NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Social Services

ROY COOPER • Governor
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Child Protective Services

IN-HOME SERVICES

Training Participant Workbook

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BUILDING RAPPORT AND UNDERSTANDING POLICY

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In-Home Services Training Overview

Day One: Building Rapport and Understanding Policy

Day Two: Assessment of the Family

Day Three: Service Agreement Planning and Child and Family Team Meetings

Day Four: Service Provision/Evaluation of Service Delivery and Case Closure

Intro-Map

Child Welfare Workers

Education

Hobbies

Work Experience and Number of Years in Child Welfare

Talents

Skills

Publications

Special thanks to: Alicia Lucky, M.S.
Amber Braughton, MSW
Mitza Autry, Wendy Hyde-Smith

“Tell me and I Forget, Teach Me and I May Remember, Involve Me and I learn.”
-Benjamin Franklin

Learning Needs

Directions: Please identify your learning needs on this sheet. Learning needs are the specific information or skills you would like to gain from this training. Share and compare them with your group and determine the three greatest needs of the entire group.

1. _____

2. _____

3. _____

4. _____

5. _____

Case Management vs. Case Planning

Case Management

Social work case management is a "process to plan, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a client. The process enables social workers in an organization…to coordinate their efforts to serve a given client through professional team work, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers."

(NASW Standards for Social Work Case Management, 2013)

Case Planning

Case planning or service planning is more focused in scope and is often viewed as the core function of case management as it provides a route for reaching the outcomes. Case planning must be based on a comprehensive assessment as "it involves recognizing patterns or parental behavior over time in the broad context of needs and strengths, rather than focusing on the incident that brought the family to the attention of the child welfare agency." Case planning must be done with the family and provide individualized services that promote the family's strength's, advance well-being and assist the family in achieving their objectives.

Source: Rothman, J., & Sager, J. (1998). Case management: Integrating individual and practice (2nd edition) Needham Heights: Allyn and Bacon. Schene, P., Children's Bureau. (2005). *Comprehensive Family Assessment Guidelines for Child Welfare Workers,* 5.

Characteristics of Competent Child Welfare Worker

Knowledge

- **Human behavior**
- **Child/adult development**
- **Family systems**
- **Communication theory**
- **Dynamics of child maltreatment**
- **Cultural differences**
- **Substance abuse dynamics**
- **Domestic violence dynamics**
- **CPS law, policy, and standards**
- **Use of authority**
- **Assessing for safety, risk, well-being, strengths and needs**
- **Community Resources**

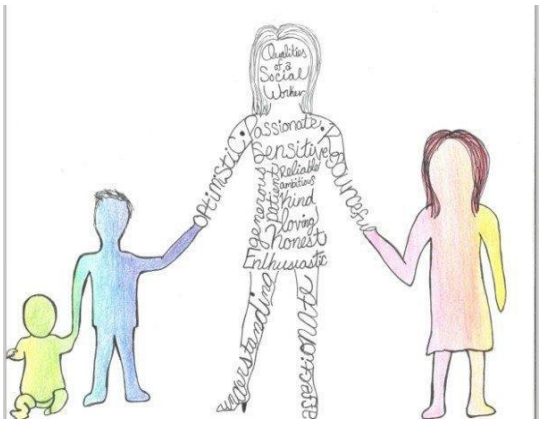
Skills

- **Active listening**
- **Developing helping relationship**
- **Apply appropriate interview techniques**
- **Gather, organize, and analyze information**
- **Plan and manage time**
- **Collaborate with others**
- **Make accurate and timely decisions**
- **Manage conflict**
- **Deal with hostility and resistance**
- **Advocate for clients**
- **Develop effective services agreements**
- **Effectively communicate verbally, non-verbally, and in writing**

Characteristics of Competent Child Welfare Worker --continued

Personal Qualities

- **Accepting**
- **Honest and ethical**
- **Sincere**
- **Concerned and caring**
- **Committed**
- **Confident**
- **Emotional stability**
- **Abstract and concrete thinker**
- **Flexible**
- **Objective**
- **Perceptive**
- **Patient**
- **Self-aware**



Roles

- **Problem Solver**
- **Advocate**
- **Support Person**
- **Mentor**
- **Coach**
- **Role Model**
- **Evaluator**
- **Consultant**
- **Collaborator**
- **Teacher**
- **Counselor**
- **Assessor**
- **Planner**
- **Service coordinator**
- **Monitor**
- **Record Keeper**

Applying Policy to Practice

1. You are working a case rated "high," and you are having difficulty making weekly contact with the family members on the same day. You decide to spread out your contacts with each family member over the course of the week. Is this okay according to policy?

   Answer:

   _____

   _____

   Policy Reference & Page Number:

   _____

   _____

   _____

2. You are working with a family on supervision issues in CPS In-Home Services when a new report comes in and the finding is "additional services recommended" for discipline issues. Is "additional services recommended" the correct case decision? What happens to the family service agreement? If there were no new needs identified related to the discipline allegations, what would the case decision be?

   Answer:

   _____

   _____

   Policy Reference & Page Number:

   _____

   _____

   _____

3. A parent refuses to sign an In-Home Service Agreement at the recommendation of a family attorney; however, he verbally agreed to use alternative discipline. He also agreed to look for discipline information online and talk to you about it at your next home visit. Can the agency still work with him without a signed agreement? How would the agency respond if he verbally refused all safety provisions?

   Answer:

   _____

   _____

Policy Reference & Page Number:

4. You have been working with a family for almost 3 months, and although they have completed the minor items on the family service agreement, you have seen no real behavioral change to mitigate the risk and safety to the children. What things need to happen to move the case along? What types of discussions should you have with the parents? Can the case be closed if the children are placed with an appropriate temporary safety provider?

   Answer:

   Policy Reference & Page Number

5. You are a new SW and have developed a paperwork system whereas you set aside two days a month to do documentation for all of your home visits and telephone contacts for the last two weeks. Is this okay according to policy?

   Answer:

   Policy Reference & Page Number:

6. Mom is working two jobs right now and is unable to meet with you as required for a moderate-risk case. The case has been open for two months and the mother seems to be making changes and you see that the risk is beginning to decrease. You decide to make face to face with her once a month to accommodate her schedule. Does policy support your decision? What steps need to be taken?

   Answer:

Policy Reference & Page Number:

7. The family has met the objectives of the In-Home Family Services Agreement, and the family risk reassessment is low. The family has not arranged for preventative dental treatment for the oldest child, and the baby still does not have her immunizations. You decide to keep the case open to make sure that the children are taken to their appointments. Are you following policy?

   Answer:

   Policy Reference & Page Number:

8. You have been working with a family for 4 ½ months and they have made significant behavioral changes that have lowered the risk and eliminated the safety issues to the child. What steps need to take place before the case is closed? What forms need to be completed?

   Answer:

   Policy Reference & Page Number:

9. You are working a domestic violence case and the father, who is the perpetrator of violence, has been out of the home since initiation of the CPS Family Assessment. The father refused to talk to the FA SW at initiation, and there has been no contact with him since. The mother and child both report that they have had no contact with the father, although he lives in the same city. The case has been open for 1 month and the mother is attending all of the services agreed upon in the family service agreement. Does policy provide guidance on how to engage this father? What does it say?

   Answer:

Policy Reference & Page Number:

10. Why are CFTs important? When should discussions about CFTs begin with families? How often should you talk with families about the CFT?

Answer:

Policy Reference & Page Number:

11. The case has been open for 3 months in CPS In-Home Services and little change has occurred. The child welfare worker decides to just extend the family services agreement for one more month without updating the family service agreement or getting parent's signatures, because nothing really has changed. Is this according to policy? What should be discussed with the family?

Answer:

Policy Reference & Page Number:

12. A family has been found in "in need of services" for one child and "services not recommended" for another and the risk level for the case is "high." How many times a month does contact need to be made for each child?

Answer:

Policy Reference & Page Number:

13. You have been working with a family for 4 months and the mother had a new baby. What steps does the child welfare worker need to take?

Answer:

Policy Reference:

14. What is the definition of "safe home" according to policy?

Answer:

Policy Reference & Page Number:

15. You have received a transfer case from another CPS In-Home Services worker. In preparation for the initial home visit, you review the case record and notice that the family has been identified as Hispanic however there is no documentation that an inquiry of Mexican Heritage was conducted. During the home visit, you ask the mother and she indicates that the family is of Mexican Heritage and ask if the Mexican Consulate can be contacted. You document the information but take no further action since the children are not in the custody of agency. Is this the appropriate action according to policy?

Answer:

Policy Reference & Page Number:

Reframing Basic Values/Beliefs

Adapted from, Behar, 1994. Case Management for Children's Mental Health

The Old Model

- Categorical, unconnected services
- A "child rescue" philosophy
- Little family input into the assessment plan
- Workers design, plan and arrange services
- Services arranged based on what is available
- Formal resources generally used in all cases
- Punishment mode for lack of progress
- Family done to, not with
- Focus on the maltreated child
- A hands-off approach to working with families
- Biological, adoptive, and foster families have little contact with one another
- Focus on family problems/deficits

The New Model

- Family is the primary unit of intervention
- Work with the client, not on the client
- Families are engaged in ways relevant to the situation and sensitive to the values of their culture
- Work as a team with the family and other agencies
- The family has an important role in case planning process
- A continuum of services is arranged based on the needs of the family
- Services seen not as "child saving" but as supporting and strengthening families
- A return to the ecological perspective on the child and family
- Family has the ability to make changes
- Focus on family strengths that can ultimately resolve the issues of concern
- Partnerships are built between the families and foster/adoptive families or other placement providers

The Four Values of In-Home Services

- **<u>Responsive</u>:**
  We will utilize a timely and accurate family-specific approach that identifies risk and increases protective factors through skill acquisition in order to prevent further child maltreatment.

- **<u>Capable</u>:**
  We will recognize the family as the expert and an important stakeholder; capitalizing on family history, strengths, and supports to partner for solutions.

- **<u>Accountable</u>:**
  We will remain current in our knowledge and implementation of proven practice, and participate in coaching supervision, to remain accountable to our stakeholders.

- **<u>Preventive</u>:**
  We will exhaust all efforts through modeling, coaching, collaborating, and evaluating as part of the systemic prevention of future child maltreatment and agency custody.

SIX PRINCIPLES OF PARTNERSHIP

- Everyone desires respect
- Everyone needs to be heard
- Everyone has strengths
- Judgments can wait
- Partners share power
- Partnership is a process

Source: Appalachian Family Innovations. (2003). *Partner in change: A new perspective on child protective services (curriculum).* Morganton, NC: Author.

CPS In-Home Services Values and Attitudes

Directions: Complete each sentence stem with two or more statements your group agrees are valid and acceptable.

1. To be effective working with families from a family centered social work perspective, the child welfare worker should believe that:

2. To engage in decision making with professionals from other agencies, the child welfare worker should believe that:

3. To meaningfully involve the family as members of the decision-making team, the child welfare worker should believe that:

Source: Adapted from Behar, L., Nathan, I., & Weil, M. (1994). Case Management for Children's Mental Health. North Carolina Division of Mental Health. Raleigh, NC: Author.

Characteristics of a Helping Relationship

- **Concreteness** or the worker's ability to communicate thoughts and ideas clearly and specifically.
- **Competence** of the worker in carrying out his/her professional role and implementing knowledge of human behavior and dynamics of abuse and neglect.
- **Objectivity** or the worker's ability to see different points of view.
- **Empathy** is your capacity to perceive a client's feelings and subjective experiences, and to grasp the meaning these feelings and experiences have for the client. It's the ability to step into the client's shoes, to see and feel things as the client does.
- **Positive regard** is the belief that all clients are persons of value. Positive regard is expressed by treating people with dignity regardless of their appearance, behavior, or life circumstances. This does not mean that you must accept or approve of destructive behaviors, but rather that the client is seen as a person of inherent worth.
- **Personal warmth** exists when you respond to people in ways that make them feel safe, accepted, and understood. Without personal warmth, your words will sound hollow and insincere. Worse, they will have no therapeutic impact. Personal warmth is displayed primarily through nonverbal communications.
- **Genuineness** means being authentic, being real, and "speaking from the heart."

Source: Sheafor, B., Horejsi, C., & Horejsi, G. *Techniques and guidelines for social work practice* (4th ed). Copyright 1997 by Allyn & Reprinted/adapted by permission.

Engaging the Family and Building Rapport

- Demonstrate empathy, warmth, respect, genuineness in all your interactions with families
- Maintain frequent contact with the family
- Be consistent, persistent, and follow through
- Meet a concrete need of the family
- Highlight strengths, no matter how small
- Reach out to the family
- Be flexible
- Use interpersonal skills effectively (e.g., nonverbal skills and verbal skills, strategic use of questions, summarizations, etc.)
- Give the family a sense of control (e.g., scheduling appointments, ask parents how they would like to be addressed)
- Acknowledge difficult feelings and encourage open and honest discussion of feelings
- Ask for the family's t perspective of a problem
- Give the family information (i.e., explain the role of the child welfare worker, describe the agency, explain what will happen next, etc.)

"Building relationships is about more than understanding others; it's making people feel understood."
~ Tanveer Naseer

Recognizing and Building on Family Strengths

1. Look for the good.

2. Listen and connect with their pain.

3. Look at crisis as an opportunity to grow.

4. Going to the place of their strength.

5. Attention to others.

6. Moving at the pace of others.

7. Courage to be vulnerable.

8. Facing our own humanness.

9. Giving credit.

10. Not giving up on people.

Developed by: Larry Graber, 1991

CPS IN-HOME SERVICES
DAY TWO

I. Opening	9:00 – 9:10
II. In-Home Activity	9:10- 9:40
III. Understanding Jurisdiction	9:40 – 9:50
IV. Comprehensive Family Assessment	9:50 – 10:10
BREAK	10:10 – 10:25
V. Cultural Competency	10:25 – 10:55
VI. Introducing the Blanco Family	10:55 – 11: 15
VII. Skills to Know Before You Go	11:15 – 11:45
a. Empathic Listening	
b. Interviewing Methods	
LUNCH	
c. Solution-Focused Approach	1:00 – 1:30
VIII. Initial Contact with the Family	2:00 – 2:30
BREAK	2:30 – 2:45
IX. Initial Contact Skills Practice	2:45 – 3:45
X. Transfer of Learning/Closing	3:45 – 4:00

Comprehensive Family Assessment

What is a comprehensive family assessment?

A comprehensive family assessment is an ongoing process and not a completion of a structured decision-making tool. A comprehensive family assessment is strength-based, culturally sensitive and developed in partnership with the family which "incorporates the information collected through other assessments and addresses the broader needs of the child and family that are affecting a child's safety, permanency, and well-being-the "big picture"-not just a set of symptoms" (Schene, 2005, p. 4).

What is the purpose?

The purpose of a comprehensive family assessment is to:

- Recognizes patterns of parental behavior over time;
- Examines the family strengths and protective factors to identify resources that can assist the family's ability to meet its needs and better protect the children;
- Addresses the overall needs of the child and family that affect the safety, permanence, and well-being of the child;
- Considers contributing factors such as domestic violence, substance abuse, mental health, chronic health problems, and poverty; and
- Incorporates information gathered through other assessments and focuses on the development of a family service agreement with the family. The family service agreement addresses the major factors that affect safety, permanency, and child well-being over time.

Taken from:

DePanfiis, D. (2018). *User Manual Series. Child protective services: A guide for caseworkers.* Rockville, MD, US: US Department of Health & Human Services.

Schene, P. (2005). *Comprehensive family assessment guidelines for child welfare.* Retrieved from https://www.acf.hhs.gov/sites/default/files/cb/family_assessment.pdf

Comprehensive Family Assessment Process

- Review the initial assessment case decisions, structured decision-making tools, case notes, and conclusions.
- Develop a family centered approach for the assessment interviews (who should be included, when, where, any special considerations, will a team approach be effective?).
- Consider the questions that need to be answered and how you might get the information using a family centered/strength-based approach.
- Make contact with other agencies to review outside evaluations that might have occurred.
- Analyze information and make necessary decisions.

Comprehensive Family Assessment Decisions

- What are the causes, nature, and extent of identified risk factors?
- What are the effects of the safety issues and/or risk factors?
- What are the individual and family strengths?
- How do the family members perceive conditions and problems?
- What must change in order for the effects of the maltreatment to be reduced or eliminated?

Source:

DePanfiis, D. (2018). *User Manual Series. Child protective services: A guide for caseworkers.* Rockville, MD, US: US Department of Health & Human Services.

What Do You Think?

Directions: Read the below scenario and discuss the questions below in your small group.

In the 1956 edition of American Anthropologist an article was written by Miner titled "Body Ritual among the Nacirema", a tribe that Miner had observed. The article describes the "magical beliefs and practices" of this tribe in great detail and expresses concern about several slightly masochistic tendencies of this group of people. Some of the Nacirema customs include: scraping and lacerating the face or legs with a sharp instrument; piercing the skin with sharp instruments and then taking great care to keep the holes from closing again; ceremonial painting of the body; and insertion and ritualistic movement of a bundle of hog hairs in the mouth several times a day. The people of this tribe seek out the assistance of medicine men many times during the course of a year to treat physical ailments, release them from the power of devils that have lodged in their heads, and gouge holes in their teeth. (This last is done in the hopes of avoiding oral decay and offending one's friends). The Nacirema gather in large numbers to watch clans within the tribe enact small battles, often with many physical injuries, and to observe individual tribal members fight to unconsciousness.

- Where do you think the Nacirema live?
- List at least 10 adjectives to describe this tribe's customs.
- As an In-Home Services child welfare worker, how would you deal with Nacirema families who insist on maintaining these rituals and tribal customs?

Source: "Body Ritual among the Nacirema," *American Anthropologist* 58 (1956): 503-507. <http://www.aaanet.org/pubs/bodyrit.pdf>.

The Culturally Competent Communicator

- Respects individual from other cultures.
- Makes continuous, sincere attempts to understand other points of view.
- Open to new learning.
- Asks questions.
- Has a sense of humor.
- Isn't afraid to make mistakes and apologies when he/she does.
- Tolerates ambiguity well.
- Approaches others with desire to learn.

Source: Behar, 1994. Adapted from Lynch and Hanson, 1992

The Culturally Competent System of Care

Attitudes, policies, and practice are three major arenas where development can and must occur if an agency is to move toward cultural competence.

- ☐ Attitudes are less ethnocentric and biased
- ☐ Policies change to become more flexible and culturally impartial
- ☐ Practices become more congruent with the culture of the client from initial contact through termination.

Source: Behar, L., Nathan, I., & Weil, M. (1994). Case Management for Children's Mental Health. North Carolina Division of Mental Health. Raleigh, NC: Author.

Case Scenario: The Blanco Family

Family Assessment:

Family Name: Blanco
Mother: Vera Blanco, 33
Father: Carlos Blanco, 34
Children: Roberto, age 13; Rori, daughter, age 8; Danny, age 3

Referral Information:

DSS received a neglect report from the school Rori attends regarding bruises observed on Rori's arms, legs, and right side of her face that Rori was unable to explain. In addition, Rori's teachers observed other changes in her behavior and looks. Rori had trouble paying attention in class and would drift off to sleep. Other times she was disruptive trying to whisper to other children in the room even after being told to stop. She missed recess several times as punishment and had spent the time sleeping. According to the teachers, dark circles have formed under Rori's eyes and she seems to have lost quite a bit of weight recently. They are concerned about her well-being at home and have referred Rori to the school guidance counselor.
The case was accepted for a family assessment.

Assessment Information:

The assessment indicated that Ms. Blanco feels Rori is becoming a "behavior problem" at home and admitted both she and her husband have used a belt to get Rori to behave. They sent her to bed without dinner some evenings because of her disruptive behavior at the table. Mom and Dad admit that they have to punish Rori more often and more severely than in the past and that Rori continues to misbehave. Also, bruises were found on Rori's thighs, above her hip line, just below her waist, on her back, and on her arms and legs. There were several bruises in various shades of color, but the bruises on her back were light in color.

During the CPS Assessment, the SW met with the Blancos twice to discuss other ways to discipline. Mr. and Ms. Blanco stated that there was nothing wrong with how they parented, and that they did not understand why disciplining Rori was a problem. They did cooperate and agreed to stop so that Rori will not be removed from the home. The family has not previously been involved with the Department. A safety plan has been put into place whereas the parents agree to use only non-corporal discipline, and to provide Rori with meals, even when she doesn't behave. Both Roberto and Danny appeared to be in good health with no bruises or marks.

Sources of Information:

School (Rori's teacher and guidance counselor)
Physician and Bilingual nurse practitioner at community health
center Mother
Dad
Rori
Roberto

Family History:

The family lives in a small two-bedroom apartment in an inner-city neighborhood. All children attend public schools. Vera Blanco works 20 hours weekly cleaning houses and the father, Carlos, is employed as a custodian in two different jobs working up to 65 hours a week. The family living quarters are quite cramped and because of limited bedroom space, all children share one bedroom.

The family immigrated to the United States from the Dominican Republic four years ago. Carlos, with limited English, has had difficulty finding consistent work until recently. The family has lived in poverty with little contact with extended family or neighbors. Vera Blanco is friendly with the other women she works with. Carlos has a sister in the area, but he has little contact with her. The family has moved several times. The last move, seven months ago, was precipitated by an armed burglary of their home while Mr. Blanco was away, and Rori witnessed one of the perpetrators assault her mother, forcing her to have oral sex. Vera says her husband was present when she told the police about the assault, but they have not spoken of it since. Mr. Blanco returns to the Dominican Republic annually for a couple of months, visiting with relatives and helping his brother who has a business there. The parents do not report abuse or neglect in their own childhood. Vera describes her family as "just trying to keep to themselves."

Parent-Child Relationship:

Rori's mother describes Rori as demanding, unwilling to follow rules and always wanting her attention. She says Rori writes on the walls, refuses to clean the bedroom, is always starting trouble with the other children, and does not finish her dinner as examples of poor behavior. She is most concerned that Rori is lying. She recalls an incident where Rori went to the store arriving late from school but told her Mom the school bus broke down. Mom reports beating her several times for lying and making her kneel on the bathroom floor as punishment. She thinks Rori "must have some kind of brain damage" because she does not do what she is told.

Mother also reports that Rori does not sleep at night and that she has nightmares several times a week. She says she tires of Rori waking her up because of the nightmares. She says her husband needs his sleep at night and has grown impatient with both Rori and her about the sleeping problems.

Mother reports no difficulties with her older son. He does odd jobs after school in the neighborhood. Interactions with the younger son during the home visit seemed appropriate. Mother reports that the children have a good relationship with their father but says they see him very little recently because of his long work hours. In past summers, he has taken the children to festivals, amusement parks and to the beach. When money is available, they eat out as a family or attend a movie, but she cannot remember the last time that happened because money has been so short.

Community Collateral Reports:

The worker offered the Blancos the opportunity to participate in the interviews with the professional collateral contacts. Ms. Blanco chose not to participate in the interview with the teacher because "she is the one who reported us." She chose to participate in the interviews with the Nurse Practitioner and the school guidance counselor. Mr. Blanco declined to participate due to his work schedule.

Rori's Teacher:

Rori reportedly is liked by her teachers at school. She is described as an inquisitive child who is friendly. She tends to have a "worried look" on her face and dark circles under her eyes. She is seen as very bright but doing poorly in school. Although she's in the second grade, she can barely read. She says she has no friends outside of school. The teacher observes that she has started to bribe classmates into being her friend by giving them candy or small toys. In addition, she seeks constant approval from her teacher by giving her drawings and notes which say "I love you" almost daily.

Nurse Practitioner:

A few months ago, Rori fell and sprang her ankle, and while at the community health center getting treatment, Mrs. Blanco talked to the nurse practitioner about some of the problems she was having with Rori. The nurse does confirm that Ms. Blanco discussed Rori with her. She gave Mrs. Blanco a referral form and a phone number to a community-based agency that does behavior management services with children and has a free parenting support group. She describes Ms. Blanco as a "responsible parent" who has not had an "easy time in her life." The nurse reports that neither she nor the physician ever suspected abuse or neglect.

School Guidance Counselor:

Rori had shared with the guidance counselor about the burglary that occurred at her home, as well as what the burglar did to her mother. During one of the visits with the school counselor, Vera had shared with the counselor how upsetting the burglary had been for the entire family. The counselor reported that Vera became very distraught during the discussion, stating she was worried about what Rori saw, etc. This led to the guidance counselor providing Vera with contact information for a therapist. The school counselor encouraged Vera to follow up soon with a therapist since Vera reported having difficulty sleeping and feeling sad and anxious on a regular basis since the burglary incident.

Personal History of Vera Blanco:

Vera Blanco, age 33, grew up in a rural area of the Dominican Republic as the middle child in a family of six. Most of her family continues to live there. Her mother, with whom she was very close, died two years ago and Vera was unable to return home for the funeral. Vera and her family came to the United States four years ago after her husband's brother encouraged them to move to Boston. He promised to help them get set up and offered them a place to stay. After only six months here, the brother died suddenly. Vera reports that they had barely gotten settled and had little money. She says they have had to live in some "bad places" to make it.

She describes being "very sad" often and thinks they would be better off if they went back home. She says her husband does return for visits, but she can't because of the kids. She has a younger sister who lives 25 miles away, but they have little time to visit each other.

Vera describes being different since the armed attack. She says she has problems sleeping and sometimes just seems to cry for no reason. At other times, she says "I feel nothing".

Vera says she spends most of her time at home except when working. She describes her relationship with Carlos as "okay". She says he is working hard to save money, so they can move to an even safer neighborhood. She says he wants to stay in the United States and thinks they are better off here.

When asked about the mental health, parenting, and behavior-management services she has been referred to over the last 7 months, Mrs. Blanco talks about multiple family barriers. These include the parents not being comfortable talking about family business with people they don't know, the lack of money to pay for mental and physical health services, and the belief that nothing will work anyway. Lastly, she just wants to forget the bad stuff that has happened and does not really want to stir up those old feelings by talking about it.

Personal History of Carlos Blanco:

Carlos Blanco, age 34, grew up in an urban neighborhood in the Dominican Republic. He and Vera met in high school and have been together ever since. Both of his parents died when he was young. In addition to his brother who lives in the Dominican Republic, he has a sister who lives about 45 minutes away. He asked to live with her after their brother's death, but she did not have the room and told him no. He knows that his wife has been sad lately, but he doesn't know what to do to make her happy. He works all the time, and that doesn't seem to make things better. He has been angry ever since his wife was assaulted, and he just keeps his feelings inside and doesn't talk to anyone about them. He wishes that both his daughter and his wife would just "snap out of it" and move on. He doesn't understand why DSS is involved with his family and does not like talking about family problems.

Mr. Blanco says that he and Vera used to get along good, but everything has changed since "the incident." He misses his relationship with his wife.

Current Family Interactions:

Vera describes being responsible for most of the activities that happen inside the family. She does the shopping and food preparation, house cleaning, clothing purchases, etc. She says there is never enough time or money.

She says Rori and her older brother have chores at home and she is very strict if the chores are not done. Because Rori's brother does odd jobs in the neighborhood after school, she does feel Rori needs to do more of the household chores.

Worker observes Vera being very direct with Rori about tasks that need to be completed including sweeping the floor and cleaning the bedroom. Rori is observed as being playful and affectionate with her younger brother. Danny, age 3 appears to be easily engaged by others and easy-going. Rori says he is "everyone's favorite". Rori says she and her older brother don't really get along and that he is always yelling at her about "not touching his stuff ' and the television. Mother says Rori can pester her older brother and understands why he yells at Rori.

The entire family is usually together on Saturday afternoons and they sometimes go on shopping trips together. In warmer months, Carlos is in a baseball league and the family goes to watch him play.

Child and Family Well-being Needs:

Rori, nor her brothers, have received a physical examination in more than two years. The baby, who is now three years old, has not completed all his immunizations because of a lack of money. The baby was treated for pneumonia when he was one year old, but recovered well, and has not been sick since other than sniffles. Mrs. Blanco says that she treats the children with over the counter medications when they are sick. None of the children have ever been to a dentist. They do participate in any medical screenings given by the school. They have received eye exams in school only. There are no special educational needs according to the family or the school. The family has received no mental health treatment, despite referrals for Mrs. Blanco.

Adapted from Zimmerman, Libby, Amodeo, Maryann, Clay, Cassandra, Ellis, Michael. Boston University School of Social Work. Putting Family Functioning at the Center of Assessment. March 2001.

NORTH CAROLINA
SAFETY ASSESSMENT

Case Name: Blanco **Case #:** 0823 **Date:**

County Name: Familyvania **Date Report Received:** 0520/19

Social Worker Name: Susie Socialworker

Children: Rori, Roberto and Danny Blanco

Caretakers: Vera Blanco and Carlos Blanco

Part A. FACTORS INFLUENCING CHILD VULNERABILITY
These are conditions resulting in child's inability to protect self. Mark all that apply to any child.

- ❒ Child is age 0-5
- ☐ Child has diagnosed or suspected medical or mental Condition, including medically fragile.
- ❒ Child has limited or no readily accessible support network.
- ☐ Child has diminished mental capacity.
- ☐ Child has diminished physical capacity.
- ☐ None apply

The vulnerability of each child needs to be considered throughout the assessment. Younger children and children with diminished mental or physical capacity or repeated victimization should be considered more vulnerable. Complete this assessment based on the most vulnerable child.

Part B. CURRENT INDICATORS OF SAFETY
The following list is comprised of safety indicators, defined as behaviors or conditions that describe a child being in imminent danger of serious harm. Assess the above household for each of the safety indicators. Mark "yes" for any and all safety indicators present in the family's current situation and mark "no" for any and all of the safety indicators absent from the family's current situation based on the information at the time. Mark all that apply.

1. Yes **No** Caretaker caused and/or allowed serious physical harm to the child or made a plausible threat to cause serious physical harm in the current assessment as indicated by:

- ☐ Serious injury or abuse to the child other than accidental.
- ☐ Caretaker fears he/she will maltreat the child.
- ☐ Threat to cause harm or retaliate against the child.
- ☐ Substantial or unreasonable use of physical force.
- ☐ Drug-exposed infant/child
- ☐ Caretaker committed act that placed child at risk of significant/serious pain that could result in impairment or loss of bodily function.
- ☐ Caretaker intended to hurt child and does not show remorse.
- ☐ Death of a child.

Comments:

2. Yes **No** Child sexual abuse is suspected to have been committed by:

- ☐ Parent;
- ☐ Other caretaker; OR
- ☐ Unknown person AND the parent or other caretaker cannot be ruled out, AND circumstances suggest that the child's safety may be of immediate concern.

Comments:

3. Yes **No** Caretaker is aware of the potential harm AND unwilling, OR unable to protect the child from serious harm or threatened harm by others. This may include physical abuse, emotional abuse, sexual abuse, or neglect. (Domestic violence behaviors should be captured under Indicator 10.)

- ☐ Caretaker fails to protect child from serious harm or threatened harm by other family members, other household members, or other having regular access to the child.
- ☐ An individual(s) with recent, chronic, or severe violent behavior resides in the home or caretaker allows access to the child.

Comments:_____

4. Yes **No** Caretaker's explanation or lack of explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.

- ☐ Medical exam shows injury is the result of abuse; caretaker offers no explanation, denies, or attributes to an accident.
- ☐ Caretaker's explanation for the observed injury is inconsistent with the type of injury.
- ☐ Caretaker's description of the cause of the injury minimizes the extent of harm to the child.
- ☐ Caretaker's and/or collateral contacts' explanation for the injury has significant discrepancies or contradictions.

Comments:_____

5. Yes **No** Caretaker fails to provide supervision to protect child from potentially serious harm.

- ☐ Caretaker present but child wanders outdoors alone, plays with dangerous objects, or on window ledges, etc.
- ☐ Caretaker leaves child alone (period of time varies with age and developmental status).
- ☐ Caretaker makes inadequate/inappropriate child care arrangements or plans very poorly for child's care.
- ☐ Caretaker's whereabouts are unknown.

Comments:_____

6. Yes **No** Caretaker does not meet the child's immediate needs for food or clothing.

- ☐ No food provided or available to the child, or child is starved/deprived of food/drink for long periods.
- ☐ Child appears malnourished.
- ☐ Child is without minimally warm clothing in cold months.

Comments:_____

7. Yes **No** Caretaker does not meet the child's immediate needs for medical or critical mental health care (suicidal/homicidal).

- ☐ Caretaker does not seek treatment for child's immediate medical condition(s) or does not follow prescribed treatments.
- ☐ Child has exceptional needs that parents cannot/will not meet.
- ☐ Child is suicidal and parents will not take protective action.
- ☐ Child is homicidal and parents will not take protective action.
- ☐ Child shows effects of maltreatment (i.e. emotional symptoms, lack of behavior control, or physical symptoms).

Comments:_____

8. Yes **No** Physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.

- ☐ Leaking gas from a stove or heating unit.
- ☐ Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink, or in the open.
- ☐ Lack of water, heat, plumbing, or electricity and provisions are inappropriate (i.e. using stove as heat source).
- ☐ Open/broken/ missing windows.
- ☐ Exposed electrical wires.
- ☐ Excessive garbage or rotted or spoiled food that threatens health.
- ☐ Serious illness/significant injury due to current living conditions (i.e. lead poisoning, rat bites, etc.)
- ☐ Evidence of human or animal waste throughout the living quarters.
- ☐ Guns and other weapons are not stored in a locked or inaccessible area.
- ☐ Dangerous drugs are being manufactured on premises with child present.

Comments:_____

9. Yes **No** Caretaker's current substance abuse seriously impacts his/her ability to supervise, protect, or care for the child.

- ☐ The caretaker is currently high on drugs or alcohol.
- ☐ There is a current, ongoing pattern of substance abuse that leads directly to neglect and/or abuse of the child.

Comments:_____

10. Yes **No** Domestic violence exists in the household and poses an imminent danger of serious physical harm and/or emotional harm to the child.

- ☐ Child was in immediate danger of serious physical harm by being in close proximity to an incident(s) of assaultive behavior/domestic violence between adults in the household. This includes the child(ren) being in visual or hearing proximity of domestic violence events in the home.

Comments:_____

11. Yes **No** Caretaker persistently describes the child in predominantly negative terms or acts toward the child in negative ways, AND these actions make the child a danger to self or others, suicidal, act out aggressively, or severely withdrawn.

- ☐ Caretaker repeatedly describes the child in a demeaning or degrading manger (i.e. as evil, possessed, stupid, ugly, etc.)
- ☐ Caretaker repeatedly curses and/or puts child down.
- ☐ Caretaker repeatedly scapegoats a particular child in the family.
- ☐ Caretaker blames child for a particular incident, or distorts child's behavior as a reason to abuse.
- ☐ Caretaker repeatedly expects unrealistic behavior(s) for the child's age/developmental stage.
- ☐ Caretaker views child as responsible for the caretaker's or family's problems.

Comments:_____

12. Yes **No** Caretaker's physical ability, emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.

- ☐ Caretaker has a physical condition that seriously impairs his/her ability to parent the child.
- ☐ Emotional instability, acting out, or distorted perception is seriously impeding ability to parent.
- ☐ Depression or feelings of hopelessness/helplessness immobilize the caretaker, who then fails to maintain child/home.
- ☐ Caretaker is overwhelmed by child's dysfunctional emotional, physical, or mental characteristics.
- ☐ Caretaker's cognitive delays result in lack of knowledge about basic parenting skills.

Comments:_____

13. Yes **No** Family currently refuses access to or hides the child and/or seeks to hinder an assessment.

- ☐ Family currently refuses access to the child and cannot or will not provide the child's location.
- ☐ Family removed the child from a hospital against medical advice.
- ☐ Family has previously fled in response to a CPS assessment.
- ☐ Family has a history of keeping the child away from peers, school, or other outsiders for extended periods to avoid CPS assessment.
- ☐ Family is otherwise attempting to block or avoid CPS assessment.

Comments:_____

14. Yes **No** Current circumstances, combined with information that the caretaker has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caretaker's response to the previous incident.

- ☐ Prior death of a child.
- ☐ Prior serious harm to any child.
- ☐ Termination of parental rights.
- ☐ Prior removal of any child.
- ☐ Prior CPS substantiation or services needed finding.
- ☐ Prior threat of serious harm to child.
- ☐ Caretaker failed to benefit from previous professional help.

Comments:_____

15. Yes **No** Child is fearful of caretaker, other family members, or people living in or having access to the home.

- ☐ Child cries, cowers, cringes, trembles, or exhibits or verbalizes fear in relation to certain individuals.
- ☐ Child exhibits anxiety, nightmares, or insomnia related to a situation associated with a person in the home.
- ☐ Child fears unreasonable retribution/retaliation from caretaker, others in the home, or others having access to the child.

Comments:_____

16. **Yes** No Other (specify): Mr. and Mrs. Blanco admitted to spanking Rori with a belt leaving marks and bruises on her arms, legs, thighs, and buttocks. Mr. and Mrs. Blanco admitted to withholding food from Rori as a form of punishment.

Initials_____

Initials _____

THE ALLEGATIONS ALONE DO NOT CONSTITUTE THE NEED FOR A SAFETY INTERVENTION/SAFETY AGREEMENT.

If any Indicators of Immediate Safety are marked "Yes", skip the bottom of this page and continue on the next page. If all Indicators of Immediate Safety 1 through 16 are "No", check this box ☐ Safe and complete the part below (the remaining pages do not need to be completed).

Child's Parent or Legal Guardian:	Date Signed:	Child's Parent or Legal Guardian:	Date Signed:
Child's Parent or Legal Guardian:	Date Signed:	CPS Social Worker:	Date Signed:
Other Party:	Date Signed:	CPS Supervisor:	Date Signed:

CPS Social Worker's Name:	Phone Number:	Email Address:
CPS Supervisor's Name:	Phone Number:	Email Address:

PART C: SAFETY INTERVENTIONS

Directions: For each factor identified in Section B, consider the resources available in the family and the community that might help to keep the child(ren) safe. Check each response necessary to protect the child(ren) and explain below.

Family Safety Interventions (Safe with a plan)

- ❒ 1. Monitoring and/or use of direct services by county child welfare agency.
- ❒ 2. Use family, neighbors, or other individuals in the community in the development and implementation of a safety agreement.
- ❒ 3. Use community agencies or services.
- ☐ 4. The alleged perpetrator will leave or has left the home--either voluntarily or in response to legal action.
- ☐ 5. A protective caretaker will move or has moved to a safe environment with the child(ren) and there are no restrictions on protective caretaker's access to the child(ren).
- ☐ 6. Identification of a Temporary Safety Provider by the parent with the social worker monitoring.
  - ☐ A Temporary Safety Provider will move into the family home.
  - ☐ The child(ren) will reside in the home of a Temporary Safety Provider.

Explain why responses 1-5 were insufficient.

Child Welfare Safety Intervention (Unsafe)

☐ 1. Removal of any child in the household; interventions 1-6 do not adequately ensure the child(ren)'s safety.
Explain why a Family Safety Intervention (1-6) could not be used to protect the child.

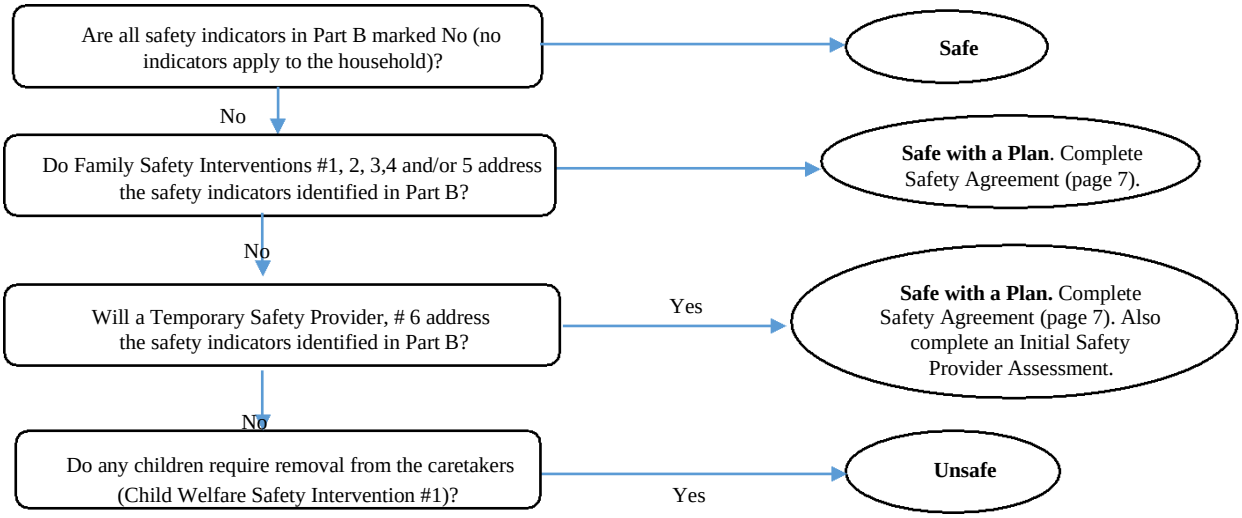
PART D: SAFETY DECISION

Directions: Identify the safety decision by checking the appropriate line below. Check one line only. This decision should be based on the assessment of all safety indicators, child vulnerability, and any other information known about this case.

A. Safe: There are no children likely to be in immediate danger of serious harm. (Indicators of Immediate Safety all marked No, Marked Safe on Page 5).

B. Safe with a plan: X
One or more safety indicators are present; Safety Agreement required.
- ☐ Family Safety Interventions 1, 2, and/or 3 will address safety indicators.
- ☐ The alleged perpetrator left the home.
- ☐ A protective caretaker moved to a safe environment with the child(ren).
- ☐ Use of a Temporary Safety Provider.

C. Unsafe:_____
- ☐ One or more children were removed in response to legal action.



Initials _____

TEMPORARY PARENTAL SAFETY AGREEMENT

PART E: SAFETY AGREEMENT

Purpose: A safety agreement is used only when there is a specific threat to a child in the immediate or foreseeable future. The plan must be created with the family and must be written in practical, action-oriented language.

Instructions: The social worker and the family complete this document. Describe what tasks will be done to assure safety, by whom, how often, and duration. The tasks identified should include actions that need to be taken to keep child(ren) safe now, address risks to safety, and/or are necessary for the child(ren) to be able to return to the home (if the child(ren) leaves the home). Indicate how the social worker will be monitoring the plan. The social worker then reviews it with each parent, guardian, custodian and caretaker who will sign the agreement. The social worker ensures that the parent or caretaker has read and/or understands the document and has initialed each applicable field. The social worker will work with the family to arrange for a review of the plan. The social worker then provides a copy to each person who signs the form.

Family Name: Blanco			**Date:** 05/20/19	
What is the specific situation or action that causes the child to be unsafe? What is the safety threat?	**What actions need to be taken right now to keep the child safe?**	**Who is responsible for ensuring that these actions are taken?**	**Timeframe for completing the actions**	**Responsible Party's initials**
Mr. and Mrs. Blanco admitted to spanking Rori with a belt leaving marks and bruises on her arms, legs, thighs, and buttocks.	Mr. and Mrs. Blanco agree to use alternative forms of discipline such as time-out that leaves Rori and the other children free of marks and bruises. Social worker agrees to provide informational brochure (in Spanish) on alternative discipline methods.	Mr. and Mrs. Blanco Social worker	05/20/19 05/21/19	
Mr. and Mrs. Blanco admitted to withholding food from Rori as a form of punishment.	Mr. and Mrs. Blanco agree to provide Rori meals even when she misbehaves. Social worker will meet with the family to begin discussing child development and the effects of improper nutrition.	Mr. and Mrs. Blanco Social Worker	05/20/19 05/22/19	

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PART F: STATEMENTS OF UNDERSTANDING AND AGREEMENT

PARENT OR CARETAKER	INITIALS
1. I (the parent or caretaker) agree that I participated in the development of and reviewed this safety agreement. I agree to work with the providers and services as described above.	VB/CB
2. My participation in this agreement is not an admission of child abuse or neglect on my part and cannot be used as an admission of child abuse or neglect.	VB/CB
3. I understand that I have the right to revoke and/or have the Temporary Parental Safety Agreement reviewed at any time. (See bottom of page.) I also understand that if a Safety Agreement cannot be agreed upon or if the actions in the Safety Agreement are not followed, the county child welfare agency may have the authority to request that the court make a determination on how the child(ren)'s safety will be assured.	VB/CB
4. I (the parent or caretaker) confirm that this agreement does not conflict with any existing court order, or if I am affected by a court order, all parties affected by the court order agree to this safety agreement on a temporary basis.	VB/CB
5. I (the parent or caretaker) understand that CPS may refer for further services, may restrict access to my child(ren), or may ask the court to order that I complete services or place the child in foster care.	VB/CB
6. If a Temporary Safety Provider is utilized, I understand that CPS will share any information with the Temporary Safety Provider for the safety and welfare of my child while the child lives in that home or the Temporary Safety Provider resides in the family home.	VB/CB
7. This safety agreement will cease to be in effect when I am notified by my social worker or CPS is no longer providing services to my family.	VB/CB
TEMPORARY SAFETY PROVIDER	
1. If the parent is unable to provide a safe environment for the child and the court names the county child welfare agency as the child's legal custodian, I will be given consideration as a placement for the child if I agree and continued placement is determined to be safe.	
2. If I (the person providing care as Temporary Safety Provider) am unable to carry out this plan successfully, or if the child in my care is considered to be in an unsafe situation, the child will be moved to a different placement and further CPS involvement may be necessary, including court intervention.	

SIGNATURES

Child's Parent or Legal Guardian: Vera Blanco	Date Signed: 5/20/19	Child's Parent or Legal Guardian: Carlos Blanco	Date Signed: 5/20/19
Child's Parent or Legal Guardian:	Date Signed:	CPS Social Worker:	Date Signed:
Other Party:	Date Signed:	CPS Supervisor:	Date Signed:
Temporary Safety Provider:	Date Signed:	Temporary Safety Provider:	Date Signed:

Who Can I Contact? (Who can I contact if circumstances change, if I have questions about CPS involvement, or if I have questions about this safety agreement? Who do I contact to revoke any or all parts of this agreement?)

CPS Social Worker's Name: Susie Socialworker	Phone Number: (555) 555-5555	Email Address: ssw@dhhs.nc.gov
CPS Supervisor's Name: Tina Supervisor	Phone Number: (999) 444-4444	Email Address: ss@dhhs.nc.gov

REVOCATION: I revoke my consent to the Temporary Parental Safety Agreement.

Signed:_____ **Date:** _____

NORTH CAROLINA

SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT

Case Name: Blanco **Case #:** 0823 **Date:** 6/1/19

County Name: Familyvania **Social Worker Name:** Susie Socialworker **Date Report Received** 05/20/19

Children: Rori, Roberto and Danny Blanco

Primary Caretaker: Vera Blanco **Secondary Caretaker:** Carlos Blanco

(Regardless of the type of allegations reported, ALL items on the risk assessment are to be completed.)

RISK OF FUTURE NEGLECT		SCORE
N1.	**Current report is for neglect or both neglect and abuse**	
	a. No ... 0	1
	b. Yes ... 1	
N2.	**Number of prior CPS assessments** *(take highest score)*	
	a. None ... 0	
	b. One or more family assessments ... 1	0
	c. One or more investigative assessments ... 2	
N3.	**Prior CPS in-home/out-of-home service history**	
	a. No ... 0	0
	b. Yes ... 1	
N4.	**Number of children residing in the home at time of current report**	
	a. Two or fewer ... 0	1
	b. Three or more ... 1	
N5.	**Age of primary caretaker** *(note: score is either 0 or -1)*	
	a. 30 or older ... -1	-1
	b. 29 or younger ... 0	
N6.	**Age of youngest child in the home**	
	a. 3 or older ... 0	0
	b. 2 or younger ... 1	
N7.	**Number of adults residing in home at time of report**	
	a. Two or more ... 0	
	b. One or none ... 1	0
N8.	**Caretaker(s) history of abuse/neglect**	
	a. No ... 0	
	b. Yes ... 1	0
N9.	**Either caretaker has/had a drug or alcohol problem**	
	a. No ... 0	0
	b. One or more apply ... 1	
	Primary: ☐ Within last 12 months	
	❒ Prior to last 12 months	
	Secondary: ☐ Within last 12 months	
	☐ Prior to last 12 months	
N10.	**Either caretaker has/had a mental health problem**	
	a. No ... 0	2
	b. One or more apply ... 2	
	Primary: ☑ Within last 12 months	
	☐ Prior to last 12 months	
	Secondary: ☐ Within last 12 months	
	☐ Prior to last 12 months	

RISK OF FUTURE ABUSE		SCORE
A1.	**Current report is for abuse or both neglect and abuse**	
	a. No ... 0	0
	b. Yes ... 1	
A2.	**Number of prior CPS investigative assessments**	
	a. None ... 0	0
	b. One or more ... 2	
A3.	**Prior CPS in-home/out-of-home service history**	
	a. No ... 0	0
	b. One or more apply ... 1	
	☐ Prior case open for in-home, CPS services	
	☐ Prior case open for foster care services	
A4.	**Age of youngest child in the home**	
	a. 4 or under ... 0	0
	b. 5 or older ... 1	
A5.	**Number of children residing in home at time of current report**	
	a. Two or fewer ... 0	1
	b. Three or more ... 1	
A6.	**Caretaker(s) history of abuse/neglect**	
	a. No ... 0	0
	b. Yes ... 1	
A7.	**Child characteristics**	
	a. Not applicable ... 0	1
	b. One or more apply ... 1	
	☐ Developmental disability	
	❒ Mental Health and/or behavioral problems	
	☐ History of delinquency	
A8.	**Either caretaker is a domineering parent**	
	a. No ... 0	0
	b. Yes ... 1	

CONTINUE TO PAGE 2

N11. Either caretaker has barriers to accessing community resources

a. No..... 0 0
b. One or more apply..... 1 ____

- ☐ Difficulty finding/obtaining resources
- ☐ Refusal to utilize available resources

N12. Either caretaker lacks parenting skills

a. No..... 0 1
b. One or more apply..... 1 ____

- ☐ Inadequate supervision of children
- ☐ Uses excessive physical/verbal discipline
- ☐ Lacks knowledge of child development

N13. Either caretaker involved in harmful relationships

a. No..... 0 0
b. Yes ..... 1 ____

N14. Child characteristics

a. Not applicable 0 1
b. One or more apply..... 1 ____

- ☐ Mental Health and/or behavioral problems
- ☐ Medically fragile/failure to thrive diagnosis
- ☐ Developmental disability
- ☐ Learning disability
- ☐ Physical disability

N15. Housing/basic needs unmet

a. Not applicable 0 0
b. One or more apply..... 1 ____

- ☐ Family lacks clothing and/or food
- ☐ Family lacks housing or housing is unsafe

A9. Either caretaker is/was a victim/perpetrator of domestic violence

a. No 0 0
b. Yes..... 1 ____

Primary:
- ☐ Victim within last 12 months
- ☐ Victim prior to last 12 months
- ☐ Perpetrator within last 12 months
- ☐ Perpetrator prior to last 12 months

Secondary:
- ☐ Victim within last 12 months
- ☐ Victim prior to last 12 months
- ☐ Perpetrator within last 12 months
- ☐ Perpetrator prior to last 12 months

A10. Caretaker(s) response to current assessment

a. Not applicable..... 0 0
b. One or more apply ..... 1 ____

- ☐ Caretaker unmotivated to improve parenting skills
- ☐ Caretaker viewed situation less seriously than worker
- ☐ Caretaker failed to cooperate satisfactorily

A11. Either caretaker has interpersonal communication problems

a. No 0 0
b. One or more apply ..... 1 ____

- ☐ Lack of communication impairs functioning
- ☐ Poor communication impairs functioning

TOTAL NEGLECT RISK SCORE 5

TOTAL ABUSE RISK SCORE 2

SCORED RISK LEVEL

Assign the family's risk level based on the highest score on either scale, using the following chart:

Neglect Score	Abuse Score	Risk Level
_ -1–2	**X** 0–2	_ Low
X 3–5	_ 3–5	**X** Moderate
_ 6–16	_ 6–12	_ High

OVERRIDES

Policy: Override to high; mark appropriate reason.

____1. Sexual abuse cases where the perpetrator is likely to have access to the child victim.
____2. Cases with non-accidental physical injury to an infant.
____3. Serious non-accidental physical injury warranting hospital or medical treatment.
____4. Death (previous or current) of a sibling as a result of abuse or neglect.

Discretionary: Override (increase or decrease **one level** with supervisor approval). Provide reason below.
Reason: _____

OVERRIDE RISK LEVEL: ____Low ____Moderate ____High

Social Worker: *Susie Social Worker* **Date:** 6/1/19

Supervisor's Review/Approval of Override: *T. Supervisor* **Date:** 6/1/19

DSS-5230 Revised 11-09 Child Welfare Services

NORTH CAROLINA
STRENGTHS & NEEDS ASSESSMENT

County Familyvania **Case Number:** 67

Case Name:_ Blanco_____Date Assessment Completed:_5/20/19___Date Report Received:_ 5/20/19_
Social Worker Name: _Susie Socialworker_____ Indicate either **Initial** or Reassessment and #: 1 2 3 4 5: _ _
Children:__Rori, Roberto, Danny_Blanco_____
Caregiver(s): __Vera Blanco, Carlos Blanco_____

Some items apply to all household members while other items apply to caregivers only. Assess items for the specified household members, selecting one score only under each category. Household members may score differently on each item. When assessing an item for more than one household member, record the score for the household member with the greatest need (highest score).

Caregivers are defined as adults living in the household who have routine responsibility for child care. For those items assessing caregivers only, record the score for the caregiver with the greatest need (highest score) when a household has more than one caregiver.

S-CODE TITLE	TRAITS	SCORE
S1. Emotional/Mental Health	a. Demonstrates good coping skills. ..... -3 b. No known diagnosed mental health problems..... 0 c. Minor or moderate diagnosed mental health problems ..... .3 d. Chronic or severe diagnosed mental health problems..... .5	0
S2. Parenting Skills	a. Good parenting skills..... -3 b. Minor difficulties in parenting skills ..... .0 c. Moderate difficulties in parenting skills ..... .3 d. Destructive parenting patterns 5	3
S3. Substance Use	a. No/some substance use ..... 0 b. Moderate substance use problems ..... 3 c. Serious substance use problems..... 5	0
S4. Housing/Environment/ Basic Physical Needs	a. Adequate basic needs . ..... -3 b. Some problems, but correctable ..... 0 c. Serious problems, not corrected ..... 3 d. Chronic basic needs deficiency..... 5	0
S5. Family Relationships	a. Supportive relationships . ..... -2 b. Occasional problematic relationship (s) ..... .0 c. Domestic discord ..... .2 d. Serious domestic discord/domestic violence 4	0
S6. Child Characteristics	a. Age-appropriate, no problem ..... -1 b. Minor problems ..... 0 c. One child has severe/chronic problems..... 1 d. Child(ren) have severe/chronic problem(s) 3	1
S7. Social Support Systems	a. Strong support network ..... -1 b. Adequate support network ..... .0 c. Limited support network ..... .1 d. No support or destructive relationships 3	1

NORTH CAROLINA
STRENGTHS & NEEDS ASSESSMENT

S8. Caregiver(s) Abuse/ Neglect History
a. No evidence of problem....0
b. Caregiver(s) abused/neglected as a child....1
c. Caregiver(s) in foster care as a child....2
d. Caregiver(s) perpetrator of abuse/neglect in the last five years……..3 **0**

S9. Communication/ Interpersonal Skills
a. Strong skills....-1
b. Appropriate skills....0
c. Limited or ineffective skills....1
d. Hostile/destructive....2 **1**

S10. Caregiver(s) Life Skills
a. Good life skills....-1
b. Adequate life skills....0
c. Poor life skills....1
d. Severely deficient life skills ……...2 **0**

S11. Physical Health
a. No adverse health problem....0
b. Health problem or disability....1
c. Serious health problem or disability....2 **0**

S12. Employment/Income Management
a. Employed....-1
b. No need for employment....0
c. Underemployed....1
d. Unemployed ……..… .2 **1**

S13. Community Resource Utilization
a. Seeks out and utilizes resources....-1
b. Utilizes resources....0
c. Resource utilization problems....1
d. Refusal to utilize resources....2 **0**

Based on this assessment, identify the primary strengths and needs of the family. Write S code, score, and title.

	STRENGTHS			NEEDS		
	S Code	Score	Title	S Code	Score	Title
1.	S3	0	Substance Use	S2	3	Parenting Skills
2.	S10	0	Life Skills	S6	1	Child Characteristics
3.	S11	0	Physical Health	S7	1	Social Support

Children/Family Well-Being Needs:

1. Educational Needs: Schedule meeting with Rori's school counselor to discuss concerns regarding her reading and behavior.
2. Physical Health Needs: Schedule well-being check-up and dental appointments for Rori, Roberto and Danny.
3. Mental Health Needs: Individual and family counseling regarding the sexual assault and burglary.

Social Worker: *Susie Socialworker* Date: 6/1/19

Supervisor's Review/Approval: *Tina Supervisor* Date: 6/1/19

This is an excerpt from the DSS 5010

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION

TOOL XII. TWO-LEVEL REVIEW STAFFING AND CASE DECISION

SUMMARY

Case Decision Summary

Give rationale for both "yes" and "no" answers to the following questions.

1. Has the maltrea ment occurred with frequency and/or is the maltreatment severe?
   ☐ YES ☒ NO

2. Are there current safety issues that indicate the child(ren) is likely to be in immediate danger of serious harm?
   ☐ YES ☒ NO

   (Note: If the child(ren) is separated from his/her parents or access is restricted and that separation/restriction continues to be necessary due to safety issues, then this question must be answered "yes".)

3. Are there significant assessed risk factors that are likely to result in serious harm to the child(ren) in the foreseeable future?
   ☒ YES ☐ NO

4. Is the child in need of CPS In-home Services or Out-of-home Services (answer "yes" if the caretaker's protective capacity is insufficient to provide adequate protection and "no" if the
   family's protective capacity is sufficient to provide adequate protection)?
   ☒ YES ☐ NO

Rationale for Case Decision & Disposition

Document the factual information regarding the findings as they relate to the allegations of abuse, neglect, and/or dependency, including behaviorally specific information regarding the frequency and severity of maltreatment, safety issues, and future risk of harm. Include information to support Yes and No answers above.

A CPS report was accepted for a family assessment due to allegations of neglect – inappropriate discipline on May 20, 2019. This is the family's first CPS report and there are no current safety issues that indicate the children are in immediate danger of serious harm. A safety agreement was developed, the parents agreed to use alternative disciplinary methods that does not leave marks and bruises and not withhold food from Rori as a form of punishment. Rori had bruises on her arms, legs, and the right side of her face. Rori was also observed having dark circles under her eyes and performing "poorly in school." In the home, Rori is not following household rules, writing on the walls, lying and starting trouble with her siblings. Mrs. Blanco stated that the seven months ago, there was a break-in and she was sexually assaulted. Rori witnessed the attack. Mrs. Blanco has not followed through on the mental health referrals that were made for her and Rori. The parents have a lack of understanding of trauma and its impact on Rori's behaviors. In-Home Services are needed to assist Mr. and Mrs. Blanco in increasing their understanding of trauma, its impact and how to parent a child who has experienced trauma. Mrs. Blanco also needs to complete a mental health assessment to determine the type of service(s) needed to deal with her own trauma.

Assessment completed within the specified timeframe: [X] YES [ ] NO If no, explain:

Family notified of the delay in making case decision: [ ] YES [ ] NO Document the discussion here or in narrative:

Optional Supervisor Use Only

Optional comments or clarification by the supervisor can be noted here.

If the case decision and/or disposition is different from that indicated in the above Rationale for Case Decision and Disposition, the supervisor must provide documentation to justify the decision and/or disposition.

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NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

Children

NAME	AGE	Case Decision for each Child	Maltreatment Findings *(Complete for Substantiated Investigative Assessments ONLY)*	
1. Rori Blanco	8	☐ Substantiated (enter maltreatment finding(s) in next two columns) ☐ Unsubstantiated ☑ Services Needed ☐ Services Recommended ☐ Services Not Recommended ☐ Services Provided, No Longer Needed	☐ Physical Abuse ☐ Emotional Abuse ☐ Sexual Abuse ☐ Delinquent Acts Involving Moral Turpitude Human Trafficking: ☐ Sexual ☐ Labor ☐ Dependency	Neglect: ☐ Imp. Supervision ☐ Improper Care ☐ Improper Discipline: ☐ w/ injuries ☐ w/out injuries ☐ Environment Injurious: ☐ Domestic Violence ☐ Substance Abuse ☐ Abandonment ☐ Safe Surrender ☐ Improper medical/ remedial care ☐ Violation of Adoption Law
2. Roberto Blanco	13	☐ Substantiated (enter maltreatment finding(s) in next two columns) ☐ Unsubstantiated ☐ Services Needed ☐ Services Recommended ☐ Services Not Recommended ☐ Services Provided, No Longer Needed	☐ Physical Abuse ☐ Emotional Abuse ☐ Sexual Abuse ☐ Delinquent Acts Involving Moral Turpitude Human Trafficking: ☐ Sexual ☐ Labor ☐ Dependency	Neglect: ☐ Imp. Supervision ☐ Improper Care ☐ Improper Discipline: ☐ w/ injuries ☐ w/out injuries ☐ Environment Injurious: ☐ Domestic Violence ☐ Substance Abuse ☐ Abandonment ☐ Safe Surrender ☐ Improper medical/ remedial care ☐ Violation of Adoption Law
3. Danny Blanco	3	☐ Substantiated (enter maltreatment finding(s) in next two columns) ☐ Unsubstantiated ☐ Services Needed ☑ Services Recommended ☐ Services Not Recommended ☐ Services Provided, No Longer Needed	☐ Physical Abuse ☐ Emotional Abuse ☐ Sexual Abuse ☐ Delinquent Acts ☐ Involving Moral ☐ Turpitude Human Trafficking: ☐ Sexual ☐ Labor ☐ Dependency	Neglect: ☐ Imp. Supervision ☐ Improper Care ☐ Improper Discipline: ☐ w/ injuries ☐ w/out injuries ☐ Environment Injurious: ☐ Domestic Violence ☐ Substance Abuse ☐ Abandonment ☐ Safe Surrender ☐ Improper medical/ remedial care ☐ Violation of Adoption Law
4.		☐ Substantiated (enter maltreatment finding(s) in next two columns) ☐ Unsubstantiated ☐ Services Needed Services ☐ Recommendec Services Not ☐ Recommendec Services Provided, No Longer Needed	☐ Physical Abuse ☐ Emotional Abuse ☐ Sexual Abuse ☐ Delinquent Acts ☐ Involving Moral ☐ Turpitude Human Trafficking: ☐ Sexual ☐ Labor ☐ Dependency	Neglect: ☐ Imp. Supervision ☐ Improper Care ☐ Improper Discipline: ☐ w/ injuries ☐ w/out injuries ☐ Environment Injurious: ☐ Domestic Violence ☐ Substance Abuse ☐ Abandonment ☐ Safe Surrender ☐ Improper medical/ remedial care ☐ Violation of Adoption Law

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

5.		☐ Substantiated (enter maltreatment finding(s) in next two columns) ☐ Unsubstantiated ☐ Services Needed ☐ Services Recommended ☐ Services Not Recommended ☐ Services Provided, No Longer Needed	☐ Physical Abuse ☐ Emotional Abuse ☐ Sexual Abuse ☐ Delinquent Acts Involving Moral Turpitude Human Trafficking: ☐ Sexual ☐ Labor ☐ Dependency	Neglect: ☐ ☐ Imp. Supervision ☐ Improper Care Improper Discipline: ☐ w/ injuries ☐ w/out injuries Environment Injurious: ☐ Domestic Violence ☐ Substance Abuse ☐ Abandonment ☐ Safe Surrender ☐ Improper medical/ remedial care ☐ Violation of Adoption Law
6.		☐ Substantiated (enter maltreatment finding(s) in next two columns) ☐ Unsubstantiated ☐ Services Needed ☐ Services Recommended ☐ Services Not Recommended ☐ Services Provided, No Longer Needed	☐ Physical Abuse ☐ Emotional Abuse ☐ Sexual Abuse ☐ Delinquent Acts Involving Moral Turpitude Human Trafficking: ☐ Sexual ☐ Labor ☐ Dependency	Neglect: ☐ ☐ Imp. Supervision ☐ Improper Care ☐ Improper Discipline: ☐ w/ injuries ☐ w/out injuries Environment Injurious: ☐ Domestic Violence ☐ Substance Abuse ☐ Abandonment ☐ Safe Surrender ☐ Improper medical/ remedial care ☐ Violation of Adoption Law
7.		☐ Substantiated (enter maltreatment finding(s) in next two columns) ☐ Unsubstantiated ☐ Services Needed ☐ Services Recommended ☐ Services Not Recommended ☐ Services Provided, No Longer Needed	☐ Physical Abuse ☐ Emotional Abuse ☐ Sexual Abuse ☐ Delinquent Acts Involving Moral Turpitude Human Trafficking: ☐ Sexual ☐ Labor ☐ Dependency	Neglect: ☐ ☐ Imp. Supervision ☐ Improper Care Improper Discipline: ☐ w/ injuries ☐ w/out injuries ☐ Environment Injurious: ☐ Domestic Violence ☐ Substance Abuse ☐ Abandonment ☐ Safe Surrender ☐ Improper medical/ remedial care ☐ Violation of Adoption Law

Parents / Caretakers

Parent / Guardian / Custodian / Caretaker / Agency / Foster Home / Group Care / Institution	Relationship to Child	Perpetrator
1. Vera Blanco	mother	☐ Yes ☐ No ☒ N/A
2. Carlos Blanco	father	☐ Yes ☐ No ☒ N/A
3.		☐ Yes ☐ No ☐ N/A
4.		☐ Yes ☐ No ☐ N/A
5.		☐ Yes ☐ No ☐ N/A
6.		☐ Yes ☐ No ☐ N/A

(*Complete for Investigation Assessments only*)

☐ At least one of the perpetrators is a candidate for placement on the RIL.

(if so all required letters must be placed in the record and delivered as policy requires.)

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Disposition of Case

Case closed (date): ☐ Transferred to: County (date):

☒ Case transferred to CPS In-home Services (date): 6/29/19
☐ Case transferred to CPS Out-of-home Services (date):
☐ Case transferred to Voluntary Services (date):

Staffing

Names of others present for staffing: Bill White, John Steven, Beth Holloway
Name of CPR contact (if applicable):

Social worker signature: *Susie Social Worker* Date: 6/29/19

Supervisor's signature: *Tina Supervisor* Date: 6/29/19

☐ 5104 completed and submitted

XIII. ONGOING SERVICES (N/A for this section)

This section must be completed for cases that continue to In-Home or Out-of -Home Services

The Structured Documentation Instrument (DSS-5010) documents the **s**ocial activities, **e**conomic situation, **e**nvironmental issues, **m**ental health needs, **a**ctivities of daily living, **p**hysical health needs, and **s**ummary of strengths (SEEMAPS) identified during the completion of a CPS Assessment. This information, along with the outcomes from the Risk Assessment and the Strengths and Needs Assessment should guide the development of the Ongoing Needs and Safety Requirements document and should detail the needs and the activities intended to prevent foster care placement of child for whom, absent effective preventive services, the plan would be removal from the home.

Identify the Family Strengths and/or Protective Safety Factors in Place:

The family lives in a small two-bedroom apartment where all three children share a bedroom. There are no environmental safety issues in the home. Mr. Blanco is employed as a custodian and works up to 65 hours a week. Mrs. Blanco has a part-time job and is the primary caregiver of the children. The oldest child, Roberto, performs odd jobs in the neighborhood after school. The parents do not have a history of substance abuse or domestic violence. Roberto and Rori have participated in any medical screenings and eye examinations given at school.

The Ongoing Needs and Safety Requirements document on the next page is not used for Group Care or Institutional Assessments but may be used for licensed family foster home and kinship care providers that are receiving continued CPS services as caretakers to children in their home.

NORTH CAROLINA CPS ASSESSMENT

Continuing Needs and Safety Requirements

This document communicates the county child welfare agency's concerns, identifies services or actions the agency believes will assist in addressing those concerns, and states requirements to maintain your child(ren)'s safety. The activities to ensure your children's safety must remain in effect until a Family Services Agreement is developed. The county child welfare agency will work with you and your family to develop a Family Services Agreement to specify how the agency will work with you, your family, your family supports, and service providers to reduce the safety and/or risk and, when applicable, to improve the well-being of your children.

The following strengths, needs, and concerns regarding your child(ren)'s present safety or that put them at risk of future harm were identified during the CPS Assessment.
Mr. and Mrs. Blanco spanked Rori with a belt that left marks and bruises on Rori's arm, legs and right side of her face and withheld food to punish Rori for her negative behavior. Mr. and
Mrs. Blanco lack the understanding of trauma and its impact on Rori's behavior. Mrs. Blanco was sexually assaulted and Rori witnessed. Rori has exhibited behavioral issues such as
nightmares, disruptive behavior in school and home (writing on the walls, not following household rules, starting trouble with her siblings, lying). Mrs. Blanco has received mental
health referrals on two different occasions and did not follow through.

Th e following activities and/or services have been recommended for your family and will be discussed during the development of your Family Services Agreement.

Rori agrees to complete a trauma-informed mental health assessment and follow all the recommendations.
Mr. and Mrs. Blanco agree to participate and successfully complete a trauma-informed parenting education class.
Mr. and Mrs. Blanco agree to follow through with referral for parenting support group services and reengage with
community supports.

The following activities (agreed to in your Temporary Parental Safety Agreement) to ensure the safety of your children must continue until development of the Family Services Agreement.
Mr. and Mrs. Blanco agree to use alternative forms of discipline such as time-out that leaves the children free of marks and bruises.
Mr. and Mrs. Blanco agree to provide meals to Rori even when she misbehaves.

Child's Parent or Legal Guardian: X	Date Signed:	Child's Parent or Legal Guardian: X	Date Signed:
Child's Parent or Legal Guardian: X	Date Signed:	CPS Social Worker: X	Date Signed:

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The Stages of Autobiographical Listening
Vs.
The Stages of Empathic Listening

Autobiographical Listening:

- Ignoring
- Pretending
- Selective Listening
- Attentive Listening

Empathic Listening:

- Mimic Content
- Rephrase Content
- Reflect Feeling
- Rephrase Content and Reflect Feeling

"Most people do not listen with the intent to understand; they listen with the intent to reply"

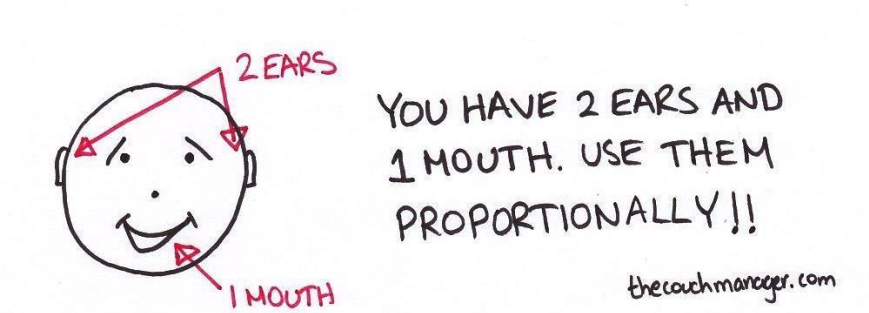
~ Stephen R. Covey

Source: Covey, S. R. (2004). *The 7 habits of highly effective people: Restoring the character ethic.* New York: Free Press.

The Stages of Empathic Listening

Mimic Content

Rephrase Content



Reflect Feeling

Rephrase Content and Reflect Feeling

Adapted from Covey, 1989, pp. 245-249

Interviewing Methods Chart

Strategy	Purpose	Benefits	Liabilities
Closed-ended questions **Probing Questions** **Yes/No Questions**	⎦ To gather factual information regarding a specific content area ⎦ To obtain answers to specific questions.	⎦ Can obtain a considerable amount of information in a short period of time.	⎦ Limits potential responses of client to those directed by the interviewer. ⎦ Maybe threatening to the client; may encourage evasiveness or lying.
Open-ended Questions	⎦ To gather a lot of information about a wide variety of topic areas ⎦ To gain insight regarding the client's feelings and perceptions about his situation	⎦ Worker may discover information that he may not have thought to ask about. ⎦ Provides information to be used in the assessment; helps identify "process" level issues	⎦ Takes considerable time. ⎦ Worker may need to sort through extraneous information to identify pertinent issues. ⎦ Client may use open format to digress and avoid discussing important topics.
Supportive responses **Active Listening**	⎦ To communicate and demonstrate the caseworker's interest and concern. ⎦ To establish a positive casework relationship.	⎦ Builds trust, communicates worker's interest and willingness to listen and help. ⎦ May have an enabling effect on the client. Client may feel better for having talked.	⎦ The client has considerable control of the direction of the interview. ⎦ Little change may be generated; few goals set. ⎦ Does not always promote action

Clarification	☐ To promote client's insight into her behaviors and actions to enable change and participation in the casework process. ☐ To enable the caseworker to better understand the dynamics of the client's problems and behaviors.	☐ Allows the worker to make an accurate assessment of causal and contributing problems. ☐ Helps move to the process level in the interview. ☐ Helps client attain insight into own feelings.	☐ May be threatening to the client. ☐ The client may be unaware of or not want to discuss issues raised by the caseworker. ☐ May result in client resistance
Summarization/ Redirection	☐ To keep the interview focused, on track. ☐ To help the client organize his information	☐ Makes efficient use of time by keeping the discussion focused on pertinent topics. ☐ Helps the client to organize her thinking and keep important points in mind. ☐ Avoids becoming overwhelmed by details.	☐ A client who has been redirected may feel cut off, as if the caseworker is not listening to him ☐ Over -direction by the worker may lead to moving too quickly off a topic, thus missing important information
Giving Options, Advice, or Suggestions	☐ To offer the client a range of possible solutions to his problems ☐ To direct the client into positive action.	☐ Provides the client with potential solutions which he had not previously considered. ☐ Encourages the client to try new solutions. ☐ Keeps activities goal directed	☐ May prevent the client from arriving at his own solutions to problems ☐ Caseworker may be blamed for failures if the solution does not work.
Confrontation	☐ To push the client to admit and acknowledge problems, feelings, or behaviors, when other less directive interventions have failed to accomplish this	☐ Can precipitate movement quickly. ☐ Can cut out manipulations and digressions by the client and focus discussion on the critical issues. ☐ Can help the client become aware of her own resistance	☐ Cannot be accomplished without a well-established, supportive relationship. ☐ May greatly increase resistance if not successful. ☐ May require considerable follow-up support from the worker. ☐ Takes time and commitment.

Miracle Question

Purpose

When a client struggles to identify an achievable, specific goal, the Miracle Question can be useful. Many workers ask this question with all clients, feeling that it gives a clear, honest picture of what clients truly want their future to look like. The Miracle Question can also instill hope in a hopeless client.

When the worker helps the client elaborate with follow-up questions, the responses to the Miracle Question frequently describe the solution in rather detailed behavioral terms. The more vivid and rich the description, the more possibilities for taking small steps toward solving their concerns.

Example

"I would like to ask you a strange question. Please go along with me if you will. Suppose that tonight, while you are sleeping, a miracle happens and the issues that brought me here today are solved. But, since you are asleep, you don't know that a miracle has happened. When you wake up tomorrow morning, what would be the first little clue that something was different?"

Follow-up Questions

- What else would you notice?
- What will you be **doing** that is different?
- (If the client talks about a change in feelings...) When you are feeling...what will you be **doing?**
- If you are doing...what will (your husband, children...) be doing?
- What would your (children, mother...) say is different?
- **Are there times now** that small pieces of this miracle happen **just a little bit**? What is different about those times?
- What would you have to do so that it would happen more often?
- What would have to happen more often for this miracle to take place?

Adapted from Berg, I. K. (1994). *Family-based services*. New York: W. W. Norton & Co.

Exception Questions

Purpose

There are always exceptions, times that the problem could have occurred, but didn't. Exceptions mean that the client has the skills necessary to do something in a more successful way. Our task is to get the exceptions to happen more often. We are looking for what is different about those times.

Examples

- Are there times now or in the past when you were able to … (discipline without abuse, handle stress without drinking, keep the house clean)? How did you get that to happen?
- When was the last time that… (Johnny did what he was told without arguing, when you supervised the children well enough to please your neighbors, when you were taking your medicine)? What do you do so that the problem doesn't happen at those times?
- Are there days when you feel…(less overwhelmed, more in control of your temper, more hopeful about your situation)? What is different about those days?
- When was the last time you had a better day? What was different about that day that made it better? Where did that happen? Who was there with you? What might (those people) have noticed you doing differently that would tell them you were doing better?
- When are you already doing **some** of what you want (staying calm with the children, keeping the house clean, being a good mom)?
- When doesn't (the problem) happen? What is different about those times? What are you **doing** differently? How are you **thinking** differently?
- Tell me about times when this (arguing, depression, poor decisions) is a little less of a problem.
- How much of the time would you say (talking back, depression…) is a problem? Oh, so at least X% of the time it's not so bad. Can you tell me what is happening when it is not a problem?
- What is the longest time you have gone without (the problem)? How did you get that to happen?
- What are you doing or thinking that is helpful?
- Has anything worked in the past to resolve other issues that you might want to test out with this current situation?
- What other ways do you … (discipline your child, manage stress)?

Exception-Finding Questions Case Examples

- A parent who had previously lashed out at her child described a situation where she had become enraged but resisted the impulse to hit the child by taking a five-minute break in her bedroom.

- A child described being able to go to her grandmother's home when she felt unsafe because her parents had become too drunk to care for her.

- A man who had previously assaulted his stepson resisted the urge to do so on another occasion, even though the teenager had thrown a knife at him. He did this by telling himself, "If I hit him, the boy will only make a monkey of me again."

- A grandmother described a period where her drug-addicted daughter had faced up to her problems and acknowledged she was not caring adequately for her child. At that time the mother had sent the girl to live with her father for nine months while she detoxed herself.

Source: Berg, I. K., & Kelly, S. (2000). *Building solutions in child protective services*. New York: W. W. Norton & Company.

Scaling Questions

Purpose

Perhaps the most versatile of any of the solution-focused tools, scaling questions are a very useful assessment tool. Scaling can be used to gauge confidence, hopefulness and safety; prioritize goals; measure progress toward goals and willingness to take action toward change; and much more. Scaling can be used with great success with even young children or over the phone.

Examples

- On a scale of 1 to 10, where 10 means you are willing to do anything to resolve this issue and 1 means you are not willing to do anything, where would you place yourself on the scale?
- On a scale of 1 to 10, where 1 is you have no control and a 10 is you are in complete control, how much control or influence do you think you have over this situation?
- If 10 is your biggest concern and 1 is that you are not concerned about it at all, where would you place yourself as far as …? (goal)
- If 1 is that this report is completely bogus and 10 is that you are as worried as anyone is, how serious do you think this allegation is?
- If 1 is where you were when you first set these goals and 10 is all your goals are met, what number are you at today? (Follow up question): What have you done to get to that number? What would have to happen so that you would be just one number higher?
- If 10 is completely safe and 1 is scared to death every day, how safe would your daughter say she feels?

 Case Example

A worker asked a teenager to compare how things were four weeks previously, when he had been hit by his stepfather and had run away, with the present using a 1-10 scale (1, the worst things could be, 10, the best things could be). The boy stated that, at the time he made the complaint, things were at a three, whereas the present score was a six. The worker then asked him what had made things better. The teenager indicated that "my stepfather is treating me a lot better now, he's letting me go out, he's still strict but he's listening to me and he hasn't hit me again."

Uses of Scaling

Purpose

Perhaps the most versatile of any of the solution-focused tools, scaling questions are a very useful assessment tool. Scaling can be used for many purposes. For example:

As an assessment tool:

"On a scale of one to ten, where one is this is not at all the type of child you wanted to foster, and ten is he is exactly the type of child you hoped to care for, what number would you say this child is? What number would your husband say?"

"On a scale of one to ten, where one is this is the type of job that you have hated before, and a ten is this is the type of job that you would enjoy, what number would you say this job is?"

To set goals with clients:

"On a scale of one to ten, where one is not at all important to you and ten is very important to you, how would you rate finding suitable daycare for your children?

"On a scale of one to ten, where one is not important at all and ten is the most important thing to you, what number would you say children's school grades are? How about children being respectful to others?"

To evaluate the usefulness of a resource:

"On a scale of one to ten, where one is not at all helpful and ten is very helpful, how would you rate going to family counseling?"

"On a scale of one to ten, where one is not helpful at all, and ten is very helpful, how helpful do you think getting a GED would be for you?"

To measure progress: (You might ask the same scaling question every time you visit a family to see whether they move up the scale.)

"On a scale of one to ten, where one is you are so depressed you barely made it out of bed and ten is you feel better today than you have in years, where would you place yourself?"

"On a scale of one to ten, where one is as bad as it can be and a ten is as good as it can be, what number would you say your son's behavior has been this week?"

Source: Turnell, A. & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection casework*. New York: W. W. Norton & Co

Ethnographic Questions

The purpose of ethnographic questions is to understand the family and their point of view *prior* to the development of a family services agreement. Increases cultural competence as the child welfare worker learn about cultural behavior, values, language and worldviews of the person who is representative of the cultural group (i.e. ethnicity, gender, age group, or other groups with some shared beliefs and values).

Stages of the Ethnographic Interview

1. Set the stage
2. Express Ignorance
3. Open-Ended/Global Questions
4. Cover terms
5. Descriptors

Examples of Ethnographic Questions:

- Tell me how the situation occurred.
- What do you think brought the situation on?
- Why do you think you are experiencing the now?
- How would you treat or handle the situation?
- What does this situation mean to you in terms of your daily life?
- Why does your (the specific cultural community) think these situations occur?
- How would others in your (specific cultural community) treat or handle the situation?
- What would this problem mean to other in your (specific cultural community)?
- What are the typical day's activities for (youth or adult) in your neighborhood?

Helpful Hints:

- Be flexible and allow the space for the family member to discuss what is important to her/him.
- Learn about the family as a unit and as members of their cultural community.
- The family is in a better position to offer suggestions and solutions that meet their needs and make sense within their cultural context.
- The child welfare worker is the learner of the family's culture and the expert in the problem-solving process.
- Look for important themes within the story of the family and assist the family in understanding those themes.

Source: California Social Work Education Center (Ed.). (2018). Cultural Humility in Child Welfare: Ethnographic Interviewing, California Core Curricula for Child Welfare Workers. Berkley, CA: California Social Work Education Center.

Rycus, Judith S. and Hughes, Ronald C. (1998a). *Casework process and case planning in child protective services: A Training curriculum*. Columbus, Ohio: Institute for Human Services.

Basic Solution Focused Approach

- If it's not broken, don't fix it.
- If it works, do more of it.
- If it is not working, do something different.
- Small steps can lead to big changes.
- The solution is not necessarily related to the problem.
- The language requirement for solution development is different from the description of the problem.
- No problem happens all the time. There are always exceptions.
- The future is both created and negotiable.

Source: Bliss, E. V. & Bray, D. (2009). The smallest solution focused particles: Towards a minimalist definition of when therapy is solution focused. *Journal of Systemic Therapies, 28*(2), 62-74

Judgments Can Wait!

Directions: Read the following statements.

- **They know better**.
  Counter: They probably do, so give them a chance to tell you all the times they didn't do the current behavior. How many time have you known better than to eat that second piece of chocolate cake or smoke that cigarette?

- **How could they….?**
  Counter: I have no idea what this person or family is facing or going through. Maybe I'd do the same thing or worse in similar circumstances. This might even make sense (not justify it) if I know more about the family.

- **They're just going to lie**.
  Counter: Maybe, maybe not. If I practice respect and genuineness, I am more likely to get the truth. Even if they lie, it might be a sign that there is shame and that they DO know better and have DONE better.

- **They are clueless.**
  Counter: They haven't made it this far in life without having SOME clue. They might be clueless about some things but no other things, just like me.

- **If they love their kids…**
  Counter: This is purely based on what YOU think you would do in this situation, given YOUR resources and YOUR values. If they love their kids (and they do), then I need to find out what they think is best, given the situation.

- **They haven't done anything to get their kids back.**
  Counter: This is an absolute statement. By even speaking with you, the family has done SOMETHING to get their kids back. Maybe they are doing things you don't know about or haven't thought of. Ask them.

- **If she would just leave him, she and the kids would be better off.**
  Counter: There is no way to know this – another imposition of YOUR beliefs. There have been times when leaving a spouse has resulted in death.

Judgments Can Wait…continued

- **There is no way these kids are going to be safe in this home.**
  Counter: They have been in the past. How has the family managed to keep the kids safe to this point despite circumstances? Can DSS ensure the safety of these kids?

- **I would never do that to my kids.**
  Counter: Never say never. Remember you're looking at it from your vantage point not where the family might be coming from.

- **Those kids would be better off if…**
  Counter: How do you know? Think about the kids you know who are in foster care of group homes.

When Solution-Focused Approached is used…

- Take a not-knowing stance
- Use client's language – weave into next questions
- Notice something positive about the client
- Listen for what the client might want different
- Accept what the client wants as valid and reasonable
- Assume the client wants to cooperate
- Ask for client's understanding of the situation
- Listen for who and what are important to the client
- If expectations for others seem unrealistic,

  ask: "How do you know he/she can do this?"

"Problem talk creates problems, Solution talk creates solutions" ~ Steve de Shazer

Source: Kim-Berg, I. & De Jong, P. (2004). Building solution-focused partnerships on children's protective and family services. *Protecting Children Journal, 19*(2), 3-13.

Meeting the Blancos

Directions: Before the first visit with the Blancos, consider the questions below based on the following:

- Information from the case scenario
- Assessment tools
- Information on interviewing and solution focused techniques.

1. What needs do you identify that could be contributing to the Blanco's referral to CPS In-Home Services?

2. What questions have been raised that you might want to consider before you meet with this family?

3. What strengths based /solution focused questions or ethnographic questions might be helpful to use when interviewing the Blancos?

4. What special considerations should you be aware of in order to work effectively with this family?

5. What strengths can you identify in the family?

6. What services might be needed based on what you know right now, and would they be available in your county? Include services that you may offer immediately to might be helpful to the family.

7. What other things might you do to feel better prepared to meet this family?

8. What can you do to assure that you are a solution-focused, strength-based worker when you meet with the Blancos?

Interview Methods Observer Chart

Closed ended/Probing/yes/no Questions
Open ended Questions
Supportive responses/Empathic Listening
Clarification
Summarization/redirection
Giving Options, Advise, or Suggestions
Confrontation
Miracle Question
Exception Questions
Scaling Questions
Ethnographic Questions
Coping/Survival Questions

Feedback Model – Initial Contact

- **For those who played the child welfare workers:**
  - What was the experience like for you? Easy? Challenging?
  - What went well?
  - What would you have done differently?

- **For those who played the Blancos:**
  - What was the experience like for you?
  - What did the child welfare workers do in their approach to the interview?
  - What would you like to see the child welfare workers do differently?

- **For those who played the coaches:**
  - What were some of the questions used during the activity?

"We all need people who will give us feedback. That's how we improve."

~Bill Gates

First Visit Guidelines

1. The initial contact with the family must occur within seven days of the case decision (substantiation or finding of services needed). It is preferred practice that the CPS Assessment Worker and the In-Home Services Worker make the initial contact together.

2. Carefully review the DSS CPS In-Home Services process with the family including the time frame, anticipated amount of face to face contact, who else will be involved in the assessment process, how you can be reached, and expectations of each other.

3. The initial contact must include a review of the Continuing Needs and Safety Requirements (DSS-5010a), the initial family services agreement that must be signed by the parent/custodian.

4. Explore the family's past experiences with the agency and how that might affect their view of the worker's role and authority. Ask if they have they have had any positive experiences with social service providers and, if so, ask them in what way the provider was helpful to them.

5. Acknowledge to families the natural, healthy nature of their feelings about DSS involvement. Remember that distrust and suspiciousness are normative behaviors given the involuntary nature of the relationship.

6. Explain to the family who will have access to the information you discuss and how that information will be used during the provision of services. Help families voice their opinion to signing release of information forms for collaterals. If you encounter any resistance, use some of the following methods:
   - Back off from discussion
   - Return to discussion later
   - Ask, "What do you think will show up in the information the collateral provides that will be unfair to you?"

7. Assist families with getting concrete services or meeting immediate needs. This may include community or extended family resources. This can be a useful way to engage with families. In such situations, workers can quickly achieve credibility.

8. Explain the planning process and explore the family's connection with the community and others who can be brought into the planning process.

CPS In-Home Services
DAY Three

I. Opening Activity	9:00 – 9:15
II. Working Through Resistance	9:15 – 9:45
III. Confrontation	9:45 – 10:15
BREAK	10:15 – 10:30
IV. Child and Family Teams: Policy Activity	10:30 – 11:15
V. Case Planning Purpose and Process	11:15 – 11:30
VI. Change Activity	11:30 11:45
LUNCH	11:45 – 1:00
VIII. Services Agreement Components	1:15 – 1:45
IX. Constructing a Family Services Agreement a. Identifying Conditions and Needs b. Objectives and Activities	1:45 – 2:30
BREAK	2:30 – 2:45
c. Developing the Agreement with Families	2:45 – 3:15
XI. Transfer of Learning/Closing	3:45 – 4:00

Sources of Resistance

Resistance stems from one or more of the following:

- Fear of Authority
- Guilt or Shame
- Anger
- Feelings of being Discriminated Against
- Fear of Stigma
- Cultural Misunderstanding

"People don't resist change. They resist being changed."
~Peter Senge

The Stages of Change

STAGE	DESCRIPTION	INEFFECTIVE WORKER'S RESPONSE	EFFECTIVE WORKER RESPONSE
Precontemplation	• Parent or caretaker is unaware that their behavior is causing identified safety and risk challenges. • Denial, blaming, and/or minimizing	• Becoming overly formal/overuse of authority • Threatening parent that things will get worse if he/she does not cooperate • Making personal offensive remarks	• Increase the parent's awareness of the behavior or condition of concern / Be transparent and address concerns • If you were to change any of the ways in which you parent your child, what would you change? • Who do you think needs to make the changes in this situation?
Contemplation	• Parent is ambivalent to change • Thinking about change but has mixed feelings and is not committed	• Avoiding the need for caring confrontation by being overly agreeable • Overreacting and taking unnecessary action against the family	• Assist the parent in seeing the benefits of change and the consequences of not changing / Identify supports and use family's strengths • What behavior(s) do you think you need to do differently for your child to be able to stay or come home to a safe environment? / Tell me about a time when this was not an issue?
Determination/ Preparation	• Parent has decided to make the necessary changes • Needs realistic and achievable steps to change	• Not being responsive to the needs of the family • Ineffective case planning • Implementing services that are not appropriate for the family	• With the parent identify strategies to assist with the change that are realistic, acceptable, appropriate, effective and accessible. • Do you have any strategies to help you make this change? If so, what does it look like? / How will you know you have been successful in making this change
Action	• Taking small steps to change • Engages in services • Understands the benefits of change	• Not recognizing the small changes • Continuing to information parent that more behaviors need to change	• Continue to engage family's support system/Support and advocate for the family • What activities are you working on now? / What are things that you are finding easy/challenging to change?
Maintenance	• Sustained behavior over time • Alternative established • New behavior is being exhibited • Parent is motivated	• Not identifying the possible triggers for relapse/lapse • Not implementing strategies to prevent relapse/lapse	• Assist family to identify the possibility of relapse • Identify strategies to prevent relapse • What are you doing to keep from going back to the old way of doing things? • On a scale of 1 to 10, with 10 being the most confident and 1 not being confident at all, how confident are you that you will maintain this change over this week/month?

Source: Defanfilis, D. & Salus, M.K. (2003). *Child protective services: A guide for caseworkers.* Washington, DC: U.S. Dept. of Health and Human Services /
O'Donnell, D. & Golding, J. (nd). The changes model and treatment planning [PowerPoint slides]. Retrieved from:
https://www.govst.edu/uploadedFiles/Academics/Colleges_and_Programs/CHHS/Departments/Addictions_Studies_and_Behavioral_Health/2ndsession%20stages.pdf

Working Through Resistance

1. Family's Hopelessness

"Sometimes I feel like just up, leaving and never coming back. If it wasn't for these children, I would do just that. I just keep trying and trying to make ends meet and take care of my family but nothing I do seems to be right. I just can't do any more than I do. Now you people at social services say my house is not clean enough. I just give up."

2. Family's Lack of Trust or Suspiciousness

"I have heard about how you social workers come into someone's home, take people's children and try to get them adopted out. Don't think you are going to get my children. Why, you are no more than a child yourself. How in the world do you think you can help me? You have no idea what I go through every day! I think the only thing you are interested in is taking my children."

3. Family's Dislike or Distancing of the Worker

"You say that you are here to help me and that I should call you when I needed you, but you didn't even return my phone call for three days. I don't like people who lie to me. When you did call, you talked to me like I was stupid or something for asking for help with my electric bill. It will be a cold day in hades before I call you again."

4. Family's Defensiveness or Feeling Threatened

"Are you threatening me, because that's what it sounds like to me! I'm not going to stand here in my own house and let you make threats. Just because I didn't make my last mental health appointment is no reason for you to come in here threatening to take my children. You just come in here assuming that I missed the appointment on purpose. You can just get out of my house."

Caring Confrontation Tips

- Do not challenge when you are angry.
- Do not challenge or confront a parent or family if you cannot or do not intend to become more deeply involved.
- A challenge offered by someone for whom the person has no positive feelings will have no beneficial impact.
- It is important to have a worker-family relationship in place prior to confronting the parent.
- Assess for timing. Is it an appropriate time to confront the parent?
- Couple the confrontation message with positive observations about the parent or family. Present the message within the context of recognizing and supporting the parent or family's strengths.
- Make sure your message to the parent or family is behaviorally specific and nonjudgmental.
- Present the observations or information on which your message is based.
- Use "I" messages throughout the confrontation.

Child and Family Team Meetings

NC Child Welfare Manual In-Home Services
https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-97/man/

Purpose:

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

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

Definition:

CFT meetings are structured, guided discussions with the family, their natural supports, and other team members about family strengths, needs, and problems and the impact they have on the safety, permanence, and well-being of the family's child(ren) and youth.

The meetings share the following components:

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

Facilitated CFT meetings:

A facilitator, who is neither the county child welfare worker for the family nor the supervisor of that child welfare worker, must be used in all cases:

- With a current high-risk rating; and
- For cases open for six months with a lack of progress/or use of a TSP.

Use of a neutral facilitator is best practice for all CFT meetings. While a facilitator is not required in moderate risk cases, it remains best practice as there are many benefits to a facilitated meeting.

"Nothing about me without me."
~ Valerie Billingham

Child & Family Teams
Policy Activity

1. How are the Blanco Child and Family Team members decided? What if Rori wants her teacher to attend the CFT and the parents do not believe she should be there. How could this be negotiated? Could the relatives who do not live here be involved? How?

2. Should the Blanco children be involved in the CFT? If so, how could you involve them?

3. If the Blanco's decide they do not want a CFT, how would you handle this?

4. If there was an absent father involved in this case, what would you do regarding the CFT process with the absent parent?

5. What are some steps that you and your agency could take to prepare for the Blanco Child and Family Team meeting? What additional steps would need to be taken to prepare a CFT for a family experiencing domestic violence?

6. How do you decide where and when the meeting will be held? What options are permitted per policy?

7. Is a facilitator required for the Blanco family CFT? In what case situations are CFT recommended? When will the Blanco's get to set the ground rules for their CFT meeting?

8. How will decisions regarding the safety and risk of the Blanco children be made by the team?

9. The Blancos have achieved all the objectives and activities of the service agreement and the risk to the children has decreased. Does there need to be a CFT prior to case closure?

Family Services Agreement

DSS-5239/DSS-5239ins

https://nccwta.org/index.php?/Knowledgebase/Article/View/5/0/cw-policy-manual-forms

What Is It?

The family services agreement provides a framework for case decision-making and addresses the following questions:

- What are the family outcomes that, when attained, will indicate that safety threats have been addressed, risk has been reduced, and the effects of maltreatment have been successfully mitigated?
- What tasks or activities must be undertaken to attain these outcomes?
- What intervention approaches or services will facilitate the successful attainment of outcomes and achievement of goals?
- How and when will progress in implementing tasks or activities, attaining outcomes, and achieving goals be evaluated?

Timeframe:

- Within 30 days of a Services Needed or Substantiated case decision and a transfer to ongoing services
- Within 90 days after the development of the initial family services agreement
    - Coincides with the Family Assessment of Strengths and Needs and the Risk Reassessment Updates
- Within 6 months of development of the service agreement
    - Case review regarding family's progress, and
    - County child welfare agency's determination about status of In-Home Services
- Updated if major changes occur that affect the objectives or activities or the safety or risk to the child

Who is Involved?

- The family, including the child
- Informal Supports (friends, church members, etc.)
- Formal Supports (mental health, substance abuse counselor, etc.)
- Temporary Safety Providers
- Absent, Non-Residential Parent

Temporary Safety Providers
NC Child Welfare In-Home Services Manual
Cross Function Topics

Temporary Safety Provider (TSP):

- Voluntary, temporary intervention made between a parent and a county child welfare agency
- Used to address ***immediate safety threats*** to a child(ren) when a child(ren) is found ***unsafe*** in the care of their parents/caretakers
- Only uses when less intrusive safety interventions are not sufficient.

Initiating Use: The following must occur ***prior*** to the child(ren) being left in the care of the provider:

- A Child and Family Team Meeting must be held ***prior*** to the separation or restriction
- Background checks, including:
    - Criminal Check
    - Civil Case Processing System (VCAP)
    - Review of county child welfare services, or services history through NC FAST, agency records, RIL.
    - Review of 911 call logs
- Completion of the Initial Provider Assessment (DSS-5203)
    - Includes a home visit to the potential TSP
    - Must have supervisor approval
    - Must be signed within 3 days

Monitoring:

- Contacts with each child in the care of a TSP must:
    - Occur in the home at least once a month and
    - Occur at the frequency required to monitor safety and risk.
    - Include discussion regarding any needs or issues regarding the child(ren)
    - Include observation of the child(ren) and the safety provider during face-to-face contact

Comprehensive Provider Assessment (DSS-5204)

- When use of the TSP continues over 29 days after the case decision date and transfer to In-Home Services, or
- When use of the TSP initiations during In-Home Services case and continues in use over 29 days after it was initiated.

Absent, Non-Residential Parents

NC Child Welfare In-Home Services Manual

A parent that has been referred to as absent, non-custodial, or non-residential may have information regarding their child(ren). Working to develop an early partnership that includes that parent may provide an excellent foundation for them to not only become more involved in their child(ren)'s life, but also may be a resource for the child(ren) can reunify with and/or be a long-term support.

Absent parents must be involved in the CFT meetings unless there is a valid conflict or safety issue. The conflict or safety issue must be documented in the case record. If an absent or noncustodial/non-residential parent is not involved in the planning, ask ***what it would take to become involved?***

Frequency of contact:

- Attempts to identify or locate a parent must occur monthly;
- Contact must occur at least monthly with a non-resident parent who have been located but was not responsible or associated with the safety or risk of harm to the child.
    - The frequency and type of contact must be determined in a case staffing.

Things to Consider:

- Ask: How can the county child welfare services agency obtain the absent parent's involvement?
- If the parents have a tenuous relationship, consider facilitating separate meetings.
- Provide resources/services that are focused only on fathers.
- Discuss with the mothers on the importance of father involvement.
- Attempt to connect the father with a male role model.
- Be aware of your own feelings or reservations regarding absent, non-residential fathers.

Resources:

- *Engaging the Non-resident Father for Child Welfare Staff* – www.ncswLearn.org
- National Fatherhood Initiative – www.fatherhood.org
- National Responsible Fatherhood Clearinghouse - www.fatherhood.gov
- Dads Rock: Nurturing Father Engagement [webinar] - https://cantasd.acf.hhs.gov/bcbh/dads-rock/

S.M.A.R.T Objectives

Specific	• Objectives should be well-defined and clear to the family, supports and the child welfare worker. • What is the desired outcome? What is the intended impact?
Measurable	• Concrete evidence of progress is necessary. • How will the family and the child welfare worker know that progress is being made?
Achievable	• The objective should be within reach of the family, considering available resources, knowledge, etc. • How can the family accomplish the objective? What are the barriers?
Realistic	• The family must be willing and able to achieve the objective. • Is the family willing and able to achieve the goal?
Time-Bound	• Objectives should be achievable within a specific timeframe. • When will the objective be achieved? Is the time-frame realistic?

Family Services Agreement Tips

The development of a family services agreement is a collaborative process. Remember the following tips:

- The services agreement must be based on the information obtained from the Family Risk Assessment of Strengths and Needs, Temporary Safety Agreement, and other assessment regarding the needs of the child(ren) and family.
- Develop *with* the family and not *for* the family.
- Remember the golden rule – meet families where they are.
- Match the family's strengths and needs with solutions and services.
- Identify behaviors and conditions that need to change.
- Review, track and acknowledge progress regularly.
- Service interventions must be culturally sensitive.
- Every family is unique – service agreements are to be individualized and tailored for each family.
- Engage all natural and formal supports to the family in the process.
- The services agreement is a living document and objectives and/or activities may need to be changed.
- Write the service agreement so families understand what behavior or condition must change to ensure the safety and well-being of their child(ren).

CPS IN-HOME SERVICES
DAY FOUR

I.	Opening	9:00 – 9:10
II.	Formal / Informal Resources Activity	9:10 – 9:30
III.	Case Evaluation and Updates	9:30 – 10:15
	Break	10:15 – 10:30
IV.	Documentation	10:30-11:00
V.	Case Closure	11:00 -11:30
	Lunch	11:30 – 12:45
VI.	Sharing Skills Activity	12:45 – 2:00
VII.	Transfer of Learning/Close	2:00 – 2:15

The Purpose of the Monitoring Function

- Monitoring is an ongoing and active case planning/management function.

- Each contact with the family should be focused on assessing the progress of the family toward the objectives of ongoing safety and permanence for the child(ren).

- Monitoring includes paying attention to both the direct and the indirect services delivery/intervention methods for compliance.

- Successful case management practice ensures that the family's service providers are all working cooperatively and effectively to support the family in its efforts to reach service plan goals. You are responsible for helping the family process and understand, on an ongoing basis, whether they are making progress toward their services agreement objectives and goals.

- On-going assessment is essential to the monitoring phase. System theory says that changes affecting the family system often create a need to change the service delivery plan. As a DSS case manager, you are the plan's coordinator. It is crucial that you serve as the link between all the players. Remember, just as you have clear expectations with the family, you also need to maintain clear expectations with all the service providers, including yourself.

- You are responsible for knowing what services work for a family. In this monitoring function, you may wear many different hats (advocate, supporter, encourager, planner, and communications coordinator).

- Families should not perceive you as a kind of police-state monitor trying to catch them doing something wrong. Maintain a collaborative relationship—the type that will enable you to be honest with each other.

- During your monitoring visits, look for what has changed and what has not changed. Ask the family to help you understand why things are the way they are. Help the family problem solve and brainstorm ways to continue their progress.

- With the monitoring function, it is essential that you let families know the strengths you see in them and that you help them see the progress they have made and are continuing to make, even if they are only making small steps.

Case Considerations

- Is the family actively participating in the services agreed to in the service agreement?
- Is the child safe? Have the risk and protective factors, strengths or safety threats changed, warranting a change or elimination of the safety plan or the development of a safety plan?
- What changes, if any, have occurred with respect to the conditions and behaviors contributing to the risk of child maltreatment?
- What outcomes have been accomplished, and how does the child welfare worker know that they have been accomplished?
- What progress has been made toward achieving case goals?
- Have the services been effective in helping the family achieve outcomes and the goal, if not, what adjustments need to be made to improve outcomes?
- What is the current level of risk in the family?
- Have the protective capacities increased sufficiently so that parent or caretakers can protect their children and meet their developmental needs, so the case can be closed?
- What changes, if any, have occurred with respect to the conditions and behaviors causing the child to be unsafe and/or at risk of being unsafe?
- What Family Services Agreement tasks have been accomplished and how does the caseworker know that they have been accomplished?
- What progress has been made towards achieving the case objectives, even if the family has not followed the agreed upon tasks?

Evaluation Process

- Review the family services agreement
- Collect information from all collateral contacts
- Engage the child(ren) and family in the evaluation process
- Evaluate any changes in the family dynamics along with the conditions or behaviors that impact the safety and risk of the child(ren).
- Conduct a formal evaluation using the necessary SDM tools.

Blanco Family – 3 months later

The Blancos have been working on the objectives of the services agreement for three months. Mr. and Mrs. Blanco have reestablished ties with Mr. Blancos' sister and they have had dinner together several times. Mr. Blancos' sister has taken a special interest in Rori. Her own children are older and she enjoys taking Rori places and having her stay with her some on weekends. Rori likes her Aunt and enjoys the special attention she gets from her. Worker met with the Aunt who says she intends to stay in close contact with the family and help them any way she can. She is on a limited income and cannot help financially but will gladly help with the children when Mrs. Blanco needs a break. She says that she is getting very close to Rori and enjoys having her come for the weekend. She is teaching Rori to cook native foods from the Dominican Republic and teaching her to sew.

Mrs. Blanco and the children have begun to attend a Spanish service at a nearby church. The church has members who are knowledgeable about services in the community and advocate for the Spanish-speaking members of the community. They also offer job counseling services and family counseling and adjustment services. English classes are taught there through the community college and Mr. Blanco attends them when he can. Mrs. Blanco has found these services to be very helpful she says, "because the people speak Spanish and they understand my family better". She has utilized the family counseling services for herself and Rori. She reports feeling better about "everything" and has hope that things will continue to improve.

Mrs. Blanco signed releases of information for the worker to speak with the counselor. The counselor believes that he is making progress with Rori and her mother. They have talked about the assault incident together and Rori says that she doesn't understand why her mother does not love her anymore. Rori thought her mother blamed her for what happened, and her mother was able to reassure her that she was not to blame for what happened and that she still loved Rori very much. The counselor also knows Mr. Blancos' sister and believes that she is a wonderful influence on Rori. The counselor does not believe there has been any sexual abuse in the family. Mr. Blanco has not attended the counseling sessions because of his heavy work schedule. He tries to arrange to be off on the evening when the English class is given because he finds it to be helpful.

The worker talked with the teacher at Rori's school who reports that Rori appears much happier and more appropriate with her schoolmates and other teachers. Sleeping in class is no longer a problem and she has not seen any bruises or marks on Rori. Her grades have improved slightly. Worker talked with the school counselor with whom weekly counseling sessions have been arranged. The school counselor feels that Rori is really making progress. They have discussed Rori's behavior problems at home, her lying, and her performance at school. The counselor has added Rori to a support group that she leads for at risk children, and she allows Rori to participate as an office helper first thing every morning at the school. Rori loves working in the office and the counselor uses this as a good way to motivate Rori to do her homework and try harder in school. She feels this has increased Rori's self- esteem and built trust in her abilities to have control over

her behavior and her life. The counselor is very pleased with Rori's progress. Rori has begun to take a leadership position in the group meetings and tries to help the other children.

At home, Mrs. Blanco says that Rori is behaving much better now. Rori has been attending after school daycare for the past few months and seems to be playing with the other children. The Blancos have received financial help with daycare services for Danny, which has relieved them of some financial burdens. The worker has been helping the Blancos learn non-physical discipline techniques, which the Blancos were skeptical of at first, but appear to be using. Mr. Blanco was resistant to working with the social worker at first because he said that he did not have time. The worker offered to work with him and Mrs. Blanco in their home, or they would have to attend parenting classes in town. He chose to have the worker teach him in their home and planned to be there for sessions. The worker also provided parenting films for the Blancos to view, including child development information, and then the worker discussed the film with the Blancos at the visit. The Blancos agreed not to use corporal punishment on any of the children. Rori does not report any spankings. There have been no marks seen on Rori in the past three months.

Mrs. Blanco and Rori have been working on rebuilding their relationship with the help of the social worker. The worker worked with Mrs. Blanco to understand why Rori might be acting out for attention and how the assault might have affected Rori and herself. Mrs. Blanco agreed that her relationship with her daughter had changed negatively since the incident. The worker reinforced and supported the advancements made in counseling by giving the family tasks to complete each week and then discussed what worked and didn't at the next meeting. These included watching a children's TV show together, going for a walk together, playing a game together, having Rori help cook a meal, having Mrs. Blanco catch Rori doing something correctly and praising her for it, tucking Rori into bed each night, and giving Rori hugs and kisses every day. Mr. Blanco was given the same type of tasks when he was at home, even if he couldn't do it every day. Rori was asked to surprise her mother by doing chores without grumbling and volunteering to do one special thing each week to help her mom. The family had the task to make "family time" by doing something special together every week, even if it was take a walk together or watch a TV show and eat popcorn.

The family reports an improvement in Rori's behavior and having to use less discipline. The atmosphere in the home is much less tense according to the Blancos and they have begun to do more things together like go out to eat, walk around the mall, or rent a movie to watch together. Rori and her brother do not bicker as much, and the family feels like they are becoming close again. Rori is also sleeping better at night with much fewer episodes of nightmares. Rori's older brother is now sleeping on a day bed in the living room. Mrs. Blanco reports that she feels like her life is back under "control" again. Mr. Blanco is pleased that his family seems happier and feels optimistic about things remaining that way. The worker is helping the family obtain better housing and that pleases Mr. Blanco very much.

All three children have received physicals and the baby is receiving his immunizations now that the family is receiving Medicaid services. None of the children have had dental checkups at this time. The Blancos say they will arrange for checkups but have not been able to take off from work to take the children yet.

EVALUATION QUESTIONS

- What changes, if any, have occurred with respect to the conditions and behaviors causing the child to be unsafe or at risk of being unsafe?
- What services agreement tasks have been accomplished and how does the caseworker know that they have been accomplished?
- What progress has been made toward achieving the case objectives, even if the family has not followed the agreed upon tasks?
- Are services being provided as planned and/or are other services needed to help the clients achieve case objectives?

- Should a new services agreement be developed based on the progress, or lack of progress, during the last case planning period?
- What is the current level of risk of maltreatment and the family's current needs and strengths?
- Has the risk of maltreatment been reduced so significantly that the case can be closed?

De Panfilis, D. & Salus, M. Child Protective Services: A Guide for Caseworkers. US Department of Health and Human Services. 1992.

The Fire

You are walking down the street when you see a group of people gathered together out front of a store on the sidewalk. Being a curious minded person, you walk over and ask if someone will tell you what has happened.

A man turns to you and says:

A businessman had just opened the store when he smelled smoke. Entering the back room, he saw an empty gasoline can on the floor near the fire and a person running from the fire. The businessman yelled, but the person sped away. The owner immediately called the fire department. One passerby said an explosion was heard and then a puff of black smoke was seen coming out of the back-room window of the store. The gasoline can was taken to headquarters.

You thank the man for the information and walk away. Another passerby stops you and says, "What happened here?" You relate the facts of the fire as they were told to you.

The Fire Story

"This is what happened ------- "

TRUE OR FALSE

If the statement is true, place a **T** in front of the sentence, if false, place an **F.**

1. A man was seen in the back room after the store was opened.
2. The fire was of incendiary origin.
3. The arsonist was a male.
4. The store was opened by the owner.
5. The businessman smelled smoke just after opening the store.
6. The gasoline can was not empty.
7. Gasoline fumes ignited and caused heavy burning.
8. The arsonist ran away from the building.
9. An explosion was heard, and a puff of black smoke was seen.
10. The gasoline can was preserved for evidence.
11. The owner called the fire department after trying for several minutes to extinguish the fire.
12. The person used gasoline to start the fire.
13. The cause of the fire was arson.
14. The person was apprehended by the businessman.
15. Firefighters took the gasoline can to headquarters.
16. The explosion was caused by pressure build-up in the gasoline.
17. An explosion and puff of black smoke was observed by a passerby.
18. The gasoline can was near the fire in the back room.
19. The story concerns a series of events in which only three persons are referred to: the businessman, the arsonist and the passerby.
20. The following events were included in the story: the businessman opened the store, an empty gasoline can was seen near the fire, a person sped away, and the owner called the fire department.

Documentation Tips

- Be specific and concise.
- Record or present pertinent facts, impressions, and conclusions. Be certain to distinguish by clearly labeling the difference between facts and impressions.
- Distinguish between the client's view of the problem and your view of the problem.
- Include only relevant information.
- Make sure problems are clearly identified—focus on strengths as well as weaknesses.
- Describe the family according to agency guidelines and according to family guidelines. Include information about non-relatives that the family may view as significant.
- Identify the family's patterns of behavior, strengths, problems, and attitudes.

Before

- Research your facts. If you need to read agency files or other agency documents regarding the family, read them with the purpose of your report in mind. Look for ideas and main activities instead of concentrating on single words. Also, try to see the difference between someone's opinion and the facts. If you learn to look for this in others' writings, you will be more careful about distinguishing between the two in your own writing.
- Organize your facts. In organizing ideas and facts, many workers find that listing all the facts on a single sheet of paper helps in deciding what needs to be reported. After they have chosen the main facts, they expand the list into an outline by going back and filling in additional information they will need under each fact. It is also important to organize ideas by placing them in a logical order or progression—e.g., chronological, compare, least to the most important, problem and solution, etc.
- Decide what level of report is needed and appropriate—whether it is a formal report, a memo, or a letter.
- Remember the purpose. Once you have gathered and organized your facts and ideas, you are ready to summarize. When you are writing your summary documentation, keep asking yourself, "What is my purpose in writing this report? Whom am I writing it for?" This will help you include only the most important information in your report
- Expand on the main ideas and facts you have put in your outline.
- Include the appropriate demographic/identifying information (such as name, address, sex, and race).
- Clearly state your purpose at the beginning of your report. Explain why you are writing the report.

Case Summary Tips continued…

- Work for clarity. Use specific, concrete, and familiar words, and use short sentences.
- Strive for brevity. Most of your reports should be short. Wordiness lessens the force and distracts the reader from the point you want to make. Avoid redundant phrases such as "first beginnings," "the present time," "join," and "point in time." Keep sentences to 20 words or less in most cases. Remember to stop writing once your message is finished.
- Normally the straightforward subject-verb-object sentence is the best. For example, "Don hit John."
- Use active verbs whenever possible. The passive voice adds unnecessary words, weakens the statement, and makes the meaning less clear. For example, "Don hit John" has a clearer, stronger impact than "John was hit by Don."
- Give special attention to paragraph construction. Each paragraph should focus on a single idea. By reading the first and last sentence of a paragraph, the reader should be able to pick up much of what you are trying to communicate.

After

- Proofread—maybe have someone else proofread.
- Make sure that letters are appropriately addressed, and titles are correct.
- In general, a page of double-spaced typewritten copy should contain two or three paragraphs. If there is only one paragraph per page, it is likely that too many ideas have been crammed into a single paragraph.
- Use the dictionary to determine the exact meaning of a word, the correct spelling, whether a word should be capitalized, etc.
- It is important to make sure the reports reflect the completeness of the interagency process. In summary documentation reports, the wording should reflect that the family, along with the interagency team, agreed to or decided on a given action.
- It is also crucial that the summary documentation reflect a balance between the activities of the services agreement: what the worker has done and what the family has done. The worker's job is to assist the family in reaching their services agreement goals.
- A judge will want to know what the worker has done with the case. Even if a family chooses not to cooperate with the worker, the worker must still make diligent efforts and document their attempts at including the family in the case planning process.

Successful Case Closure

Remember:

- The minute you begin to work with a family, you need to be up-front about the fact that the clock is ticking—if certain changes don't occur within given timeframes, they will be at risk of having their children removed from their home.

- In a non-threatening manner, you need to let them know that the goal is safety and permanence. Tell the family that your goal is to end your involvement with them. Clearly tell them the conditions under which noninvolvement can occur.

- If you consistently involve the family and consistently review their progress with the family, then the decision to terminate or transition the case to another level should not surprise anyone. Remember that if you have been clear about the goals, objectives, and expected outcomes, then the decision to terminate should be a clear one.

- If you are transitioning the case to another level of service, you will still need to help the family understand the transition and deal with their resulting feelings.

- Model for families how to celebrate. Also, model for them the importance of celebrating accomplishments in very small increments. The old saying "Success breeds success" is generally true in work with families. Be sure to praise legitimate accomplishments only. Do not celebrate if there have been no accomplishments. But if there are legitimate accomplishments, the family may not initially recognize them as such, and you may have to help the family to do so.

- Meet personally with the family to discuss the case closure

- Acknowledge the family's and the worker's feelings about case closure

- Refer the family to additional resources as needed

- Leave the door open for services should they be needed in the future.

APPENDIX

Transfer of Learning Tool (TOL)

Instructions: Part A is completed before the child welfare worker attends the training event. Part B is completed during the training and Part C is completed soon after the training event.

Tool goals:

1. Ensure child welfare workers get as much as possible from training;
2. Support child welfare workers in transferring learning and skills from training to the workplace.

Course Title: **In Home Services in Child Welfare**

Training Dates: _____

Competencies

- ⌋ Understands how to write concise, summarized, timely case documentation and the importance of maintaining documentation in the family case record.

- ⌋ Understands the complex issues involved in service termination and case closure and can plan for case closure and follow-up services.

- ⌋ Can apply the relevant federal, state and local laws, policies, procedures and best practice standards related to their area of practice and understands how these support practice towards the goals of permanence, safety, and well-being for children.

- ⌋ Knows and can apply social work values and principles in child welfare practice.

- ⌋ Understands resistance as a natural component of the change process and knows methods to increase cooperation and reduce opposition.

- ⌋ Understands the importance of a comprehensive and balanced assessment, knows what data must be gathered and how to thoroughly assess alleged abuse or neglect, family strengths and needs, and the risk and safety of children.

- ⌋ Understands the potential effects of cultural differences on the development of a relationship and knows strategies to establish relationships with people from cultural backgrounds different from one's own.

- ⌋ Can select appropriate techniques and conduct effective social work interviews.

- ⌋ Knows the roles and responsibilities of other disciplines, community agencies and service providers and can collaborate with these agencies and practitioners to promote effective delivery of services that assure a safe, permanent family environment for children.

- ⌋ Understands the importance of effective case planning and knows the steps in the case planning process.

Part A: Training Preparation *Complete before training*

Date of pre-training meeting between supervisor and social worker (Part A): _____

A1. **Social Worker's goals for the training** (*What do you hope to get out of this training? What do you want to walk away from the training knowing or doing?)*

A2. **Supervisor's goals for the training** (*What does the program manager/administrator want the supervisor to walk away from the training knowing or doing?)*

A3. **List specific <u>questions</u> the social worker would like answered about the topic:**

A4. **List <u>current opportunities</u> the social worker might want to apply learning during and after this training**:

A5. **List any <u>steps</u> the social worker will take <u>to prepare</u> for the course (e.g., review NC child welfare team policies**

A6. **What are <u>potential barriers</u> to course attendance and full participation? What <u>supports</u> will be provided to address barriers (e.g., no calls during training days, etc.)?**

Supervisor's initials:_____ Date: _____

Worker's initials:_____ Date: _____

Part B: During the Training

At the end of each training day, you will be asked to complete TOL activities to apply your learning. Please only answer these questions when prompted by the trainers. You will share your responses and ideas with your supervisor in your follow up meeting after the training.

Day One Reflections

1. What about today's activities and material did you find most helpful?

2. What about today's activities and material did you find most challenging?

3. What are your top three "takeaways" for today?

Day Two Reflections

1. What about today's activities and material did you find most helpful?

2. What about today's activities and material did you find most challenging?

3. What are your top three "takeaways" for today?

Day Three Reflections

1. What about today's activities and material did you find most helpful?

2. What about today's activities and material did you find most challenging?

3. What are your top three "takeaways" for today?

Day Four Reflections

1. What about today's activities and material did you find most helpful?

2. What about today's activities and material did you find most challenging?

3. What are your top three "takeaways" for today?

Summary of Reflections

Review your notes from all training days and consider the following:

1. Consider the Transfer of Learning plan you negotiated with your supervisor and your reflections during the training, identify a few action items you want to discuss with your supervisor in your post training follow up meeting.

2. What are the merits of the action items you selected? How will they strengthen your practice, benefit the agency and/or enhance the safety and well-being of children?

3. What resources or supports will you request?

4. What barriers or pitfalls do you anticipate? How can you address these? What supports do you need?

Part C: Post-Training Debrief *Complete within 7 days after training*

Date of debrief meeting with supervisor: _____

C1**. What are the top three things you learned from the training?**

C2. **Describe your action plan in response to this training.**

C3. **What might be some potential barriers to applying the skills and knowledge obtained from the training (e.g., time, resources, etc.)? How might these barriers be overcome?**

C4. **What do you need from your supervisor to apply what was learned in this training?**

Supervisor's signature:_____Date: _____
Social Worker's signature:_____Date: _____

QUESTIONS TO CONSIDER IN A SEEMAP ASSESSMENT

***Social*—**the family's social connection to the community.

- Who lives in the house? How are people connected to each other?
- What is the feeling when you enter the house? Comfortable? Tense? Why?
- How do people treat one another? How do they speak to and about one another to someone outside the family? How far away is this home from other homes? Would it be likely that people would be able to visit here easily?
- Who does visit the family? Ask questions to determine what individuals, organizations, and systems are connected to the family.
- Are those people/organizations/systems helpful or not?
- What do people in this family do for fun? What stories do they tell about themselves?
- What are the major interpersonal strengths about this family?
- What kind of social support systems the family can depend on.
- How does the family use resources in the community?
- How does the family interact with social agencies, schools, churches, neighborhood groups, extended family, or friends?
- Do the children attend school regularly? Are there behavior problems at school?
- Do not forget the importance of nontraditional connections a family may have.

Economic—the family's financial situation

- Are people willing to discuss their finances after a period of getting acquainted?
- Does the stated amount of income seem reasonable and possible to live on?
- If it does not, do members have any plan or idea what to do?
- Has the family made plans to use economic government services? Are food stamps, child support, TANF, LIEAP available to them? If not, why not?
- If income seems adequate but the residence and family members seem needy, is there any comprehensible explanation about where the money goes?
- Do the adults in the family demonstrate an awareness of how to budget the money that is available to them?
- Do people in this family tend to make workable fiscal decisions for themselves?
- What is the strongest economic skill each person in this family displays?
- Do they have enough money to make it through the month?
- Do they have any plan for where the money goes?
- Where does the money come from?
- Does the parent subsystem agree about the destination of any monies available?
- Are they content with the job they have? Have they considered changing job fields or careers? If so, what has prevented it?

Environmental—what is the family's environment like?

- Look at the residence from the outside. Is it kept up? In disrepair?

- What is the surrounding area like? Places for children to play?
- Are there obvious hazards around the house? Old refrigerators, cars, broken toys, glass, etc.?
- What is the feeling you get when you arrive at this residence? Do you know where this feeling comes from?
- Is the neighborhood comfortable or dangerous? Are there people walking around? Do you get a sense that people in this neighborhood would intervene if a child were in danger?
- Inside the residence, is there light and air?
- Is there any place to sit and talk?
- Are there toys appropriate for the ages of the children who live there? Or can you tell if someone creates a space for children to play?
- Is there a place for each person to sleep?
- Is it obvious that people eat here? Can you determine what kind of food is available for people who live here?
- Are there any pictures of family members or friends?
- Is there a working phone available to the family?
- Is there a SANITARY water supply available to the family? Are there readily available means of maintaining personal hygiene (toileting, bathing)
- SMOKE ALARM? Heat/air conditioning/fans
- What are the best features of this environment?
- Is their house structurally sound? Reasonably clean?
- Are there any health and safety issues?
- Do they have a phone?

Mental Health—the mental health issues with family members.

- Take a mental picture of the people in this family. What is their affect? Does it make sense, given the situation?
- Do members of this family have a history of emotional difficulties, mental illness, or impulse problems?
- Does anyone take medication for "nerves" or any other mental health condition?
- Are persons you interview able to attend to the conversation? Are there times when they seem emotionally absent during conversation?
- Do people make sense when they speak? Are they clearly oriented to time and location?
- When people speak to each other, does their communication make sense to you as well as to other family members?
- Are people able to experience pleasure in some things?
- Are there indicators that persons in this family have substance abuse addictions?
- Is there some awareness of the developmental differences between adults and smaller children?
- How do people in this family express anger?
- Can people in this family talk about emotions, or do they only "express" them?
- What is the major belief system in this family?
- Do members of this family seem generally okay with themselves?

- Is anyone exhibiting signs of depression? Remember that depression in children can show up as hyperactivity. Has anyone ever received counseling or been under the care of a physician for a mental health problem?
- Do their thoughts flow in ways you can understand? If you cannot understand the person, does the rest of the family act like they understand? There may be some cultural language habits that you will have to learn.
- Is anyone on medication? Are any of the medications for mental health related issues? (Examples, medications for depression, sleeping pills, anti-anxiety medications, tranquilizers, etc.) Are there funds to buy that medication?
- Is anyone abusing substances? What kind? Do they acknowledge a problem?

***Activities of Daily Living (ADLs)*—**those activities people need to be able to accomplish to remain independent and self-sufficient: budget management, household management, capacity for employment, and schooling**.**

- Do adults in this family know how to obtain, prepare, and feed meals to children in this family?
- Do adults here know how to pay bills and handle money?
- Do people in this house know how to express themselves well enough to get their basic needs met?
- Do some people in this family speak the prevalent language of the community and English if their first language is different?
- Does the family engage in some activities of a spiritual nature?
- Are adults able to connect usefully with their children's schools, doctors and friends?
- Do the adults in the house demonstrate developmentally appropriate and accurate expectations of the children in the home?
- Does the family own a car?
- If not, are there neighbors close by who will give them rides? Is public transportation convenient and available?
- Do people in this family have the ability and willingness to keep the home safe and reasonably clean?
- What skill does this family demonstrate the most?
- Do the parents know how to discipline their children or adolescents?
- Do they need some support in learning how to manage or organize their household, or how to stretch their limited budget?
- Are they employable?

NORTH CAROLINA FAMILY MEETING PREPARATION

For use in planning all family meetings including CFTs, Family Services Agreements, Permanency Planning Reviews, and other child welfare agency meetings.

County: **Case Number:**

Case Name:		**Worker Name:** **Phone Number:**	
Risk Level: **(from current assessment form)**	☐ **Low** ☐ **Medium** ☐ **High** ☐ **NA (for Permanency Planning with a plan other than Reunification)**	**Supervisor Name:** **Phone Number:**	
Meeting Purpose: **Multiple boxes may be selected.** ***Should be a CFT**	☐ Safety Planning or Pre-petition/custody* In-Home ☐ Initial Family Services Agreement * ☐ Review of Family Services Agreement* Other ☐ Family Requested*, Describe: ☐ Other, Describe:	Permanency Planning (multiple boxes may be selected) ☐ Development of Family Services Agreement* ☐ Permanency Planning Review ☐ Family Services Agreement Update* ☐ Foster Care 18-21 ☐ Change (placement, school, other)*, Describe:	
Facilitator Type:	☐ Facilitator (no case responsibility) ☐ Case supervisor	☐ Case worker ☐ Other:	
Service Needs:	Interpreter: ☐ No ☐ Yes, specify language: Other: Describe:	Disability: ☐ No ☐ Yes, specify disability/accommodations needed:	
Child Living Arrangement:	☐ Parent(s)/caretaker(s) ☐ Family foster home ☐ Therapeutic foster home ☐ Other:	☐ Temporary Safety Provider ☐ Kinship Provider (licensed or not licensed) ☐ Group home or juvenile justice placement ☐ PRTF / Hospital	
Parents/ Caretakers Status:	Are both parents involved? Describe the relationship between parents/caretakers? What efforts have been made to engage non-resident parent? ☐ NA		
Meeting Objective / Issue to be Addressed:			
Relevant Safety Issues:			
Parent/ Caretaker Preparation:	What does the parent want to address during the meeting? What concerns does parent/caretaker have about the meeting? How will children be involved? Encourage parents(s) to bring family pictures and items to "entertain" children. Who are the family supports? Who does the parent/caretaker want to attend this meeting?		

NORTH CAROLINA FAMILY MEETING PREPARATION

For use in planning all family meetings including CFTs, Family Services Agreements, Permanency Planning Reviews, and other child welfare agency meetings.

County: **Case Number:**

	Discuss potential safety concerns. What is best time of day/ day of week for the family members? Prepare/introduce the parent(s) to the need to complete required forms (and why).			
Service Providers, Family Supports or Community Members:				
Considerations:	• How many attendees are anticipated? • How long is the meeting expected to last?		• Should childcare be provided/available? • Is the meeting location family-friendly?	
Meeting Location:				
Participant Preparation: Who is responsible?	**Name**	**Contact Method/Number**	**Relationship to Child**	**Date contacted and outcome**
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
	11.			
	12.			
All Attendee Preparation:	Discuss purpose of the CFT meeting. Discuss the requirement for confidentiality. Discuss the meeting expectations, to include but not limited to: • Participants agree to arrive on time and can expect the meeting to last (minutes or hours). • Participants understand that there may not be time to address all topics during this meeting and that there will be agency requirements that must be covered. Participants agree to use of a "parking lot" to identify ideas or items for follow up.			

NORTH CAROLINA FAMILY MEETING PREPARATION

For use in planning all family meetings including CFTs, Family Services Agreements, Permanency Planning Reviews, and other child welfare agency meetings.

Name of Child/Youth: Age: **Repeat this page for each child.**	
Child Preparation (all meetings)	A. Describe how child was prepared. ☐ NA. If NA, explain why: Answer question B. at the end of this section. Child should answer: • These are my ideas regarding the decisions that will be made in the meeting: • I do ☐/ do not ☐ wish to attend the meeting. Explain: Answer question B. at the end of this section if child does not plan to attend the meeting or expresses an inability to participate/express views. • How things are with my family right now: • How things are in school: • How things are between me and my caseworker or between me and the agency: • What is going well: • What I am worried about: • What I would like to be different: • Other: **B.** What is the plan to have child represented if unable to participate in the meeting? ☐ NA (child will participate)
Additional Child Preparation for Permanency Planning cases ☐ **Check if child is in county child welfare custody**	If box (to the left indicating child in custody) is checked, child should also be asked the following: ☐ NA. If NA, explain why: • How things are in my current placement: • Where I want to live while I am in foster care ☐ I want to stay where I live now, with ☐ I want to live somewhere else: (describe the kind of setting that would be best for you) • The following permanent plan would be in my best interest ☐ Going to live with my parent(s). Explain if checked: ☐ Going to live with a relative. Explain if checked: Name of person, relationship ☐ Going to live with: Relationship to child: Explain if checked: ☐ Going out on my own. Explain if checked: ☐ Being adopted. Explain if checked: ☐ Participating in Foster Care 18-21 (check only if child is 17 years old) ☐ Other (describe). Explain if checked: • My second choice for a permanent plan would be: • While I am in foster care, I want to have visits/contact with the following: o I would like to have <u>regular</u> visits with (focus on family members, name of person and how often): o Additionally, I want to have visits with the following people who are important to me: o I would like to have contact with the following people: • If age 14 or older, my participation in development of my transitional living plan has been:

Follow up with the child(ren) after the meeting to discuss the meeting (whether or not they attended), especially any decisions made during the meeting.

NORTH CAROLINA FAMILY MEETING PREPARATION

For use in planning all family meetings including CFTs, Family Services Agreements, Permanency Planning Reviews, and other child welfare agency meetings.

Child and Family Team (CFT) meetings are a critical aspect of family engagement. CFT meetings should not be viewed as a single event but as a process. Introduction to CFT meetings should begin during the CPS Assessment phase of a case. Documenting the process is as important as documentation of the actual meeting.

A CFT is designed to capture the best ideas of the family, informal, and formal supports that the family believes in, ideas that the agency can approve of, and that lessens risk and heightens safety for the child/youth and family, or that will promote permanency and well-being for a child(ren). The use of the Child and Family Team reflects the belief that families can solve their own problems, most of the time, if they are provided the opportunity and support. No one knows a family's strengths, needs and challenges better than the family. CFT meetings are structured, guided discussions that can be held during any aspect of a child welfare case (Assessment, In-Home or Permanency Planning). A CFT may be held to:

- Reach agreement on how identified child welfare issues and/or a safety threat will be addressed;
- Develop a Family Service Agreement;
- Review a Family Services Agreement;
- Address the placement of a child(ren) or disruption of a placement for that child(ren);
- Discuss or review permanency planning for a child(ren);
- Plan for how all participants will take part in, support, and implement a Family Service Agreement or any other agreement developed.

Use of the Family Meeting Planning form supports compliance with all CFT policies and practice. The Family Meeting Planning form is to be completed by the agency prior to a CFT meeting. The purpose of this form is to:

- Support the agency in preparing for a family meeting, ensuring consideration of the family needs (interpreter, disability) while also planning for any risk and any safety issues;
- Enhance CFT meeting quality by ensuring that resources are identified and in place prior to the meeting (interpreters, facilitators, child care, etc. when needed) and that a clear purpose has been established;
- Ensure that all appropriate participants are identified, notified and prepared for the meeting;
- Ensure that the agency has discussed with the parents/caretakers the meeting purpose, the parent's concerns, who the parents wish to have participate, and the parent's desire for how the child(ren) participate; and
- Provide guidance for the agency in preparing all children for the CFT meeting.

The Family Meeting Planning form is not designed for documentation of the meeting, just to support planning for the meeting.

The Family Meeting Planning form is designed to be shared electronically so that more than 1 person can add information. Exactly who completes each section of this form is left to the discretion of each agency. Some counties may have the worker assigned to the case complete beginning sections of the form and then forward it to a manager for assignment to a facilitator. Another agency may have the facilitator complete the form based on an email or verbal referral. An agency may also choose to route the form back to the worker once the meeting has been scheduled and the adult participants have been contacted, so the worker can prepare the child(ren).
The information required by this form need not be duplicated elsewhere in the record.

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

County: **Case Number:**

Case Name:	
Agency Worker Name, Phone Number & Email	
Agency Supervisor Name Phone Number & Email	

This document serves multiple purposes. It:

- Compiles important information about the family and children, including their strengths and needs
- Documents how all participants will work together to achieve the identified goals and the progress toward those goals
- Meets federal and state requirements

Family Demographics	Name & Address		
Child		DOB:	Age:
Child		DOB:	Age:
Child		DOB:	Age:
Child		DOB:	Age:
Child		DOB:	Age:
Child		DOB:	Age:
Mother		Phone:	Age:
Father of:		Phone:	Age:
Father of:		Phone:	Age:
Other Caregiver		Phone:	Age:
Other Caregiver		Phone:	Age:

Temporary Safety Provider	Name & Address
Caregiver	
Caregiver	
Caregiver	
Caregiver	

Strengths & Resources

Identify family and family member strengths.

Identify services in place for the family & Describe family's use of those services.

Identify natural family supports, including extended family members. Specify current involvement of those supports, including the CFT meeting participants.

The following build upon family strengths and resources to address family issues and needs. They also address the findings of the CPS Assessment, which are based on the NC Child Welfare assessment tools, and provide specific activities to prevent the child(ren) from entering county child welfare custody.

Objectives and Activities to Address Identified Safety Threats.

Include safety activities identified on the TPSA that have not been completed. If child(ren) are placed with a Temporary Safety Provider, specify what needs to take place for the child(ren) to return to the care of one or both of their parents and what services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the child(ren).

Is there a current Safety Threat? ☐ **Yes, complete this page** ☐ **No, go to objectives and activities**

If there is more than 1 safety threat, duplicate this page for each safety threat.

Describe Behaviors of Concern:	
Objective:	

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Addressing the Identified Safety Threats

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

Is there a Temporary Safety Provider? ☐ **Yes** ☐ **No**

Provider Name: **Child(ren) Name:**

What services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the children?

Comprehensive Provider Assessment completed and approved? ☐ Yes ☐ No

If no, reason:

Objectives and Activities to Address Identified Factors

Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children):	
Describe Behaviors of Concern:	
Objective:	

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Factor

Review status: Date ☐ Objective Achieved in full ☐ No longer needed ☐ Partially Achieved ☐ Not Completed	Comments:

Review status: Date ☐ Objective Achieved in full ☐ No longer needed ☐ Partially Achieved ☐ Not Completed	Comments:

Review status: Date ☐ Objective Achieved in full ☐ No longer needed ☐ Partially Achieved ☐ Not Completed	Comments:

Objectives and Activities to Address Identified Factors

Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children):	
Describe Behaviors of Concern:	
Objective:	

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Factor

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

Objectives and Activities to Address Identified Factors

Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children):	
Describe Behaviors of Concern:	
Objective:	

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes

Progress toward Achieving the Factor

Review status: Date ☐ Objective Achieved in full ☐ No longer needed ☐ Partially Achieved ☐ Not Completed	Comments:

Review status: Date ☐ Objective Achieved in full ☐ No longer needed ☐ Partially Achieved ☐ Not Completed	Comments:

Review status: Date ☐ Objective Achieved in full ☐ No longer needed ☐ Partially Achieved ☐ Not Completed	Comments:

Parent/Caretaker Well-Being Needs

Parent Name(s):

Are all the parent(s)/caretaker(s) wellbeing needs (educational, physical health and mental health) incorporated into the objectives and activities of the Family Services Agreement above? ☐ Yes ☐ No

If not, how are these needs being addressed?

Voluntary Services

Other needs of the parent/caretaker that may impact achievement of goal

Identify any voluntary services that are not addressed in the Plan:

Progress toward meeting the parent/caretaker voluntary services:

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Child Specific Review (Complete this section for each child/youth. Make extra copies as needed.)

Childs Name:

Service Provider and Contact Information		Needs/Issues/Strengths	Follow Up/Next Steps, if needed
Educational / Developmental	School/Daycare: Grade: Has the child ever been retained/advanced in a grade? ☐ Yes: Explain: ☐ No Services in place, IEP, A/G:	☐ Yes ☐ No Explain:	Progress / Follow Up / Next Steps, if needed:
Physical / Medical/ Medication	Physician/Address/Phone: Immunizations current? ☐ Yes ☐ No Date of last medical checkup?	Any health needs/issues/strengths (i.e., Allergies, medications)?	Progress / Follow Up / Next Steps, if needed:
Dental	Dentist/Address/Phone: Date of last dental appointment?	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
Mental Health / Behavioral Health / Juvenile Justice needs	Provider/Address/Phone: Diagnosis/Behavior Concern:	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
Social / Other	Activities:	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
Health Insurance	Service Provider & Contact information:	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
Child/Youth's Participation in Case Planning	How was the child provided an opportunity to participate in the development of this In-Home Family Services Agreement and identify their input (concerns, desires)?		

Child(ren):

Is the child at imminent risk of removal? ☐ Yes ☐ No

If Yes, provide clear and concise language regarding the specific reason that the child(ren) is/are at imminent risk of removal if services are not promptly provided to prevent county child welfare agency custody. Absent the following preventative services,

If there is a non-resident parent, describe how they (and their family members) are assisting in the planning of the child(ren)/youth's safety. Describe the engagement of the non-resident parent, if applicable.

If the child cannot be safely maintained in the home, what are the parent's preferences for placement?

Describe any knowledge of the family having American Indian Heritage and agency efforts to notify the tribe if applicable.

Court

Is there an open legal action on this case? ☐ Yes ☐ No

If yes, are the orders of the court incorporated into the objectives and activities of the Service Agreement?

☐ Yes ☐ No If not, explain:

Date of Next Court Review:

Recommendations regarding the parents/caretakers or barriers for the next court hearing:

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Confidentiality & Signatures In signing below, I understand that the information obtained during this meeting shall remain **confidential** and not be disclosed. Strict confidentiality rules are necessary for the protection of the child(ren). Information will be shared only for the purpose of providing services to the child and family, and in accordance with North Carolina General Statute and Part V, Privacy Act of 1974. Any information about child abuse or neglect that is not already known to the child welfare agency is subject to child abuse and neglect reporting laws. Any disclosure about intent to harm self or others must be reported to the appropriate authorities to ensure the safety of all involved. My signature indicates that I participated in this meeting for the development and/or update of the Family Services Agreement.

Role	Signature & Comments	Date	Received copy
Parent			☐ Yes ☐ No
Parent			☐ Yes ☐ No
Child			☐ Yes ☐ No
Child			☐ Yes ☐ No
Child			☐ Yes ☐ No
Child			☐ Yes ☐ No
Agency Worker			☐ Yes ☐ No
Agency Supervisor			☐ Yes ☐ No
Temporary Safety Provider (if being used)			☐ Yes ☐ No
Other Agency/Phone/Email			☐ Yes ☐ No
Other Agency/Phone/Email			☐ Yes ☐ No
Other Agency/Phone/Email			☐ Yes ☐ No
Others invited but unable to attend:			

In-Home Family Services Agreement Instructions

Which Cases:

- All cases assigned in which the family is receiving CPS In-Home Services after substantiation or a "services needed" finding is made.
- The plan can also be used to document a plan of voluntary services to families.

If the DSS is granted custody, the Permanency Planning Family Services Agreement form is to be used even if the child physically remains in the home.

Purpose:

The purpose of the In-Home Family Services Agreement is to specify a plan to respond to the conditions or needs that threaten a child's safety and place him or her at risk of future harm, while identifying and building on the family's strengths.
The conditions and needs of the family, as well as family strengths, are identified through the Safety Assessment, Risk Assessment, the Family Assessment of Strengths and Needs, and in the Case Decision Summary section of the DSS-5010.

The In-Home Family Services Agreement addresses the needs of the family identified in the Family Strengths and Needs Assessment, safety issues and the future risk of harm to the child. It also outlines a plan to meet those needs, safety issues, and future risk of harm contingent upon the actions and activities of the family and the worker. Although priority needs will be addressed first, the family needs to be aware of all the needs that must be addressed with target dates based on the priority level. Other needs may also be addressed in the agreement when the family requests voluntary services. Additionally, the In-Home Services Agreement must identify the child and family well-being issues and include a plan for how the worker and family will ensure these issues are addressed. Failure to resolve the well-being issues will not result in continuation of involuntary services.

Plan Development:

The In-Home Family Services Agreement form is completed by the CPS In-Home Services social worker or other worker as assigned. The agreement must be developed jointly with the family, their personal support systems, and any other persons who are involved in and critical to the successful completion of the agreement and the safety and welfare of the children as per CFT protocol and guidance. The county child welfare services agency must engage or make efforts to engage all parents and caretakers in the process of developing the In-Home Family Services Agreement. If a nonresidential parent is not involved in the planning, documentation should reflect why. An example of this would be a nonresidential parent who has expressed a desire to not be involved in the child's life, who has never had any involvement in the child's life, who refuses any contact with the child, provides no possible relative supports and refuses to co-operate with the social worker in the development of an agreement.

Children's participation in the development of the Family Services Agreement is required and must be documented to help achieve that requirement in an effective manner.

In domestic violence cases, separate Family Services Agreements should be completed with the non-offending parent/adult victim and the perpetrator of domestic violence. The perpetrator

domestic violence should not have access to the non-offending parent/adult victim's Family Services Agreement. In some cases, the non-offending parent/adult victim may want the perpetrator of domestic violence to participate in the Child and Family Team meeting together. The County DSS and or facilitator should review the completed Structured Decision-Making Tools before deciding if it is safe and appropriate to initiate a joint Child and Family Team meeting. Ultimately, if the County DSS and/or facilitator believe it is too dangerous to conduct the Child Family Team Meeting with the perpetrator of domestic violence present, complete them separately. Refer to Domestic Violence protocol and guidance.

When:
The In-Home Family Services Agreement must be developed within 30 days of the case decision to substantiate or of finding of services needed, updated every three months thereafter to coincide with the Family Strengths and Needs Assessment and Risk Reassessment updates, or modified whenever family circumstances warrant a change. All counties may use the Child and Family Team (CFT) meetings to develop and update the Family Service Agreement. For the exceptions when the Agreement cannot be completed within 30 days, or in a CFT meeting, documentation shall reflect diligent efforts made or the rationale for extra time to develop the plan. If the Agreement is not updated, documentation shall reflect diligent efforts to engage the family or the rationale for continuing the previous plan.

Completion of the Family Services Agreement must occur within timeframes both to support effective planning and communication with the family but also to comply with IV-E eligibility requirements. In- Home Services is an involuntary service that has an impact on a family's right to make decisions about how they function. *Prompt provision of In-Home services that motivate the family to make the necessary, sustainable changes to address safety and risk* must occur to close the case in a timely manner that will also prevent the occurrence of repeat maltreatment.

The Agreement Completion:

Family Demographics
- Include the family name, address, and telephone number and the social worker's name and telephone number so that the family can contact the worker with questions or concerns.
- List the names of all the children who live in the household including their dates of birth and age.
- Record the name of other child/children's caregiver(s)

Temporary Safety Provider
- Record the name(s) and address(es)of the Temporary Safety Provider

Strengths & Resources
The emphasis of this area is to build upon family strengths and resources to address family issues and needs to enhance the capacity of parent) s)/caretaker(s) to care for their children.

In-Home Family Services Agreement Instructions

Objectives and Activities to Address Identified Safety Threats
This part of the meeting should lead into the planning to address the safety and needs associated with the reason for child welfare involvement. If there is an identified safety threat objectives and activities must be developed. The development of the Family Services Agreement Objectives and Activities to Address Safety Threats must describe behavior, circumstance, and/or conditions that has put the child(ren) at imminent risk of removal and must be reviewed and updated in the Progress toward Addressing the Identified Safety Threat.

Progress toward Addressing the Identified Safety Threats
Use the Risk Reassessment and Family Strengths and Needs Assessment, as well as observations and the family's report to assist in determining the family's progress. Describe the progress made. Enter the date of the review of the In-Home Family Services Agreement and check the current status outcome. There is room on this form for four progress updates toward achieving the objective. If the block "not completed" is selected, please explain why, and explain how this does not negatively affect the child's safety and risk of future harm. If some but not all the objectives are achieved, you would check "partially achieved" and explain in the space provided in the Comment section below the Review Status update section.

Is there a Temporary Safety Provider
Identify safety activities identified on the TPSA that have not been completed or any new safety threats that have developed. This section is not required for all cases. If child(ren) are placed with a Temporary Safety Provider, describe specify what needs to take place for the child(ren) to return to the care of one or both of their parents and what services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the child(ren).

Indicate whether the Comprehensive Provider Assessment was completed and approved. If it was not completed and approved, provide an explanation.

Describe the behavior/condition that created the safety threat. For the objective, clearly state how the agency will determine that the safety threat has been resolved.

Objectives toward Achieving the Factor
Identify needs from the Family Strengths and Needs Assessment that affect the child's present safety or places the child at future risk of harm. The greatest need should be addressed first in the In-Home Family Services Agreement. Only one need per page should be addressed.

(Example: S2. Parenting Skills) In identifying needs of the family, please be sure that the safety and risk assessment concerns of the family are incorporated into the service agreement.

If needs from an involved noncustodial parent are identified, their needs should also be addressed within the In-Home Family Services Agreement on a separate agreement.

Specify the behaviors of concerns affecting the child's present safety or that put the child at risk of future harm as identified in the Family Assessment of Strengths and Needs and the NC Case Plan Decision Summary.

(Example: Mrs. Brown's use of a paddle for disciplining her son Johnny Brown while she was angry resulted in severe bruising on his buttocks, lower torso, and thighs.)

Describe the objective by specifying what the desired behavior/condition or expected changes will look like when the need is met so the caregiver and the worker are clear about what is expected and when it has been accomplished. The family should be involved in the development of these outcome statements.

(Example: Mrs. Brown will learn and demonstrate her ability to apply age-appropriate methods of discipline that do not harm Johnny.)

Activities/Responsibility/Target Dates
List the activities that are planned to correct the identified need/behavior and the date the activity should be start or be completed. Activities should state what will be done, where it will be done, by whom and when it will be begun/completed. The caregivers should be involved in developing these activities. The caregiver should also have input into decisions concerning who will be service providers, as needed.

(Example: Mrs. Brown will complete parenting classes with the Barnard Family Resource Center by October 30. Rev. Stillwell will be available to Mrs. Brown if she needs to talk to him to diffuse her anger. Mrs. Brown will demonstrate her ability to use effective discipline techniques with Johnny (for example: restricting activities, using time out and talking with Johnny). Mrs. Brown's mother will be available 24 hours a day to provide supervision to Johnny if Mrs. Brown is concerned about losing control of her temper. Lois Chappell will work as an In-Home Aide to coach age-appropriate discipline techniques.)

Also listed here should be the specific activities the worker agrees to do to assist the family in successfully completing the plan.

(Example: Agency worker will make referrals to required services. Agency worker will visit weekly and will be available by telephone to help Mrs. Brown progress in learning and using discipline techniques, as well as, to discuss any other areas of concern that Mrs. Brown may have).

Progress toward Achieving the Factor
Use the Risk Reassessment and Family Strengths and Needs Assessment, as well as observations and the family's report to assist in determining the family's progress. Describe the progress made. Enter the date of the review of the In-Home Family Services Agreement and check the current status outcome. There is room on this form for four progress updates toward achieving the objective. If the block "not completed" is selected, please explain why, and explain how this does not negatively affect the child's safety and risk of future harm. If some but not all the objectives are achieved, you would check "partially achieved" and explain in the space provided in the comment section.

Parent/Caretaker Wellbeing Needs
The child welfare agency should identify with the family any needs of the parent(s) that are not identified in the objectives and activities and describe how those needs will be addressed. These needs were not significant enough to cause county child welfare involvement but if addressed could enhance the parent(s) ability to provide for his or her children. An example may be a medical need that a parent has neglected but impacts the quality of daily living.

In-Home Family Services Agreement Instructions

Voluntary Services
The family may request voluntary services in addition to the services addressed in **Objectives and Activities to Address Identified Needs.** This section is used when services are directed at assisting the family to promote the well-being of children and families and enhancing the parent's ability to become self-sufficient and to care for their children. These services are voluntary on the part of the family and offered at county option. Families have the right to refuse voluntary services for any reason. The agency cannot justify initiating involuntary services or court action based solely upon the client's refusal of voluntary/requested services.

Child Specific Review: Child Wellbeing Strengths and Needs and how they will be addressed
Child Well-being needs identified through the Family Assessment of Strengths and Needs should be noted in the In-Home Family Services Agreement.

Remember that lack of adherence to the well-being issues is not a reason to initiate court proceedings against the parent if it is not seen as a risk/safety issue or was not part of the case decision to substantiate or finding of 'In Need of Services'. The well-being issues are not reasons to keep the case open when it would otherwise be closed for services.

Example: Johnny has not had a routine physical exam in three years.

Once well-being needs are identified, the worker should give assistance to the family in meeting these needs by providing the information, services or referral to service providers to meet the needs. The actions taken by the worker to assist the family should also be noted in this section.

Example: Mrs. Brown will make an appointment to take Johnny to the Children's Health Clinic for a routine checkup. The caseworker, Ms. Friend, will provide transportation if needed.

Note the progress of the family and worker toward meeting the identified needs in the follow up/next steps section. **Note: If a "well-being" issue deteriorates to the point that it meets the definition of abuse, neglect or dependency, then a new CPS report must be initiated.**

Whenever possible workers are encouraged to enter known information into this section of the document prior to the meeting in the interest of meeting time. Review of the information for accuracy, needs, progress, and follow-up should occur during the meeting.

Child(ren)'s Imminent Risk of Removal
Indicate if the child is at imminent risk of removal from their home. If the answer is yes, provide detailed information describing why the child is at imminent risk of removal and what services are being provided to prevent county child welfare agency custody.

Update to this section may be done every three months (quarterly reviews). The child is only eligible for IV-E funded in-home services if agency services are critical to prevent removal from the home.

In-Home Family Services Agreement Instructions

If there is an involved non-resident parent, describe how are they (and their family members) are assisting in the planning of the child(ren)'s safety:

Are they present for the development of an In-Home Family Services Agreement? Did they provide relatives that are a support for the child? Is there a child support order in place to provide financially?

If the child cannot be safely maintained in the home, what are the parent's preferences for placement?
Allowing the family to be involved in placement decision-making when out-of-home care of the child is needed reflects a family centered approach. It emphasizes the importance of parental involvement and facilitates the development of the casework relationship. Parents who are involved in out-of-home placement planning are usually less likely to disrupt, sabotage, or interrupt the placement.

The plan for out-of-home placement should include the family's ideas on options for care if the child should be removed from the home. It then becomes the worker's responsibility to assess any placement resource/safety resource, if out-of-home placement appears imminent, to ensure that it is a safe and nurturing environment for the child.

(Example: Mrs. Brown prefers that her mother, Wilhemena Davis (include Ms. Davis's contact information), provide care for Johnny if out-of-home placement is necessary.)

Describe any knowledge of the family having American Indian Heritage and agency efforts to notify the tribe if applicable.
The Indian Child Welfare Act (ICWA) applies only when the child is a member or is eligible to be a member of a federally recognized Indian tribe and is the biological child of a member of a federally recognized tribe.

The Multi Ethnic Placement Act applies to placement of Indian children not covered by ICWA such as American Indian children of a state recognized tribe. When considering placement for any American Indian child, every effort should be made to involve the tribal community in planning for the child in a setting that reflects his or her Indian culture.
If an American Indian child is identified, it remains the responsibility of the county department of social services to provide CPS In-Home Services. Having knowledge of a child's American Indian tribe membership whether a state recognized, or federally recognized tribe is important for recognition of culturally competent practice as well as for possible future placement planning. If there is any indication/question that the child may be an American Indian child, refer to the "Special Legal Consideration" section of the Cross Function Topic Policy as well as the Indian Child Welfare Act Compliance Checklist (DSS-5291) for guidance.

Court
This section is not required for all in-home cases. In the event legal action is required this section must be completed.

"when the court is involved in a case, the court may order the parent or caretaker to participate in services or to complete certain actions on behalf of the child (N.C.G.S. § 7B-904). If the child cannot be maintained safely in their own home, then the agency may seek juvenile court intervention." (In-Home Services policy page 1)

In-Home Family Services Agreement Instructions

The Family Services Agreement can be reviewed as often as needed but must be updated no less than once every three months.

Signatures
The signatures of the parent/caregiver, the child if cognitively and emotionally able to participate with the development of the agreement, the worker and the supervisor are all required on the In-Home Services Agreement. If the child was able to participate and did not sign the form, the worker should include an explanation of why the child did not sign. The children whom did not participate in the development of the agreement sign the plan if deemed appropriate by the worker and the family. By signing the agreement, the family, the worker, the child or children and any others who were involved with the development of the plan acknowledge their participation in the development and/or update of the Agreement.

In domestic violence situations, the non-offending adult victim and perpetrator should sign separate agreements. The written plan with the adult victim should not be shared with the perpetrator.

Other signatures may include service providers, community representatives, or family members and friends who have a role with the parent or child and support the plan. These signatures are optional and not required.

If a parent/caregiver refuses to sign the In-Home Family Services Agreement, the worker should try to address the caregiver's concerns and stress the need for working together to prevent the removal of the child from the home. The caregiver may verbally agree to the agreement even if they refuse to sign the agreement. The worker must note that each need and activity has been agreed to by the caregiver if he or she refuses to sign the agreement. If the caregiver refuses to sign the agreement and refuses to verbally agree to its provisions, the agency has the responsibility to ensure that the child is safe whether he is in his own home or in another type of placement. The child welfare agency may file a petition based on the abuse or neglect occurred, without petitioning for custody of the child. The court hearing that results from the petition can bring the court's authority to bear on the parent and the court order can then contain the plan for the family. This gives immediate authority to the agency if the situation deteriorates to the point of removal and petitioning for custody.

The date of the signatures must be documented on the Services Agreement. Even though the Services Agreement is a ‘living’ document, and there is a place to track progress, use a different signature page for each update. A copy of the Services Agreement must be given to all parties involved in the completion of the agreement and the date the copy was provided must be recorded on the In-Home Services Agreement form. The signature page can be signed at any time during the meeting.

Initial Provider Assessment

☐ **Temporary Safety Provider** ☐ **Kinship (Relative or Fictive Kin) Care Provider**

Case Name:	County Case Number:	Date:

Children to be placed

	Child's Name	SIS Number	DOB	Gender	Race	Ethnicity	Needs/Behavioral Considerations
1							
2							
3							
4							

Safety or Kinship Provider (Caretaker) Information

	Provider(s) Name	SS#	DOB	Gender	Race	Ethnicity	Relationship to Children	Place of Employment/ Source of Income
1								
2								
3								

*Provider Address: Provider Phone(s):

Other Members of the Household

	Name	SS#	DOB	Gender	Race	Ethnicity	Relationship to Provider	To participate in care of children? Y/N
1								
2								
3								
4								
5								

Background Checks Completed for all household members over age of 16, including providers

	Name	Criminal History Found Y/N	Criminal Activity identified	CPS History Found Y/N	CPS History
1					
2					
3					
4					
5					

Be sure to obtain any other names that may have been used by any household member (maiden name, AKA, etc.) for background checks.

☐ 911 calls for provider's address(es) have been reviewed. Date/Reason for 911 calls:_____

(Enter NA if no 911 calls)

*Ask Provider the length of time he/she resided at this address. If under 2 years, request previous address(es).

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
		Child(ren)'s Needs	
	1. The provider has/had a relationship with the child(ren) and/or family and understands the child(ren)'s needs.	Discuss provider's relationship with the children and the provider's understanding of all the child(ren)'s needs and/or behaviors (see child(ren)'s needs on page 1). Discuss the relationship between the children and other members of the provider's household. Discuss the relationship between the provider(s) and the child(ren)'s parents.	
	2. The provider is willing to provide age-appropriate supervision for the child(ren).	Discuss the family's plan for supervising the child(ren), including any needs for additional services (day care, for example) to provide supervision.	
	3. The provider will use fair, reasonable discipline which emphasizes positive reinforcement.	Discuss family's discipline practices. Does the family agree to not use physical punishment, isolation, deprivation of food, threats of harm, or humiliation? Discuss appropriate disciplinary measures for the above listed child(ren) based on age and maturity and needs and the agency's expectations about use of positive reinforcement.	
	4. The provider is willing and able to ensure that the child(ren)'s well-being needs will be met.	Discuss with the provider any upcoming needs for the child(ren). a. Does the provider have the means to transport the child(ren) to upcoming medical, dental or mental health appointments? Do they have ability to respond to an emergency need (medical or other)? Do they have first aid	

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
		supplies? Does the child have any allergies that need to be addressed? b. How will the child be maintained in current educational setting? If not, how will the child(ren) be supported through the transition? c. Are there any cultural or faith considerations?	
	5. The provider is willing and able to protect the child(ren) from continued maltreatment. The family will report any evidence that the child has been abused or neglected.	a. The provider agrees to not take sides regarding the allegations; will not blame the child. b. Discuss reporting requirements with the family; obtain and document provider's commitment to report any concerns to the agency. Discuss behavioral indicators of abuse and neglect.	
	6. The provider is willing and able to provide appropriate boundaries to protect the child. The provider will enable the child(ren) to maintain connections with other family members.	Discuss with the providers any requirements around contact between the child(ren) and parents (including phone calls). Determine that the provider is able and willing to support appropriate contact with the birth parents. <u>Include additional documentation if needed that defines visitation and supervision requirements.</u> Determine if there are any issues regarding visits by friends or extended family members. Discuss how contact can be maintained with friends, siblings and extended family members.	
	7. The provider has sufficient financial resources to meet the child(ren)'s basic needs, immediate needs, and/or has access to resources.	a. The provider has sufficient resources to provide for child(ren)'s basic needs (shelter, food, clothing, basic health care, etc.). b. The provider has sufficient resources to be able to take on the extra responsibility of the child(ren) in addition to covering the needs of the current household members (consider	

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
		possibility of higher utility bills, medical needs, transportation expenses, etc.). Discuss eligibility requirements for IV-E assistance or other agency assistance available.	
	8. The provider's home will have adequate sleeping space with reasonable privacy and comfort for each child.	The bedroom for all children must be seen. The provider has a reasonable plan for each child that considers the child(ren)'s age, gender, needs and history.	
		Safety	
	9. The provider's home is free of safety hazards.	Assessment requires all rooms of the home are seen and assessed for safety, including: a. There are working smoke detector(s). b. The family has approved car seats based on age and weight. Children up to age 8 or 80 pounds must have a car seat. c. All dangerous cleaning supplies, medicines, and any other dangerous chemicals are inaccessible to children. d. All weapons are locked and inaccessible to children. e. All entrances/exits to and from the home are unobstructed. f. There are no observable safety hazards (uncovered electrical outlets or exposed wires, broken windows, doors or steps, or rodent/insect infestation). g. <u>The Water Hazard Safety Assessment Form-DSS-5018-is complete and attached</u> h. <u>If a **Water Hazard is identified, MUST complete 5018a for each child placed in the home**</u>	
	10. The provider's home has adequate and sanitary utilities.	Toilet (outhouse), and kitchen facilities and utilities (refrigerator, stove, oven) viewed by assessor, determined to be in reasonably sanitary and working	

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
		condition. The home has all basic utilities (water, electricity, and heat) and in full operating condition. The provider has a working telephone (or cell phone).	
	11. The provider(s) have a clear background (NO history of involvement with child protective services and NO criminal history that precludes them from caring for the child(ren).	a. CPS records check has been completed. The provider(s) provides a self-report with no CPS history of concern. b. Criminal checks has been completed. There must be NO findings of convictions or pending charges for violence, sexual offenses, crime against minors, or other criminal acts that would place the child(ren) at risk. Any exceptions require supervisory approval.	
	12. The provider(s) (and no other household member) use of alcohol or any other substance use does not present risk of harm to the child(ren).	Provider(s) understands and acknowledges risks associated with use of substances, including alcohol, while providing care to children. Any criminal history related to alcohol use or possession was discussed. Assessment of this element should include: The provider(s) provided a self-statement regarding use of alcohol or other drugs, observations of the provider(s) and the home, and other possible indicators.	
	13. Provider(s) do not have a history of domestic violence.	Assess the provider(s) knowledge and understanding of domestic violence and impact on children. Obtain and document a self-statement regarding control and fear in any intimate relationship in provider(s) personal history. Discuss any 911 responses to the home related to domestic violence resulting with or without arrest. Discuss any past or current 50B orders regarding household members or prior partners of household members.	
	14. Provider(s) are physically and mentally	Document self-statement, observation, and evidence. Discuss any medication that any providers in the home are prescribed or use on a regular basis.	

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
	capable of providing care for the child(ren).	Discuss chronic illness for any member of the household (this may not have any impact on ability to provide care but may eliminate issues and/or future questions). Example: infant child can be lifted by provider even with provider history of back issues.	
		Summary / Other	
	15. Other: Provider(s) are able to meet any other special needs for the child(ren).	a. Discuss any identified special needs (not already addressed), for example, child's fear of pets, smoke allergies and confirm how the needs will be met. b. Discuss any case specific considerations that could impact the Temporary Parental Safety Agreement or the In-Home or Out-of-Home Family Services Agreement and assess the provider(s) ability to handle (threats by a parent, past relationship between provider and parent, etc.).	
	16. Provider(s) are willing to provide care for the child(ren) and for how long.	Discuss provider's willingness to care for the child(ren) with agency involvement and following agency requirements and the length of time they are willing to provide care. Discuss the agency's requirement to monitor the children and the anticipated frequency of home visits.	

Other Notes (visitation plan, follow up needed, other comments, etc.). Attach additional documentation if needed.

Agreement regarding care of the child(ren) (BOTH types of providers):

- The Provider understands that the following cannot happen without the county child welfare agency knowledge:
  - The child(ren) shall not return to the parents care (as defined by assessment or in-home Safety Agreement or non-secure order).
  - Any change to the make-up of the provider's household or a household move by the provider shall be immediately communicated to the agency.
  - All contact between the child(ren) and parents shall be according to the supervision/visitation plan developed with the parents.
  - The child(ren) shall not move to another home/out of the home approved by this assessment. Any need for a move of the child(ren) shall be immediately communicated to the agency.
- The Provider is able to maintain contact with the parents to communicate about the child(ren)'s needs and well-being.
- The Provider agrees to ensure that the child(ren) get to needed medical, dental, mental health and educational services.
- The Provider understands that if for any reason the county child welfare agency determines that the needs of the child(ren) are not being met, the child(ren) may be removed from the home.
- The Provider agrees to notify the Social Worker immediately if there are any changes related to the care of the child(ren).
- The Provider understands that the county child welfare agency has the responsibility of assessing the safety and well-being of the child(ren) and will need to have access to the child(ren) and the provider's home whenever requested.
- If the need for a Temporary Safety Provider(s) continues beyond 45 days or for a Kinship Provider continues beyond 30 days, another assessment will be completed and the children may be removed from the home at or around that time.

Agreement for Temporary Safety Providers (NOT kinship providers):

- **The provider understands that this is a voluntary arrangement made by the parents and the county agency does not have custody of the child(ren). If a parent indicates to the Temporary Safety Provider that they desire to end this voluntary arrangement, the Temporary Safety Provider must contact the county agency immediately.**
- If the need to modify or review use of a Temporary Safety Provider occurs, this Initial Provider Assessment will be updated as needed, and the children may be removed from the home at or around that time.

The purpose of this Initial Provider Assessment is to determine that the child(ren) can safely live in another household, one that the parent(s) have identified and agree with, without their parents OR as defined by a Safety Agreement (during the provision of Child Protective Services) that a Temporary Safety Provider can reside in the family home. The Initial Provider Assessment should determine: a) if all individuals in the provider's home are appropriate (or that the Temporary Safety Provider is appropriate to reside in family home), b) that the provider's household and physical environment is safe (except for when the Temporary

Safety Provider will reside in family home), and c) that the child(ren)'s needs can be met. While using a provider the parent(s) should continue to be involved in the care of and in meeting the needs of their child(ren). A plan to meet the child(ren)'s safety and well-being has/will be developed and there is common understanding about that plan (which also addresses visitation and contact between the parent(s) and child(ren).

Start Date for Child(ren):		Review Date (if needed):	

We, the undersigned, have reviewed the above assessment and agree to work together to provide a safe and nurturing environment for the above- named children.

Provider's Signature	Date	Provider's Signature	Date
Provider's Signature	Date	Provider's Signature	Date

To be completed by county child welfare agency:

Recommendation. ☐ Approve ☐ Not Approve

If the recommendation is to approve and there are any findings of F (Follow up Needed), justification should be provided below. The recommendation should be to Not Approve with a U (Unacceptable) finding for any requirement.

Social Worker's Signature	Date	Supervisor's Signature	Date

Initial Provider Assessment Instructions

When placement of a child in the home of an identified provider, including a relative or other kin, is being explored, the agency is required to assess the suitability of that home. **The Initial Provider Assessment Form must be completed prior to placement of any child with a provider. It must also be used when a Temporary Safety Provider is identified to move into the family home to meet the need for a parent's access to their child(ren) to be restricted/supervised during the provision of Child Protective Services.**

Child Welfare Service	Assessment Forms To Be Completed
CPS Assessment--child cannot be safely maintained in own home or a Temporary Safety Provider will move into the family home. Parent identifies the Temporary Safety Provider.	Initial Provider Assessment (check Temporary Safety Provider box), Safety Assessment that reflects use of Temporary Safety Provider
CPS In-Home Services--child cannot be safely maintained in own home or a Temporary Safety Provider will move into the family home. Parent identifies the Temporary Safety Provider.	Initial Provider Assessment (check Temporary Safety Provider box), Safety Assessment that reflects use of Temporary Safety Provider, Comprehensive Provider Assessment must be completed when arrangement continues beyond one month.
Child Placement Services--relative/kinship homes are explored as resources when a child(ren) is in agency custody.	Initial Provider Assessment (check Kinship Care Provider box), Comprehensive Provider Assessment must be completed when placement continues beyond one month.

Definitions

Temporary Safety Provider: Any provider identified during the provision of Child Protective Services. A parent should identify the Temporary Safety Provider and a parent must voluntarily agree with the decision to use a Temporary Safety Provider. Use of a Temporary Safety Provider is intended to be short term and to address an immediate or impending safety threat.

Kinship Care Provider: Any provider (relative or fictive kin) identified or in place during Child Placement Services. Identification of a Kinship Care Provider by a parent is desired; however a parent may not always agree with the decision to evaluate or place a child with a specific kinship care provider. Placement with a Kinship Care Provider often lasts for months or years, has court oversight, and addresses safety and/or risk factors.

Ratings for the Requirements (A/F/U)

Acceptable: Based on the information obtained, the provider(s) and/or his or her home is found to be safe and appropriate for consideration for the child(ren) regarding this requirement.

Follow Up Needed: Based on the information obtained, services and/or modifications are required for the provider(s) and/or his or her home to be found safe and/or appropriate for the child(ren) regarding this requirement. Any identified services or modifications must be clearly identified with a plan for resolution with a required completion date (indicate on Page 8 Review Date). Use page 7-8 to document additional details if needed. If a provider is unable to provide care immediately, but could do so within a short time frame, assess if this is the best resource for the child and, if so, arrange for another provider (preferably with a relative) and assess this resource as a backup placement.

Unacceptable: Based on the information obtained, the provider(s) and/or his or her home is found to be unsafe and/or inappropriate for the child(ren) regarding this requirement.

Completing the Initial Provider Assessment

Any restriction of a parent's access to his or her child is traumatic for that child. The Initial Provider Assessment will support decisions about use of a provider that is safe and able to meet the child(ren)'s needs.

All the information requested on Page 1 must be completed and updated as additional information is received. Note: Development of a diagram of the kinship network is a helpful tool in working with the family to help them identify its support system, the nature of the interrelationships and recurring patterns in issues such as abuse, substance use, suicide, etc.

Page 1 captures demographic information and information required for background checks, including criminal, CPS, and 911 call logs. Be sure to ask the provider how long he/she lived at the current address. If under 2 years, obtain previous addresses and request the 911 call logs at those addresses. Also be sure to request from the parent information about the child(ren)'s needs as this information will be needed to complete the following pages of the Initial Provider Assessment.

*When documenting the child's, kinship caregivers', and other household members' race and ethnicity on page 1, use the following:

Race	Ethnicity
American Indian or Alaskan Native	Hispanic or Latino
Asian	Not Hispanic or Latino
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

The provider assessment tool, starting on page 2, has four columns: 1) ratings (Acceptable, Follow Up Needed or Unacceptable regarding the provider's ability to meet the requirement); 2) requirements to assure a reasonably safe, stable, and nurturing environment; 3) elements to guide the interview/assessment process; and 4) documentation for comments and service needs. The documentation section must describe the specific discussion with the provider in regards to each requirement. For example, regarding discipline, documentation section must describe what forms of discipline the provider agrees to use and not use. The documentation section must also address any reservations the social worker may have, as well as plans to address any needs that preclude or interfere with compliance with the requirement. If more room is needed for any section, comments can be continued on page 7-8 of the form or with use of attachments.

Initial Provider Assessment Instructions

The Initial Provider Assessment is designed to address critical factors of safety and stability. Some questions, for example school placement, may require more time to fully assess, but must be addressed with the prospective provider before placement to avoid future disruption.

Upon completion of the assessment, the form must be reviewed with the provider(s), signed and dated by the provider(s), signed and dated by the social worker, and reviewed and signed and dated by the social work supervisor. The social work supervisor may sign the assessment the next business day but must have verbally discussed the findings with the social worker and approved the provider before the arrangement is made. The discussion/review with the social work supervisor must be documented in case documentation.

When completing the Initial Provider Assessment for a Temporary Safety Provider who will reside in the family home, it is only necessary to complete the following requirements: 1 through 6, and 11 through 16. Requirements 7 through 10 should be marked out for the assessment of a Temporary Safety Provider that will reside in the family home and provide safety interventions in the family home.

This Initial Provider Assessment must be reviewed whenever Temporary Parental Safety Agreement is reviewed and/or modified. At the review, if changes have been made, the last page must be signed by all participants including the provider, social worker, and supervisor. The social work supervisor may sign the assessment the next business day.

During CPS In-Home Services and Child Placement Services, the Comprehensive Provider Assessment must be completed within a month of the Initial Provider Assessment.

Guidance on Initial Provider Assessment requirements

1. Ask the provider about his or her history with the family and knowledge of the child(ren)'s needs that may be associated with separation from their parents. Do providers know the child(ren)'s daily routine and are the willing to make changes to accommodate child(ren)'s daily and emotional needs? Is the provider familiar with any child behavioral issues and how to best deal with those behaviors.

2. Supervision needs vary with the age and maturity of the child. The family should be referred to appropriate resources, both within and outside the agency that can help them meet the needs. For a preschool child, this would include day care; for a young school-aged child, the need might be an afterschool arrangement; for teenagers, referrals might be to community recreation, work, or volunteer opportunities.

3. Be prepared to offer a variety of alternative disciplinary methods that are appropriate to the age and maturity of the child. The material from TIPS-MAPP on "Teaching Children Healthy Behaviors" is a useful guide.

4. Discuss the medical and educational needs of each child to be placed and how these needs will be met. Are there any scheduled appointments for the child(ren)? Does the provider have the ability to ensure the child(ren) keeps those appointments? Is there a need to schedule treatment for any condition or to assess for any medical, dental, developmental, or educational needs? Who will be responsible for making these appointments and how will the parent(s) be involved? What information needs to be provided to the provider regarding any medical, dental, developmental or educational needs? If the child(ren) is school aged, what does the provider know about the child(ren)'s behavior and academic performance in school? Are there

issues that need to be discussed with school personnel? Who will notify the school of the temporary changes required to support use of this Temporary Safety Provider or longer-term use of a Kinship Provider?

5. Discuss the provider's relationship with the family. Discuss the allegations or findings of fact with the provider in an objective manner, and the immediate plans that are being developed with the parent(s). Listen for the provider's attitude about the allegations or findings. Discuss any concerns you may have about the provider's expressed or observed attitudes. Discuss what constitutes abuse and neglect with the provider(s). Make sure the provider understands his or her requirement to report to the social worker any concerns or observations he or she has that could indicate additional instances of abuse or neglect while in the parent's care. Be prepared to educate the provider regarding reporting requirements and behavioral indicators. Prepare any written material that may be helpful for the provider to use for review.

6. Listen for the provider's attitude about the birth family and about family contact. Discuss any concerns the social worker may have about the provider's expressed or observed attitudes. Discuss the way that he or she would be expected to interact with the child. Discuss parental visitation rights and the next planned contact; ask for and incorporate to the extent possible provider's wishes regarding his or her involvement with any visitation arrangements. Discuss contact with other extended family members.

7. Discuss signs of financial security. Discuss the immediate financial needs of the child, health problems, or other issues that will impact the family's finances. Ask if the financial resources will be sufficient to provide for the child, as well as for the other members of the household. Discuss the family's sources of income and current expenses.

8. Observe the area designated for the child; address any concerns. If resources are needed such as a bed, ask the provider if someone in the family might have the needed items. If not, see if the agency has resources to help purchase such items or ask about donations. Some second-hand stores may be willing to provide furniture free or at reduced prices. The agency may want to recruit donations from the community to have available in emergencies. Will the child(ren) have adequate privacy?

9. Observe the condition of the home. Tour the house looking for the listed items. If a small repair would allow the family to meet the requirement, ask about the resources within the provider's network. If needed, discuss voluntary resources within the community or agency funds to accomplish the repair(s) quickly. **Complete the Water Hazard Safety Assessment Form- DSS-5018.**

10. Personally observe and evaluate the functioning of the bathroom fixtures and kitchen appliances. Determine if the outhouse is far enough away from water source to present no health hazard. Evaluate condition of outhouse regarding cleanliness, presence of dangerous insects, rodents, and snakes. Ask about the frequency of cleaning the facilities.

11. If a person has a criminal record of convictions, discuss with the agency supervisor whether or not the criminal behavior would preclude the approval of this provider. Factors to be considered on convictions include: the length of time since the conviction; the number of convictions that might indicate a pattern of criminal behavior; the types of crimes; and/or criminal behavior that suggests alcohol or substance abuse. Exceptions to this requirement MUST have immediate supervisory approval, with the rationale for exceptions documented by the supervisor. CPS substantiations or Services Needed can preclude use of this provider. If the provider's explanation of the incident suggests the possibility of granting an exception, review the CPS findings in

the case to determine if an exception could be appropriate. For example, if a person was substantiated for neglect several years ago, completed parenting classes, and has demonstrated adequate and appropriate parenting skills since, they might be considered as a provider. As above, exceptions to this requirement MUST have immediate supervisory approval, with the rationale for exceptions documented by the supervisor.

12. An accurate assessment of the use of alcohol and/or other substances by the potential provider(s) that could interfere with his or her ability to provide care is required. Introduction of this discussion should, therefore, be non-judgmental. For example, if a person had several convictions for driving under the influence, it will be important to determine whether he or she continues to drink or use other substances.

13. If domestic violence is suspected or confirmed, utilize the domestic violence resources/assessment tools for enhanced practice. Assess the provider's relationship(s) to determine if there is/has been an established pattern of domestic violence, and if there are current safety issues that could put the child at risk of future emotional and/or physical harm. If the provider has been a perpetrator of domestic violence, discuss if he or she has completed a batterer intervention program. If the provider has been victim of domestic violence, discuss if he or she has sought support services such as a protective order, domestic violence education, counseling, etc. Assess the provider's view of domestic violence, its effect on the child, and his or her capability and willingness to protect the child. Discuss any concerns with the supervisor regarding the appropriateness of the provider.

14. Social worker assessment is key to this requirement. The social worker must document statement that the provider makes about his or her physical and mental state during the interview process. Observations of affect, responses to other household members, and outlook on life are good clues to a person's status. During the assessment of this factor, explore any issues of concern. If needed, ask for release of information to get a physician's report of health and the likely physical and mental impact of caring for the child.

15. This requirement is intended to identify case specific issues that may impact the success of the child in the care of this provider.

16. Ask the provider if he or she is willing and able to provide a home for the child on a temporary basis, and how long they can provide it. If he or she cannot provide care for a minimum of 45 days, determine whether involvement as a provider will meet the needs of the situation.

Child and Family Team (CFT) Meetings and Use of Initial Provider Assessment

As stated in CFT policy (Chapter VII: Child and Family Team Meetings), a CFT should be held regarding any separation of child(ren) from their parents or when a placement change/disruption for a child may occur. A CFT will support open communication between all involved, can help address issues around safety planning, decisions regarding initial agreements and about services, and identify ways to help child(ren) transition successfully, and could reduce issues regarding use of a provider. If a CFT cannot be held prior to use of a new provider, then a CFT must be scheduled as soon as possible. The times that a CFT will be of value when a provider (Temporary or Kinship) is identified:

During Child Protective Services:

- If a Temporary Parental Safety Agreement requiring separation or restriction is being proposed,
- If a Safety Provider is being considered for use during In-Home Services, or
- If nonsecure custody is considered the only means necessary to ensure safety of the child.

Initial Provider Assessment Instructions

During this CFT meeting, other safety interventions, as well as all possible providers must be discussed.

During Child Placement Services:

- When a child's placement is at risk of disruption, or
- When a relative/fictive kin have been identified for possible placement.

Comprehensive Provider Assessment

☐ Kinship Assessment
☐ Guardianship Assessment

Case Name:	County Case Number:	Date:

Children to be placed

	Child's Name	SIS Number	DOB	Gender	Ethnicity	Race	Needs/Behavioral Considerations
1							
2							
3							
4							

Kinship Provider (Caretaker) Information

	Provider(s) Name	SS#	DOB	Gender	Ethnicity	Race	Relationship to Children	Place of Employment/Source of Income
1								
2								
3								

*Provider Address: Provider Phone(s):

Other Members of the Household

	Name	SS#	DOB	Gender	Ethnicity	Race	Relationship to Provider	To participate in care of children? Y/N
1								
2								
3								
4								
5								

Background Checks Completed for all household members over age of 16, including caretakers

	Name	Criminal History Found Y/N	Criminal Activity identified	CPS History Found Y/N	CPS History
1					
2					
3					
4					
5					

Be sure to obtain any other names that may have been used by any household member (maiden name, AKA, etc.) for background checks.

☐ 911 calls for provider's address(es) have been reviewed. Date/Reason for 911 calls: (Enter NA if no 911 calls)

*Ask Provider the length of time he/she resided at this address. If under 2 years, request previous address(es).

Comprehensive Provider Assessment

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
		Home Environment	
	1. Caregiver / Family has a strong, quality relationship with the child(ren)	Bonding/attachment is observed in the 1:1 relationship between the caregiver and each child during visits. Caregiver demonstrates commitment to the child in responding to child's needs. Child(ren) have a bond with other family members.	
	2. Caregiver/Family is able to provide a nurturing environment for the child.	Recognizes needs of child(ren) and places priority appropriately. Demonstrates caring/nurturing verbally and behaviorally.	
	3. The caretaker's family and family dynamics in the kinship home will support the child(ren)'s recovery from abuse or neglect.	Caregiver is supportive of the child's recovery process. Supervision and disciplinary methods used with the child(ren) have been adequate and age-appropriate. Caregiver understands the impact of trauma on a child(ren)'s behaviors and responds appropriately. Discuss additional trauma education with the kinship provider.	

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
		Birth Family/Community Ties	
	4. The caregiver has a relationship with the parent that will allow the placement to succeed and the permanent plan to be achieved.	Caregiver is able to recognize the needs of the parent and can set appropriate boundaries with the parent. Caregiver is cooperating with the visitation plan, including phone contact. Are there any lifelong conflicts with the parents that may impact this placement? Is the caregiver willing to participate in shared parenting (make sure shared parenting is well described and understood)?	
	5. The caregiver supports the child(ren) in maintaining family/ community relationships?	▪ Is the caretaker willing to facilitate contact with the child(ren)'s a) siblings? How has this been demonstrated? What is the plan for the contact to continue? ▪ Is the caretaker willing to facilitate contact with the child(ren)'s maternal and paternal relatives? How has this been demonstrated? What is the plan for the contact to continue? Are there any lifelong conflicts between the caretaker and extended family that may impact this placement or ongoing contact with the children? If there is not a plan to maintain these relationships how can the child(ren) maintain his or her roots? ▪ What prior community relationships has the child(ren) been able to maintain in the home of this caretaker? ▪ Does this placement support the child(ren)'s cultural, ethnic and/or faith identity and how?	

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
		Child(ren)'s Needs	
	6. Caregiver has the willingness and ability to meet all needs of the child(ren).	Kinship provider is working in partnership with the agency and treatment providers to identify needs of child(ren) and appropriate interventions. ▪ Does the kinship provider understand and support the child(ren)'s treatment plan? ▪ Discuss special needs (especially any needs that have been identified since completion of the Initial Assessment) and confirm how the needs are or will be met. ▪ Are there educational issues? How are they being addressed? ▪ How are or will the child(ren)'s "normalcy" needs being met? What social activities are or will be provided?	
	7. The provider's home will have adequate space with reasonable privacy and comfort for each child.	Confirm the provider continues to have a reasonable plan for each child that considers the child(ren)'s age, gender, needs and history. Will the kinship provider's home continue to meet the child(ren)'s needs as they get older?	

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
		Placement Stability	
	8. The provider accesses existing supports to strengthen the family unit.	Caregiver can identify and access formal and informal support network, follows through with agency referrals, and cooperates with service providers. What is the kinship provider's plan for emergencies? Who will care for the child(ren) if the kinship provider is unable?	
	9. Caregiver has the willingness and ability to meet the needs of the other members of the household	Discuss emotional impact of caring for placed child(ren) in the caretaker's home on the caretaker's family members. Offer assistance as appropriate. Discuss the other children's functioning at school. Discuss emotional health of all family members, including the caregiver.	
	10. Caregiver's health status (and other household member's health) will permit kinship care parent to care for child(ren)	Self-report. Discussion of relevant physical or mental health issues (short and long term health issues). Verification by MD if appropriate. Discuss any medication that any household member of home is prescribed or use on a regular basis. Obtain an update regarding any chronic illness for any member of the household. Discuss kinship provider's access to health care. Does the provider have health insurance?	

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
	11. The provider has sufficient financial resources to meet the child(ren)'s basic needs, immediate needs, and/or has access to resources.	Re-assess the provider's financial ability to care for child(ren). If not done during the Initial Assessment, break down the kinship provider's sources of income and all household expenses. Be sure to include all utilities (phone, electric, etc.), vehicle expenses including insurance, credit card debt or other loans, food, clothing, and miscellaneous costs.	Income Source(s): Amount: Expenses: Amount: Total Remaining (Income minus Expenses):

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
		Compliance & Safety	
	12. The caregiver is willing and able to cooperate with the agency.	Follows policies, procedures, recommendations of agency or constructively engages with agency staff about needs for difference. Willing to attend PPAT/CFT meetings, etc., as needed. Ensure kinship provider understands the court process, the requirement for concurrent planning, and expectation of their involvement in this process. Ensure kinship provider understands his or her role and the roles of the social worker, GAL, attorneys, etc.	
	13. The provider(s) have a clear CPS and criminal background.	Review or complete the Initial Provider Assessment Requirement #11. Complete an updated search of CPS and criminal history. Complete updated 911 call log review. Any exceptions require supervisory approval.	
	14. Other safety: a. Substance use b. Domestic violence	Review or complete the Initial Provider Assessment Requirements #12 & 13. Are there any observations, concerns, or indications that have been identified since the Initial Assessment that need to be discussed?	
		Planning / Other	
	15. Other topics.	Any issues that the caretaker identified? Are there any other issues that the agency needs to review with the caretaker?	

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

A/F/U	Requirements	Elements to Discuss	Documentation of Discussion
	16. Provider(s) are willing to provide care for the child(ren) and for how long.	Discuss provider's willingness to care for the child(ren) with agency involvement and following agency requirements and the length of time they are willing to provide care. Discuss the agency's requirement to monitor the children and the anticipated frequency of home visits. For Kinship Assessments: Discuss the possible future permanency plans for the child(ren) that may apply. Will the kinship providers consider adoption or other options for long term permanence?	

Other Notes (visitation plan, follow up needed, other comments, etc.). Attach additional documentation if needed.

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

For Use on Guardianship Assessments Only:

Y/N	Requirement	Indicator	Comments/Service Needs
	1. Reunification and adoption have been ruled out as permanency options for the child.	The court has determined reunification and adoption are not appropriate permanency options for the child.	
	2. The child is eligible for foster care maintenance payments and has been placed in the licensed home of the caregiver for a minimum of 6 consecutive months.	Caregiver is a licensed foster parent and has provided full-time care for the child, and has received foster care maintenance payments for at least 6 consecutive months.	
	3. The child is between the ages of 14 and 17, or the child is under age 14 but is placed with a sibling between the ages of 14 to 17 in the home of the same caregiver.	Child meets the age requirement at time guardianship is being awarded by the court.	
	4. The child has a strong attachment to the caregiver and has been consulted regarding the guardianship arrangement.	Child demonstrates a strong attachment to the caregiver, and has been consulted regarding guardianship as a permanent option.	
	5. The caregiver has a strong commitment to permanently care for the child, and is willing to assume guardianship.	Caregiver has expressed a commitment to provide long-term care for the child through guardianship. The caregiver is willing to meet all of the needs of the child, including medical, dental, mental health, educational, financial, and any other reasonable needs of the child.	
	6. It has been determined that continued placement with this caregiver would be in the best interests of the child, and meets the need for permanency and safety.	Determined by permanency planning team and during court review.	

Comprehensive Provider Assessment

Agreement regarding care of the child(ren):

- The provider understands that the following cannot happen without the county child welfare agency knowledge:
  - The child(ren) shall not return to the parent's care.
  - Any change to the make-up of the Kinship Provider's household or a household move by the Kinship Provider shall be immediately communicated to the agency.
  - All contact between the child(ren) and parents shall be according to the supervision/visitation plan developed with the parents
- The provider agrees to ensure that the child(ren) obtain needed medical, dental, mental health and educational services.
- The provider understands that if for any reason the county child welfare agency determines that the needs of the child(ren) are not being met, the child(ren) may be removed from the home.
- The provider agrees to notify the Social Worker immediately if there are any changes related to the care of the child(ren).
- The provider understands that the county child welfare agency has the responsibility of assessing the safety and well-being of the child(ren) and will need to have access to the child(ren) and the Kinship Provider's home whenever requested.
- The provider will adhere to these discipline requirements:
  - Corporal punishment is prohibited; and
  - Child discipline must be appropriate to the child's chronological age, intelligence, emotional make-up, and experience;
  - No cruel, severe, or unusual punishment shall be allowed;
  - Deprivation of a meal for punishment, isolation for more than one hour, verbal abuse, humiliation, or threats about the child or family will not be tolerated.
- The agency agrees to:
  - Provide medical, mental health, educational, and other relevant information about the child(ren) to the provider
  - Keep the provider informed about the case and court status (invite provider to agency meetings regarding the children)

The purpose of this Comprehensive Assessment is to determine that the child(ren) can continue to safely live with the kinship provider. The Comprehensive Assessment is designed to build upon the Initial Provider Assessment and confirm the placement will continue to be stable and meet the child(ren)'s ongoing needs. The agency must review the Initial Provider Assessment, and confirm that all Requirements, specifically 7 and 8, are still being adequately satisfied. The parent(s) should continue to be involved in the care of and in meeting the needs of their child(ren) as appropriate and allowed by the court. A plan for the child(ren)'s safety and well-being has/will be developed and there is common understanding about that plan.

We, the undersigned, have reviewed the above assessment and agree to work together to provide a safe and nurturing environment for the above-named children.

Provider's Signature	Date	Provider's Signature	Date
Provider's Signature	Date	Provider's Signature	Date

To be completed by county child welfare agency:

Recommendation. ☐ Approve ☐ Not Approve

If the recommendation is to approve and there are any findings of F (Follow up Needed), justification should be provided below. The recommendation should be to Not Approve with a U (Unacceptable) finding for any requirement.

_____

_____

Social Worker's Signature	Date	Supervisor's Signature	Date

Comprehensive Provider Assessment Instructions

These instructions are designed to be used when completing the Comprehensive Provider Assessment, including assessing for Guardianship.

When placement with a relative or other kin is being explored, the agency is required to assess the suitability of that home. This table provides an overview of when the Provider Assessment forms are required. This information is provided to ensure that county child welfare agencies use the appropriate assessment form based on the case point in case decision making.

Point in Case Decision Making	Assessment Forms to be Completed	When to Complete
CPS Assessment; child cannot be safely maintained in own home. Parent identifies Temporary Safety Provider.	Initial Provider Assessment	Prior to child being placed with Temporary Safety Provider, and reviewed and updated prior to case decision.
CPS In-Home Services; child cannot be safely maintained in own home. Parent identified Temporary Safety Provider.	Initial Provider Assessment Comprehensive Provider Assessment	Initial: Prior to child being placed with Temporary Safety Provider. Comprehensive: Within 30 days of placement with Temporary Safety Provider.
CPS In-Home Services; child was placed with Temporary Safety Provider during the assessment and case was transferred to In-Home Services.	Comprehensive Provider Assessment	Within 30 days of case being transferred to In-Home Services.
Permanency Planning Services; relative/fictive kin has been identified as a placement resource.	Initial Provider Assessment Comprehensive Provider Assessment	Initial: Prior to child being placed with relative/fictive kin. Comprehensive: Within 30 days of placement with relative/fictive kin.
Permanency Planning Services; child was placed with Temporary Safety Provider during In-Home Services and custody was assumed within 30 days of placement.	Comprehensive Provider Assessment	Within 30 days of custody.
**Permanency Planning Services; guardianship with a relative, fictive kin, or foster parent is being considered after reunification and adoption have been ruled out as suitable options.	Comprehensive Provider Assessment, including the assessment for Guardianship on page 10.	Within 30 days of recommending to the court that Guardianship be awarded.

**Optional, but recommended in order to assess the child and potential guardian prior to recommending to the court that guardianship be awarded to the caregiver.

Comprehensive Provider Assessment Instructions

Initial Provider Assessment

The Initial Provider Assessment is designed to address critical factors of safety and stability. The Initial Provider Assessment should be completed prior to the child(ren)'s placement in the home. Upon completion, the assessment form should be reviewed with the caretaker(s), signed and dated by the caretaker(s) and the county child welfare worker. The social work supervisor should review and sign the form as soon as possible, or on the next working day. See the Initial Provider Assessment Instructions (DSS-5203ins) for additional instructions on that form.

Completing the Comprehensive Provider Assessment

The Comprehensive Provider Assessment will support decisions about use of a kinship provider that is safe and able to meet the child(ren)'s ongoing needs.

All the information requested on Page 1 can be carried over from the Initial Provider Assessment form, but it must also be updated as additional information is received. Note: Development of a diagram of the kinship network is a helpful tool in working with the family to help them identify its support system, the nature of the interrelationships and recurring patterns in issues such as abuse, substance use, suicide, etc.

Page 1 captures demographic information and information required for background checks, including criminal, CPS, and 911 call logs.

It is important that all information requested on the face sheet be updated as needed. This face sheet will follow the case from initial placement through case closure.

*When documenting the child's, kinship caregivers', and other household members' race and ethnicity on page 1, use the following guide:

Race	Ethnicity
American Indian or Alaskan Native	Hispanic or Latino
Asian	Not Hispanic or Latino
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

The comprehensive assessment is designed to evaluate relational issues such as bonding, attachment, nurturance, commitment, and intrafamilial relationships. This assessment is to be used with the Initial Provider Assessment as a base, and completed within 30 days of the placement, or within 30 days of initiating In-Home or Permanency Planning Services. The Comprehensive Assessment may also be used to update information about the placement in preparation for court reviews and permanency planning reviews. The county child welfare worker will need professional expertise to evaluate these factors. If the child welfare worker does not have the training and experience to accurately assess the family, another child welfare worker or supervisor should accompany them on this assessment visit.

Comprehensive Provider Assessment Instructions

Ratings for the Requirements (A/F/U)

Acceptable: Based on the information obtained, the provider(s) and/or his or her home is found to be safe and appropriate for consideration for the child(ren) regarding this requirement.

Follow Up Needed: Based on the information obtained, services and/or modifications are required for the provider(s) and/or his or her home to be found safe and/or appropriate for the child(ren) regarding this requirement. Any identified services or modifications must be clearly identified with a plan for resolution with a required completion date (indicate on Page 8 Review Date). Use page 7-8 to document additional details if needed. If a provider is unable to provide care immediately, but could do so within a short time frame, assess if this is the best resource for the child and, if so, arrange for another provider (preferably with a relative) and assess this resource as a backup placement.

Unacceptable: Based on the information obtained, the provider(s) and/or his or her home is found to be unsafe and/or inappropriate for the child(ren) regarding this requirement.

Upon completion, the assessment form must be reviewed with the caretaker(s), signed and dated by the caretaker(s) and the county child welfare worker. The child welfare supervisor must review and sign the form as soon as possible, or on the next working day.

Guidance on Comprehensive Provider Assessment Tool

1. As the child welfare worker visits the home, he or she should create opportunities to observe how the caretaker, the child, and other household members interrelate. This may mean scheduling appointment times when the entire family and the placed child are at home.

2. Ask the caretaker if they are interested in continuing to provide a home for the child, if this is appropriate. If they are, determine through the interview and observation process their understanding and response to the child's needs.

3. Determine the attitude of the parent and the caretaker about the child's living arrangement and the current visitation/contact plan. Determine if these attitudes are having a negative influence on the Family Time and Contact Plan (frequency of visits, supervision, times, etc.).

4. Regardless of the case status (open investigation or case substantiation), the child needs support to deal with the trauma of maltreatment and/or separation from the parent. It is damaging for the caretaker to "take sides" about the incident, and supportive neutrality should be encouraged. For children placed out of the home, it is critically important that disciplinary methods used are sensitive to the emotional and physical injuries that may have been experienced by the child.

5. Evaluate the caretaker's working relationship with the agency, both from the caretaker's perspective and from the agency perspective.

6. Discuss with the caretaker which kinship resources and agency services they have accessed since the child was placed with them. Determine if other referrals have been made that were not used, and whether the family needs help to follow through. Talk with the caretaker about developmental issues that may have emerged during the placement, and possible interventive strategies.

7. Talk with the caretaker about the status of the other members of the household, including the caretaker, and the impact of placement on the family. Choose appropriate indicators of

functioning based on the day-to-day activities.

8. If health issues have arisen since the initial assessment, discuss them with the caretaker.

Guardianship Assessment

This section of the assessment tool should be completed when recommending guardianship be awarded to a specific person(s), including relatives, fictive kin, and foster parents. This tool assesses the potential guardian's willingness to provide a permanent home for the child and meet the child's well-being needs, the child's attachment to the potential guardian, the child's feelings about the guardianship arrangement, and the child's eligibility for guardianship assistance. All factors listed in this section must be met in order for guardianship to be pursued.

Guardianship Assistance Program

Factors 1-5 must be met in order for the child to be eligible for the Guardianship Assistance Program (GAP). If the child is not eligible for GAP, the potential guardian should be made fully aware that if they assume guardianship, they may be eligible for adoption assistance if they later decide to adopt.

FOSTER HOME LICENSING
WATER HAZARD SAFETY ASSESSMENT FORM
NORTH CAROLINA DIVISION OF SOCIAL SERVICES

Instructions: The supervising agency shall assess the (prospective) foster family's home, property and surrounding property for the existence of water hazards. The results of the assessment and the information gathered based upon the child's age and developmental level, will be used to determine the family's ability to keep children safe from water hazards. The Supervising Agency shall take photographs of the body of water or pool from four different vantage points. The Supervising Agency shall attach the four photographs to the DSS-5016 Foster Home License Application.

Supervising Agency Name: _____

Licensing Social Worker Name: _____ Assessment Date: _____

Foster Parent(s) Name: _____

Address of foster home: _____

I. SWIMMING POOLS

Does the family have a swimming pool on their property or on the property on which they live (i.e. apartment or condominium complex)? ☐ **yes** ☐ **no;** If yes, answer the following questions; If no, skip to Section II.

- Is the pool above ground? ☐ **yes** ☐ **no;** If you answer yes, does the ladder lock into place or can it be removed so it is inaccessible? ☐ **yes** ☐ **no; If the answer to this question is no, STOP. The home cannot be licensed until the family complies with this rule.**

- Is the pool inground? ☐ **yes** ☐ **no**; If you answer yes, is the pool enclosed by a fence that is at least 48" high with a gate that locks or does the family have a fence with a locked gate around the yard? **If the answer to this question is no, STOP. The home cannot be licensed until the family complies with this rule.**

II. OTHER WATER HAZARDS

1. Is there a water hazard such as a pond, lake, river or beach on the property of the home of the family that can be seen from the foster home at any time of year? ☐ **yes** ☐ **no**; If you answered yes, please describe the potential hazard.

2. If you answer yes to question 1, does the family have a fence with a locked gate that provides for a safe play space for children? ☐ **yes** ☐ **no**; **If the answer to this question is no, STOP. The home cannot be licensed until the family complies with this rule.**

3. Is there a water hazard such as a pond, lake, river or beach that is not on the family's property but may pose a risk? ☐ **yes** ☐ **no**; if yes, describe the potential water hazard. Please provide information that describes the proximity of the potential hazard to the home.

FOSTER HOME LICENSING
WATER HAZARD SAFETY ASSESSMENT FORM
NORTH CAROLINA DIVISION OF SOCIAL SERVICES

WATER SAFETY PLAN

Instructions: If any water safety hazard was identified during the Water Hazard Safety Assessment, or if any water safety hazard was identified during the Initial Kinship Provider Assessment, this section must be thoughtfully completed by the (prospective) foster family / kinship provider.

For (prospective) foster families, this section must be completed in full regardless of the preferred age of the child the family wishes to foster.

Regarding potential water hazards, what is the family's plan to maintain adequate supervision to ensure the safety of a child in your care according to the following age/developmental age groups?

Age Group	Plan for Supervision and Water Safety
0 – 3 years	
4 – 7 years	
8 – 11 years	
12 – 15 years	
16 years and older	

Applicant's printed name and signature:	
Applicant's printed name and signature:	
Applicant's Phone Number:	
Applicant's E-mail Address	

Social Worker's printed name and signature:	
Social Worker's Phone Number:	
Social Worker's E-mail Address	

FOSTER HOME LICENSING
INDIVIDUAL WATER HAZARD SAFETY PLAN
NORTH CAROLINA DIVISION OF SOCIAL SERVICES

Purpose: This safety plan is developed to provide the foster family the opportunity to document the safety measures they will implement to ensure that a child placed under their care will be safe while living in close proximity of a known, potential water hazard such as a pool, pond, lake, river, or beach.

Given the variation of developmental stage, age, and competencies around water, this **form is to be completed for each child placed in a foster home where a water safety hazard has been identified during the licensure process.** The foster parent should complete this form within three (3) calendar days of the child being placed in the home.

This form shall be filed in the case record for the child and a copy of this form shall be filed in the foster family licensing record.

Foster Parent(s)'s Name: _____

Child's Name: _____ Age: _____

Date of Placement: _____ Date of Safety Plan_____

Supervising Agency's Name: _____

I. Child's Specific Information:

1. Describe any developmental delays, learning disabilities, concerning behaviors, and/or physical limitations the child is known to have at the time of placement.

2. Does the child know how to swim and/or is aware of safety precautions around bodies of water to include but not limited to pools, lakes, rivers, streams, etc.?

II. Safety Plan

1. What types of safety devices i.e. lifejackets, flotations devices, etc. the foster parent(s) has for the child to use when around bodies of water.

2. Foster parent(s)'s description of supervision that will be provided when the child is near bodies of water to include but not limited to pools, hot tubs, wading pools, ponds, lakes, etc.

3. What are the rules the foster parent(s)'s has communicated to the child about the potential water hazard?

4. What techniques and strategies the foster parent(s) has knowledge of and the ability to perform in the event of an emergency? Please list any certifications or trainings received with dates.

III. Signatures:

Foster Parent 1	**Foster Parent 2**
Foster Parent's Signature/Date	**Foster Parent's Signature/Date**

NORTH CAROLINA
SDM® FAMILY RISK REASSESSMENT

Case Name: Blanco **Case #:** _____ **Date:** _____

County Name: Familyvania **Date Report Received:** _____

Social Worker Name: Susie Socialworker **Reassessment #:** 1 2 3 4 5 _____

Children: Rori, Roberto and Danny Blanco

Primary Caretaker: Vera Blanco **Secondary Caretaker:** Carlos Blanco

			Score
R1.	**Number of prior CPS assessments**		
a.	None	0	
b.	One or more family assessments	1	
c.	One or more investigative assessments	2	_____
R2.	**Prior CPS In-Home or Out-of-Home service history**		
a.	No	0	
b.	Yes	1	_____
R3.	**Either caretaker has history of abuse/neglect**		
a.	No	0	
b.	Yes	1	_____

The following case observations pertain to the period since the last assessment/reassessment.

R4.	**Age of youngest child in the home**		
a.	3 or older	0	
b.	2 or younger	1	_____
R5.	**Number of children residing in the home**		
a.	Two or fewer	0	
b.	Three or more	1	_____
R6.	**Child characteristics**		
a.	None applicable	0	
b.	One or more apply	1	_____

- Mental health and/or behavioral problems
- Medically fragile/failure to thrive diagnosis
- Developmental disability
- Learning disability
- Physical disability

R7.	**Lacks parenting skills**		
a.	No	0	
b.	One or more apply	1	_____

- ☐ Inadequate supervision of children
- ☐ Uses excessive physical/verbal discipline
- ☐ Lacks knowledge of child development

DSS-5226 Revised 11-09
Child Welfare Services

R8. Either caretaker has a drug or alcohol problem

a. No 0
b. One or more apply ..... 1 _____

R9. Either caretaker has a mental health problem

a. No 0
b. One or more apply ..... 1 _____

R10. Either caretaker currently involved in domestic violence

a. No 0
b. Yes ..... 1 _____

R11. Caretaker's use of treatment/training programs

a. Successfully completed all programs recommended or actively participating in programs; pursuing objectives detailed in service agreement 0
b. Minimal participation in pursuing objectives in service agreement 1
c. Refuses involvement in programs or failed to comply/participate as required ..... 2 _____

TOTAL SCORE _____

SCORED RISK LEVEL. Assign the family's risk level based on the following chart:

Score	Risk Level	
0–2	_____	Low
3–5	_____	Moderate
6–13	_____	High

OVERRIDES

Policy: Override to high; mark appropriate reason.

_____1. Sexual abuse cases where the perpetrator is likely to have access to the child victim.

_____2. Cases with non-accidental physical injury to an infant.

_____3. Serious non-accidental physical injury to an infant

_____4. Death (previous or current) of a sibling as a result of abuse or neglect.

Discretionary: Override (increase or decrease **one level** with supervisor approval). Provide reason below.

Reason:

OVERRIDE RISK LEVEL: _____Low _____ Moderate _____High

Social Worker: _____ **Date:** _____

Supervisor's Review/Approval of Override: _ **Date:** _____

DSS-5226 Revised 11-09
Child Welfare Services

NORTH CAROLINA
FAMILY RISK REASSESSMENT
DEFINITIONS

The primary caretaker is the adult (typically the parent) living in the household who assumes the most responsibility for childcare. When two adult caretakers are present and the worker is in doubt about which one assumes the most child care responsibility, the adult legally responsible for the children involved in the incident should be selected. If this rule does not resolve the question, the legally responsible adult who is an alleged perpetrator should be selected. **Only *one* primary caretaker can be identified (per form/household.)**

The secondary caretaker is defined as an adult living in the household who has routine responsibility for childcare, but less responsibility than the primary caretaker. A living together partner can be a secondary caretaker even though they have minimal responsibility for the care of the child(ren).

R1. Number of prior CPS assessments

Use Central Registry to count all maltreatment reports for all children in the home which were assigned for CPS assessment (both family assessments and investigative assessments) for any type of abuse or neglect prior to the report resulting in the current assessment. If information is available, include prior maltreatment assessments conducted in other states.

a. Score 0 if there were no CPS assessments prior to the current report.

b. Score 1 if there were one or more family assessments prior to the current report.

c. Score 2 if there were one or more investigative assessments prior to the current report (if there were both one or more prior family assessments and one or more prior investigative assessments, score 2).

R2. Prior CPS in-home or out-of-home service history

Contact other counties and states where there is believed to be prior CPS service history on this family.

a. Score 0 if this family has not received CPS in-home or out-of-home services as a result of a prior finding of "substantiated" or "services needed" report of abuse and/or neglect.

b. Score 1 if this family has received CPS in-home or out-of-home services as a result of a prior finding of "substantiated" or "services needed" report of abuse or neglect, or is receiving CPS in-home or out-of-home services at the time of a new CPS assessment and finding of services needed or substantiation.

R3. Either caretaker has history of abuse/neglect

a. Score 0 if neither caretaker was abused and or neglected as children, based on credible statements by the caretaker(s) or others.

b. Score 1 if credible statements were provided by the caretaker(s) or others regarding whether *either or both* caretakers were abused and or neglected as children.

R4. Age of youngest child in the home

Choose the appropriate score given the current age of the youngest child in the household where the maltreatment incident reportedly occurred. Youngest children within a residential placement but in the custody of the caretaker(s) should be counted as residing in the home. If a child is on runaway status, is removed, whether placed in foster care or with a safety resource as a result of current CPS involvement, count the child as residing in the home (I.E. if there was never closure of current CPS Services whether In-Home or Out-of-Home being provided and a new report is made, count the child as in the home).

a. Score 0 if the youngest child is 3 years old or older.

b. Score 1 the youngest child is 2 years old or younger.

R5. Number of children residing in the home

Number of individuals under 18 years of age *residing* in the home at the time of the current report. If multiple families reside in the home, count all children. Children within a residential placement but in the custody of the caretaker(s) should be counted as residing in the home. If a child is on runaway status, is removed, whether placed in foster care or with a safety resource as a result of current CPS involvement, count the child as residing in the home (I.E. if there was never closure of current CPS Services whether In-Home or Out-of-Home being provided and a new report is made, count the child as in the home).

a. Score 0 if two or fewer children were residing in the home at the time of the current report.

b. Score 1 if three or more children were residing in the home at the time of the current report.

R6. Child characteristics

a. Score 0 if no child in the household exhibits characteristics described below.

b. Score 1 if any child in the household exhibits any of the characteristics described below. Mark all that apply.

- ⌋ Mental health and/or behavioral problem: Any child in the household has mental health or behavioral problems not related to a physical or developmental disability. This could be indicated by a DSM Axis I diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking prescribed psychoactive medications.

- ⌋ Any child is medically fragile or diagnosed with failure to thrive.

  - » Medically fragile: Medically fragile describes a child who has any condition diagnosed by a physician that can become unstable and change abruptly, resulting in a life-threatening situation; and which requires daily, ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members, and requires the routine use of a medical device or of assistive technology to compensate for the loss of usefulness of a body function needed to participate in the activities of daily living, and child lives with ongoing threat to his or her continued well-being. Examples include a child who requires a trach-vent for breathing or a g-tube for eating.

  - » Failure to thrive: A diagnosis by a physician that the child has failure to thrive.

- ⌋ Developmental disability: A severe, chronic condition due to mental and/or physical impairments which has been diagnosed by a physician or mental health professional. Examples include mental retardation, autism spectrum disorders, and cerebral palsy.

- ⌋ Learning disability: Child has an individualized education program (IEP) to address a learning disability such as dyslexia. Do not include an IEP designed solely to address mental health or behavioral problems. Also include a child with a learning disability diagnosed by a physician or mental health professional who is eligible for an IEP but does not yet have one, or who is in preschool.

⌋ Physical disability: A severe acute or chronic condition diagnosed by a physician that impairs mobility, sensory, or motor functions. Examples include paralysis, amputation, and blindness.

R7. Either caretaker lacks parenting skills

a. Score 0 if caretaker(s) displays parenting patterns which are age-appropriate for children in the home, including realistic expectations and appropriate discipline.

b. Score 1 if caretaker(s) lacks parenting skills as evidenced by the following:

☐ Inadequate supervision of children;

☐ Use of excessive physical/verbal discipline; or

☐ Lacks knowledge of child development: Caretaker's lack of knowledge regarding child development and/or age-appropriate expectations for children.

R8. Either caretaker has a drug or alcohol problem

Either caretaker has alcohol/drug abuse problems, evidenced by use causing conflict in home, extreme behavior/attitudes, financial difficulties, frequent illness, job absenteeism, job changes or unemployment, driving under the influence (DUI), traffic violations, criminal arrests, disappearance of household items (especially those easily sold), or life organized around substance use.

a. Score 0 if neither caretaker has a drug or alcohol problem, or has some substance use problems that minimally impact family functioning.

b. Score 1 if either caretaker has a current alcohol/drug abuse problem (within the last 12 months) that interferes with his/her or the family's functioning. Such interference is evidenced by the following:

⌋ Substance use that affects or affected employment; criminal involvement; marital or family relationships; and/or caretaker's ability to provide protection, supervision, and care for the child;

⌋ An arrest in the past year for DUI or refusing breathalyzer testing;

⌋ Self-report of a problem;

⌋ Treatment currently received ;

⌋ Multiple positive urine samples;

⌋ Health/medical problems resulting from substance use and/or abuse;

⌋ The child's diagnosis with fetal alcohol syndrome or exposure (FAS or FAE), or the child's positive toxicology screen at birth and the primary caretaker was the birthing parent.

Legal, non-abusive prescription drug use should not be scored. Abuse of legal, prescription drugs should be scored.

R9. Either caretaker has a mental health problem

a. Score 0 if the caretaker(s) does not have a current mental health problem (diagnosed within the last 12 months) OR caretaker demonstrates good coping skills.

b. Score 1 if credible and/or verifiable statements by either caretaker or other indicate that either caretaker:

- ⌋ Has a current diagnosis of a significant mental health disorder as indicated by a DSM Axis I condition determined by a mental health professional;

⌋ Has had repeated referrals for mental health/psychological evaluations; or

- ⌋ Was recommended for treatment/hospitalization or was treated/ hospitalized for emotional problems within the last 12 months.

R10. Either caretaker involved in domestic violence

a. Score 0 if neither caretaker is involved in domestic violence, or if caretakers have had an identified existence of domestic violence in a relationship but after receiving services are able to understand the impact of violence on the children and can demonstrate a respectful, non-violent relationship that is free of power and control.

b. Score 1 if either caretaker is involved in domestic violence, defined as the establishment of control and fear in an intimate relationship through the use of violence and other forms of abuse including but not limited to physical, emotional, or sexual abuse; economic oppression; isolation; threats; intimidation; and maltreatment of the children to control the non-offending parent/adult victim. Domestic violence may be evidenced by repeated history of leaving and returning to abusive partner(s), repeated history of violating court orders by the perpetrator of domestic violence, repeated history of violating safety plans, involvement of law enforcement and/or restraining orders, or serious or repeated injuries to any household member.

R11. Caretaker's use of treatment/training programs

Rate this item based on whether the primary caretaker has mastered or is mastering skills learned from participation in program(s). If two or more caretakers are present, indicate the least progress made among the most frequent caretaker(s).

a. Score 0 if observation demonstrates caretaker's application of learned skills in interaction(s) between child and caretaker, caretaker and caretaker, caretaker and other significant adult(s); in self-care, home maintenance, or financial management; or if observation demonstrates caretaker's mastery of skills toward reaching the behavioral objectives agreed upon in the service agreement.

b. Score 1 if the caretaker is minimally participating in services, has made progress but is not fully complying with the objectives in the service agreement.

c. Score 2 if the caretaker refuses services, sporadically follows the service agreement or has not mastered the necessary skills due to a failure or inability to participate.

NORTH CAROLINA
FAMILY RISK REASSESSMENT
POLICY AND PROCEDURES

The Family Risk Reassessment is a tool used to assist the CPS In-Home and Out-of-Home Services social worker in determining risk of future abuse and/or neglect. Together with the Family Strengths and Needs Assessment and the progress made in the service agreement, it assists the social worker in determining the required service level intensity.

Reassessments are performed at established intervals as long as the case is open. Case reassessment ensures that both risk of maltreatment and family service needs will be considered in later stages of the service delivery process and that case decisions will be made accordingly. At each reassessment, the social worker reevaluates the family, using instruments which help systematically assess changes in risk levels. Case progress will determine if a case should remain open or if the case can be closed.

While the initial risk assessment has separate scales for abuse and neglect, there is only one risk scale for reassessment. The focus at reassessment is the impact of services provided to the family during the period assessed or on whether certain events in the family have occurred since the last assessment.

Which cases: All CPS In-Home Services cases or Out-of-Home Services cases when the agency has legal custody and the children have not been removed from the home.

Who completes: Social worker assigned to the case.

When: **CPS In-Home Services:** Risk Reassessments shall be completed:

a) At the time of the Service Agreement updates
b) Whenever a significant change occurs in the family
c) Within 30 days prior to case closure.

CPS Out-of-Home Services: In cases where the agency has legal custody of the child(ren) and the child(ren) has not been removed from the home, the Family Risk Reassessment of Abuse and Neglect shall track with the required scheduled Permanency Planning Action Team meetings and shall occur within 30 days prior to any court hearing or review. (If reviews are held frequently, documentation on the Risk Reassessment form may state that there have been no changes since the last update and that the current information is correct)

Trial Home Visit: The Family Risk Reassessment shall be completed when the agency has legal custody and the child has been placed back in the home for a trial home visit and a Permanency Planning Action Team meeting falls within that trial home visit period.

Decision: The Risk Reassessment is used to guide decision making following the provision of services to clients. While the initial assessment projects a risk level prior to agency service provision, the reassessment takes into account the provision of services. The reassessment of each family provides an efficient mechanism to assess changes in family risk due to the provision of services. At reassessment, a family may be continued for services or the case may be closed.

Appropriate Completion: Complete all identifying information. Indicate appropriate Risk Reassessment by circling #1, 2, 3, 4, or 5. If the family has had more than five Risk Reassessments, indicate the reassessment number in the blank provided.

As on the initial Family Risk Assessment, each Risk Reassessment item is scored by the social worker. All scoring is completed based on the status of the case since the last Risk

Assessment/Reassessment, although the first three items, (R1 – R3), generally do not change from one reassessment period to the next.

Using the definitions, determine the appropriate response to each item and enter the corresponding score. After entering the score for each individual item, enter the total score and indicate the corresponding risk level. This level is used to set the appropriate family service level, or to determine whether the risk level is now low enough to close the case.

Policy Override

Policy overrides have been determined by the agency as applying to specific case situations that warrant the highest level of service from the agency regardless of the risk scale score at reassessments. If any policy override reasons exist; the risk level is increased to high.

The social worker then indicates if any of the policy override reasons exist. If more than one reason exists, indicate the primary override reason. Only one reason can be selected.

Discretionary Override

Discretionary overrides are used by the social worker whenever s/he believes that the risk score does not accurately portray the family's actual risk level. The social worker can increase or decrease the risk level by one step with supervisory approval.

If the social worker applies a discretionary override, the reason should be written in on the available line for discretionary override, and a check should be placed next to the appropriate level.

All overrides must be approved in writing by the supervisor.

NORTH CAROLINA
STRENGTHS & NEEDS ASSESSMENT

County _____ Case Number: _____

Case Name: _____ Date Assessment Completed: _____ Date Report Received: _____
Social Worker Name: _____ Indicate either Initial or Reassessment and #: 1 2 3 4 5: _____
Children:_____
Caregiver(s): _____

Some items apply to all household members while other items apply to caregivers only. Assess items for the specified household members, selecting one score only under each category. Household members may score differently on each item. When assessing an item for more than one household member, record the score for the household member with the greatest need (highest score).

Caregivers are defined as adults living in the household who have routine responsibility for child care. For those items assessing caregivers only, record the score for the caregiver with the greatest need (highest score) when a household has more than one caregiver.

S-CODE TITLE	TRAITS	SCORE
S1. Emotional/Mental Health	a. Demonstrates good coping skills……-3 b. No known diagnosed mental health problems……0 c. Minor or moderate diagnosed mental health problems……...3 d. Chronic or severe diagnosed mental health problems……5	_____
S2. Parenting Skills	a. Good parenting skills……..…-3 b. Minor difficulties in parenting skills……..0 c. Moderate difficulties in parenting skills……3 d. Destructive parenting patterns……5	_____
S3. Substance Use	a. No/some substance use.....0 b. Moderate substance use problems.....3 c. Serious substance use problems……5	_____
S4. Housing/Environment/ Basic Physical Needs	a. Adequate basic needs……-3 b. Some problems, but correctable……0 c. Serious problems, not corrected……3 d. Chronic basic needs deficiency……..5	_____
S5. Family Relationships	a. Supportive relationships.....-2 b. Occasional problematic relationship (s)……0 c. Domestic discord.....2 d. Serious domestic discord/domestic violence.....4	_____
S6. Child Characteristics	a. Age-appropriate, no problem.....-1 b. Minor problems……0 c. One child has severe/chronic problems……1 d. Child(ren) have severe/chronic problem(s)……..3	_____
S7. Social Support Systems	a. Strong support network.....-1 b. Adequate support network……0 c. Limited support network……...1 d. No support or destructive relationships……3	_____

NORTH CAROLINA
STRENGTHS & NEEDS ASSESSMENT

S8. Caregiver(s) Abuse/ Neglect History

a. No evidence of problem ..... …..0
b. Caregiver(s) abused/neglected as a child ..... …. 1
c. Caregiver(s) in foster care as a child ..... …..2
d. Caregiver(s) perpetrator of abuse/neglect in the last five years……..3 _____

S9. Communication/ Interpersonal Skills

a. Strong skills ....-1
b. Appropriate skills 0
c. Limited or ineffective skills 1
d. Hostile/destructive ....2 _____

S10. Caregiver(s) Life Skills

a. Good life skills……...-1
b. Adequate life skills 0
c. Poor life skills 1
d. Severely deficient life skills ……...2 _____

S11. Physical Health

a. No adverse health problem 0
b. Health problem or disability 1
c. Serious health problem or disability .... 2 _____

S12. Employment/Income Management

a. Employed ……..……-1
b. No need for employment 0
c. Underemployed ……..1
d. Unemployed ……..……2 _____

S13. Community Resource Utilization

a. Seeks out and utilizes resources ..... -1
b. Utilizes resources 0
c. Resource utilization problems 1
d. Refusal to utilize resources ..... 2 _____

Based on this assessment, identify the primary strengths and needs of the family. Write S code, score, and title.

STRENGTHS

	S Code	Score	Title
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

NEEDS

	S Code	Score	Title
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Children/Family Well-Being Needs:

1. Educational Needs: _____
2. Physical Health Needs: _____
3. Mental Health Needs: _____

Social Worker: _____ Date: _____

Supervisor's Review/Approval: _____ Date: _____

NORTH CAROLINA
FAMILY ASSESSMENT OF STRENGTHS AND NEEDS
INSTRUCTIONS

DEFINITIONS

Some items apply to all household members while other items apply to caregivers only. Persons who are in the home during many of the hours of supervision (e.g., mother's boyfriend who is in the home most evenings but has a different address and and so would not meet the definition as a caretaker) are to be considered household members. **Assess items for the specified household members, selecting one score only under each category. Household members may score differently on each item. When assessing an item for more than one household member, record the score for the household member with the greatest need (highest score).** In cases where two households are involved, a separate Family Strengths and Needs Assessment shall be completed on both households.

S1. Emotional/Mental Health

a. Demonstrates good coping skills.
Caregiver(s) takes initiative to deal with problems in a constructive manner.

b. No known diagnosed mental health problems.
Caregiver(s) has no known diagnosed emotional or mental health problems. May require a mental health evaluation.

c. Minor or moderate diagnosed mental health problems.
Caregiver(s) has moderate diagnosed emotional or mental health disorders (such as depression, anxiety, and anger/impulse control) that interfere with ability to problem solve, deal with stress, and effectively care for self and/or child(ren).

d. Chronic or severe diagnosed mental health problems.
Caregiver(s) has severe and/or chronic diagnosed emotional or mental health disorders making caregiver(s) incapable of problem solving, dealing with stress, or effectively caring for self and/or child(ren).

S2. Parenting Skills

a. Good parenting skills.
Caregiver(s) displays parenting patterns which are age appropriate for child(ren) in the areas of expectations, discipline, communication, protection, and nurturing.

b. Minor difficulties in parenting skills.
Caregiver(s) has basic knowledge and skills to parent but may possess some unrealistic expectations and/or may occasionally utilize inappropriate discipline.

c. Moderate difficulties in parenting skills.
Caregiver(s) acts in an abusive and/or neglectful manner, such as causing minor injuries (no medical attention required), leaving child(ren) with inadequate supervision, and/or exhibiting verbal/emotional abusive behavior.

d. Destructive parenting patterns.
Caregiver(s) has a history and/or currently acts in a manner that results in high risk of serious injury or death of a child, or results in chronic or serious injury (medical attention required), abandonment or death of a child. Caregiver(s) exhibits chronic and severe verbal/emotional abuse.

S3. Substance Use

a. No/some substance use.
Household members display no substance use problems or some substance use problems that minimally impact family functioning.

b. Moderate substance use problems.
Household members have moderate substance use problems resulting in such things as disruptive behavior and/or family dysfunction which result in a need for treatment.

c. Serious substance use problems.
Household members have chronic substance use problems resulting in a chaotic and dysfunctional household/lifestyle, loss of job, and/or criminal behavior.

S4. Housing/Environment/Basic Physical Needs

a. Adequate basic needs.
Family has adequate housing, clothing, and food.

b. Some Problems. but correctable.
Family has correctable housing, clothing and food problems that affect health and safety needs and family is willing to correct.

c. Serious problems, not corrected.
Numerous and/or serious housing, clothing and food problems that have not been corrected or are not easily correctable and family is not willing to correct.

d. Chronic basic needs deficiency.
House has been condemned or is uninhabitable, or family is chronically homeless and without clothing and/or food.

S5. Family Relationships

a. Supportive relationship.
A supportive relationship exists between household members.

b. Occasional problematic relationship(s). Relationship(s) is occasionally strained but not disruptive.

c. Domestic discord.
Current relationship or domestic discord, including, frequent arguments, degradation, or blaming. Open disagreement on how to handle child problems/discipline. Frequent and/or multiple transient household members. Violent acts that cause minor or no injury to any household member and are not assessed as "domestic violence".

d. Serious domestic discord/domestic violence.
A pattern of relationship discord or domestic violence. Physical, emotional, or sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of the children to control the non-offending parent/adult victim. Repeated history of leaving and returning to abusive partner(s). Repeated history of violating court orders by the perpetrator of domestic violence. Repeated history of violating safety plans. Involvement of law enforcement and/or restraining orders. Serious or repeated injuries to any household member.

S6. Child Characteristics

For children under the age of three, any identification of need on this item requires that a referral to Early Intervention be made using the DSS-5238**.** For assistance in determining whether or not a developmental need is present you may access the North Carolina Infant Toddler Program eligibility conditions of: "Established Conditions" or "Developmental Delay" (definitions can be found at: http://www.ncei.org). Additional information on developmental milestones can be found at: http://www.pedstest.com/). This site shows a developmental screening that may be used by families or any staff working with the child. At any time that a Social Worker or a parent expresses some concern about how a child is developing, contact your local CDSA for consultation or to make a referral. If a DSS agency needs technical assistance on eligibility for the early intervention program or how to make a referral, please contact the early intervention program state office or your local CDSA (http://www.ncei.org).

a. Age-appropriate, no problems.
Child(ren) appears to be age appropriate, no problems.

b. Minor problems.
Child(ren) has minor physical, emotional, medical, educational, or intellectual difficulties addressed with minimal or routine intervention.

c. One child has severe/chronic problems.
One child has severe physical, emotional, medical, educational, or intellectual problems resulting in substantial dysfunction in school, home, or community which strain family finances and/or relations.

d. Children have severe/chronic problem**.**
More than one child has severe physical, emotional, medical, or intellectual problems resulting in substantial dysfunction in school, home, or community which strain family finances relationships.

S7. Social Support Systems

a. Strong support network.
Household members have a strong, constructive support network. Active extended family (may be blood relations, kin, or close friends) provide material resources, child care, supervision, role modeling for parent and child(ren), and/or parenting and emotional support.

b. Adequate support network.
Household members use extended family, friends, and the community to provide adequate support for guidance, access to child care, available transportation, etc.

c. Limited support network.
Household members have a limited or negative support network, are isolated, and/or reluctant to use available support.

d. No support or destructive relationships.
Household members have no support network and/or have destructive relationships with extended family and the community.

S8. Caregiver(s) Abuse/Neglect History

a. No evidence of problem.
No caregiver(s) experienced physical or sexual abuse or neglect as a child.

b. Caregiver(s) abused or neglected as a child.
Caregiver(s) experienced physical or sexual abuse, or neglect as a child.

c. Caregiver(s) in foster care as a child.
Caregiver(s) abused and/or neglected as a child and was in foster care or other out-of-home placement due to abuse/neglect.

d. Caregiver(s) perpetrator of abuse and/or neglect.
Caregiver(s) is a substantiated perpetrator of physical and/or sexual abuse, or neglect.

S9. Communication/Interpersonal Skills

a. Strong skills. Communication facilitates family functions, personal boundaries are appropriate, emotional attachments are appropriate.

b. Appropriate skills.
Household members are usually able to communicate individual needs and needs of others and to maintain both social and familial relationships; minor disagreements or lack of communication occasionally interfere with family interactions.

c. Limited or ineffective skills.
Household members have limited or ineffective interpersonal skills which impair the ability to maintain positive familial relationships, make friends, keep a job, communicate individual needs or needs of family members to schools or agencies.

d. Hostile/destructive.
Household members isolate self/others from outside influences or contact, and/or act in a hostile/destructive manner, and/or do not communicate with each other. Negative communication severely interferes with family interactions.

S10. Caregiver(s) Life Skills

a. Good life skills.
Caregiver(s) manages the following well: budgeting, cleanliness, food preparation and age appropriate nutrition, housing stability, recognition of medical needs, recognition of educational needs, and problem solving.

b. Adequate life skills.
Minor problems in some life skills do not significantly interfere with family functioning; caregiver(s) seeks appropriate assistance as needed.

c. Poor life skills.
Caregiver(s) has poor life skills which create problems and interfere with family functioning; caregiver(s) does not appropriately utilize available assistance.

d. Severely deficient life skills.

Deficiencies in life skills severely limit or prohibit ability to function independently and to care for child(ren); caregiver(s) is unable to or refuses to utilize available assistance.

S11. Caregiver's Physical Health

a. No adverse health problem.
Caregiver(s) does not have health problems that interfere with the ability to care for self or child(ren).

b. Health problem or disability.
Caregiver(s) has a disability, disease or chronic illness that interferes with daily living and/or ability to care for self or child(ren).

c. Serious health problem or disability.
Caregiver(s) has a disability, disease or chronic illness that severely limits or prohibits ability to provide; for self or child(ren).

S12. Employment/Income Management

a. Employed.
Caregiver(s) is employed with sufficient income to meet household needs, regardless of source of income.

b. No need for employment.
Caregiver(s) may be out of labor force but has sufficient income to meet household needs, regardless of source of income.

c. Underemployed.
Caregiver(s) is employed with insufficient income to meet household needs.

d. Unemployed.
Caregiver(s) needs employment and lacks income required to meet household needs.

S13. Community Resource Utilization

a. Seeks out and utilizes resources.
Household members take initiative to access community resources that are available, or seek out those not immediately available in the community, or have no need for community resources.

b. Utilizes resources.
Household members access resources and services available in the community.

c. Resource utilization problems.
Household members do not know about and/or do not access community resources.

d. Refusal to utilize resources.
Household members refuse to accept available community services when offered.

Children/Family Well-Being

In cases that are substantiated and opened for more than thirty days from the date of substantiation, there shall be documentation in the case record that includes the following items as they are applicable:

Child/Family Education Needs:

a. Special education classes, when applicable;
b. Normal grade placement, if child is school age;
c. Services to meet the identified educational needs, unless no unusual educational needs are identified;
d. Early intervention services, unless these services are not needed;
e. Advocacy efforts with the school, unless the child is not school age or there have been no identified needs that are unmet by the school; and
f. How the educational needs of the child/family have been included in the case planning, unless the child is not school age or has no identified education needs.

NORTH CAROLINA
FAMILY ASSESSMENT OF STRENGTHS AND NEEDS
INSTRUCTIONS

Child/Family Physical Health Needs:

a. Whether the child/family has received preventive health care and if not, the efforts the agency will take to ensure that this care is obtained;
b. Whether the child/family has received preventive dental care and if not, the efforts the agency will take to ensure that this care is obtained;
c. Whether the child/family has up-to-date immunizations and if not, what efforts the agency will take to obtain them;
d. Whether the child/family is receiving treatment for identified health needs and if not, what efforts the agency will take to obtain the treatment;
e. Whether the child/family is receiving treatment for identified dental needs and if not, what efforts the agency will take to obtain the treatment.

Child/Family Mental Health Needs

Whether the child/family is receiving appropriate treatment for any identified mental health needs and if not, what efforts the agency will take to obtain such treatment.

This information must be documented on the Family Strengths and Needs Assessment.

POLICY AND PROCEDURES

The family assessment of strengths and needs (FASN) is a tool designed to evaluate the presenting strengths and needs of the family of a child alleged or confirmed to have been a CA/N victim. The FASN assists the worker in determining areas of family strengths and needs that should be addressed with a family open for In-Home or Permanency Planning Services.

Which cases: All CPS maltreatment reports assigned for an assessment that involve a family caregiver. This does not apply to reports involving child care facilities, residential facilities such as group homes or DHHS facilities. This does apply to non-licensed living arrangements, the non-custodial parents home or licensed family foster homes.

Who completes: Social Worker assigned to complete the FASN during a CPS Assessment, In-Home and/or Permanency Planning.

When: The FASN must be completed and documented prior to the time the case decision for a CPS Assessment is made. It is one of the elements considered in making the case decision. The Structured Documentation Instrument (DSS-5010) requires the documentation of the **s**ocial activities, **e**conomic situation, **e**nvironmental issues, **m**ental health needs, **a**ctivities of daily living, **p**hysical health needs, and **s**ummary of strengths (SEEMAPS). SEEMAPS along with other findings of the assessment provide a basis for the FASN.

In CPS In-Home Services, the FASN must be completed at the time of the In-Home Family Services Agreement updates and within 30 days prior to case closure. A FASN should be completed with an involved noncustodial parent. Their identified needs should also be addressed within the In-Home Family Services Agreement whether on the same one or on a separate agreement.

In Permanency Planning (whether the agency holds legal custody and the child remains in the home or is placed outside of the home), the FASN must track with the required scheduled Permanency Planning Review meetings. The assessment must also be completed within 30 days of recommending custody be returned to the parent(s)/caretaker(s), and case closure. A parent that has been described as absent or noncustodial should be engaged to become involved with the planning of their child. Complete a FASN with that parent within the same time frames.

NORTH CAROLINA
FAMILY ASSESSMENT OF STRENGTHS AND NEEDS
INSTRUCTIONS

The FASN must be completed when the agency has legal custody and the child has been placed back in the home for a trial home visit and a Permanency Planning Review meeting falls within that trial home visit period.

Decision: The FASN identifies the strengths and highest priority needs of caregivers and children that must be addressed in the service agreement. Goals, objectives, and interventions in a service agreement should relate to one or more of the priority needs. If the child(ren) has more than one chronic/severe problem, all should be listed under children's well-being needs.

Appropriate Completion

Complete all items on the FASN scale for the caregiver(s). As used here, "caregiver" means the person or persons who routinely are responsible for providing care, supervision, and discipline to the children in the household. This may include biological, adoptive or step-parents, other legal guardian, or other adults living in the home who have caregiver responsibilities. If the allegations involve maltreatment in two households and both have responsibilities for childcare, complete two separate FASN tools.

In situations where an adult relative is entrusted with the care of the child and is the alleged perpetrator, the FASN tool is conducted in the home where the child resides.

The identified needs should be addressed within the Family Services Agreement.

Scoring Individual Items:

Select one score only under each item which reflects the highest level of need for any caregiver in the family, and enter in the "Score" column. For example, if the mother has some substance abuse problems and the father has a serious substance abuse problem, item S3 would be scored "5" for serious substance use problems."

The worker will list in order of greatest to least, the strengths and needs identified. These strengths and needs will be utilized in the case planning process.

Children/Family Well-Being Needs

In completing a FASN, several factors identify data related to the family and child's well-being. List those factors identified as specific family and child needs (health, mental health, educational needs). See DEFINITIONS section for examples.

NORTH CAROLINA MONTHLY IN-HOME CONTACT RECORD

County _____ Case Number: _____

Month: _____ Visit Date_____ Took Place: ☐ Where Child Lives

Case Name: ☐ Other Location

Case Members Present for Visit. Check the box for each person that was present at the visit.

☐ First _____ Last _____ Age _____ Relationship: _____
☐ First _____ Last _____ Age _____ Relationship: _____
☐ First _____ Last _____ Age _____ Relationship: _____
☐ First _____ Last _____ Age _____ Relationship: _____
☐ First _____ Last _____ Age _____ Relationship: _____
☐ First _____ Last _____ Age _____ Relationship: _____
☐ First _____ Last _____ Age _____ Relationship: _____

Others Present at the Visit. Check box for those who were present at the visit.

☐ First _____ Last _____ Age _____ Relationship: _____
☐ First _____ Last _____ Age _____ Relationship: _____
☐ First _____ Last _____ Age _____ Relationship: _____
☐ First _____ Last _____ Age _____ Relationship: _____

Note: Relationship to the case child(ren)

1. Home environment

- **Home**

If this visit occurred in the home: What is the condition of the home? Are there any safety hazards? _____

Did agency worker tour the entire home? ☐ Yes ☐ No *If not, why?*

Did agency worker tour the property and any outside buildings that the child(ren) have access to? ☐ Yes ☐ No *If not, why?*

Are firearms safely stored? ☐ Yes ☐ No *If not, why?*

Are there smoke alarms and are they functioning? ☐ Yes ☐ No *If not, why?*

Observe and document the sleeping arrangements in the home. If there are infants in the home, are safe sleeping arrangements being utilized? ☐ Yes ☐ No *If not, why?*

- **Changes in the household**
  Is new childcare being provided? New pets? Remodeling? New job or financial status?

  Is anyone new living in the house, staying temporarily, or spending most of his/her time here? Has anyone left the home? ☐ Yes ☐ No If yes, Name/Relationship/dob:

  When? Why?

  Note: If new house hold member, complete criminal check, within 7 days.

2. Safety and supervision in the home
a. Do all family members have options for privacy? What is the family's practice surrounding privacy and setting personal boundaries? Is there an appropriate level of supervision for children in the home?

b. If a Temporary Safety Provider is being utilized, what is the progress toward eliminating the need for that Safety Provider?

3. Family Interaction

a. Child behaviors and parenting skills

What's going well for the child behaviorally? Is any child displaying challenging/concerning behaviors? How capable and successful do parents feel managing the child's behavior? What's working/not working? What disciplinary practices are used to address a child's inappropriate behavior? What do the caretaker(s) consider to be inappropriate behavior? How are the children getting along? What about relationships between parents/caretakers and children?

b. Family Relationships
Between adults? What's the greatest source of conflict in the family? How are issues resolved?
Note: If DV is an issue, follow DV protocol to assess family relationships.

4. Social support and access to and participation in community and in age or developmentally-appropriate activities
Who does the family turn to for help and advice—friends, extended family, coworkers, church, school? Does the family have social/emotional support and connections outside the home? Has the child(ren) been given regular opportunities to engage in age or developmentally-appropriate activities, such as sports, field trips, youth organization activities, social activities, etc.?

5. Non-resident parent &/or Extended Family Connections
If there is a non-resident parent,

a. has that parent been in contact or involved with the child(ren)? ☐ Yes ☐ No If yes, describe:

Inquire regarding non-resident parent's location and/or contact information.

b. has that parent's family been in contact or involved with the child(ren)? ☐ Yes ☐ No If yes, describe:

Are there maternal or paternal extended family members/kin that have contact or provide support? ☐ Yes ☐ No If yes, describe:

REMINDER: THE IN-HOME FAMILY SERVICES AGREEMENT IS A "LIVING" DOCUMENT. BRING A COPY OF THE NEEDS, OBJECTIVES AND ACTIVITIES PAGES AND ANY OTHER PAGES REQUIRING FOLLOW UP TO REVIEW WITH FAMILY MEMBERS.

6. Review of In Home Services Agreement in its entirety, including Well-Being Needs: ☐ Yes ☐ No
If agreement is not reviewed, rationale:

Complete a. and b. **only** if this information is not documented directly on the Family Services Agreement.

a. Services in place or needed and progress on Goals and Objectives
What resources/referrals are needed for child or parents—e.g. child care, substance abuse, etc.? What skill would the parent or child benefit from learning/embracing right now?

Need (from FSA)	Services/Activities Identified to Address	Progress/Comments

b. Well-being needs in place or needed and progress on those Identified Needs

Schooling/education of the child

How is the child doing in school? Consider social as well as academic issues. What does the child or family need to increase success? If applicable, ask about afterschool, preschool, or child care.

Physical and mental health status/needs of family

Are all family members in good health? Are there any unmet or ongoing medical needs? Is it time to schedule a medical/dental check-up? Have parents noticed any recent changes in the child's mood or behavior? Does the child or parent have questions about the quality or frequency of mental health services?

Additional Parent Well-Being Needs

Are the voluntary services or other identified parent needs being addressed?

c. Upcoming Child and Family Team Meeting (CFT)

Is the next CFT meeting within the next 30 days? ☐ Yes ☐ No

If yes, discussion/preparation for next CFT meeting:

Who needs to be invited & who's responsible for the invitation:

Topics to discuss:

How will the child(ren) be included and/or prepared?

7. Relationship with agency, upcoming events

How could partnership with the agency be improved? What has been helpful? What information or input would the parents or child like to have about the Family Services Agreement, or upcoming events? When is the next child and family team meeting?

8. General Narrative

Did you spend time speaking privately with the child(ren)? ☐ Yes ☐ No In this narrative, clearly identify who participated in each interaction and what was discussed. Make sure that individual contact with each child is documented in a separate paragraph or bullet. Be sure to document for each child: *Does the child feel safe?*

Required:

AgencyRepresentative/Worker:_____ _____ _____

Signature | Print Name | Date

Reviewed by:

Agency Representative's Supervisor _____ _____ _____

Signature | Print Name | Date

NORTH CAROLINA MONTHLY IN-HOME CONTACT RECORD INSTRUCTIONS

Purpose

This contact form provides a guide for an effective, purposeful visit with children & families. Use this form for home visits, particularly visits made after development of the In-Home Family Services Agreement. The purpose of the form is to:

1. Focus discussion and attention on safety, risk, and well-being of children and family;
2. Facilitate timely documentation of the home visit;
3. Facilitate follow-up on identified needs; and
4. Support movement toward the intended objectives on the Family Services Agreement.

ITEMS TO COVER

- Discuss activities or issues identified at previous visit
- Changes in the household
- Any current safety issues
- Social support
- Services provided or needed
- Relationship with the agency, upcoming events
- Risk or Needs
- Progress on Family Services Agreement
- Child behaviors and parenting skills
- Schooling/education of child(ren)
- Physical health and mental health of child(ren) and other members of family
- Child(ren)'s access to and participation in age or developmentally-appropriate activities.
- Interactions between family members
- Follow-up activities
- General narrative comments

When It Must be Used

- County child welfare agency In-Home Services workers must complete this tool during monthly face-to-face contacts with children and families in the home. The entire form must be completed every month. If there are multiple visits to the home during the same month, completion of the form can be distributed over those visits, or completed during one visit.
- At least one face to face visit must occur each month in the place where the child lives. For high risk cases, at least two visits each month must occur in the place where the child lives.

How to Use

- Review each item on this tool. Exactly how each item is addressed or assessed should be decided by the worker on a case-by-case basis.
- To gain an accurate picture, spend time speaking privately with the child and observe interactions between the child and parents and/or caregivers; when and how this is done should be decided by the worker on a case-by-case basis.
- If the family, child, or worker has a question, concern, or need related to an item, describe it in the space provided.
- Record any general narrative comments on the last page. Append additional pages for narrative as needed.
- This tool can also be used to provide examples or descriptions of strengths or resources already in place.
- Number 6 is provided to document any impact on the Family Services Agreement. If the Family Services Agreement is modified at the visit, the same information does not need to be captured on this form.

- This form is designed to provide structure and organization to documentation of a home visit and if added to the case file should not be re-entered elsewhere in the case documentation.

Questions to Discuss for Each Item
Below each numbered item are questions child welfare workers may wish to use to inquire about each item. These are merely a sample – this is not a comprehensive list, nor is it a script. Ideally, each person will discuss with the family and child the items on this tool in a way that is natural and conversational.

Signatures
The county child welfare worker must sign the form once it has been completed each month. The form must then be provided to the supervisor for review and approval (indicated by signature). Significant issues identified should be discussed during case staffing.

Resources

Affiliated Organizations:
The National Resource Center for Family- Centered Practice and Permanency Planning is funded by the Children's Bureau/ACF/DHHS and operates out of the Hunter College School of Social Work of the City University of New York. For more information on these organizations, please visit the following websites:

US Dept of Health and Human Services
Administration for Children and Families
Children's Bureau
1250 Maryland Ave, SW 8th floor
Washington, DC 20024
202-205-8769

Hunter College School of Social Work
129 East 79th Street
New York, NY 10075
212-452-7000

National Child Welfare Resource Centers:
The Children's Bureau/ACF/DHHS funds a total of eleven resource centers across the country – each concentrating on a specific area of child welfare practice. Together they make up the Children's Bureau Training and Technical Assistance Network. Each NRC provides onsite training and technical assistance to States, Tribes, and public child welfare agencies in the preparation and implementation of the Child and Family Services Review (CFSR) process. One of the resource centers funded by the Children's Bureau is the National Resource Center for Family-centered Practice and Permanency Planning. The others are:

National Resource Center for
Child Welfare Data and Technology
Child Welfare League of America
50 F Street, NW – 6th Floor
Washington, DC 20001-2085
Phone: 877-672-4829 or
202-638-3687
Fax: 202-737-3687
E-mail: nrccwdt@cwla.org
Web: https://www.cwla.org/

National Resource Center for
Organizational Improvement
Edmund S. Muskie School of Public
Service University of Southern Maine
PO Box 15010
400 Congress Street
Portland, ME 04112
Phone: 800-HELP KID or 207-780-5810
Fax: 207-780-5817
E-mail: clearing@usm.maine.edu
http://muskie.usm.maine.edu/helpkids

National Resource Center for
Adoption
Spaulding for Children
Crossroad Office Center
16250 Northland Drive, Suite 120
Southfield, MI 48075
Phone: 248/443-7080
Fax: 248-443-7099
Web: http://www.nrcadoption.org/

National Resource Center for Youth
Development
University of Oklahoma
College of Continuing Education
4502 East 41st Street, Bldg. 4W
Tulsa, OK 74135-2512
Phone: 918-660-3700
Fax: 918-660-3700
Web: www.nrcys.ou.edu/

National Resource Center for Child Protective Services
2709 Pan American Freeway, Suite I Albuquerque, New Mexico 87107
Phone: 505-301-3105 Fax: 505-271-5295
E-mail: tcostello@earthlink.net
Theresa Costello, MA **Director**

National Child Welfare Resource Center on Legal and Judicial Issues ABA Center on Children and the Law 740 15th Street, NW
Washington, DC 20005-1019 Phone: 800-285-2221
Fax: 202-662-1755
E-mail: mark.hardin@staff.abanet.org
Web: https://youth.gov/federal-links/national-resource-center-legal-and-judicial-issues

National Resource Center for Community-Based Family Resource and Support Programs (FRIENDS) Chapel-Hill Training Outreach Project 800 Eastowne Drive, Suite 105 Chapel Hill, NC 27514
Phone: 919-490-5577
Fax: 919-490-4905
E-mail: lbaker2@nc.rr.com
Web: www.friendsnrc.org

National Abandoned Infants Assistance Resource Center
University of California at Berkeley
School of Social Welfare
1950 Addison Street, Suite 104
Berkeley, CA 94704-1182
Phone: 510-643-8390
Fax: 510-643-7019
E-mail: aia@berkeley.edu
Web: http://aia.berkely.edu/

National Center on Substance Abuse and Child Welfare
http://www.ncsacw.samhsa.gov
This Center is an initiative of the Department of Health and Human Services and jointly funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT) and the Administration for Children, Youth and Families, Children Bureau, Office on child Abuse and Neglect (OCAN). It will develop and implement a comprehensive program of information gathering and dissemination, knowledge development and application and provide technical assistance to promote practice, organizational, and systems change at the local, state, and national levels. For more information, please contact Dr. Nancy Young at 714-505-3525 or nkyoung@cffutures.com.

AdoptUSKids
http://www.adoptuskids.org
This website (a federally-funded national database of children awaiting adoption and families approved to adopt) allows families to search for children and workers to search for families throughout the United States. The site also includes comprehensive adoption information for families and many features to assist social workers.

National Technical Assistance Center for Children's Mental Health
http://gucchd.georgetown.edu/programs/ta_center/index.html
The National Technical Assistance Center for Children's Mental Health is located within the Georgetown University Center for Child and Human Development in Washington, D.C. Since 1984, the Technical Assistance Center has been dedicated to working in partnership with families and many other leaders across the country to transform services for children and adolescents who have, or are at risk for, mental health problems and their families.

National Technical Assistance Support Systems:
The Children's Bureau/ACF/DHHS has funded four technical assistance support projects to further enhance specific research and programs areas.

National Data Archive on Child Abuse and Neglect
Cornell University Family Life Development Center
Ithaca, NY 14853-4401
Phone: 607-255-7799
Fax: 607-225-8562
E-mail: datacan@cornell.edu

Interstate Compact for the Placement of Children (ICPC)
Association of Administrators of the Interstate Compact for the Placement of Children
American Public Human Services Association
810 First Street, NE, Suite 500
Washington, DC 20002-4267
Phone 202-682-0100
Fax: 202-289-6555

Child Welfare Information Gateway
http://www.childwelfare.gov/
Formerly the National Clearinghouse on Child Abuse and Neglect Information and the National Adoption Information Clearinghouse, Child Welfare Information Gateway provides access to information and resources to help protect children and strengthen families.

The Child Welfare Information Gateway provides access to print and electronic publications, websites, and online databases covering a wide range of topics from prevention to permanency, including child welfare, child abuse and neglect, adoption, search and reunion, and much more

American Humane Association
Call: 800-227-4645 or
303-792-9900
Business hours are Monday through Friday
8 am to 5 pm, Mountain Time
Fax: 303-792-5333
Write: American Humane
63 Inverness Drive East
Englewood, CO 80112
E-mail: info@americanhumane.org

The Annie E. Casey Foundation
701 St. Paul Street
Baltimore, MD 21202
Phone: 410-547-6600
Web: http://www.aecf.org

The Child Welfare League of America
2345 Crystal Drive, Suite 250
Arlington, VA 22202
Phone: 703-412-2400
Fax: 703-412-2401
Web: http://cwla.org

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https://nccwta.org/index.php?/Knowledgebase/List

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