



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Social Services

North Carolina Department of Health and Human Services Permanency Planning Services Track Training

Participant Workbook Day Two

August 2026



**PUBLIC
KNOWLEDGE®**

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Instructions

This course was designed to guide child welfare professionals through the knowledge, skills, and behaviors needed to engage with families in need of child protection services. The workbook is structured to help you engage in the lesson through reflection and analysis throughout each week of training. Have this workbook readily available as you go through each session to create a long-lasting resource you can reference later.

If you are using this workbook electronically: Workbook pages have text boxes for you to add notes and reflections. Due to formatting, if you type in these boxes, blank lines will be “pushed” to the next page. To correct this, when you are done typing in the text box, you may use the delete key to remove extra lines.

Course Themes

The central themes of the Permanency Planning Track Training are divided across several course topics.

- Purpose, Practice Standards, and Legal Aspects
- Disproportionality in Child Welfare Services
- Indian Child Welfare Act of 1978 (ICWA)
- Communicating
- Family Engagement
- Assessing in Permanency Planning Services
- Trauma-Informed Practice
- Permanency Plans and Concurrent Planning
- Attachment
- Family Engagement: Family Time and Shared Parenting
- Working with Relatives
- Partners in the Permanency Planning Process
- Permanency Planning with the Family
- Permanency Planning Family Case Plan
- Child and Family Team Meetings
- Authentically Engaging Children and Youth
- Family-Centered Permanency Planning
- Quality Contacts
- Preparing for Permanency
- Engaging Relatives
- Placement
- Placement with Relatives
- Monitoring the Permanency Planning Family Case Plan
- Achieving Permanency
- Termination of Parental Rights
- Adoption
- Documentation
- Worker Safety

Training Overview

Training begins at 9:00 a.m. and ends at 4:00 p.m. If a holiday falls on the Monday of training, the training will begin on Tuesday at 9:00 a.m. This schedule is subject to change if a holiday falls during the training week or other circumstances occur. The time for ending training on Fridays may vary, and trainees need to be prepared to stay the entire day.

Attendance is mandatory. If there is an emergency, the trainee must contact the classroom trainer and their supervisor as soon as they realize they will not be able to attend training or will be late. If a trainee must miss training time in the classroom, it is the trainee's responsibility to develop a plan to make up missed material.

Pre-Work Online e-Learning Modules

There is required pre-work for the Permanency Planning Track Training in the form of online e-Learning modules. Completion of the eLearnings is required prior to attendance at the classroom-based training. The following are the online e-Learning modules:

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

Transfer of Learning (TOL) Tool

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

- Part A: Training Preparation: Prior to completing any eLearning and in-person Track Training sessions, the worker and supervisor should meet to complete Part A: Training Preparation. In this step, the worker and supervisor will discuss their goals for participating in training and develop a plan to meet those goals through pre-work, other learning opportunities, and support to address anticipated barriers.
- Part B: Worker Reflections During Training: There is space in each topic for workers to record their notes. For many slides, questions prompt workers to reflect on why the materials matter and how they will apply them in their practice. Some, but not all, of these questions may be asked by the training facilitator during the training. Each section has a "Reflections & Check-In" at the end, where the worker will document their thoughts, takeaways, and outstanding questions regarding each section. This level of reflection serves two purposes. First, the practice of distilling down a full section of training into three takeaways and three remaining questions requires the worker to actively engage with the

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

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

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

Training Evaluations

At the conclusion of each training session, participants will complete a training evaluation tool to assess satisfaction with the training content and methods. The training evaluation tool is required to complete the training course. Training evaluations will be used to determine the need for revisions to the training curriculum.

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

Day Two Agenda

Permanency Planning Services Track Training

- I. Welcome

Assessing in Permanency Planning Services

- II. Protective Factors and Capacities
- III. Assessing

BREAK

- IV. Assessing, continued
- V. Considerations for the Impact of Bias on Assessments

Trauma-Informed Practice

- VI. Trauma-Informed Practice

LUNCH

- VII. Key Factors Impacting Families
- VIII. Interviewing

BREAK

- IX. Interviewing, continued

Assessing in Permanency Planning Services Learning Lab

- X. Assessing in Permanency Planning Services Learning Lab

End-of-Day Values Reflection

Day Two Learning Objectives

Assessing in Permanency Planning Services
Learners will be able to identify safety threats and risk factors when working with children and families.
Learners will be able to describe their responsibilities to ensure child safety.
Learners will be able to identify protective factors when working with children and families.
Learners will be able to identify protective factors when working with children and families.
Learners will be able to articulate how protective factors mitigate risk when considering specific case scenarios
Learners will be able to describe results of the structured decision-making tools and determine next steps to support children and their families.
Learners will be able to describe the importance of considering cultural differences in their assessments of caregivers.
Learners will be able to demonstrate empathetic listening.
Learners will be able to employ various interviewing techniques to access information and assess options.
Learners will be able to demonstrate strength-based and solution-focused strategies to interview children and families.
Trauma-Informed Practice
Learners will be able to recognize the states of development and the impact of trauma on those stages.
Learners will be able to assess when developmental growth and needs are not being met and identify appropriate services and interventions.
Learners will be able to describe risk factors due to parental substance misuse.
Learners will be able to educate parents about the dangers of substance misuse, relating those dangers to child safety and well-being.
Learners will be able to define and identify signs of domestic violence.
Learners will be able to describe the importance of confidentiality and identify the unique dynamics of domestic violence within families.
Learners will be able to describe the direct impact of domestic violence on children.

- Learners will be able to describe the impact of mental health needs of children and their parents on their physical and emotional well-being.

Assessing in Permanency Planning Services Learning Lab

- Learners will be able to identify safety threats and risk factors when working with children and families.
- Learners will be able to demonstrate strength-based and solution-focused strategies to interview children and families.

Permanency Planning Services Track Training Day Two

Assessing in Permanency Planning Services continued

Protective Factors and Capacities

Protective Capacity

- There are four domains of parental protective capacities that must be assessed to fully understand the presence of protection
- The four domains of parental protective capacity are: Behavioral, Cognitive, Emotional, and Environmental

Handout: Protective Capacities

Behavioral characteristics are defined as specific actions and activities that are consistent with and result in parenting and protective vigilance.

Questions to consider include:

- Does the parent or caretaker have the capacity to care for the child? If the parent or caretaker has a disability, such as blindness, deafness, paraplegia, or chronic illness, how has the parent or caretaker addressed the disability in parenting the child?
- Has the parent or caretaker acknowledged and acted to provide the support needed to effectively parent and protect the child?
- Does the parent or caretaker demonstrate activities that indicate putting aside one's own needs in favor of the child's needs?
- Does the parent or caretaker demonstrate adaptability in a changing environment or during a crisis?
- Does the parent or caretaker demonstrate actions to protect the child?
- Does the parent or caretaker demonstrate impulse control related to a risk factor?
- Does the parent or caretaker have a history of protecting the child from any threats to the safety of the child?

Cognitive characteristics are defined as the parent or caretaker's specific intellect, knowledge, understanding, and perception that contribute to protective vigilance.

Questions to consider include:

- Is the parent or caretaker oriented to time, place, and space, such as oriented to reality?
- Does the parent or caretaker have an accurate perception of the child? Does the parent or caretaker see the child as having strengths and weaknesses, or do they see the child as "all good" or "all bad"?
- Can the parent or caretaker recognize the child's developmental needs, or if the child has special needs?
- How does the parent or caretaker process external stimuli?

- A victim of domestic violence who believes she deserves to be beaten, because of something she has done or not done
- Does the parent or caretaker understand their role to provide protection to the child?
- Does the parent or caretaker have the intellectual ability to understand what is needed to raise and protect a child?
- Does the parent or caretaker accurately assess potential threats to the child?

Emotional characteristics are defined as the parent or caretaker's specific feelings, attitudes, identification with the child, and motivation that result in parenting and protective vigilance.

Questions to consider include:

- Does the parent or caretaker have an emotional bond with the child? Is there a reciprocal connectedness between the parent or caretaker and the child? Is there a positive connection to the child?
- Does the parent or caretaker have empathy for the child when the child is hurt or afraid?
- Is the parent or caretaker flexible under stress? Can the parent or caretaker manage adversity?
- Is the parent or caretaker able to control their emotions? If emotionally overwhelmed, does the parent or caretaker reach out to others or expect the child to meet the parent or caretaker's emotional needs?
- Does the parent or caretaker consistently meet their own emotional needs via other adults or services? A statement by the parent or caretaker that they have the capacity to protect should be respected, but observations of this capacity are important.

Observations and supporting information include:

- A history of behavioral responses to crises may indicate what may likely happen.
- Spontaneous behavior will provide insight into how a parent or caretaker feels, thinks, and acts when they are or feel threatened.
- Recognize that a parent or caretaker may initially react in anger or "righteous indignation" and that this initial reaction may be appropriate and natural. However, once the initial shock and emotional reaction subsides, does the parent or caretaker blame everyone else for the "interference"?

Questions to consider:

- What are the dynamics of the relationship of and between multiple parents or caretakers? Is there domestic violence? What efforts have been made by the victim to protect the child? Does the victim align with the batterer?
- Does the parent or caretaker actively engage in a plan to protect the child from further harm? Is the plan workable?
- Does the parent or caretaker demonstrate actions that are consistent with verbal intent, or are their words and actions contradictory?

Environmental Protective Capacities

While assessing the parent or caretaker's protective capacities is critical, assessing environmental capacities may also mitigate safety concerns and the risk of harm to a child.

Below are several categories of environmental protective capacities to be considered.

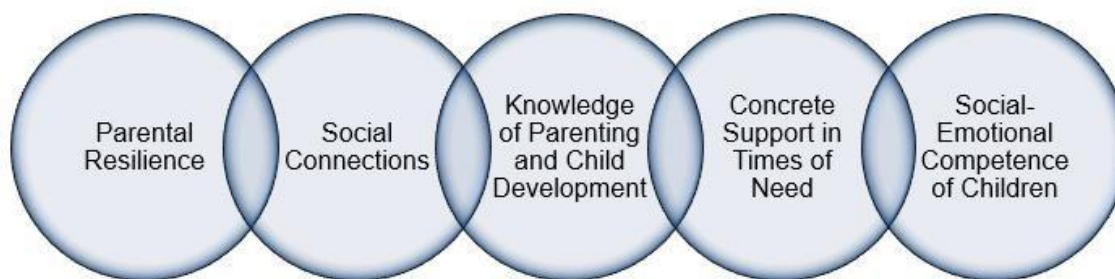
- Family and kinship relationships that contribute to the protection of the child
- Informal relationships
- Agency supports
- Community supports
- Financial status
- Spiritual supports
- For American Indians, the tribe
- Concrete needs are being met (e.g., for food, clothing, shelter)

Scaling is a great way to assess risk with a parent or caretaker. When using scaling questions, the caseworker needs to anchor the scale with specific descriptors for high and low numbers. Caseworkers should plan to ask follow-up questions. Identifying the number is just the beginning; the real value of scaling is in the follow-up questions.

- What does the parent or caretaker think makes it that number?
- What's one thing they could do to lower the risk?

Notes

Protective Factors Framework



- Protective factors are strengths within individuals, families, and communities that reduce risks and promote well-being
- Protective factors act as buffers against harm and support healthy development
- Protective factors are essential for preventing and intervening in abuse, neglect, and dependency
- The five key protective factors are:
 - Parental resilience
 - Social connections
 - Knowledge of parenting and child development
 - Concrete support in times of need
 - Social-emotional competence of children
- Protective factors vs. protective capacities:
 - Both are strengths-based approaches, but differ in scope
 - Protective capacities focus on caregiver traits related to safety
 - Protective factors address broader family and community influence on risk
- Assessing both protective factors and capacities creates a comprehensive, family-centered approach

Notes

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Handout: Protective Factors Framework

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

The framework includes five protective factors:

- **Parental Resilience:** The ability to cope with and bounce back from all types of challenges. Caregivers manage stress and function well when faced with challenges, adversity, and trauma.
- **Social Connections:** Caregivers form and sustain positive relationships that provide emotional, informational, instrumental, and spiritual support.
- **Knowledge of Parenting and Child Development:** Caregivers believe they have accurate information about raising young children and have appropriate expectations for their behavior. Caregivers demonstrate knowledge of parenting strategies and child development that support healthy physical, cognitive, language, social, and emotional development.
- **Concrete Support in Times of Need:** Access to concrete supports and services that address a family's needs and help minimize stress caused by challenges.
- **Social and Emotional Competence of Children:** A child's ability to interact positively with others and communicate their emotions effectively. Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.

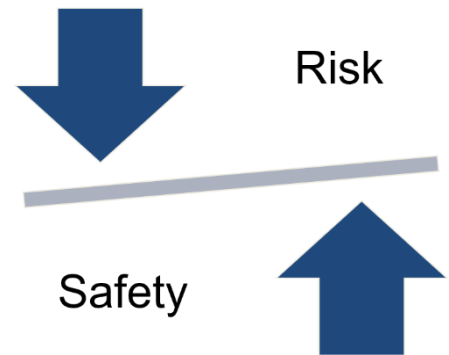
Some strategies that can be used to mitigate risk and strengthen families include:

- **Parental Resilience:** Encourage parents to take care of themselves, seek support from others, and develop problem-solving skills.
- **Social Connections:** Help parents build a support network, connect with other families, and participate in community activities.
- **Knowledge of Parenting and Child Development:** Provide parents with accurate information about child development, positive parenting practices, and child safety.
- **Concrete Support in Times of Need:** Connect families with resources such as housing, food, and healthcare, and help them navigate complex systems.
- **Social and Emotional Competence of Children:** Promote children's social and emotional development through positive interactions with caregivers, peers, and the community.

Notes

Protective Factors

- Protective factors mitigate the impact of stress and adversity
- Protective factors are linked to lower rates of child abuse and neglect
- Families with these strengths show better resilience and healthier dynamics



How else does increasing protective factors reduce risk?

How does understanding a family's existing protective factors impact your approach with them?

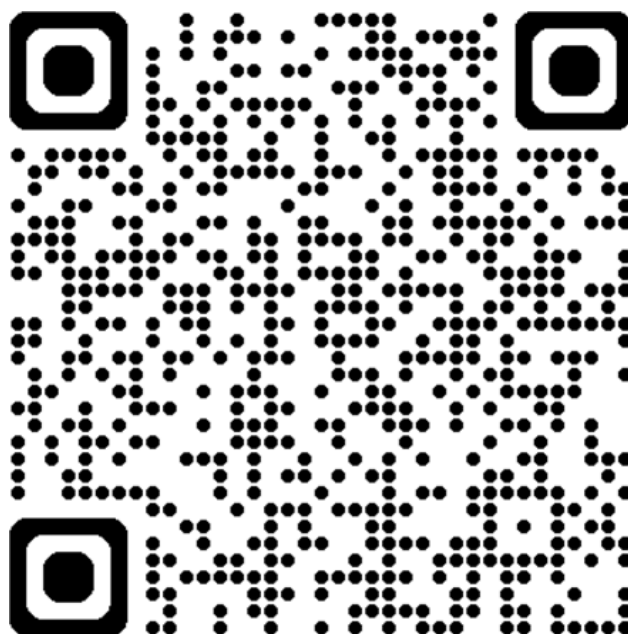
How might you help families use their existing protective factors to improve underdeveloped protective factors?

Protective Factors Exploration

Activity: Exploring Protective Factors

What to do:

- The training facilitator will form five groups and assign a protective factor to each:
 - Parental Resilience
 - Social Connections
 - Knowledge of Parenting and Child Development
 - Concrete Support in Times of Need
 - Social-Emotional Competence of Children
- Review the “Parental Resilience: Protective & Promotive Factors” handout from the Center for the Study of Social Policy, using the QR code
- With your group, create a poster on flipchart paper using the following prompts:
 - Define the protective factor in family-accessible language
 - List the ways that the presence of this protective factor buffers from risk and trauma
 - List the ways that this protective factor shows up in a family’s life
 - List the ways the protective factor shows up when children are in out-of-home care



Parental Resilience: Protective & Promotive Factors

Activity Worksheet: Exploring Protective Factors

Assigned Protective Factor: _____

Define the protective factor in family-accessible language

List the ways that the presence of this protective factor buffers risk and trauma

List the ways that this protective factor shows up in a family's life

List the ways the protective factor shows up when children are in out-of-home care

Impact

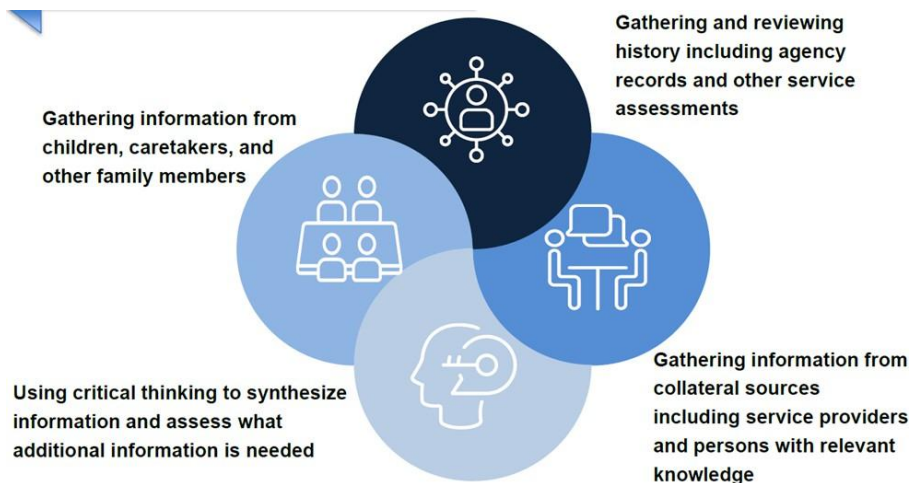


- The fundamental difference between safety and risk is how the child is impacted
- Impact is how the behavior affects the child
 - When a parent's behavior, attitudes, emotions, intent, or circumstances create conditions that fall beyond mere risk of maltreatment and have become an actual imminent threat to a child's safety
- Some circumstances affect children and are not due to caretaker behaviors

Notes

Assessing

Assessing Core Activities



- Assessing is the ongoing process of gathering, reviewing, analyzing, and synthesizing information to make sound decisions that promote safety, permanency, and well-being
- Assessing is a continuous function that occurs throughout a family's involvement over the lifetime of a case
- A rigorous assessment identifies worries and needs while also recognizing protective factors, strengths, and resources that support lasting change

Which Assessing Core Activity feels most comfortable in your current practice?

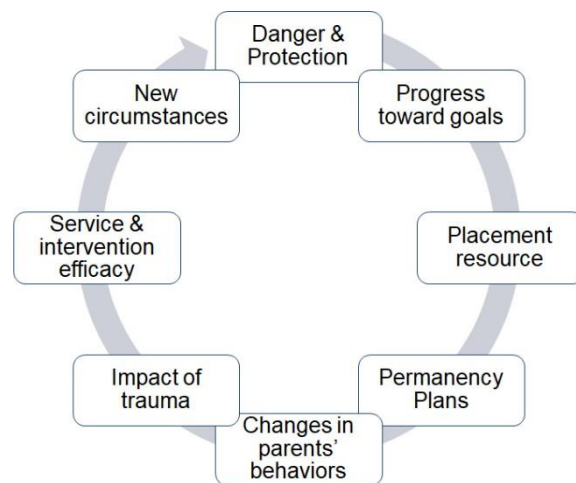
What helps you do that activity well?

Which Core Activity is most challenging for you?

What is one concrete support, practice opportunity, or strategy that could help you build capacity in that area?

Assessing in Permanency Planning Services

- You will use the assessing function in your work with families
- You are constantly assessing families; often when they are not directly parenting
- Assessing is different in permanency planning:
 - Many parents are not daily parenting
 - Children live with other caregivers
 - Conditions for observing are not naturally occurring



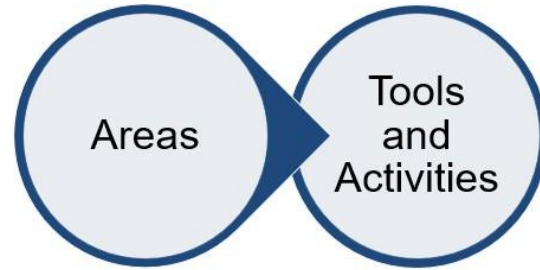
What were your initial expectations related to assessing in Permanency Planning Services?

How might your pre-existing expectations affect your ability to assess within Permanency Planning Services?

What learning occurred for you as we walked through assessing in your role?

Global Assessment

- Global assessments are assessments that consider social activities, economic situation, environmental issues, mental health needs, daily living activities, physical health, and strengths
- Assess the whole family system to understand safety, permanency, well-being, strengths, and needs
- Use family-centered, trauma-informed engagement strategies to build an accurate assessment
- Know when to seek additional expertise and balance thorough assessment with privacy, consent, and confidentiality



When you think about conducting a global assessment, which area might be easiest to overlook in practice, and what could help you make sure it is still explored respectfully and thoroughly?

How can a caseworker balance the need for a thorough assessment with the family's right to privacy, voice, and dignity?

Handout: Global Assessment

Be sure the following areas are included:

- Household economic status
- Family/household social network, including household make-up, relationships with extended family members, and community engagement (including faith, ethnic, and/or social community)
- Parent or caretaker mental and/or behavioral health
- Parent or caretaker physical health
- Parent or caretaker educational, cognitive, communication, and decision-making capacity
- Parent or caretaker relationship status (including an assessment of any history of relationship conflict or domestic violence)
- Parent or caretaker knowledge of child development and parenting skills
- Trauma history for all family members
- Parent or caretaker substance abuse history
- Other household conditions include, but are not limited to:
 - Household physical and environmental conditions
 - Household routines
 - Transportation availability

General activities that support all areas of assessment include:

- Interviews
- Observations
- Home Visits
- Collateral contacts
- Record reviews
- Policy and standards

Specific tools and activities:

- Household economic status
 - Budgeting
 - SNAP and Work First Benefit information
 - Job information
- Family and household social network, including:
 - Household make-up
 - Relationships with extended family members
 - Community engagement (including faith, ethnic, and social communities)
- Strengths and Needs Assessment
- Genograms
- Eco maps
- Safety circles
- Parent or caretaker mental and behavioral health
 - Mental health assessments, questionnaires
- Parent or caretaker physical health
 - Medical records, health screenings
- Parent or caretaker educational, cognitive, communication, and decision-making capacity

- Parenting capacity evaluations
- Parent or caretaker relationship status
 - Including an assessment of any history of relationship conflict or domestic violence
 - Domestic violence power and control wheel
- Parent or caretaker knowledge of child development and parenting skills
 - Ages and stages questionnaires, Child and Adolescent Screening Tool
- Trauma history for all family members
 - ACE questionnaire, CPS record reviews
- Parent or caretaker substance abuse history
 - Substance abuse assessments, drug screens
- Household physical and environmental conditions
 - Home visits
- Household routines
 - Calendars, schedules, chore charts
- Transportation availability
 - DMV records
 - Bus or public transportation routes, fees, and schedules

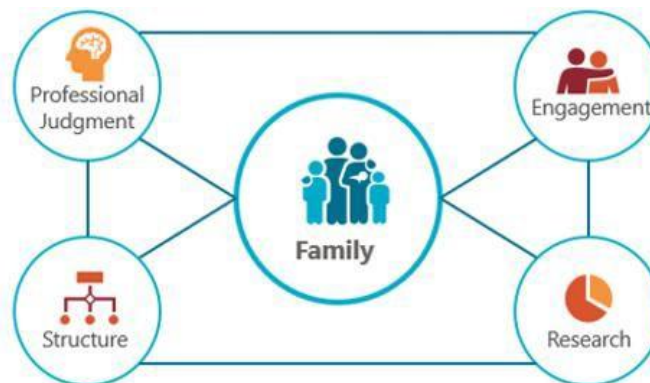
Notes

Balanced and Rigorous Approach: The Three Questions

- *What are we worried about?*
 - *What is working well?*
 - *What needs to happen next?*
- Questions are an intervention. The Three Questions gather information about the decision at hand and prompt collaboration and solutioning.
 - Every interview and every stage of casework must cover these areas to ensure a rigorous, balanced assessment. Keep these questions in mind and use them on every home visit and every time you meet with a caretaker, child, safety and support network member, or collateral.
 - A balanced and rigorous approach supports strong practice within our Core Values
 - Assessing requires partnership with children, parents, and families; otherwise, we can cause harm during the process
 - The Three Questions are a foundation for Safety Organized Practice
 1. What are we worried about?
 2. What is working well?
 3. What needs to happen next?
 - The language in these questions is intentional.
 - The word "worry" is meant to be non-judgmental and implies that you care about the family, and is a word that children can follow and understand
 - Asking "What is working well?" lets families know that we see them for more than just this incident, and we believe there will be some things that are working well
 - Asking "What needs to happen next?" keeps us focused on the future and the action steps that can be taken to build on what is working well to address the worries
 - Every interview and every stage of casework needs to cover these areas, so we conduct a rigorous and balanced assessment
 - Caseworkers should ask these questions on every home visit and every time we meet with a caretaker, child, or collateral

Notes

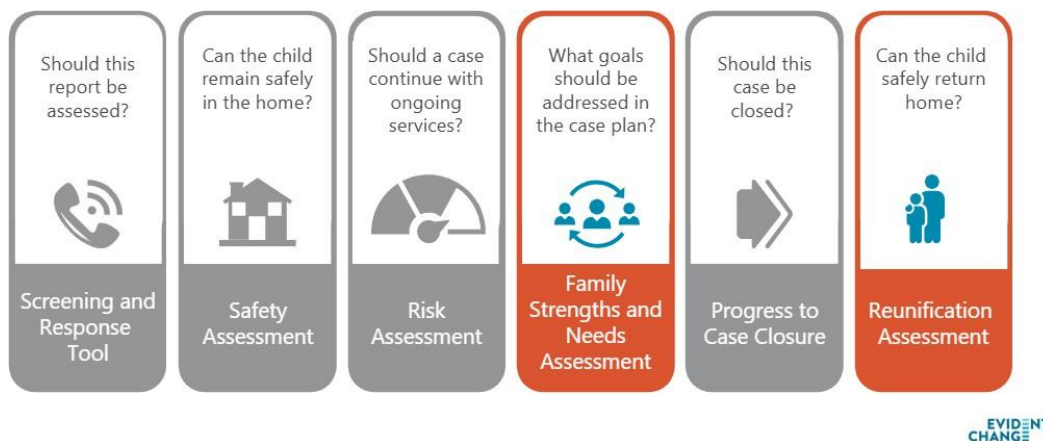
The SDM[®] System: A Comprehensive Framework



- North Carolina uses the Structured Decision-Making (SDM[®]) system to inform and support assessing
- The SDM[®] system is a comprehensive case management system for child protection
- The SDM[®] system integrates engagement strategies, research, the SDM[®] assessments, and professional judgment into a full-system model
- The SDM[®] system is a decision-support system informed by research, policy, and best practices
- Decision theory supports the idea that the process of making decisions in highly complex situations and circumstances can benefit from a breakdown of that complexity into components or parts and a more methodical approach
- The SDM[®] system offers assessment at critical decision points throughout the life of a CPS case to maintain focus on promoting safety, reducing risk, and facilitating timely permanency
- SDM[®] assessments are a tool to prompt strong casework practice
- Tools do not make decisions; people make decisions. Tools help people make better decisions

Notes

The SDM[®] System at Each Decision Point



- Each assessment corresponds to important decision-making points in the child welfare process
- The SDM[®] system has six assessment tools, two of which are utilized in Permanency Planning Services
 - Family Strengths and Needs Assessment: What interventions could address child and family needs?
 - Reunification Assessment: Can the child return home?

Notes

Handout: North Carolina SDM® Tool Desk Guide

NORTH CAROLINA SDM® TOOL DESK GUIDE

PURPOSE

This document explains how North Carolina's Structured Decision Making® (SDM) assessments connect across the life of a child welfare case and clarifies how SDM® terminology applies at different stages of work with families. It is intended for staff training and supervision; shared understanding among staff, families and courts; and consistent practice implementation.

OVERVIEW: SDM SYSTEM ACROSS THE LIFE OF A CASE

The SDM system supports decision making from the time a report is received through permanency and case closure. Each assessment answers a specific question, and the language used should align with that purpose.

REPORT



Screening and Response Tool: Should this report be assessed (family of investigative)?

INVESTIGATIVE OR FAMILY ASSESSMENT



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



Risk Assessment: Should a case continue with ongoing services?



Family Strengths and Needs Assessment: What goals should be addressed in the case plan?

ONGOING SERVICES

In-Home Cases



Family Strengths and Needs Assessment: What goals should be addressed in the case plan?



Progress to Case Closure Guide¹: Should this case be closed?

Permanency Planning Cases



Family Strengths and Needs Assessment: What goals should be addressed in the case plan?



Reunification Assessment²: Can the child safely return home?

¹ Assessment caseworkers do not complete case plans.

² Assessment caseworkers do not complete case plans.

TERMINOLOGY ALIGNMENT ACROSS THE CASE

CONCEPT	INTAKE	CPS ASSESSMENT	IN-HOME CASE	PERMANENCY PLANNING CASE
PRIMARY ASSESSMENTS/ GUIDES	Screening and response tool	- Safety assessment - Risk assessment - Family strength and needs assessment	- Family strengths and needs assessment - Progress to case closure guide³	- Family strengths and needs assessment - Reunification assessment⁴
FOCUS OF SDM TOOLS	Review all maltreatment allegations and definitions to assist in decision making	- Focuses on the present circumstances along with intake details and historical information to determine danger - Used following any change in family circumstance	- Assesses safety - Assists and informs risk reduction - Assists with observing and documenting behavioral change and consistency over time	- Assesses safety - Assists and informs risk reduction - Assists with observing and documenting behavioral change and consistency over time
SAFETY	By applying "caretaker + behavior + impact" to determine if alleged maltreatment meets statutory obligations to investigate/assess for child's safety.	By applying "caretaker + behavior + impact", determine if immediate danger is present and if the child can remain in the home safely.	Is the immediate safety sustained over time in correlation with family case planning progress?	Is the immediate safety sustained over time in correlation with family case planning progress?
TYPES OF PLANNING	Provisional harm and worry statements and identifying potential network support members	Safety planning if needed	Safety planning and case plan	Case planning and safety planning if required for trial home visit
KEY DECISION	Screening decision and response time	- Safe - Safe with a plan - Unsafe	- Continue case - Staff for possible removal - Case closure	- Recommend trial home visit - Recommend continued services

KEY PRACTICE PRINCIPLES

- Safety decisions occur throughout the life of a case.
- Behavior change matters more than participation or compliance. Service completion alone does not equal safety.
- Case closure is a safety determination, not a checklist. Safety means BOTH the absence of danger indicators and the consistent, demonstrated protective actions of the caretaker(s) and their support network over time.

SAFETY-ORGANIZED PRACTICE

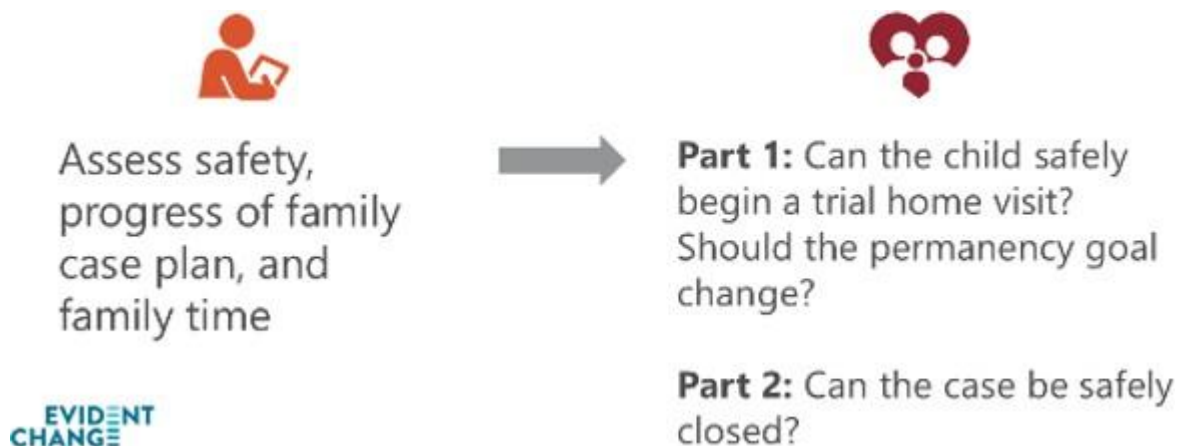
Safety-Organized Practice (SOP) has three primary objectives:

- Develop good working relationships
- Use decision-support tools and critical thinking
- Build collaborative plans that enhance daily child safety

³Section one of the Progress to Case Closure Guide (In-Home) and part one of the Reunification Assessment (Permanency Planning) assess safety in ongoing cases. Depending on the outcome, each of these tools may result in a safety plan. For additional information, please reference the SDM tool manuals.

⁴Section one of the Progress to Case Closure Guide (In-Home) and part one of the Reunification Assessment (Permanency Planning) assess safety in ongoing cases. Depending on the outcome, each of these tools may result in a safety plan. For additional information, please reference the SDM tool manuals.

Reunification Assessment Questions



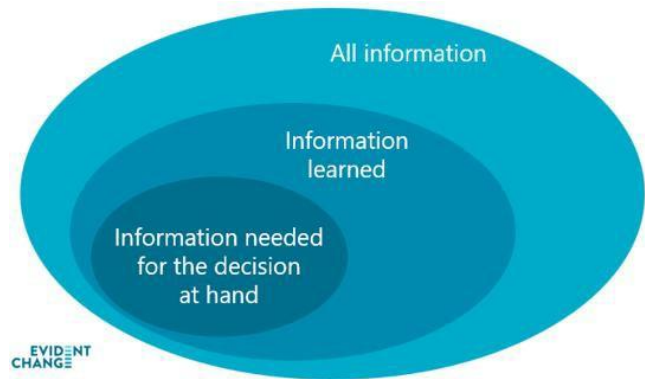
The SDM® Reunification Assessment has two main parts.

- Part 1 Trial Home Placement, which helps answer two questions:
 - “Can the child safely begin a trial home visit?”
 - “If not, should the permanency goal change?”
- Part 2 Progress to Case Closure Guide helps answer the question:
 - “Can the case be safely closed?”

Notes

Information Gathered

- The process of assessing will allow us to learn much about the family, although we will not learn everything about the family
- From what we gather, we will need to understand what information is needed to make decisions and what is not
- The SDM® tools support a focus on the information needed to make the necessary decisions



This diagram shows how structuring decisions helps us focus on the most important information needed to make a good point-in-time decision.

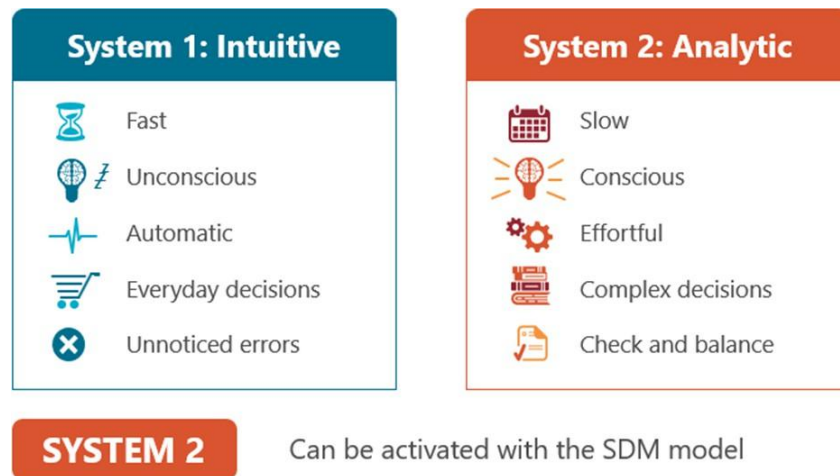
- The outer circle is the entirety of information about a family. We will never really know all of this.
- The middle circle represents what we learn about the family as we work with them.
- The inner circle is the information needed to make the decision at hand, which is where the SDM® assessments help caseworkers to focus.

What are your initial reactions to learning about your role in information gathering?

What impacts the way you view your role in gathering information?

How might you manage all the information you receive while assessing?

The Two-System Model of Thinking



- Our brains have two ways of thinking: fast and slow
 - The Two Systems of Thinking come from Daniel Kahneman's book *Thinking, Fast and Slow*
 - System 1: Intuitive Thinking: fast, unconscious, automatic, everyday decisions, unnoticed errors
 - System 2: Analytic Thinking: slow, conscious, effortful, complex decisions, checks and balances
 - Child welfare casework requires both systems
- SDM® tools support activation of System 2 for decision making

Why does it matter that System 1 thinking doesn't notice when it's wrong?

What will you do differently to catch those blind spots in your own decisions?

Think of a recent case where you trusted your gut. Why might slowing down to use an SDM® tool have strengthened that decision?

How will you build that pause into your next one?

Why is analytic thinking especially critical, given the high stakes of child welfare work?

What specific habit will you change to shift from intuition to a structured process?

Synthesizing Information

- Synthesizing is the process of analyzing and evaluating information from various sources, making connections between the information, and combining it with prior knowledge to arrive at a conclusion



Notes

Using SDM® Tools when Assessing Safety and Risk

Timeframe	SDM® Tools
At case transfer	- Review the Risk Assessment completed during CPS Assessments or In-Home Services - Review and use Family Strengths and Needs Assessment (FSNA) completed during CPS Assessments or In-Home Services unless additional information obtained uncovers needs that impact safety and/or risk
Within 60 calendar days of placement Every 90 days thereafter Aligned PPR and PPFCP	Complete: - FSNA - Reunification Assessment Part 1-Trial Home Visit
Within 10 Days of Trial Home Visit and every 30 days thereafter	Complete: Reunification Assessment Part 2-Progress to Case Closure Guide
Within 30 days of recommending return of custody to the parent	Complete - FSNA - Reunification Assessment

SDM® tools are used at required intervals throughout the permanency planning process

- At case transfer, review the most recent Safety Assessment that was completed, either the Safety Assessment completed during intake, or the safety assessment completed as part of the Progress to Case Closure Guide
- Ongoing, complete FSNA and Reunification Assessment Part 1, Trial Home Visit:
 - Within 60 days of placement
 - Every 90 days thereafter
 - On track with the Permanency Planning Review (PPR) and updates to the Permanency Planning Family Case Plan (PPFCP)
 - Within 30 days of recommending the return of custody to the parent
- Reunification Assessment Part 2, Progress to Case Closure Guide:
 - After the 7-day visit but before 10 days of Trial Home Visit
 - Every 30 days thereafter until the case closes

SDM® tools can be utilized more often if there are new circumstances or new information that would affect the safety status. SDM® tools are not completed when one of the following occurs:

- Caretaker(s) voluntarily relinquish parental rights
- Termination of parental rights has been granted
- The court has relieved the agency of continued reunification efforts
- The court has ordered reunification to be removed as a primary or secondary plan
- The child has reached the age of 18

What is the purpose of the SDM® tools?

Why is it recommended to complete SDM® tools in collaboration with the family?

What can you do to become more comfortable with the SDM® tool?

Danger Indicators and C+B+I Formula



Danger Indicators are SDM® thresholds used to assess behaviors or conditions that may indicate a child is in imminent danger of serious harm.

Danger indicators are grounded in the statutory definitions of abuse, neglect, and dependency. One way to think about whether the threshold of a danger indicator is met is to use “caretaker plus behavior plus impact,” or C+B+I. When a caretaker engages in behavior that impacts the child, that behavior is likely to meet the threshold for a danger indicator.

In North Carolina, there are 14 defined danger indicators. To learn more, access Appendix B: Danger Indicators Definitions in the SDM® Reunification Assessment Policy and Procedures manual available here: <https://policies.ncdhhs.gov/wp-content/uploads/NC-SDM-Reunification-Manual.pdf>.

Safety is not just the absence of danger; it is also the presence of protection.

Children are considered safe when no danger indicators are present. Children are also considered safe when a safety plan can be created using family interventions to mitigate the safety threat.

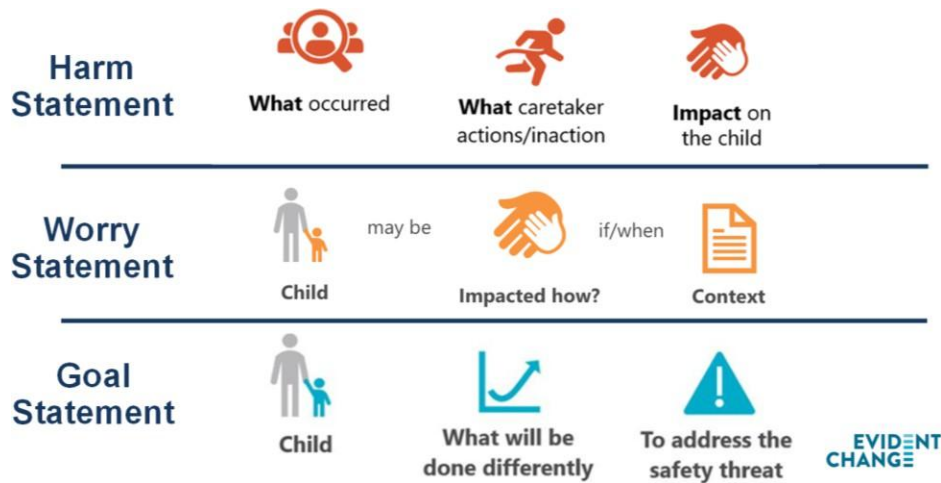
- Danger indicators are a component of SDM® tools
- Danger indicators are behaviors or conditions that may be associated with a child being in imminent danger of serious harm
- The C+B+I formula is a tool used to assess whether the danger indicator is present and there is an impact to the child, which would indicate that the definition or threshold for that danger indicator has been met
- Permanency planning caseworkers are responsible for assessing and planning for danger indicators

Notes

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Harm Statement/Worry Statement/Goal Statement

Handout: Harm, Worry, and Goal Statements



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

Harm statement formulas include:

- What occurred > Caretaker actions or inaction > Impact on the child

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

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

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

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

Worry statement formula includes:

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

There are two types of worry statements:

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

Every case with concerns about child maltreatment will have a worry statement.

Goal statements are clear, well-formed statements that indicate when enough behavioral change has occurred for child welfare involvement to end. Goal statements

describe new behaviors that need to happen instead of just outlining what needs to stop happening:

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

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

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



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

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

When have you found harm, worry, and/or goal statements to support communication with families?

How have you utilized these statements in your practice?

What follow-up might be necessary when communicating harm, worry, and/or goal statements to families?

Documenting the Assessing Process

Be Accurate

- Statements, conclusions, and opinions based on facts that are clearly described

Be Clear

- Avoid jargon
- Use behavioral descriptors based on observations and specific statements of involved parties

Be Concise

- Information that is relevant and necessary to the CPS Assessment

Be Relevant

- Document decisions related to your assessments

Be Timely

- Documentation must be current within 7 days of every activity or action

Be Complete

- Document all the information needed to take action

- Documentation should be accurate, clear, concise, relevant, and timely, and provide complete information about the assessment
- All information collection must be documented in PATH NC and is required to be up to date within seven days

Completing SDM® tools, PPFCPs, required forms, and uploading copies of external documents such as evaluations and records within PATH NC ensures a complete record.

What are some of the ways you demonstrate non-judgmental and respectful documentation?

What are the potential consequences to children and families if we don't use non-judgmental documentation?

Considerations for the Impact of Bias on Assessments

Types of Knowledge



Lived: acquired from our life experiences.



Learned: acquired from formal learning processes such as education, trade school, workshops, apprenticeships, or informal processes such as reading or listening to books, articles, instructions.



Vicarious: acquired through secondhand experiences, such as witnessing, in relationships, through media and art.



Formal: acquired through service through your work such as a profession or specialty role.

- There are four different ways that we build knowledge of child welfare practice:
 - Lived: built by going through experiences that directly impact you
 - Learned: gained through formal and informal learning processes
 - Vicarious: built through witnessing others' direct experiences
 - Formal: built through professional practice

What learned knowledge do you have about child welfare practice?

What types of things are you gaining vicarious knowledge about in your work in child welfare?

There are also limitations within each type of knowledge. If we consider the previous example, what limitations might exist within learned knowledge of substance use?

How might these knowledge limitations affect how you engage with families?

How have you seen learned and formal knowledge be given more credibility in your work with families?

Key Factors and Considerations

- The knowledge workers bring to Permanency Planning Services is important
- Self-assessment of your knowledge base is essential
- Lived experience contributions from the child, youth, and family are essential, as they are the experts of their lives

Regardless of what we know about these areas of focus, we will never be experts on how these factors and areas manifest or affect the lives of the children and families we serve. As family-centered social workers who practice cultural humility, we are fortunate to have the experts with us in all we do. The families we serve are the experts.

Notes

Activity Worksheet: Key Factors and Considerations

Taking this concept about knowledge types a step further, consider the knowledge you hold about various factors and circumstances you will encounter in your child welfare practice. This self-assessment is for personal use. You will not be required or asked to share your results with the larger group.

For each factor presented:

- Using a scale of one to ten, rate how much knowledge you hold about this factor and its impact on families, where 1 represents no knowledge of the factor and 10 represents deep understanding within multiple contexts.
- Consider how you gained this knowledge through lived, learned, vicarious, or formal experiences.
- Name one way you can access knowledge, other than your own, to expand your awareness and understanding of this factor.

Mental Health

How much knowledge do you hold of Mental Health dynamics and their impact on families?

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

What types of experiences contributed to your knowledge?

☐Lived ☐Learned ☐Vicarious ☐Formal

One way you can access knowledge different than your own:

Substance Misuse, Substance Use Disorder, and Substance-Affected Infants

How much knowledge do you hold of Substance Misuse, Substance Use Disorder, and Substance-Affected Infants dynamics and their impact on families? ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
What types of experiences contributed to your knowledge? ☐Lived ☐Learned ☐Vicarious ☐Formal
One way you can access knowledge different than your own:

Domestic and Intimate Partner Violence

How much knowledge do you hold of Domestic and Intimate Partner Violence dynamics and their impact on families?
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
What types of experiences contributed to your knowledge?
☐ Lived ☐ Learned ☐ Vicarious ☐ Formal
One way you can access knowledge different than your own:

Human Trafficking

How much knowledge do you hold of Human Trafficking dynamics and their impact on families?

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

What types of experiences contributed to your knowledge?

☐Lived ☐Learned ☐Vicarious ☐Formal

One way you can access knowledge different than your own:

Poverty

How much knowledge do you hold of Poverty dynamics and their impact on families?

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

What types of experiences contributed to your knowledge?

☐Lived ☐Learned ☐Vicarious ☐Formal

One way you can access knowledge different than your own:

Pregnant and Parenting Teens

How much knowledge do you hold of Pregnant and Parenting Teens dynamics and their impact on families? ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
What types of experiences contributed to your knowledge? ☐Lived ☐Learned ☐Vicarious ☐Formal
One way you can access knowledge different than your own:

Cognitive Limitations of Parents

How much knowledge do you hold of Cognitive Limitations of Parents dynamics and their impact on families? ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
What types of experiences contributed to your knowledge? ☐Lived ☐Learned ☐Vicarious ☐Formal
One way you can access knowledge different than your own:

Systemic Oppression

How much knowledge do you hold of Systemic Oppression dynamics and their impact on families?

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

What types of experiences contributed to your knowledge?

☐Lived ☐Learned ☐Vicarious ☐Formal

One way you can access knowledge different than your own:

Neurodivergence

How much knowledge do you hold of Neurodivergence dynamics and their impact on families?

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

What types of experiences contributed to your knowledge?

☐Lived ☐Learned ☐Vicarious ☐Formal

One way you can access knowledge different than your own:

Activity Discussion Questions

What do you notice about your experiences with these factors and areas?

How do you recognize growth in others?

How might your perceptions and biases impact the assessment of these areas?

Considerations When Assessing Families: The Impact of Bias

Lifelong learning and self-reflection	Recognizing power imbalances	Institutional accountability
• Be curious • Families are the experts	• Share power with families • Collaborate with families	• Family-centered and individually responsive services • Response to feedback

- There are three steps to address bias:
 - Lifelong learning and self-reflection
 - Recognizing power imbalances
 - Institutional accountability

Think about a time when your own experiences or assumptions influenced how you interpreted a family's situation. What did you notice, and how might you approach it differently now?

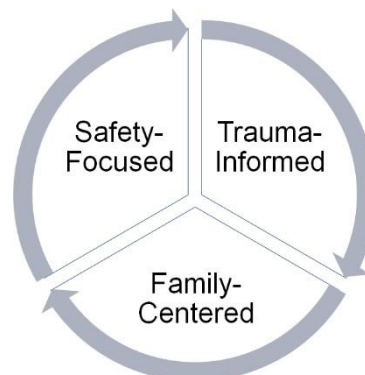
How can you intentionally use multiple types of knowledge (lived, learned, vicarious, and formal) to strengthen your assessments and reduce bias in decision-making?

Where do you see the greatest risk of bias entering the assessment process, and what strategies can you and your team use to address it in real time?

Trauma-Informed Practice

Our Child Welfare Core Values

- A trauma-informed system incorporates trauma awareness, knowledge, and responsiveness into organizational structures, practices, and policies
- Trauma-informed is a Core Value of the North Carolina Child Welfare Practice Model

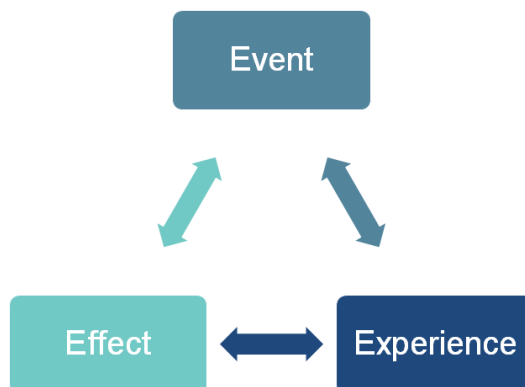


Notes

What is Trauma?

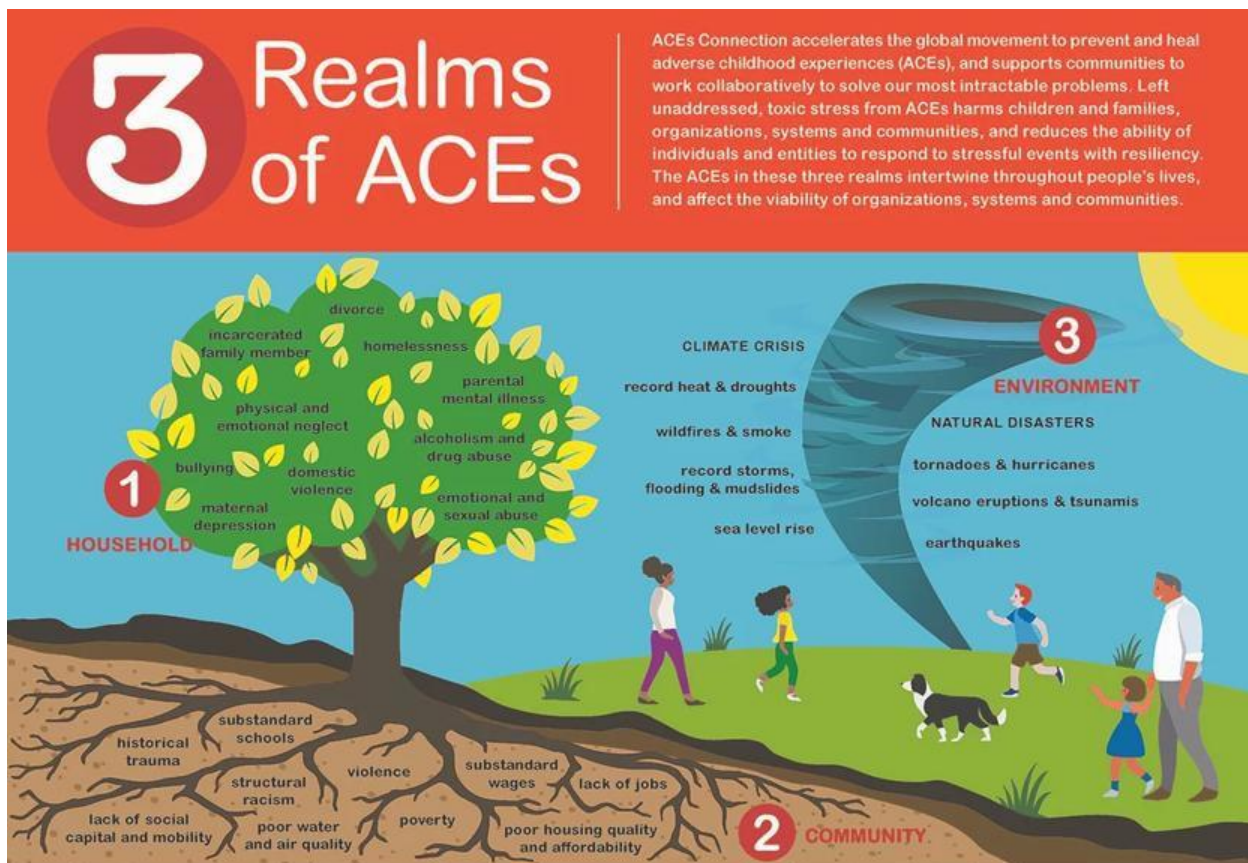
Video: Understanding Trauma: Learning Brain vs Survival Brain

Understanding Trauma: Learning Brain vs Survival Brain



What do you recall about ACEs and trauma?

3 Realms of ACEs



- ACEs are serious childhood traumas that result in toxic stress that can harm a child's brain
- This toxic stress may prevent a child from learning, from playing in a healthy way with other children, and can result in long-term health problems

SAMHSA says, "In public institutions and service systems, there is increasing recognition that many of the individuals have extensive histories of trauma that, left unaddressed, can get in the way of achieving good health and well-being. For example, a child who suffers from maltreatment or neglect in the home may not be able to concentrate on schoolwork and be successful in school; a woman victimized by domestic violence may have trouble performing in the work setting."

Notes

Trauma-Informed Practice



- The Six Core Principles of Trauma-Informed Practice include:
 - Safety: Families and child welfare caseworkers feel physically and psychologically safe
 - Trustworthiness and Transparency: Decisions are made with transparency and with the goal of building and maintaining trust
 - Peer Support: Child and family safety decisions are team decisions, and no single person should make them alone. Consulting with your peers and supervisor is viewed as integral to child welfare service delivery
 - Collaboration: Child Welfare services are family-centered interventions to assess and provide child and family safety. As a representative of the government, power differences between child welfare caseworkers and families, and among organizational staff, are leveled to support shared decision-making
 - Empowerment: Child and family strengths are recognized, built on, and validated; this includes a belief in resilience and the ability to heal from trauma
 - Historical Issues and Responsiveness: Biases and stereotypes, based on race, ethnicity, age, geography, and so on, and historical trauma are recognized and addressed. Child welfare caseworkers are responsible for engaging in courageous and crucial conversations with families, recognizing that families are the experts on their own lives, strengths, and challenges. Significance of Institutional Trauma in the context of child welfare: many populations who are often over-represented in child welfare have experienced trauma inflicted by systems intended to help
- Misuse of power in systems that serve children and families is abundant, and child welfare can reactivate previous trauma

Notes

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Honoring Stories, Holding Hope

Video: Step Inside the Circle

Step Inside the Circle



Video Discussion Questions

What did you hear in the stories these men told?

What stood out most to you?

What did you hear about safety, or lack of safety?

Who are these men?

What story did we hear about what happens when there is no intervention to provide safety, permanence, and well-being?

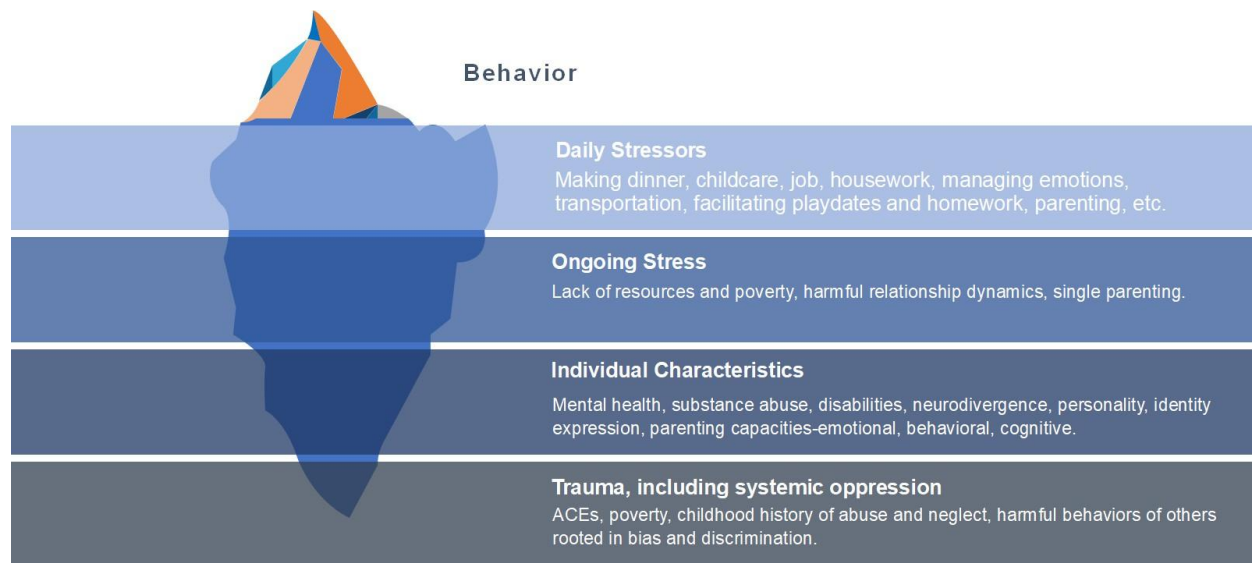
Key Factors Impacting Families

Key Factors Impacting Families

- External factors that families experience that have an impact on family functioning and parents' ability to be present and responsive for their children include:
 - Mental health and mental illness
 - Domestic and intimate partner violence
 - Substance misuse & substance use disorder
 - Human trafficking
- Each of these external factors is related to Adverse Childhood Experiences (ACEs)

Notes

Looking Beyond the Behavior



- Behavior is only the visible part of the story
 - What caseworkers observe is often just the surface
 - Effective assessment requires understanding what may be driving the behavior beneath the surface
- Trauma often influences behaviors
- Many behaviors seen in child welfare are attempts to cope with trauma, toxic stress, or adversity
- Trauma can have long-term impacts on emotional, behavioral, physical, and relational functioning
- Multiple factors shape family functioning:
 - Daily stressors
 - Ongoing stress
 - Individual characteristics
 - Trauma and systemic oppression
- Understanding context improves assessment:
 - Looking beyond behavior helps caseworkers distinguish impact, assess safety more accurately, and avoid assumptions
 - Understanding root causes supports better decision-making and service planning

Think about a time when a behavior initially seemed concerning or confusing. What additional information or context changed your understanding of what was happening?

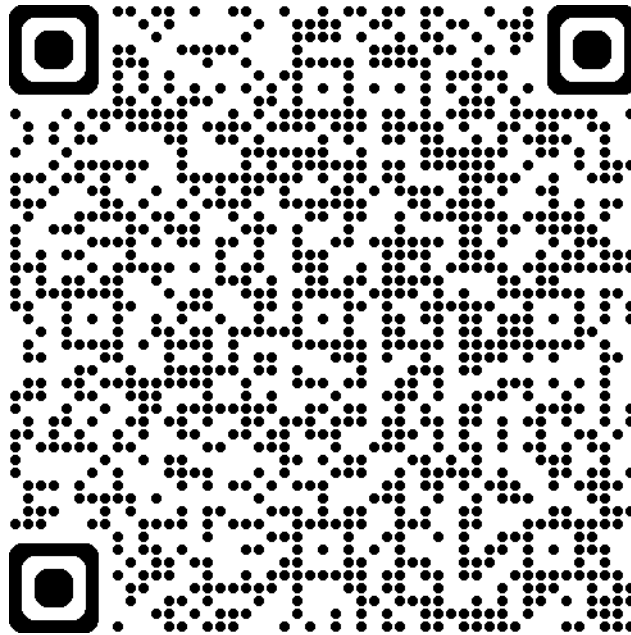
How might a child's or parent's behavior look different when viewed through a trauma-informed lens rather than a compliance-focused lens?

What questions could you ask to better understand what may be beneath a behavior before reaching a conclusion about safety, risk, or family functioning?

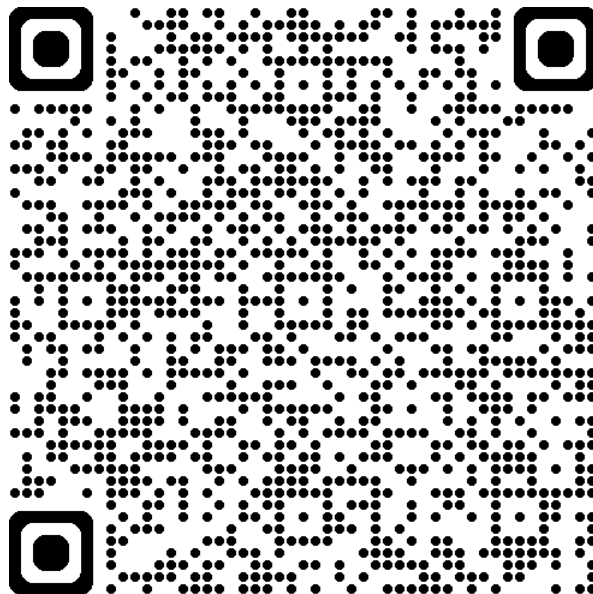
Which of the factors beneath the surface: daily stressors, ongoing stress, individual characteristics, or trauma, do you think is most likely to be overlooked during assessment? Why?

How can understanding the context behind a behavior help you balance accountability with empathy when working with children and families?

For detailed information about trauma-informed language and why words matter, visit:



Words Matter - Terms to Use and Avoid When Talking About Addiction



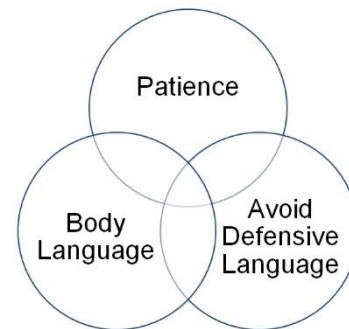
Words Matter: Trauma-sensitive language with children

Interviewing

Empathetic Listening

- Good interviewing begins with good listening
 - Patience: listening all the way through to the end of what someone is saying; demonstrating acceptance, although not necessarily agreement
 - Avoid defensive language: avoid direct questions, disputing facts, or arguing; focus on what is being said and how the person feels
 - Body language: be mindful of what is not being said
 - Be comfortable with silence
 - Remove distractions
 - Be fully present
- Good listeners observe the messages being sent, what is said, and how it is being said, paying attention to:
 - Tone
 - Speed
 - Volume
 - Word choices, language
 - Body language, non-verbal communication
- Empathetic listening must be intentionally practiced and used

Strategies for Empathetic Listening



Video: Empathetic Listening

Empathetic Listening

How do you think that empathetic listening will support you in your work with children and families?

Trauma-Responsive and Shame-Sensitive Interviewing

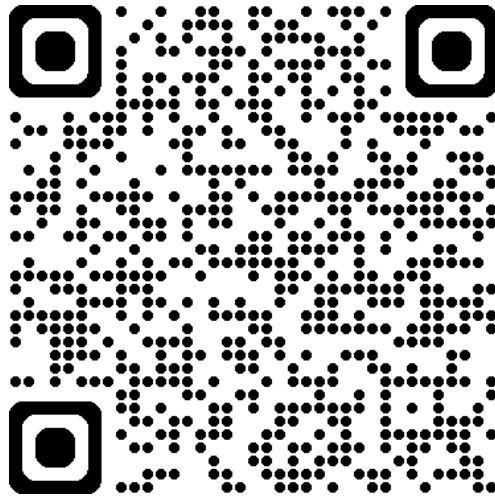
- Trauma and shame often influence how children, youth, and families respond during interviews
- Child welfare involvement can increase feelings of vulnerability, shame, fear, and judgment
- Trauma-responsive interviewing seeks to create psychological safety, trust, and engagement
- Behaviors such as anger, withdrawal, defensiveness, avoidance, or resistance may be trauma responses rather than intentional non-cooperation
- Looking beyond behavior helps caseworkers understand the context that may be driving a person's actions
- Creating safety and trust increases the likelihood that families will share information needed for assessment and planning

What types of behavior might you see in someone who has experienced trauma?

How do you react to someone's trauma experience without exacerbating feelings of shame?

What will you do to reduce the power differential between yourself and parents to support families feeling safe to discuss trauma?

For more information, please view the source article by scanning the QR code below:



Dolezal, L., and Gibson, M. (2022). Beyond a trauma-informed approach and toward a shame-sensitive practice. *Humanities and Social Sciences Communications* 9: 214.
<https://doi.org/10.1057/s41599-022-01227-z>

Notes

Validating Feelings Not Behaviors

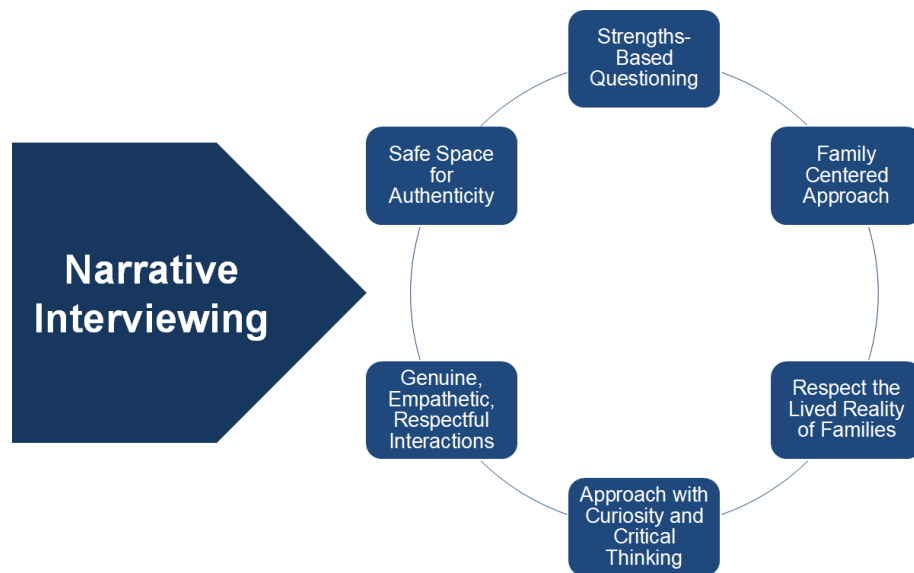


- Validating feelings does not equate to agreeing with behaviors; in fact, it is paramount in child welfare to separate feelings from behaviors
- Feelings are simply feelings; they are not inherently “right” or “wrong”
- Empathetic listening means to validate feelings
- Use reflective listening to demonstrate non-judgmental listening

Notes

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Narrative Interviewing



- Narrative interviewing is a technique that keeps the family at the center of the interview by giving family members the freedom to express themselves in their own words, maintaining ownership of their experiences, while helping caseworkers obtain the necessary information and context to support well-informed assessments and decisions
- Key components of narrative interviewing techniques include:
 - Strengths-based questioning focuses on what is working well
 - Family-centered approach keeps the family at the center of the interview
 - Respects the lived reality of the family
 - Engages from a place of curiosity and critical thinking to explore discrepancies
 - Requires genuine, empathetic, and respectful engagement at all times during interviews
 - Promotes conditions for families to tell their stories in an authentic and safe way
- Leading or coercive questions are questions that are framed to elicit responses from a preconceived idea about something and should be avoided

What does a follow-up question look or sound like?

Why use narrative interviewing instead of another approach?

What is something you can do to improve your narrative interviewing skills?

Narrative Interviewing

- Narrative Interviewing process follows the following steps:
 - Introduction/rapport building
 - Interview agreements
 - Funneling
 - Closure
- Building rapport is an essential part of helping the interviewee feel comfortable and safe enough to share difficult information
- Interview agreements help build psychological safety between the interviewer and the interviewee
- Funneling refers to a technique of interviewing that begins with open-ended questions to gather information
 - Begins with a narrative prompt, which is an invitation to share information
 - Follow-up questions that are open-ended and/or focused in nature
 - Make an effort to stay at the top of the funnel as much as possible
 - Provide choice questions and yes/no questions only after trying to solicit information using open-ended questions
- Use the recycling technique
 - Going back to the top of the funnel and beginning the sequence again
- Successful narrative interviewing is demonstrated when the interviewee responds in paragraphs rather than with short sentences or single-word answers
- Closure is an important part of an interview, as it affords the interviewee an opportunity to hear their information reframed by the interviewer and offer corrections or additions as they listen to a summary

Building Rapport

Interview Agreements

Funneling

Closure

How does the funneling technique work in narrative interviewing?

Handout: Narrative Interviewing Guide

Narrative interviewing as a technique offers a structured flow. Interviews begin with rapport-building, which involves making introductions, engaging the interviewee in the process, and working to establish trust and psychological safety.

Beginning an Interview

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

Building Rapport

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

Interview Agreements

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

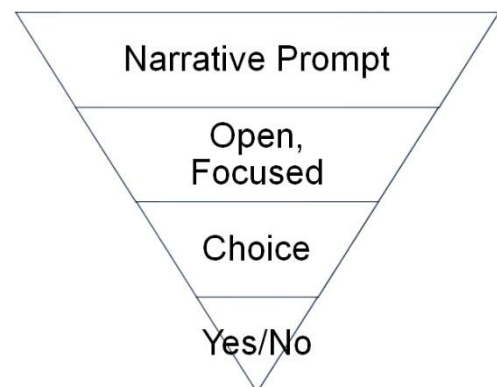
Funneling

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

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

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

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



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

- “What did your mom say when you told her?”
- “Where were you when...?”
- “You said the man hit you with a belt. Who was the man?”

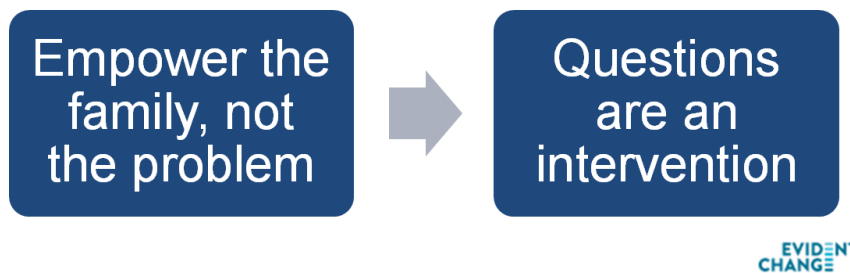
Closure

Narrative Interviewing includes a 5-step closure process:

- Step 1: Composure: Give the interviewee time to regain their composure by saying something like: What you told me is very important. How do you feel about our talk today?
- Step 2: Thank and Ask: Thank the interviewee for talking to you, for taking it seriously or doing their best. Ask if there is anything else you need to know and if they have any questions.
- Step 3: Give Them Your Contact Information: Give the interviewee your name and phone number so they can call you if they have questions or are worried.
- Step 4: No False Promises: Don’t make promises you can’t keep.
- Step 5: End on a Neutral Topic: It can also be helpful to end on a neutral topic. Ask what they plan to do for the rest of the day or follow up on an activity or hobby they mentioned.

What is one way you can assess your success in real time when using narrative interviewing?

Strengths-Based and Solution-Focused Approach



- It is easy to focus on the problem, as child welfare is a problem-saturated field
- Strengths-based and solution-focused approach empowers families, not the problem
- Strengths-based and solution-focused questions:
 - Identify strengths in problem situations
 - Explore the past
 - Find and use an exception to the problem
 - Facilitate a positive vision of the future
 - Encourage commitment
- This approach begins with asking good questions
- Questions are an intervention that can:
 - Provide new understanding
 - Support the family to imagine new possibilities
 - Create space for critical reflection
 - Help facilitate change

What is the importance of how we ask questions?

Strength-Based and Solution-Focused Strategies

Strengths-based strategies include:

- Identifying strengths in problem situations
- Exploring the past
- Finding and using expectations to the problem
- Facilitating a positive vision of the future
- Scaling questions
- Encouraging commitment
- Developing action steps

Focusing on solution development allows an interviewee to share what they think and feel about how to resolve a concern

What excites you about using strengths-based and solution-focused strategies and questions with families?

Handout: Solution-Focused Interviewing Skills and Questions

Open-Ended Questions
Questions that encourage the client to use their own words and to elaborate on a topic.
• Tell me about your relationship with your parents. • Tell me about your parenting experience. • How do your supports help you? • Explain what you mean
Note: identify and reflect to clients any strengths or positive qualities clients may reveal in their responses to the open-ended questions.
Reflection Statements
State back to the client their thoughts, actions, and feelings.
• I hear you saying... • If I understand you correctly, you are saying that... • So, what you are saying is... • It sounds like you are feeling...
Affirmation Statements
Acknowledging client strengths and past success.
• As you were talking, I noticed that you have many strengths, such as... • In the past, you have had successes, like your ability to.... • It took a lot of strength (resilience, persistence) to get through what you've been through.
Using silence
Allowing silence. Not filling in the quiet space with advice or questions.
• Allow 10 to 20 seconds for clients to gather their thoughts and contemplate their responses, without speaking, prompting them, or asking more questions.

Affirming the client's perceptions

Perception is some aspect of a person's self-awareness or awareness of their life. They include a person's thoughts, feelings, behaviors, and experiences. Affirmation of the client's perceptions is similar to reflective listening in form and focuses on the client's larger awareness.

- That was a smart decision you made. Let's explore it...
- You have a high level of self-awareness. How would you like to use this information to move forward....

Working with Client's Negative or Inaccurate Perceptions

Perceptions, even negative ones like suicide or assaultive behaviors, should be explored to understand the full context.

Some perceptions may be obviously inaccurate and reflect a person's denial of a problem. Avoid an immediate educative or dissuading response to negative or inaccurate perceptions. Listening and understanding are the caseworker's first obligations.

- What's happening in your life that tells you thatmight be helpful in this situation?
 - How does it feel to say, "I don't want to do this anymore?"
 - How might your life be different if you did...?
 - What are the pros and cons of your reaction?
- What have you done in the past when you've felt that way?

Returning the Focus to the Client

Clients tend to focus on the problem and/or what they would like others to do differently. In the Solution-Focused approach, the client is encouraged to return the focus to themselves and to possible solutions

- "My kids are lazy. They don't realize that I need help sometimes." Response: "What gives you hope that this problem can be solved?"
- "I wish my parents would get with it. A 10:00 pm curfew on weekends is ridiculous." Response: "When things are going better, what will your parents notice you doing differently?"
- "My teachers are too hard. If they would back off all the homework and give more help, my grades would improve." Response: "What would make things even a little bit better?"

Exception Questions

Exception questions help clients think about times when their problems could have occurred but did not – or at least were less severe. Exception questions focus on who, what, when, and where (the conditions that helped the exception to occur) - NOT WHY; should be related to client goals.

- Talk to me about times when the problem does not happen or is less serious?
- When was the problem less severe or did not happen?
- How were you able to make this exception happen?
- What was different about that day?
- If your friend (teacher, relative, spouse, partner, etc.) were here and I were to ask him what he noticed you doing differently on that day, what would he say?

Coping Questions

Coping questions aim to help the client shift their focus away from problem-focused elements and toward what they are doing to survive painful or stressful circumstances. They are related in a way to exploring for exceptions.

- What have you found that is helpful in managing this situation?
- I hear you describing how depressed and overwhelmed you feel. How were you able to get out of bed this morning and make it to our appointment (or make it to work)?
- You say that you're not sure that you want to continue working on your goals. What has helped you work on them before now?

Scaling Questions

Scaling questions invite clients to put their observations, impressions, and predictions on a numbered scale that defines the lowest and highest scores. Questions need to be specific, citing specific times and circumstances. The scale can be adjusted to suit the topic or nature of the question.

It is important that you follow a scaling question with an exploration of why the client chose that number, and what it might take for them to achieve a higher or lower number.

- On a scale of 0 to 10, with 0 being not serious at all and 10 being the most serious, how serious do you think the problem is now?
- On a scale of 0 to 10, what number would it take for you to consider the problem to be sufficiently solved?

- On a scale of 0 to 10, with 0 being no confidence and 10 being very confident, how confident are you that this problem can be solved?
- On a scale of 0 to 10, with 0 being no chance and 10 being every chance, how likely is it that you will be able to say “No” to your boyfriend when he offers you drugs?
- You said you are at an X. What would it take for you to be at a (one or two numbers higher or lower, whichever is positive)?
- What’s the most important thing you have to do to keep things at a X?

Indirect Relationship Question

Indirect questions invite the client to consider how others might feel or respond to some aspect of the client’s life, behavior, or future changes. Indirect questions can be useful in asking the client to reflect on narrow or faulty perceptions without the worker directly challenging those perceptions or behaviors.

- What might make someone think that you are neglecting or mistreating your children?
- Has anyone ever told you that they think you have a drinking problem?
- If your children were here (and could talk, if the children are infants or toddlers), what might they say about how they feel when you and your wife have one of those serious arguments?
- At the upcoming court hearing, what changes do you think the judge will expect from you to consider returning your children?
- How do you think your children (spouse, relative, caseworker, employer) will react when you make the changes we talked about?

Perspective Question

Perspective questions invite the client to put themselves in someone else’s shoes and describe the other person’s perspective.

- What do you think [person] would be worried about with how you’ve disciplined your children?
- What would [person] say they’re most worried about related to your drinking?
- If your children were here (and could talk, if the children are infants or toddlers), what might they say about how they feel when you and your wife have one of those serious arguments?
- How do you think your spouse would describe their reaction to the changes after you make them?

Miracle Question

The Miracle Question is a special type of preferred future question that can help people gain clarity on how the problem affects their daily lives and what life would look like without it.

- Imagine you woke up tomorrow and a miracle happened overnight, and all the trouble was gone. (Ask one or more of these questions to follow up: How would you know it was over? What would be different that would tell you the problem was no longer happening? What is the first thing you would do to start the day? What would the rest of your day look like? What would things look like for your children?)
- If you could wave a magic wand and things were different, what would that new state of being look like? Follow up with: What would it take to get there without the magic wand?

SOP Tools to Enhance Interviews

Three Column Map: The Three Column Map helps structure conversations by clearly separating worries, strengths, and next steps. This ensures interviews are balanced, acknowledging both concerns and positives, and gives families a voice in identifying solutions

Three Houses: The Three Houses tool engages children in a way that feels safe and relatable. It allows them to express their wishes, worries, and strengths visually, which often reveals insights that a standard interview might miss

Safety House: Safety House helps children articulate what safety looks like for them. It creates a concrete picture of their needs and hopes, making the interview more meaningful and focused on practical safety planning

Eco Map: The Eco Map highlights the family's support network and stressors. By mapping relationships and resources, interviews become more holistic, considering both internal and external factors that affect the family's well-being

Genogram: The Genogram provides a detailed view of family structure and dynamics. It helps uncover patterns, roles, and relationships that influence behavior, ensuring the interview captures context beyond surface-level questions

Circles of Safety and Support: Circles of Safety and Support identify whom the family trusts and relies on. This tool strengthens engagement by focusing on protective factors and building a collaborative safety plan with the family's own network

Notes

Activity: Exploring SOP Tools to Enhance Interviews

What to do:

- With your partner, explore the SOP Tools handouts that follow this page
- Answer the Activity Discussion Questions

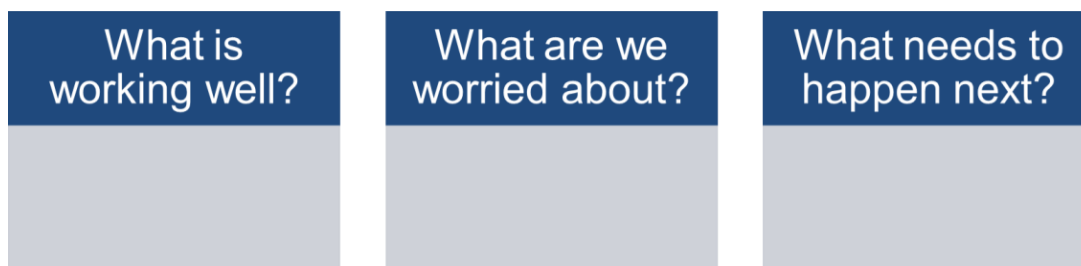
Activity Discussion Questions

How have you used any of these tools in an interview (if you have)?

How do one or all of these tools support enhanced interviews and a rigorous, balanced approach?

What tool would you like to use next? Why?

Handout: SOP Tool: Three Column Mapping

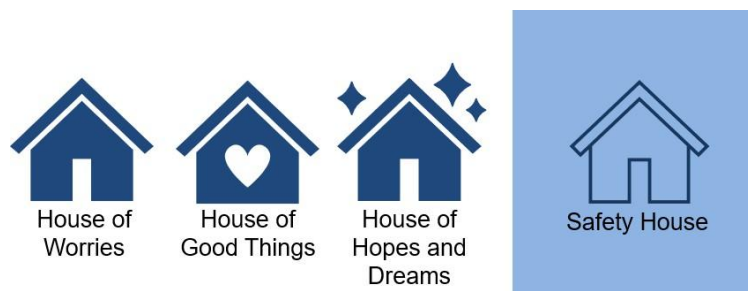


Three-column mapping is a visual guide to the three questions. The three questions support a rigorous and balanced approach that supports identifying solutions while evaluating the problems. The three questions are:

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

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

Handout: SOP Tool: Three Houses and Safety House



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

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

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

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

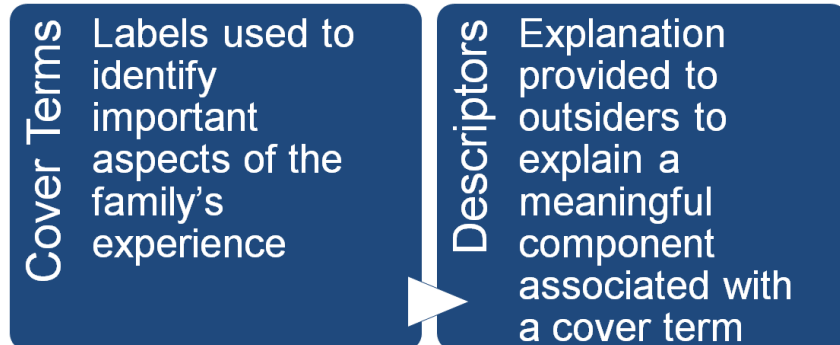
Both tools can be used simply by drawing houses on a piece of notebook paper and labeling them. Allow children to write or draw, or scribe on their behalf with consent, what they believe would belong in each of the houses.

Handout: SOP Tool: Genograms, Ecomaps, and Circles of Safety and Support

Tool	Description	Practice Gap It Fills
Genogram	A genogram is a visual representation of a family tree that includes detailed information about relationships, patterns, and dynamics across generations. It includes symbols to represent individuals, gender, relationships (marriage or divorce), and sometimes emotional connections (conflict or closeness).	This tool helps caseworkers identify relatives on an ongoing basis. It supports identifying extended family members who may serve as caregivers or support figures. Genograms are useful in kinship care planning and placement decisions. They can reveal inter-generational patterns of trauma, abuse, or neglect. Thorough dialogue around this tool may offer insight into cultural norms, migration history, and generational beliefs that may influence parenting and caregiving.
Ecomap	An eco-map is a visual tool that illustrates the relationships between a child, parent, or family and their social environment. It consists of: - A central circle representing the child, parent, or family. - Surrounding circles for external systems (like school, church, extended family, friends, and community) - Lines and symbols connecting the central circle to others, showing	An ecomap provides a holistic view of the individual or family's environment. It goes beyond the identified person or family unit to include community and institutional influences. An ecomap helps identify external stressors and supports that may not be apparent in other tools, and it provides existing support systems that can be leveraged in case planning. An ecomap also identifies gaps in services or areas where additional support is needed.

Tool	Description	Practice Gap It Fills
	the strength of relationships	Helps tailor services to the unique social and cultural context of the child or family.
Circles of Safety and Support	The circles of safety and support tool was designed to help family members identify people for the family's safety and support network. This tool also helps workers have conversations with family members about why a safety and support network is necessary, about the role the network can play, and the process of assessing who would be the most appropriate people to participate in this network.	The safety and support network is made up of people who will support the parents to develop and maintain a safety plan for the children, and who can continue to play this role long after professionals have stopped working with the family. Reduces naïve thinking that parents can do it alone and be successful. We cannot plan for safety solely with the people who caused the harm.

Clarifications during Interviews



- Cover terms are terms that may have multiple definitions and can be specific to a family, person, social group, or generation
- It is important to ask the interviewee for definitions for the terms they use to provide clarity and mutual understanding

What words or phrases have you heard where you know that the person you are talking with is implying meaning, but it was not clear what they meant?

What other words or phrases have you heard that hold meaning that isn't always clear?

Assessing in Permanency Planning Learning Lab

Case Review

Activity: Reviewing and Assessing the Lewis Family Case

What to do:

- Review the “Lewis Family Case Review” handout information
- Discuss the case review with your group
- Use the Lewis Family Three Column Map worksheet to organize your assessment
- Document:
 - What are you worried about?
 - Captures safety concerns and risk factors
 - What is working well?
 - Highlights strengths, protective capacities and protective factors
 - What needs to happen?
 - Lists actions that the family, the caseworker, or other members of the safety network and Child and Family Team must take to resolve the concerns
- Document your work on a flipchart paper to share with the larger group

Handout: Assessing Learning Lab: Lewis Family Case Review

Lewis Family Case Scenario

Mother	Monica Lewis, female, 42, Black, incarcerated
Father	George Jackson-Bailey, male, 45, Black, shift manager at McDonald's
Stepfather	William Bailey-Jackson, male, 46, Black, cashier/stocker at a grocery store
Child	Vanessa (Van) Jackson, female, 14, Black, 8th Grade at Johnson Middle School
Child	Raymond Jackson, male, 10, Black, 4th Grade at Johnson Elementary School

DSS Child Welfare History

6 months ago: CPS Family Assessment for neglect, unsafe discipline. The report alleged marks and bruises left on Raymond's buttocks because of a spanking by his father, George. Slight bruising was observed on the upper buttocks. Child Protective Services was not needed because no ongoing danger indicators were identified.

Most Recent CPS-Assessment Report

The report was made by Ms. McIntyre, the school counselor at Johnson Elementary School.

The report alleges that Raymond came to school today complaining of pain. Raymond told his teacher that he got into trouble the night before for “talking back” to his dad. The teacher sent Raymond to the school counselor, who observed redness, light bruising, and swelling on Raymond’s buttocks, visible just above the waistband of his shorts, which sit lower on his hips, and bruising that could be fingerprints on Raymond's left arm. When the school counselor asked Raymond about what happened, Raymond said, “I don’t want to get Dad into trouble.” He wouldn’t speak about the matter any further.

The report was screened in as Neglect: unsafe discipline. Family Assessment, 24-hour response.

Summary of initiation

Raymond says, “I am always in trouble.” For “bigger stuff,” Raymond gets spankings from George. When asked about “bigger stuff,” the family described the following:

Yesterday, Raymond told his dad he had finished his homework and logged onto the Xbox. When George went to make dinner, he found the homework lying on the floor, unfinished and covered in juice. The juice container had been left on the counter without a lid and had been knocked over, spilling juice all over the floor. George said that he “snapped” and went to “confront” Raymond. George asked Raymond why he lied, and Raymond said he didn’t lie; he must have forgotten.

George indicated that he cannot tolerate this level of disrespect. He “lost it,” meaning he grabbed Raymond and began to “whup” him. Raymond was trying to get away, but

George held his arm tightly while hitting his butt with his open hand. At one point, Raymond's pants fell down, and George continued to hit his unclothed buttocks.

George indicated that he believes that the purple marks on Raymond's buttocks were a result of his whupping. George said that he doesn't ever mean to hurt Raymond when he disciplines him, just "teach him a lesson." In response to an inquiry about how it feels to notice the extent of the bruises, George shrugged and said, "It doesn't feel good." William and Van were not home when the incident occurred.

Raymond is diagnosed with ADHD. He takes medication every day. George stated that they forget to give Raymond his medication about once per week, due to the morning rush to get to school.

George says he is "at a loss" for what to do with Raymond and that he "better shape up" because things cannot continue like this. George says that Raymond "makes" him whup him with his bad behavior. George said that the whupping would not have been so bad if Raymond had "just accepted it" and not tried to pull away.

Caseworker presented George with information about ADHD and its impact on behaviors. George replied that this was just an excuse. George shared his thought that "kids today just don't have discipline" and are not held accountable. George indicated that he was "whupped" as a child and learned not to lie and to see things through, so he believes that Raymond hasn't learned these things because his mother didn't discipline him enough.

When asked about steps to ensure Raymond isn't injured during discipline, George indicated that DSS was "blowing this all out of proportion" and that DSS involvement was unnecessary; Raymond just needs to "do better."

Individual Interview Summaries

Interview with Raymond:

When asked if Raymond ever feels scared, Raymond stated he is always scared that his dad is going to "whup" him. Raymond described getting spankings every week and then a "whupping," like yesterday, about three times since he moved in with his dad. Raymond says he thinks about getting whupped "all the time" and that sometimes this makes it hard for him to do things at home because he is afraid that he will mess it up. Raymond described that sometimes his worry keeps him up at night, and he cannot sleep, so he goes to the closet to stay away out of fear. Raymond says it doesn't always hurt as badly as yesterday's, and he doesn't always get marks. He cannot remember how often that happens. Most of all, Raymond hates it when his dad calls him "lazy" or "stupid" or accuses him of lying. Raymond says he tries his best to remember to do things, and sometimes he does, but other times he does not. He said worrying about getting in trouble makes him more forgetful. Raymond says that William tries to help him remember things, but he can't always remember.

Interview with Van:

Van said that when they heard about yesterday, they got really scared that one day their dad was going to "really hurt" Raymond.

Additional Information

Living Arrangement

The children have been living with their biological father, George, and George's husband, William, since their mother, Monica, went to prison a little over a year ago. Before this change, George and William had been consistently involved in the children's lives, caring for them several days a week and attending school events. George and William have been in a relationship for five years and have been married for three

Mental Health:

Raymond has ADHD, which is managed with medication prescribed by a primary care provider. Raymond says that his ADHD makes him forgetful, and sometimes he cannot focus.

Collateral Contact with Ms. Rosa, the neighbor who occasionally watches Raymond:

Although she sometimes hears George yelling, Ms. Rosa isn't aware of any spanking or problems. Ms. Rosa agreed that if there was ever trouble between George and Raymond, George could send Raymond to her apartment. She is always home after school and on the weekends because she is a "real homebody." Both Ms. Rosa (neighbor) and Michelle (aunt) are identified as family supports in case of an emergency.

Safety Assessment

An SDM® Safety Assessment was completed at the initial home visit.

- Factors Influencing Child Vulnerabilities: Child has a diagnosed or suspected behavioral or mental condition
- Current Danger Indicators:
 - # 13: Child fears the caretaker, other family members, or people living in or having access to the home, and the caretaker fails to protect the child from these individuals
 - #9: Caretaker persistently describes the child in negative terms or acts toward the child in negative ways, and these actions impact the child's emotional or physical well-being
 - The caretaker describes the child in a demeaning or degrading manner
 - The caretaker curses at and/or repeatedly puts the child down
- Safety Decision: Safe with a plan
- Safety Plan Interventions:
 - Utilize discipline techniques, such as removing privileges or having Raymond finish cleaning a mess with directions and support
 - When George feels it is becoming harder to manage his anger toward Raymond's behavior, George will walk out of the house and call Ms. Rosa
 - George and Ms. Rosa give permission for Raymond to go to Ms. Rosa's house if he ever feels scared
 - Caseworker will make visits to the home to check in on progress

Phone interview with mother, Monica Lewis, non-resident parent:

Monica is one year into a five-year prison sentence after convictions for driving while intoxicated. Monica is worried about the children and whether they will be okay. She now worries, knowing how bad it is, that George will take out his embarrassment over DSS being called on Raymond.

New Report on an Open Case

On Saturday, five days after the initial report was initiated, DSS received a new report. The report was made by Law Enforcement.

Report alleges that 911 was called by Rosa Ward. Around 8:30 pm, Rosa heard glass break upstairs in the family's apartment, the father yelling, and heavy footsteps. Raymond and Van arrived at her apartment at 9:00 pm, scared and upset. Raymond's back was swollen and red with bruises starting to form on his arm and leg; Raymond was having trouble walking and complained of his leg hurting.

Law Enforcement arrived on the scene. Officers determined that George "whipped" Raymond for breaking some glass dishes. Officers observed that Raymond had swelling and bruising on his arm and leg as a result of being hit by George. George was arrested for misdemeanor child abuse, and the court issued an order of No Contact based on the conditions found by law enforcement. DSS was requested to assess the safety of the children and the family.

The report was screened in as an Investigative Assessment for Abuse allegations and required an immediate response.

Summary of New Report Initiation

George lectured Raymond for more than an hour after the case worker left earlier in the week. He blamed Raymond for causing trouble with DSS.

Raymond had been trying to "be good" all day and was cleaning the kitchen. He stacked up all the dirty dishes from dinner on the counter and went to play Xbox. George had come in, and when he opened the dishwasher, the unsteady pile fell, breaking all the glass dishes. George went into Raymond's room, grabbed his arm, and "whipped" him on the "butt" and upper legs. Van told their dad to stop and that they would take Raymond to Ms. Rosa. This got George's attention, but he wouldn't let Raymond go. Raymond pulled away. Raymond and Van ran to Ms. Rosa's house.

Ms. Rosa had no idea of the extent of what was going on, but she was very concerned for the children. When she saw Raymond's arm and leg, she knew she had to call for help.

Raymond's arm was observed to be swollen, with faint purplish coloring along his left side and on his upper right leg, just under the buttock.

George was arrested for misdemeanor child abuse. Because this occurred on a Saturday, his first court appearance would not be until the following Monday. The judge placed a no-contact order on George for Raymond.

Ms. Rosa said that George's yelling and mean behavior scared her. She was glad she could intervene today, but she can't stay involved. She had to think about her own health.

Medical Assessment

Due to the amount of swelling and pain and the severity of discoloration, Raymond was evaluated in the ER. It was found that Raymond had severe bruises on his left arm and from his bottom to his upper leg. Per the ER physician, the injuries were inflicted, and the youth stated they were the result of physical discipline by his father, George.

Reasonable Efforts

- Safety planning with the family
- Information regarding child behaviors and coaching around non-physical discipline techniques
- Efforts to secure a Temporary Safety Provider (TSP) placement
 - William could not return to the house immediately, as he was managing a critical medical situation with his mother out of state
 - Ms. Rosa declined placement due to fear of retaliation from George
 - Michelle Boyd, maternal aunt, was unable to provide placement due to an acute hospitalization as a result of the flu, requiring IV fluids
 - Samantha Warren, Van's best friend's mother, could not be reached for placement

Custody

Based on George's arrest, the court's no-contact order, and the caseworker's inability to locate a Temporary Safety Provider, the Department filed a petition alleging Abuse and a non-secure custody order for Van and Raymond, which brought Van and Raymond into foster care.

Safety Assessment: Unsafe

An SDM® Safety Assessment was completed at the initiation of new report:

- Factors Influencing Child Vulnerabilities: Child has a diagnosed or suspected behavioral or mental condition
- Current Danger Indicators:
 - #1: The child has a serious non-accidental injury or harm, or a sentinel injury suspected to be caused by the parent, other caretaker, or an unknown person. The parent or other caretaker cannot be ruled out, and the circumstances suggest that the child's safety may be of immediate concern:
 - Substantial or unreasonable use of physical discipline.
 - Caretaker committed an act that placed the child at risk of significant/serious pain that could result in impairment or loss of bodily function.
 - #9: Caretaker persistently describes the child in negative terms or acts toward the child in negative ways, and these actions impact the child's emotional or physical well-being

- The caretaker describes the child in a demeaning or degrading manner
- The caretaker curses at and/or repeatedly puts the child down
- # 13: Child fears the caretaker, other family members, or people living in or having access to the home, and the caretaker fails to protect the child from these individuals.
- Safety Decision: Unsafe
- Child Welfare Safety Interventions: Removal of any child in the household; interventions one through six do not adequately ensure the child(ren)'s safety. Explain why a family safety intervention could not be used to protect the child

Placement Information

Laverne Hampton is a 70-year-old white woman currently retired, although she works part-time at a bookstore. Laverne is a former schoolteacher and has been fostering for the last 10 years. She usually provides placement for younger children, but she felt compelled to accept a placement outside her comfort zone to keep the children together. She can transport the children to and from school, but Laverne doesn't drive after dusk or before dawn due to limited night vision. Laverne is very active in her church, Temple Baptist, and volunteers at the local food bank.

Contact with Monica

Monica was notified that her children were in custody when she was served the juvenile petition, summons, and non-secure court order on the day of the custody. The caseworker made multiple efforts to contact Monica at the time of custody. However, the caseworker was unable to speak with Monica's prison case manager, and a conversation with Monica was not possible until Monday, after the children entered foster care.

During the conversation on Monday, Monica shared that Raymond has struggled to follow through on tasks and remember things to do his entire life. When the children lived with Monica, she often would give lots of prompts and reminders, bordering on nagging, to support Raymond. As he got older, she developed sticker charts and checklists to help him get through daily and necessary tasks.

Monica saw the children once during her time in prison, as the facility was far from George's home, and transportation resources were unavailable. Monica said she didn't want the children to see her in jail, so she didn't push George to make it happen.

Monica expressed concern about how she will manage Raymond's behavior after not seeing them for a while, and the anger she thinks the children feel toward her since she left them with George. She said she would need support to do this when they start visiting again.

Monica and Van have always been close, and Monica worries about the toll her incarceration has taken on Van.

Monica knew that full-time parenting would be difficult for George and William, given George's high expectations for their children, such as showing respect and managing their chores and responsibilities. Monica shared that she thought George and William

were great for the weekend or an occasional week, but full-time parenting is different. Monica wasn't surprised that George spanked Raymond, although she was shocked at the level of abuse that had occurred.

Monica was convicted and incarcerated for driving while intoxicated and has two years remaining on her five-year sentence,

The Caseworker explored relative and kin resources with Monica. Monica was in foster care as a child and experienced significant trauma in her early life. She and her sister, Michelle, were close. She was not connected to any other family and, since her incarceration, has lost friendships. Monica would like the children to live with Michelle whenever that is possible.

Family Strengths and Needs Assessment [Completed with George, father]

Household Context:

Family Perspectives Important to Caretakers

George believes a parent's role is to teach their children responsibility, accountability, and self-sufficiency. Perseverance is an important trait that George and William hope to instill in the children. George grew up with a "strong father figure who didn't accept anything but the best," and he feels this gave him the tools he needs to be the man he is. As a family that has experienced divorce and then became blended, George and William have made efforts to remain highly involved in the children's lives before Monica went to jail, and George feels it is important to maintain ties with both sides of the family.

Perspectives Important to Child:

Raymond	Raymond shared that he has two families and that this can be tricky sometimes. He says his mom always told him to "be a good neighbor," and he feels this is important, expressing a desire to take care of Ms. Rosa and be nice to everyone in the apartment complex and at school. Raymond says his teacher says people are supposed to help and take care of each other, and he feels this is true and important to him, especially when people are having trouble, as he has at home.
Van	Van described the community as her friends, family, and team. She likes traditions around basketball, like "practicing like you play" and teamwork. She and her friends have things that are important to them, like not having secrets from one another and helping each other out. Van says she knows that excellence is expected of her, and she works hard to be the best she can be at all times.

Connecting Traditions, Values, Personal Characteristics, and Caregiver/Parenting

George describes that he knows he is hard on Raymond because he wants what is best for him and for Raymond to be successful as an adult; he wants this for Van, too, which is why he pushes her in sports and her studies, although George recognizes it's different with Van. George believed that Monica was just too easy on the kids.

Connecting Traditions, Values, and Personal Characteristics

Raymond	Raymond describes wanting rules and grown-ups to support him, just like his mom did when he lived with her and his teacher does at school. He says that taking care of each other in a family is important.
Van	Van says she doesn't want to lose her friends, social life, or team when she comes into foster care. She says she believes excellence is important, and maybe it has to be different for Raymond, since he has ADHD; that the adults should help him in ways that make things better, not worse.

Prioritized Needs:

- **SN2. Caretaking Skills and Practices:** George has unrealistic expectations and significant gaps in his parenting skills. He has physically abused Raymond
- **SN11. Challenging Child Characteristics - Emotional /Behavioral Challenges:** Raymond is diagnosed with ADHD and has significant challenges completing chores and following household expectations.
- **CSN1. Family of Origin Relationships:** Raymond has supportive relationships with Monica, Aunt Michelle, Van, William, and Ms. Rosa. However, his relationship with his dad impacts his sense of safety.
- **CSN5. Emotional/Behavioral Health:** Raymond is diagnosed with ADHD and struggles to manage expectations at home. This leads to conflict in the home and diminishes self-esteem. It should be noted that the lack of supportive caretaking contributes to this domain.
- **CSN8. Life Skills:** Raymond requires support with basic hygiene tasks, completing chores, and follow-through.

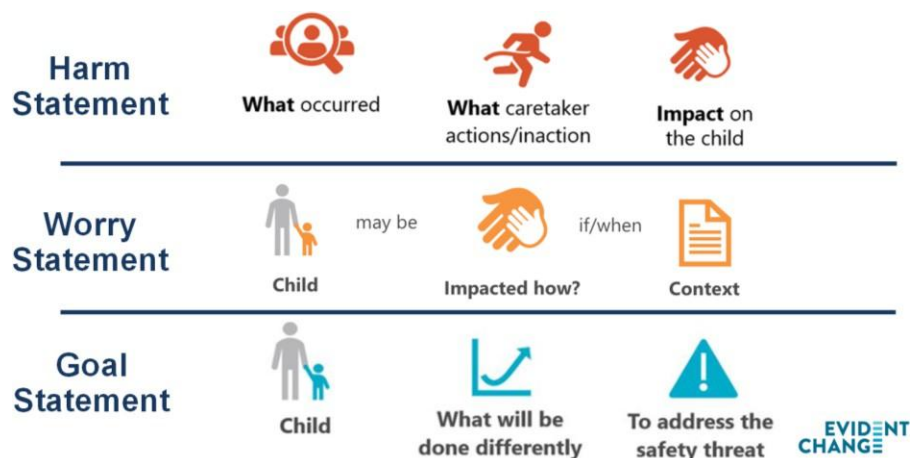
Prioritized Strengths

- **SN1. Emotional/Mental Health:** No identified mental health concerns or symptoms that would indicate undiagnosed mental health issues.
- **CSN2. Social Relationships and Skills (Raymond):** Raymond has close friendships. Although there is tension with a classmate, he can access support from adults to resolve it.
- **CNS2 Social Relationships and Skills (Van):** Van has close friends and is involved in sports and other social activities. Van has a close relationship with her Aunt Michelle.
- **CSN3 Relationship with Caretakers (Raymond):** Raymond has recently entered foster care. Raymond says that interactions are positive, and he feels supported
- **CSN8 Life Skills (Van):** Van demonstrates a high level of responsibility for household and self-care activities.

Activity Worksheet: Lewis Family Three Column Map

What are you worried about?	What is working well?	What needs to happen?

Harm, Worry, and Goal Statements



Activity: Writing Harm, Worry, and Goal Statements for the Lewis Family

What to do:

- Review the “Assessing Learning Lab: Lewis Family Case Review” handout
- Review the example Harm, Worry, and Goal Statements for SN2: Caretaking Skills and Practice
- With your group, write Harm, Worry, and Goal statements for Dad George, specific to SN11: Challenging Child Characteristics: Emotional/Behavioral Challenges need
- Refer to the earlier Harm, Worry, and Goal Statements handout
- Be prepared to discuss your statements with the larger group

Example Harm, Worry, and Goal Statements for SN2. Caretaking Skills and Practices

Harm: George stated that he has “whipped” (hit) Raymond to the point that he has left marks and bruises on his arm, lower back, and buttocks on many occasions. This has resulted in swelling, bruising, and pain in Raymond’s arm, buttocks, and leg. The last time George hit Raymond, he seriously injured him, resulting in serious injuries. Raymond is scared of his father, George, as evidenced by hiding in his closet and lying awake at night in fear.

Worry: Raymond may be seriously injured again and be scared of George if George harshly punishes Raymond by grabbing and hitting him.

Worry: Van may continue to be worried and scared and develop anxiety if George continues to harshly punish Raymond by “whipping” him.

Goal: Raymond and Van will be cared for by adults who do not resort to violence when frustrated and who will develop parenting techniques to use during difficult or stressful situations

Activity: Lewis Family Harm, Worry, and Goal Statements

What to do:

- Review the “Assessing Learning Lab: Lewis Family Case Review” handout
- Use the activity worksheet to draft Harm, Worry, and Goal statements for the Lewis family with your group
- Focus on the **SN11. Challenging Child Characteristics: Emotional/Behavioral Challenges** need for Dad George
- Record your final Harm, Worry, and Goal statements on a flipchart paper
- Be prepared to share your statements with the larger group and receive feedback



Reminder:

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

Activity Worksheet: Creating the Lewis Family Harm, Worry, and Goal Statements

SN11. Challenging Child Characteristics: Emotional/Behavioral Challenges

Harm Statement

Harm statements include clear, specific statements about the harm or maltreatment that has happened to the child. Harm statements involve what has already happened and why DSS is involved. Provide behaviorally-specific details.

Harm statement formulas include:

- What occurred > Caretaker actions or inaction > Impact on the child

What happened	Caretaker action or inaction	Impact on the child

Worry Statement

Worry statements are simple behavioral statements about the specific worry DSS has about this child, now and for the future. Worry statements indicate what we would continue to worry about if nothing changes in the future. Two questions answered by the worry statement:

- What is the agency most worried about happening to the child if nothing changes?
- When or in what context are they most worried that this could happen?

Worry statement formula includes:

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

Child	Impacted how	Context

Goal Statement

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

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

Goal statements formulas include:

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

Child	What will be done differently	To address the concern

Assessment Considerations

Activity: Lewis Family Assessment Considerations

What to do:

- Each group will be assigned a case member:
 - The children, Raymond and Van
 - Mother, Monica
 - Father, George, and stepfather, William
 - Placement provider, Laverne
- The children have recently entered foster care and are placed with Laverne
- You are preparing for an initial visit with your group's assigned case member
- Use the "Lewis Family Assessment Considerations" activity worksheet and generate a list of considerations to address during your initial visit:
 - What has happened in their lives recently
 - Individual characteristics to be addressed
 - Feelings and emotions about recent events, entering foster care
 - Any other considerations
- Write their considerations on a flipchart paper
- Be prepared to share your list with the larger group

Activity Worksheet: Lewis Family Assessment Considerations

You are preparing for an initial visit with your group's assigned case member. Circle or mark the case member that your group has been assigned:

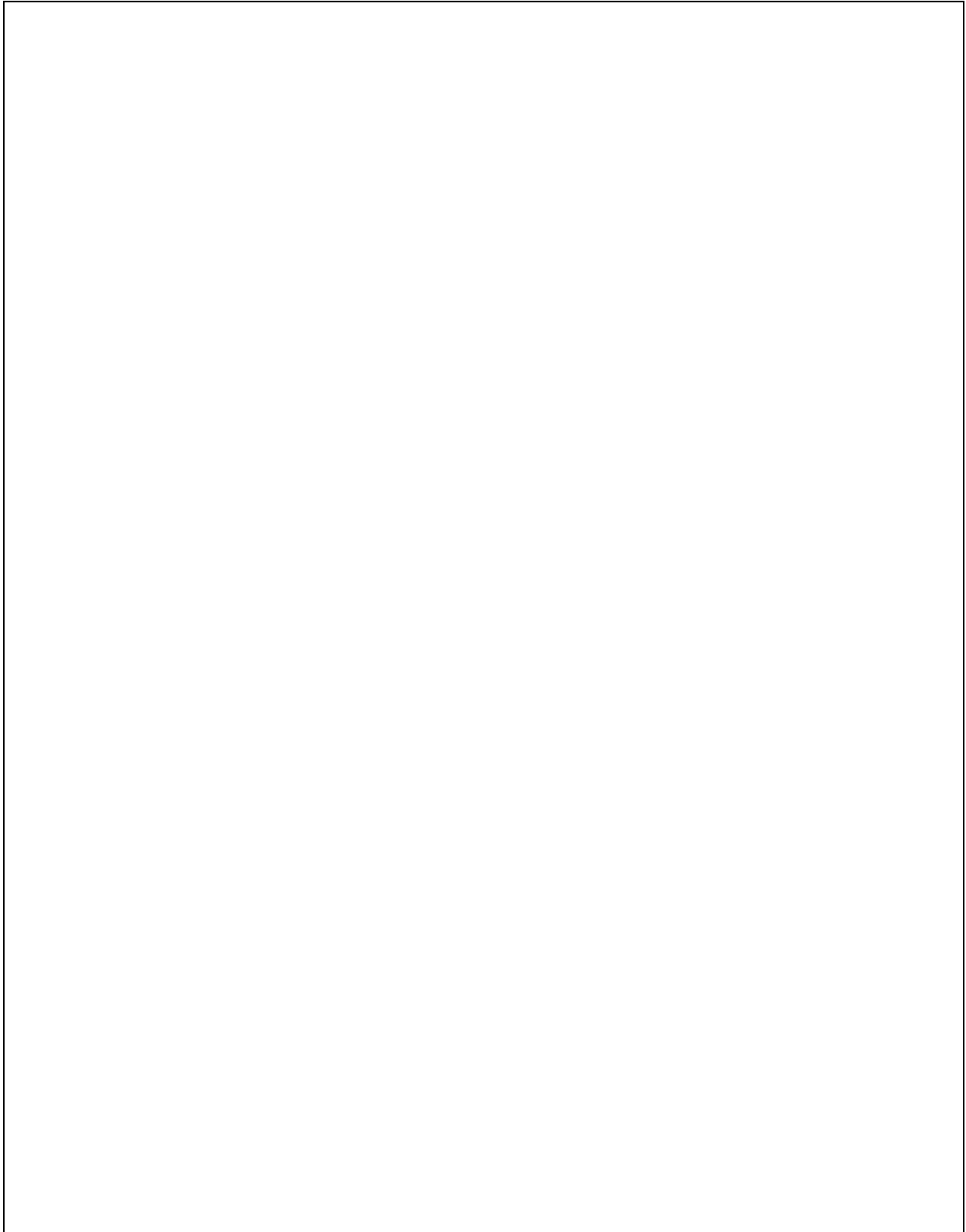
- The children, Raymond and Van
- Mother, Monica
- Father, George, and stepfather, William
- Placement provider, Laverne

With your group, generate a list of considerations to address in your initial visit. Consider:

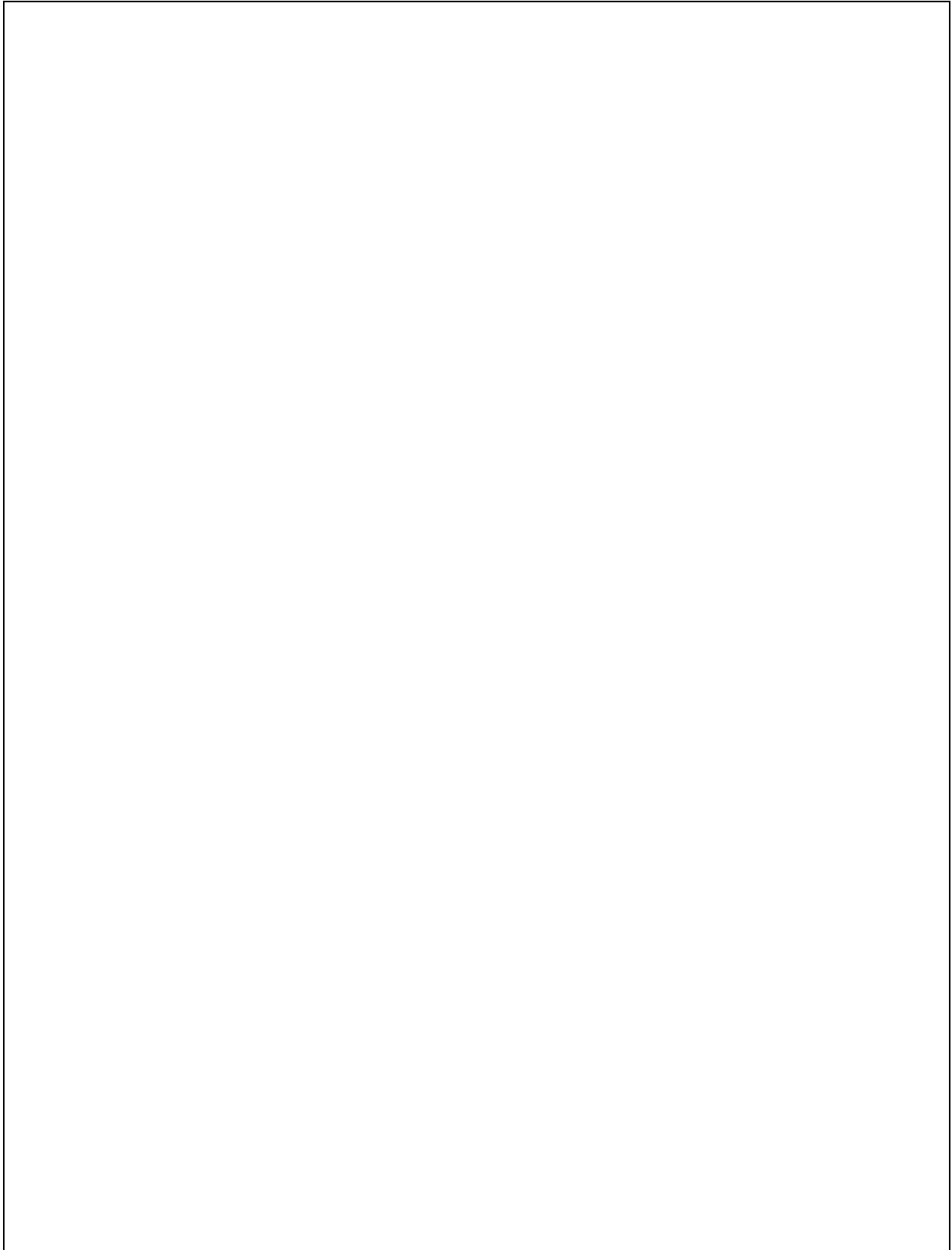
- What has happened in their lives recently
- Individual characteristics to be addressed
- Feelings and emotions about recent events, entering foster care
- Any other considerations

Children, Van and Raymond

Mother, Monica

A large, empty rectangular box with a thin black border, occupying the central portion of the page. It is intended for handwritten notes or a diagram related to the case of Mother, Monica.

Father, George, and Stepfather, William

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Placement Provider, Laverne

Preparing for Initial Contact Interview

Activity: Preparing for the Lewis Family Initial Contact Interview

The Interview Practice Process:

- One person will be the Permanency Planning Services caseworker
- One person will act as the person being interviewed
- One person will be an observer, keeping time and taking notes to give strengths-based feedback

What to do:

Role Assignments:

- In your group of three, count off 1-2-3 to determine role assignments

Person 1:

- Interviews a parent, George or Monica, in Round 1

Person 2:

- Interviews the placement provider, Laverne, in Round 2

Person 3:

- Interviews a child, either Van or Raymond, in Round 3

Role Play Circumstances

- This is your initial contact with the family member or placement provider
- You have been welcomed into the home
- If you are interviewing a child, you have received permission to speak with the child alone

Spend five minutes preparing for the interview you will conduct in the morning.

Notes for your interview

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Day Two

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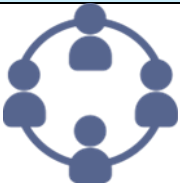
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Appendix

Reflections and Check-In

Reflections and Check-In		
		
Self-Values Reflection	Reasonable Efforts	Two-Level Decision-Making

Reflections and Check-In		
		
Self-Values Reflection	Reasonable Efforts	Two-Level Decision-Making