accountability partner and seek out support when needed.
- Learners will recognize at least three signs of danger and at least three methods of avoiding or mitigating danger when conducting after-hours or on-call tasks.

# **Day Eight Agenda**

# **CPS Assessment Track Training**

Welcome

**Decision-Making** 

**Case Decision Process** 

**Decision-Making Tools** 

**Decision-Making and Critical Thinking** 

**Supervisory Support** 

Case Decision

Case Transfer

Case Closure

Case Closure Notification

**Decision-Making and Case Closure Learning Lab** 

Case Transfer Learning Lab

**Worker Safety** 

Worker Well-Being

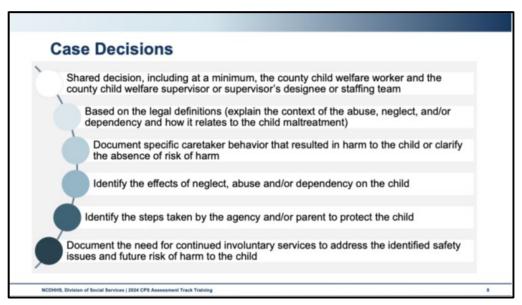
Considerations for After Hours and On-Call Hours

**Self-Reflection Training Wrap-Up** 

Welcome					
Jse this outlin	ned space to rec	ord notes fro	om the introd	duction activi	ity.

# **Decision-Making**

## **Case Decision Process**



Use this space to record notes.

# Video: The Science of Neglect

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

Use this space to record reflections on your own social work practice and the impact of stress or trauma on children.
What are your reflections, thoughts, and feelings often watching this vide of
What are your reflections, thoughts, and feelings after watching this video?
How does this information impact the work you're doing today?
now dood the mornation impact the work you to doing today.

# 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.

<u>Step One</u>: 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 prompt concern that the child may be negatively impacted by parental actions.

Concerns based on child welfare knowledge base, such as child development, trauma, mental health, etc.

Step Two: Consider the type of Maltreatment. Use the definition as outlined in the Intake Policy, Protocol, and Guidance.

For the concern listed in the Indications of Impact column, consider the type of maltreatment category in which your concern falls.

<u>Step Three</u>: Does the impact rise to the statutory definition of abuse, neglect, or dependency? Consider the maltreatment screening tools as a guide for specific types of maltreatment that require further nuance and guidance.

Assigned Child:			

Indication of Impact	Type of Maltreatment	Rise to the level of Abuse, Neglect, or Dependency? If yes, describe
	Type of	Rise to the level of Abuse, Neglect, or
Indication of Impact	Type of Maltreatment	Rise to the level of Abuse, Neglect, or Dependency? If yes, describe

Indication of Impact	Type of Maltreatment	Rise to the level of Abuse, Neglect, or Dependency? If yes, describe

Handout: The Science of Neglect

### INBRIEF | THE SCIENCE OF NEGLECT

A series of priet summaries of essential findings from recent scientific publications and presentations by the Center on the Developing Child a Haward Injversible of the Characteristics of the Characteristi

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.

Because responsive relationships are both expected and essential, their absence is a serious threat to a child's development and wellbeing. 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.

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

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.



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#### ALSO IN THIS SERIES:

INBRIEF: The Science of Early Childhood Development

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INBRIEF: The Foundations of Lifelong Health

INBRIEF: Executive Function: Essential Skills for Life and Learning

INBRIEF: Early Childhood Mental Health

# **Decision-Making Tools**

Worksheet: CPS Assessment Decision-Making

# **Family and Investigative Assessments**

Similarities	Differences
How will you remember the different step assessment decision-making?	s for family and investigative

# **Decision-Making and Critical Thinking**

Worksheet: Values

Values are beliefs that are grounded by the principles most of us live by each day. Consider the values below.

Adaptability	Diversity	Knowledge
Achievement	Devotion	Leadership
Ambition	Empathy	Love
Authenticity	Energy	Loyalty
Acceptance	Equality	Maturity
Accomplishment	Fairness	Obedience
Bravery	Forgiveness	Openness
Beauty	Friendship	Passion
Balance	Fun	Purpose
Caring	Giving	Recognition
Certain	Growth	Respect
Control	Happiness	Security
Courage	Hard work	Spirituality
Community	Health	Strength
Compassion	Independence	Success
Creativity	Integrity	Teamwork
Dependability	Intelligence	Wealth
Dignity	Justice	Wisdom

Use this space to record notes.

# **Activity: Personal Considerations**

From the group-generated list of emotions that impact our work with families, select three emotions to personally explore the ways these emotions may impact your behavior and decision-making with families.

Jse the spaces below to record your thoughts.		
Emotion:		
Emotion:		
Emotion:		

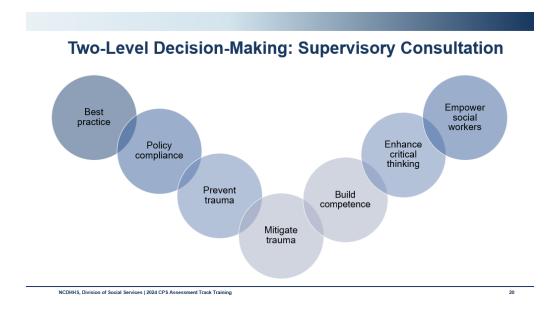


Use this space to record notes:		

# **Supervisory Support**



Use this space to record notes:			



Use this space to record notes:		

## Skills Practice: Two-Level Decision-Making: Supervisory Consultation

# Review the example coaching session. Respond to the questions.

## Exhibit 13.3 Example of a Full Coaching Session

Carolyn is the supervisor, Mattie is the worker. The two are meeting in Carolyn's office after Mattie requested via email for Carolyn to meet with her. Mattie is feeling overwhelmed and unfocused at work.

Carolyn: Hello Mattie, how are you feeling today?

Mattie: I'm good. Well, I'm trying to be good. I'm trying to feel good!

**Carolyn:** I got your email and I know there is a lot that you wanted to talk about today. But, before we get started, I just want to take a minute to clear our thoughts so that we can be present ere today. I will make sure that my phone is off, so that we won't be disturbed. I let everyone know that I'm here with you in supervision, so we shouldn't have any interruptions. How does that sound?

Mattie: Great! I'll also put my phone away.

Carolyn: Let's take a few deep breaths together to clear our minds. Let the stress of the day go away so that we can have a productive conversation.

Mattie: Sure. I need that.

Carolyn: Breathe in ... let it out ... breathe in again ....

Mattie: (Doing the breathing exercise)
Carolyn: Are you feeling ready to start?

Mattie: Yes, sure.

Carolyn: When you are ready, you can tell me what's going on.

**Mattie:** I am not able to keep up with the daily tasks and to do's for each of my cases. Especially with my case documentation! Contacting collaterals and doing interviews require me to document progress notes each time. Because of my heavy workload, I'm now behind on my paperwork! I also struggle with finding time to invest in my professional development.

**Carolyn:** Thank you for being so honest with where you are in your documentation. You are thinking ahead and being proactive. I also do appreciate your commitment to continue to grow as a worker. These are two very important areas of your work. Which would you like to focus on today?

Mattie: I feel that the most pressing issue for me today is to catch up with my documentation.

**Carolyn:** Sounds like for today's conversation you would like to focus on how to get up-to-date with your progress notes?

**Mattie:** Yes. I am one month behind on progress notes in our computer system. I think finding the time is an issue ... maybe having a plan ... maybe figuring out what is priority? Then working on those first. However, because I believe everything is important, I can't figure out what should be done first!

**Carolyn:** What I hear you say is figuring out how to best prioritize may help you in getting caught up on your documentation, and is something you want to work on today?

Mattie: Yes, it is a struggle keeping up with the case notes, making the home visits ... and recently going to the field is a challenge because I don't feel comfortable going out when I need to catch up on the documentation. It's like I'm being tugged back to my desk. I have so many things to do, and it is a struggle to balance my responsibilities ... and this includes my professional development ... they are all important. Especially with my caseload being higher than usual, I'm challenged. I have to find a way to strike a balance!

## Exhibit 13.3 Example of a Full Coaching Session

Carolyn: I agree. All the work you do is very important and finding that balance especially during difficult times can be overwhelming. How have you managed high caseloads in the past?

Mattie: (pause) Hmm ... Let me think back. Last time my caseload spiked, I was able to work on time management by having a daily work schedule.

Carolyn: It sounds like having a schedule to better manage your time throughout the day worked for you in the past. Please tell me more about what that schedule looks like.

Mattie: From what I recall, the daily schedule did help me to manage my cases and documentation better, however I can't remember the details of what it looked like. To be honest, the thought of finding time to create a schedule now seems unrealistic since I am already behind on my paperwork.

Carolyn: I sense that you feeling overwhelmed, and that there is not enough time in the day to get everything done. What is contributing most to you feeling this way?

Mattie: The paperwork!!! What seems to be most pressing is getting caught up with the progress notes. I think the cases are going to keep coming in ... and each requires its own documentation. If I'm able to work on updating my notes and keeping up with my daily documentation, then perhaps managing that one thing, can lend to managing all the others.

Carolyn: What I hear you saying is, figuring out a way for you to catch up with your documentation and remain caught up is the first step ... am I hearing you correctly?

Mattie: Yes! I need to catch up with my notes ASAP so that I can move my cases along.

Carolyn: Let's brainstorm .... What ideas do you have that will help you catch up on your notes?

Mattie: I think I can start by reviewing my cases and making a note of which need to be worked on first. To come up with sort of a timeline of which cases are most behind versus least behind. This will help me structure myself and organize how I will begin to get the documentation in.

Carolyn: That's a great idea. What other ideas do you have?

Mattie: Let me think ... another option could be ...work on a creating a schedule for the day. Maybe I need to come up with an agenda, a plan of my own, with a daily plan of my daily work. For example, I come in at 9 a.m. and the first thing I do is to check my emails and that takes me 15 minutes. And then the next thing I do, should be to look at my to do's, on the computer system, to see what's priority and that should take me 5 mins. Something like that.

Carolyn: So wonderful, it sounds like you have already come up with two possible solutions. The first is for you to sit down and prioritize your cases, the second is to develop a daily work schedule.

Mattie: Maybe finding a way to ground myself in the work or, or to focus. That's my problem. I am

not focused!

Carolyn: Tell me a little bit more about that?

Mattie: I'm the social person at work ... you know that, I talk a lot. I have all these friends and people in my area who want to chitchat. It's like they, they think that I come to work every day to be their chat buddy. And maybe I'm the one who started that trend. This has been an ongoing struggle for me but it's one of my time wasters, the chitchatting.

Carolyn: Okay ....

Mattie: I like to be friendly, however lately the conversations are less about work and more about current events and reality TV! I find that because of our work environment, how our cubicles are situated, plus the idea of everyone thinking that I have feedback/comments to share about everything. Too many distractions for me!

**Carolyn:** That's some great insight into who you are as a person, and a worker. You also came up with two possible ways to help you with documentation, and now that we are brainstorming a third, you had this great realization that you need some help in staying focused. What ideas do you have in mind to help you with being focused?

## Exhibit 13.3 Example of a Full Coaching Session

Mattie: Oh my God!! Can I just move my cubicle off of the floor? I know we don't have a lot of space, but somewhere secluded. That would be great. Because I think, in isolation I work better. Being a part of the mix of conversations that's happening on the floor is not helpful to me being focused. I have this new colleague who is sitting next to me and she has all these questions because I'm the seasoned worker. Every two minutes, she interrupts me and I feel bad and don't want to say anything to shut her down or hurt her feelings. However, I think I'm encouraging a habit. I think I need to put a sign up on my desk stating that I am working on something or that, "I'm busy, progress notes in session," or something like that.

**Carolyn:** That sounds great. Definitely putting up a sign could work. What other ideas do you have for getting focused?

Mattie: I can put my headphones on.

Carolyn: Another great idea. There are lot of people around in the office to distract you.

Mattie: I'm sure it will help to tune things out.

Carolyn: Any other ideas?

Mattie: Just to be able to message to people that I'm currently unavailable and have work to do!

Carolyn: It sounds a little bit like you're talking about setting boundaries.

Mattie: Yes!

Carolyn: So that you can get your work done.

Mattie: Exactly! I need to clip my social-butterfly wings.

Carolyn: I think those are great ideas to begin to help you to get caught up on your documentation. Your first idea was for you to go through all of your cases, sort and prioritize them. The second was for you to develop a daily schedule with time frames and the third was this sort of realization that you need to become more focused. You also said that by getting more focused, which looks like maybe putting a sign up, maybe putting your headphones on, and setting some boundaries with your peers and colleagues. Of those three ideas, which do you feel will be most helpful in your goal of trying to get all caught up on your documentation?

**Mattie:** I feel that what would be most helpful is if I sit down, look at my cases and prioritize them. **Carolyn:** It sounds like the thing that's going to help you most immediately then is really to prioritize your cases? To look at what needs to be addressed and completed first and work your way back from that. Am I right?

Mattie: Yes.

Carolyn: So, tell me a little bit more about this idea and what would be most helpful to you to start?

Mattie: To start, I need to put aside some time so that I can sit down and look at my cases and come up with something concrete.

Carolyn: So having a concrete plan of action is something that may help you at this time?

Mattie: Yes. Creating a chart with the cases listed and identify which cases are ready or almost ready to be transferred, closed etc. Ranking what is most important to least important. To create sort of a roadmap or vision board to help guide me.

Carolyn: What does that look like for you?

**Mattie:** It looks like a chart that I can put on my wall and next to my computer. That at-a-glance it can guide and help me keep track of my progress. I can picture it to be a landscape sheet of paper with all the details.

Carolyn: I imagine that maybe that's the first step .... Developing a chart?

Mattie: Yes! Yes! That is it!

Carolyn: How can I support you in that?

Mattie: I can work on getting the chart made, and perhaps you can help me to fill in the details?

## Exhibit 13.3 Example of a Full Coaching Session

Carolyn: That sounds doable ... it does sound like a doable plan. When do you believe you can have the chart made so that we can start to fill it out?

Mattie: Wow! Now I have to make time to do this. Maybe sometime next week? I'll work on notes on

Monday, so maybe next Tuesday?

Carolyn: So you would have the chart ready by Tuesday?

Mattie: Yes.

Carolyn: And when would you like for us to sit down again to fill it out?

Mattie: On Wednesday, maybe?

Carolyn: Looking at my calendar, does Wednesday at 11 a.m. work for you?

**Mattie:** Yes, that works. Now that we have talked about this, I am thinking that I should start to work on documenting as soon possible. That documentation is the priority it seems. The sooner my notes are in, the faster I can do all the other things.

Carolyn: Sounds like you are prioritizing already as we are having this conversation! You seem very committed to actualizing the plan you came up with, to ensure that you get caught up with your documentation.

Mattie: Yes, this is helping me to organize my thoughts and how to get this done.

Carolyn: And you are coming up with a bit of an action plan.

Mattie: Yes, I think so. Work in progress.

Carolyn: Let me recap. You are going to create the chart and decide what items take priority and we will meet back here together on Wednesday to review your progress ... and continue to prioritize the cases. What if something gets in the way of you carrying out this plan?

**Mattie:** I am going to go back to my desk and write some bullet points to remind myself of what we came up with as a plan. And so if something gets in the way, a barrier or a crisis comes up, I'll still have this plan to go back to. That this will remain the plan on how to move forward regardless of if anything comes up.

Carolyn: What support or resources do you need you to help achieve this goal?

Mattie: As a check-in, an email reminder maybe?

Carolyn: When would you like me to check in with you?

Mattie: At the end of the week.

Carolyn: Okay, I will check in with you at the end of the week to see how you are progressing with creating the chart and we will meet next Wednesday to review it.

Mattie: Sounds like a plan! Can you also please send me a meeting invite?

Carolyn: Sure, I can certainly send you a meeting invite as well to help get back on track. Sounds like we have a plan. How are you feeling about the plan?

Mattie: It feels good to have a plan to start to address the issue of being behind on my documentation. And it seems tangible.

Carolyn: When you came in today, you were feeling a little stressed out ....

Mattie: Very stressed out! I'm glad that we had an opportunity to sit down and discuss this.

Carolyn: How are you feeling now?

Mattie: Much better!

Carolyn: Tell me, how helpful was this meeting? On a scale from 1 to 10, 1 being not so helpful, 10 being very helpful?

Mattie: Up there ... hmm, an 8!!! I now have some concrete things to go back and work on.

Carolyn: I'm very glad that you found this conversation helpful. I am looking forward to further support

you through this. And I am also looking forward to Wednesday to review your chart. Thank you!

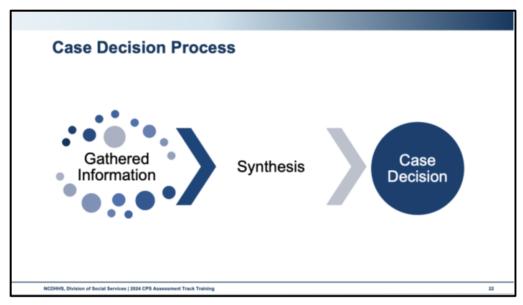
Mattie: Thank you Carolyn.

Discussion Questions	
What did the supervisor say or do to support the child welfare social worker?	
What impact does supervisory coaching have on critical thinking?	
How will you prepare for coaching with your supervisor?	
What do you need from your supervisory sessions to develop your skills?	
What do you recommend the next steps should be in this scenario?	

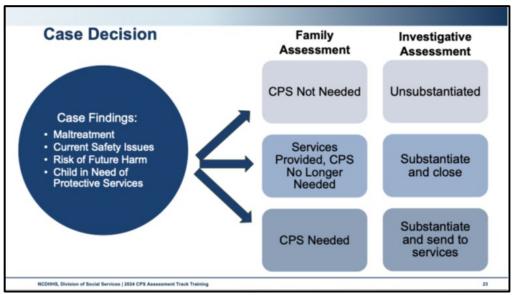
Reflections and Notes		

Source material pgs. 152-155: Child Protective Services: A Guide for Caseworkers 2018 (childwelfare.gov)

# **Case Decision**



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Use this space to record notes:		

## Case Decisions when Domestic Violence is Present

· Have the children intervened in the domestic violence?

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- Is there an established pattern of domestic violence that is chronic or severe?
- Have the children exhibited extreme emotional or behavioral problems, or been diagnosed with mental health conditions such as PTSD, depression, anxiety, or fear because of living with domestic violence?
- Has there been a coexistence of domestic violence and substance abuse that impedes the non-offending parent or adult victim's ability to assess the level of danger in the home? Has the non-offending parent or adult victim been threatened or injured in the presence of the children?
- Has the non-offending parent or adult victim been hospitalized for injuries resulting from domestic violence?

resulting from domestic violence?

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## Case Transfer

# Handout: Guide for Conducting Case Transfers

# **Guide for Conducting Case Transfers**

Social Workers can use the following guide to structure case transfer meetings.

## **Suggested Participants:**

- 1. Transferring Social Worker
- 2. Transferring Supervisor
- 3. Newly Assigned Social Worker
- 4. Newly Assigned Supervisor
- 5. Family Team Members (Parents, child, family support, etc.)
- 6. Placement Provider

# Suggested Agenda:

- 1. Introductions
  - a. All attendees introduce themselves, their role, and their relationship with the family
    - Newly assigned social worker and supervisor should provide the family with their contact information
  - b. Transferring Social Worker reviews the purpose of the meeting and facilitates the development of group agreements. To facilitate, Transferring Social Worker might ask "What do group members need in order to make this a safe and respectful place for our discussion?"
    - i. Group agreements might include
      - 1. Make space for everyone on the team to contribute.
      - 2. One person talks at a time; everyone will have a chance to share their thoughts
      - 3. Respect confidentiality.
      - 4. All ideas are valid.
      - 5. Respect the perspective of everyone in the room, even if your perspective does not align with theirs.
      - 6. Stay strengths-based and result-driven
- 2. Child Welfare Involvement
  - a. Review of why child welfare is involved with the family
  - Review North Carolina Safety Assessment Tool and North Carolina Risk Assessment Tool
  - c. Discuss interventions that have been used to prevent removal and the outcomes of those interventions
- 3. Family Strengths
  - a. Review Family Assessment of Strengths and Needs Tool
  - b. Discuss the parental protective factors identified during the assessment
  - c. Ask family members and other supports present at the meeting to identify additional strengths the family possesses
- 4. Family Supports
  - a. Identify existing supports, including family, informal, and formal supports

- Explore additional supports, including additional options for relative or fictive kin placements if the child is not already placed in a relative or fictive kin setting
- c. Discuss options for how to include additional family and informal support in current or future planning

#### 5. Family Needs

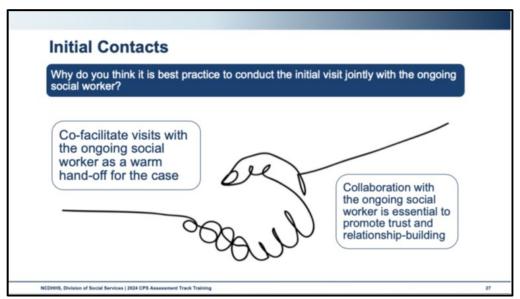
- a. Review Family Assessment of Strengths and Needs Tool
- b. Discuss steps to address needs with family, informal, or formal support options
- c. Ask family members and other supports present if other needs are present and/or if they have any questions or concerns regarding the needs identified in the Family Assessment of Strengths and Needs Tool

#### 6. Next Steps

- Discuss Continuing Needs and Safety Requirements (DSS-5010a) to review ongoing family needs and activities to address identified safety concerns
- b. Review upcoming important dates (i.e. court hearings, and other team meetings)
- c. Newly assigned social worker schedules the next home visit

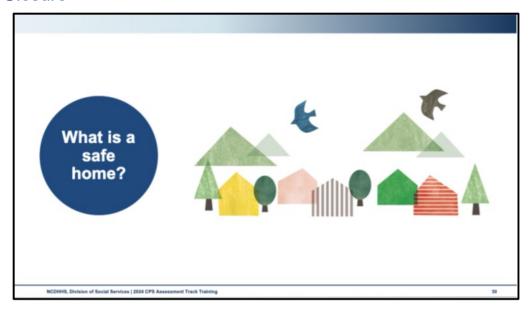
### Other Helpful Tips:

- 1. When transferring from CPS Assessment or In-Home Services to Permanency Planning, contacts with the family must be made within seven days of the case decision (CPS Assessment) or out-of-home placement.
  - a. This initial contact with the CPS Assessment or In-Home Services social worker can be in addition to a formal case transfer meeting, giving the family another opportunity to meet and engage with the Permanency Planning social worker prior to terminating their professional relationship with the CPS Assessment/In-Home Services social worker.
- 2. Be sure to use clear, concise language that all team members can understand. Avoid jargon and acronyms and define the terms that you use that may not be commonly understood outside of a child welfare space.
- It is important that both social workers, the parents, and children all participate in the case transfer meeting to ensure that the relationship established between the transferring social worker and the family is transitioned to the newly assigned social worker.



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# Case Closure



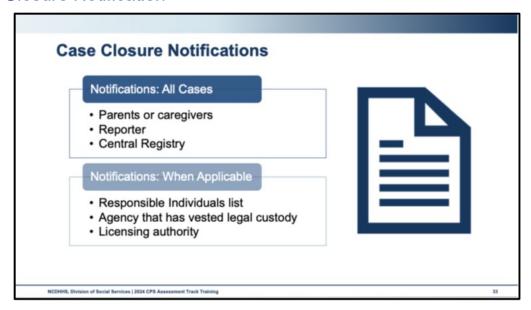
lse this space to record notes:	

# Activity: Addressing Worry and Risk

Work with your partner to create a list of ways in which you address your own worry or non-imminent risk.

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## **Case Closure Notification**



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## **Decision-Making and Case Closure Learning Lab**

Skills Practice: Decision-Making

#### Part One:

- With your group, consider the information you have gathered over the course of this eight-day track training on the Avilla Chavis family.
- Use this information to complete the SDM Tools.
- Each small group will complete a case completion Safety Assessment and a Family Assessment of Strengths and Needs (DSS-5229) for the family.
- You will need at least two people to complete these forms.

#### Part Two:

- Each group will staff their case with a supervisor.
- In your groups, please choose a volunteer to act as the supervisor.
- That person will staff the case with you, focusing on asking open-ended questions that determine if you have met reasonable or active efforts to preserve family integrity and whether you have met all of the case procedures.

What reflections do you have from this exercise?	
What will you remember to do in the field when you are making case decisions	2
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## Case Transfer Learning Lab

Skills Practice: Case Transfer

The trainer will provide worksheets for each case family member for this activity.

Because we will be filing a non-secure custody order and juvenile petition in juvenile court, the Lewis family case will be transferring to Permanency Planning Services.

- Each small group will hold a simulated case transfer meeting with the CPS
   Assessment social worker, the permanency planning social worker, a supervisor, and the parents, George and Monica.
- The process for case transfer differs in each county. For this practice, the focus
  will be on introducing the new social worker, ensuring there is a shared
  awareness of the reasons the case moved to custody, the purpose of
  permanency planning services, and the next steps.
- Decide who will play each role and hand out role sheets to corresponding team members.
- Consider the following agenda for the transfer team meeting:
  - Introductions
  - Ground Rules
  - Purpose of the meeting
  - Overview of permanency planning services
  - Next steps
  - Closing

What reflec	ctions do you	have on cas	e transfer me	etings?	
What stood	d out to you o	urina vour m	eeting?		
		<u> </u>	<u> </u>		

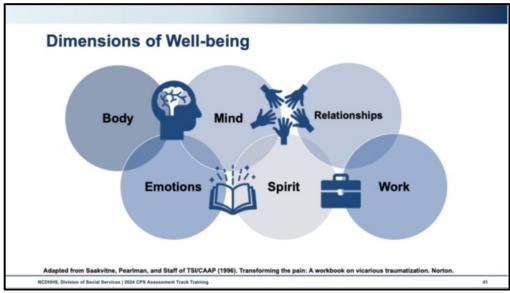
vilat iic	lped to support	continuity of	f care for the f	amily?	
	•			-	
What wi	II you take with	you into case	e transfer in th	ne future?	
	•				

# **Worker Safety**

## Worker Well-Being

# Planning for Self-Care Self-care planning is a tool for claiming our ability to prevent and intervene in impact stress and building support in the areas where we have control.

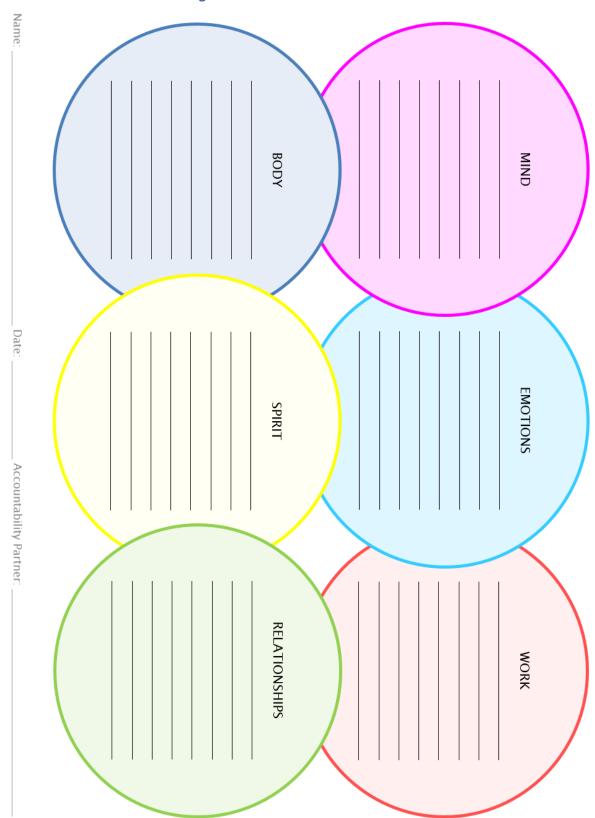
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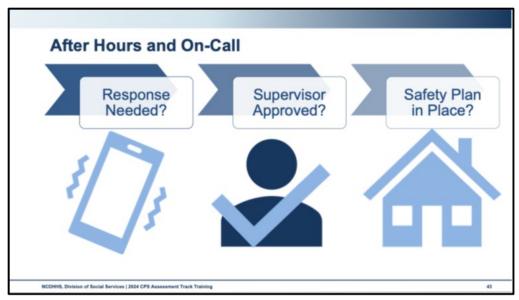
How well is your Self-Care Plan working for you today?	
Where are you successful?	
Where do you need support?	
What are the barriers? Focus on addressing barriers if any exist and identifying supports to assist you.	

How was this experience similar to what parents or caregivers might feel when we talk with them about self-care or well-being?
How does this experience inform your conversations with families about balancing work and life responsibilities?
balancing work and me responsibilities:
What will you commit to doing differently to care for yourself in the future?

Worksheet: Self-Care Strategies

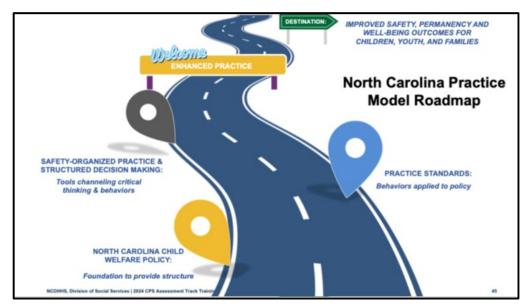


# Considerations for After Hours and On-Call Duty Hours



Use this space to record notes.

# **Self-Reflection Training Wrap-Up**



Use this space to record notes.	

## Worksheet: Post-Self-Assessment

Did you discover any new areas of strength? Maybe you received some positive feedback from a peer that you never recognized in yourself.
. ,
Have you identified any new areas for growth?
Did you learn and build a skill that will help you continue to grow in the areas you identified?
List any professional development action steps you would like to take based on this training.

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# **Appendix: Handouts**

# **Appendix: Handouts**

The Science of Neglect	. Error! Bookmark not defined
Guide for Conducting Case Transfers	. Error! Bookmark not defined
Self-Care Strategies	. Error! Bookmark not defined

## The Science of Neglect

#### INBRIEF | 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 a 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.

Because responsive relationships are both expected and essential, their absence is a serious threat to a child's development and wellbeing. 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.

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.

	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 stressresponse 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.

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.



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

## Guide for Conducting Case Transfers

#### **Guide for Conducting Case Transfers**

Social Workers can use the following guide to structure case transfer meetings.

#### **Suggested Participants:**

- 7. Transferring Social Worker
- 8. Transferring Supervisor
- 9. Newly Assigned Social Worker
- 10. Newly Assigned Supervisor
- 11. Family Team Members (Parents, child, family support, etc.)
- 12. Placement Provider

#### Suggested Agenda:

- 7. Introductions
  - a. All attendees introduce themselves, their role, and their relationship with the family
    - Newly assigned social worker and supervisor should provide the family with their contact information
  - b. Transferring Social Worker reviews the purpose of the meeting and facilitates the development of group agreements. To facilitate, Transferring Social Worker might ask "What do group members need in order to make this a safe and respectful place for our discussion?"
    - i. Group agreements might include
      - 1. Make space for everyone on the team to contribute.
      - 2. One person talks at a time; everyone will have a chance to share their thoughts
      - 3. Respect confidentiality.
      - 4. All ideas are valid.
      - 5. Respect the perspective of everyone in the room, even if your perspective does not align with theirs.
      - 6. Stay strengths-based and result-driven
- 8. Child Welfare Involvement
  - a. Review of why child welfare is involved with the family
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- 9. Family Strengths
  - a. Review Family Assessment of Strengths and Needs Tool
  - b. Discuss the parental protective factors identified during the assessment
  - c. Ask family members and other supports present at the meeting to identify additional strengths the family possesses
- 10. Family Supports
  - a. Identify existing supports, including family, informal, and formal supports
  - b. Explore additional supports, including additional options for relative or fictive kin placements if the child is not already placed in a relative or fictive kin setting
  - Discuss options for how to include additional family and informal support in current or future planning

**Appendix: Handouts** 

#### 11. Family Needs

- a. Review Family Assessment of Strengths and Needs Tool
- b. Discuss steps to address needs with family, informal, or formal support options
- Ask family members and other supports present if other needs are present and/or if they
  have any questions or concerns regarding the needs identified in the Family
  Assessment of Strengths and Needs Tool

#### 12. Next Steps

- a. Discuss Continuing Needs and Safety Requirements (DSS-5010a) to review ongoing family needs and activities to address identified safety concerns
- b. Review upcoming important dates (i.e. court hearings, and other team meetings)
- c. Newly assigned social worker schedules the next home visit

#### Other Helpful Tips:

- 4. When transferring from CPS Assessment or In-Home Services to Permanency Planning, contacts with the family must be made within seven days of the case decision (CPS Assessment) or out-of-home placement.
  - a. This initial contact with the CPS Assessment or In-Home Services social worker can be in addition to a formal case transfer meeting, giving the family another opportunity to meet and engage with the Permanency Planning social worker prior to terminating their professional relationship with the CPS Assessment/In-Home Services social worker.
- 5. Be sure to use clear, concise language that all team members can understand. Avoid jargon and acronyms and define the terms that you use that may not be commonly understood outside of a child welfare space.
- 6. It is important that both social workers, the parents, and children all participate in the case transfer meeting to ensure that the relationship established between the transferring social worker and the family is transitioned to the newly assigned social worker.

**Appendix: Handouts** 

# **Self-Care Strategies**

