NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Social Services

North Carolina Department of Health and Human Services
STEP Up: Skills Training for Experienced Professionals

Participant Workbook
Module Five: Safety-Focused Practice

June 2026

PUBLIC KNOWLEDGE®

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This curriculum was developed by the North Carolina Department of Health and Human Services, Division of Social Services, and revised by Public Knowledge® in 2026.

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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 module of training. Have this workbook readily available as you go through each module to create a long-lasting resource you can reference in the future.

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

Training Overview

STEP Up: Skills Training for Experienced Professionals is designed to strengthen and refine the knowledge, skills, and behaviors of child welfare professionals through structured, practice-focused learning.

Training sessions are intentionally designed to support active engagement, reflection, and application. Each module includes a combination of lecture, guided discussion, individual practical application, and collaborative debrief. This structure allows participants to connect new learning to their existing experience and apply concepts directly to their daily practice.

Attendance and participation are essential to the learning experience. If an emergency prevents attendance, participants are responsible for notifying the trainer and their supervisor as soon as possible and developing a plan to address missed content.

Learning Expectations

STEP Up builds on prior experience in child welfare practice. Participants are expected to:

- Engage actively in discussions and activities
- Reflect on their current practice and identify areas for growth
- Apply learning to real-world scenarios
- Collaborate with peers to strengthen practice and shared understanding

Transfer of Learning

A core component of STEP Up is the application of learning to practice. Throughout the training, participants will engage in structured reflection and practical application activities designed to support transfer of learning.

Participants will:

- Reflect on how new concepts align with their current work
- Identify specific actions to strengthen their practice
- Apply learning between sessions, when applicable

- Engage in peer discussion and collaborative problem-solving
- Supervisors and ongoing professional supports play a critical role in reinforcing learning and supporting continued development in the workplace.

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

STEP Up Module Five Learning Objectives

Module 5
Safety-Focused Practice
Upon completion of this course, learners will be able to: • Identify and differentiate between safety and risk when considering instances of abuse and neglect. • Identify protective factors and protective capacities and discuss how they promote safety and mitigate risk. • Differentiate between poverty and neglect and describe how poverty impacts neglect. • Prioritize immediate safety threats while maintaining awareness of other risk factors.

Module Five Agenda

Module Five: Safety-Focused Practice

Module Timing: 180 Minutes

Welcome

Section 1: Defining Safety and Risk Along the Child Welfare Continuum

Section 2: Promoting Safety and Mitigating Risk

Section 3: Partnering with Families for Safety

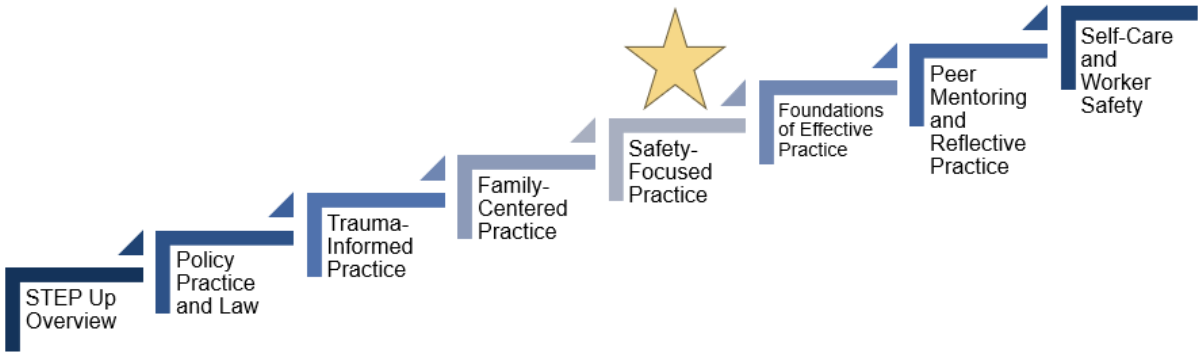
Section 4: Focusing on Safety While Acknowledging Risk

Section 5: Individual Practice and Application

Section 6: Debrief and Collaborative Practice

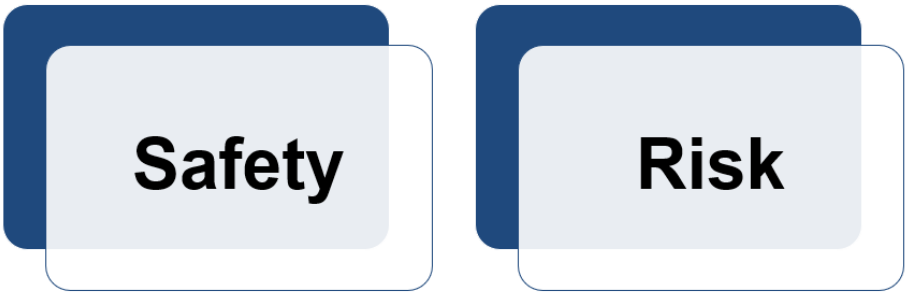
STEP Up: Skills Training for Experienced Professionals. Module Five: Safety-Focused Practice

STEP Up Course Series Outline and Structure



Section 1: Defining Safety and Risk Along the Child Welfare Continuum

Safety and Risk



Safety and Risk are different yet related. In practice, safety and risk can be confused or conflated.

Safety is the absence of an immediate threat of serious or moderate harm to a child.

Risk is the likelihood that a child will be maltreated in the future. Risk factors are conditions that have a statistical connection to future outcomes we want to avoid but are not immediately impacting child safety.

The SDM® Risk Assessment assesses the risk of future system involvement, which differs from the broader term “risk” used here.

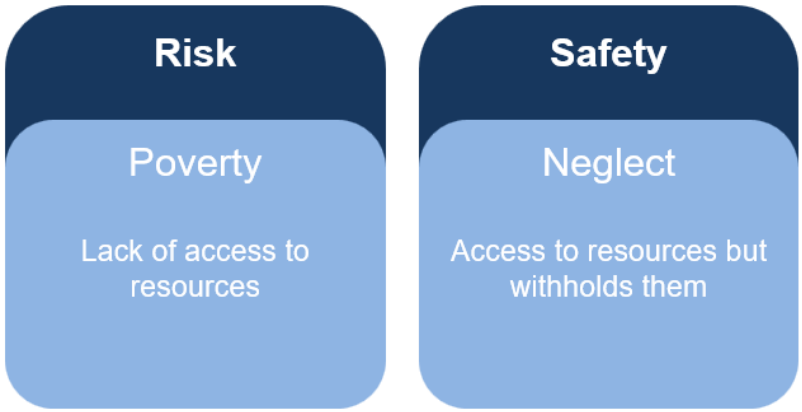
In child welfare, safety is the responsibility of caretakers. Safety threats, danger indicators, and risk factors are a result of caretaker behavior, including action or inaction.

What happens if we conflate safety and risk?

How might confusing safety and risk impact children and families?

Notes

Differentiating Poverty from Neglect



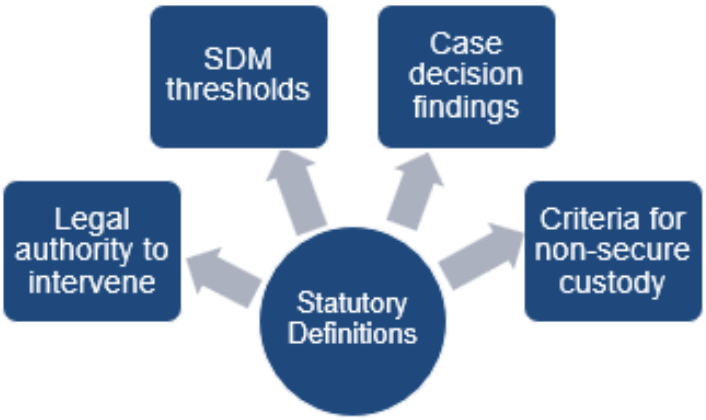
Some circumstances affect children and are not due to caretaker behaviors. Poverty is one of these circumstances.

It is crucial to understand that poverty is not the equivalent of neglect.

- Poverty is a lack of access and is related to risk
- Neglect is the failure to provide despite having access and is related to safety

Notes

Defining Safety with Statutory Maltreatment Definitions



Safety is defined by policy and law; it is not arbitrary or based solely on professional judgment. The statutory definitions of abuse, neglect, and dependency are the foundation for all work within child welfare.

Statutory definitions:

- Provide legal authority to intervene: Only cases that rise to statutory definitions are screened in and assigned for assessment
- Determine the SDM thresholds
- Inform the case decision findings
- Ground the criteria for non-secure custody

Notes

Activity: Defining Safety with Statutory Maltreatment Definitions

Purpose: To review statutory definitions important to caseworkers' working knowledge

Complete the prompts below:

An Abused Juvenile is any juvenile less than 18 years of age who is found to be a minor victim of human trafficking or unlawful sale, surrender, or purchase of a minor, or whose parent, guardian, custodian, or caretaker…

Examples of Moral Turpitude include…

A neglected juvenile is any juvenile under the age of 18 years who is found to be a minor victim of human trafficking or whose parent, guardian, custodian, or caretaker does not provide…

A Dependent Juvenile is a juvenile…

The Nuances of Safety and Risk within Child Welfare Services

Activity: Nuances of Safety and Risk within Child Welfare Services

Purpose

To explore ways that the different elements of the NC Child Welfare Practice Model support assessment and differentiation of safety and risk

Instructions

- Work in small groups
- Consider your group's assigned element of the NC Child Welfare Practice Model
- Answer the questions below

My group's assigned element of the NC Child Welfare Practice Model:

How does this element support a focus on safety?

How does this element support a differentiation of safety and risk?

Section 2: Promoting Safety and Mitigating Risk

Promoting Safety and Mitigating Risk

Safety is actions of protection, taken by the caretaker and network, that address the danger and are demonstrated over time.

Safety threats can be mitigated by parental protective capacities, protective factors, safety and support network contributions, or other interventions.

Protective Capacities

- Behavioral characteristics are defined as specific actions and activities consistent with and resulting in parenting and protective vigilance
- Cognitive characteristics are defined as the parent/caretaker's specific intellect, knowledge, understanding, and perception that contribute to protective vigilance
- Emotional characteristics are defined as the parent/caretaker's specific feelings, attitudes, and identification with the child, and motivation that results in parenting and protective vigilance
- Environmental characteristics may also mitigate the safety concerns/risk of harm to a child

Protective Factors

- Parental Resilience: Managing stress and functioning well when faced with challenges, adversity, and trauma
- Social Connections: Positive relationships that provide emotional, informational, instrumental, and spiritual support
- Knowledge of Parenting and Child Development: Understanding child development and parenting strategies that support physical, cognitive, language, social, and emotional development
- Concrete Supports in Times of Need: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges

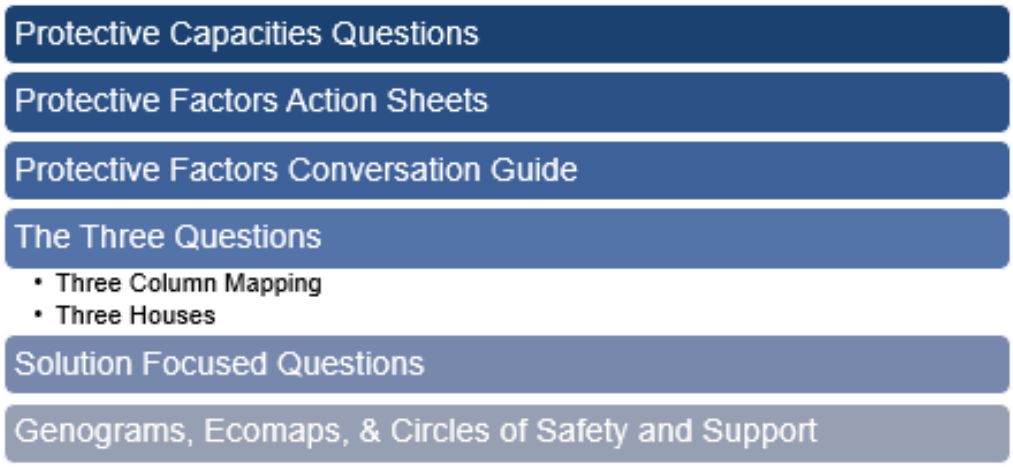
- Social and Emotional Competence of Children: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships

Think of a time when the identification of protective factors and capacities provided confidence in a family's ability to maintain safety for a child

How do behavioral, cognitive, and emotional protective capacities of a caretaker interact over time to actively demonstrate safety for a child, and what observable changes would indicate that these capacities are effectively mitigating identified safety threats?

In what ways can protective factors be strengthened through intentional engagement of a family's safety and support network, and how might these efforts reduce overall risk to the child?

Identifying Protective Factors and Capacities



There are tools available to support the assessment of protective factors and capacities.

Notes

Handout: Identifying Protective Factors and Capacities

There are tools available to support the assessment of protective factors and capacities, which are outlined below.

Protective Capacities

NCDHHS overviews Protective Capacities and outlines specific questions to assess in the Cross Function Policy, Risk & Use of Assessment Tools section: https://policies.ncdhhs.gov/wp-content/uploads/Cross-Functions-Nov-2025.pdf

Protective Factors

The Center for the Study of Social Policy created Protective Factor Action Sheets specific to child welfare casework: https://cssp.org/resource/protectivefactorsactionsheets/ .

Child Welfare Information Gateway created the Protective Factors Conversation Guide to help service providers engage caregivers in personalized conversations about the protective factors: https://www.childwelfare.gov/preventionmonth/protective-factors-conversation-guides/

Three Questions

The Three Questions support a rigorous and balanced assessment that explores what is working well, what worries exist, and what needs to happen next. Caseworkers can utilize the Three Questions by engaging in conversation with family, completing Three Column Mapping, or using the Three Houses with children. The online, on-demand, self-paced eLearning *North Carolina Safety-Organized Practice Training Series: Three Questions and Three Column Mapping* is available on NCSWLearn.

Solution Focused Questions

Solution-focused questions can support families in considering moments when they have acted protectively in the past and build awareness for what they have the capacity to do in the future. The online, on-demand, self-paced eLearning *North Carolina Safety-Organized Practice Training Series: Solution-Focused Questions* is available on NCSWLearn.

Genograms, Ecomaps, & Circles of Safety and Support

Using tools to map the family's social support visually and safety networks is also a key component of identifying protective factors and capacities. Genograms, ecomaps, and circles of safety and support are tools available to support this effort.

The online, on-demand, self-paced eLearning *North Carolina Safety-Organized Practice Training Services: Safety and Support Networks* available on NCSWLearn reviews tools for visual representation of networks.

Handout: Protective Capacities

Protective Capacity is defined as the ability and willingness to mitigate or ameliorate the identified safety and risk concerns.

Behavioral characteristics are defined as specific actions and activities consistent with and resulting in parenting and protective vigilance. Questions to consider include: •

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

Cognitive characteristics are defined as the parent/caretaker's specific intellect, knowledge, understanding, and perception that contribute to protective vigilance. Questions to consider include:

- Is the parent/caretaker oriented to time, place, and space? (reality orientation)
- Does the parent/caretaker have an accurate perception of the child?
- Does the parent/caretaker see the child as having strengths and weaknesses, or do they see the child as "all good" or "all bad"?
- Can the parent/caretaker recognize the child's developmental needs, or if the child has special needs?
- How does the parent/caretaker process the external stimuli? (for example, a battered woman who believes she deserves to be beaten, because of something she has done)
- Does the parent/caretaker understand their role to provide protection to the child?
- Does the parent/caretaker have the intellectual ability to understand what is needed to raise and protect a child?
- Does the parent/caretaker accurately assess potential threats to the child?

Emotional characteristics are defined as the parent/caretaker's specific feelings, attitudes, and identification with the child and motivation that results in parenting and protective vigilance. Questions to consider include:

- Does the parent/caretaker have an emotional bond with the child?
- Is there a reciprocal connectedness between the parent/caretaker and the child?
- Is there a positive connection to the child?

- Does the parent/caretaker have empathy for the child when the child is hurt or afraid?
- Is the parent/caretaker flexible under stress?
- Can the parent/caretaker manage adversity?
- Is the parent/caretaker able to control their emotions?
- If emotionally overwhelmed, does the parent/caretaker reach out to others or expect the child to meet the parent/caretaker's emotional needs?
- Does the parent/caretaker consistently meet their own emotional needs via other adults or services?
- What are the dynamics of the relationship of and between multiple parents/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/caretaker actively engage in a plan to protect the child from further harm? Is the plan workable?
- Does the parent/caretaker demonstrate actions that are consistent with verbal intent, or are their words and actions contradictory?

A statement by the parent/caretaker that he or she has 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/caretaker feels, thinks, and acts when they are or feel threatened.

Recognize that a parent/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/caretaker blame everyone else for the "interference"?

Environmental Protective Capacities. While the assessment of the parent/caretaker's protective capacities is critical, an assessment of environmental capacities may also mitigate the safety concerns/risk of harm to a child.

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

- Family/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 being met (food, clothing, shelter)

Scaling questions are a great way to assess risk with a parent/caretaker. When using scaling questions, the county child welfare worker needs to anchor the scale with specific descriptors for high and low numbers. The county child welfare worker 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/caretaker think makes it that number? What's one thing they could do to lower the risk?

Handout: Three Questions

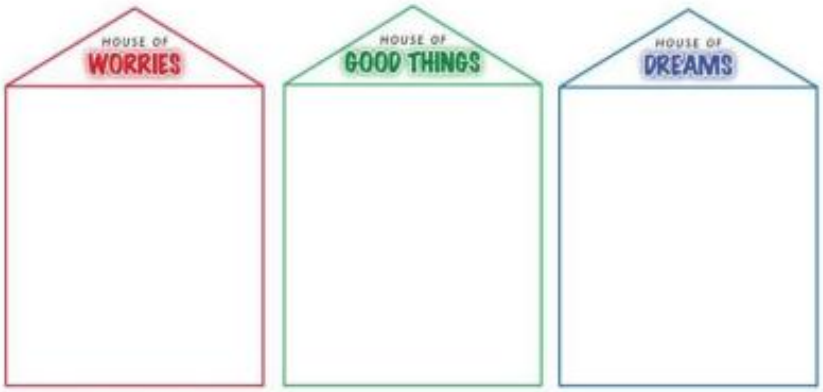
Tool	Description	Practice Gap It Fills
The Three Questions	Provides a rigorous and balanced assessment. We don't actually know how worried to be if we don't know what's working well. 1. What are we worried about? 2. What's working well? 3. What needs to happen next?	To get everyone on the same page regarding worries and what's worked well. Allows everyone to truly understand what is going on and "right-sizes" our assessment. Reduces problem-saturated practice that may drive too many children into unnecessary out-of-home care.
Three Houses	A drawing exercise to engage children in responding to the three questions for rigorous and balanced safety and risk assessment. The House of Good Things The House of Worries The House of Hopes and Dreams	To include the child's voice in the safety and risk assessment using a drawing exercise to convey the three questions. Provides motivation for parents to change when they see their own child's words/pictures.

Handout: Using Three Houses

USING THE THREE HOUSES

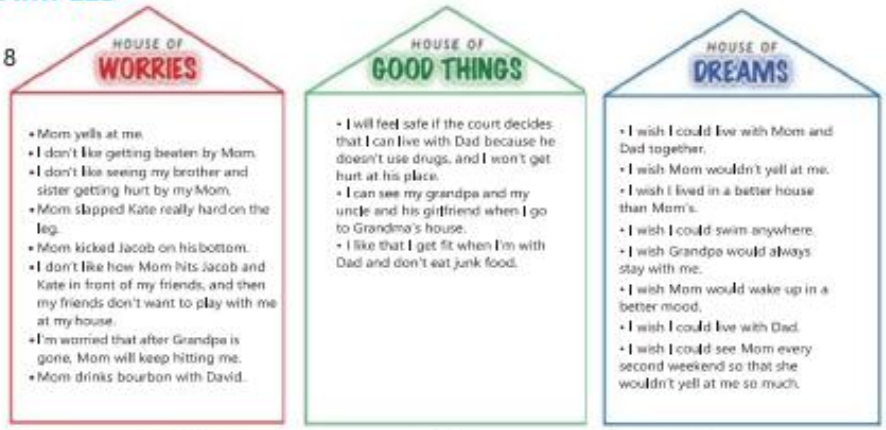
Used with permission from Nicki Weld.

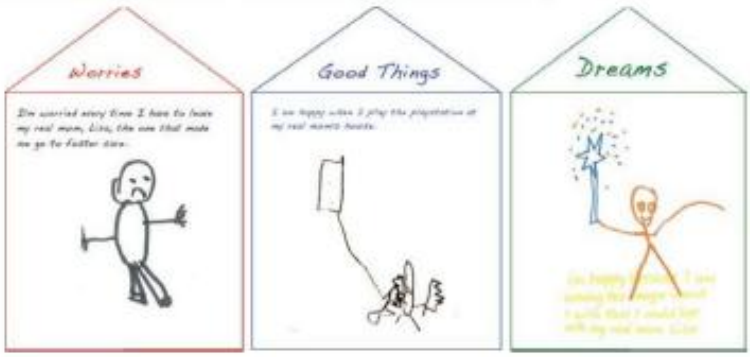
A tool that engages children in child protection assessment and planning



CASE EXAMPLES

Emma, age 8





USING THE THREE HOUSES

1. **Prepare.** It helps to begin with as much information about the child's background as possible. You will also need the following materials: paper (one sheet for each house as well as some spares), colored pencils, and markers. When deciding where to meet with the child, choose the venue where the child is likely to feel most comfortable.

2. **Get permission to interview the child.** Sometimes, child protection workers must interview children without advising the caregivers or seeking their permission. Whenever possible, caregivers should be notified in advance. You can show them the Three Houses tool to help them understand what the worker will do.

3. **Decide whether caregivers should be present.** Sometimes child protection workers must insist on speaking with children without a caregiver present. Whenever possible, let the caregivers and the child choose. If this is not possible, make all efforts to explain to the caregivers why it is necessary to speak with the child alone.

4. **Explain and work through Three Houses.** Use one sheet of paper per house. Use words and drawings as appropriate and anything else you can think of to engage the child in the process. The child can rename houses, use toys, make Lego houses, use picture cutouts, etc. Let the child decide where to start. It is often best to start with the House of Good Things, especially if the child is anxious or uncertain.

6. **Explain to the child what will happen next and involve the child in it.** Once the Three Houses process is finished, it is important to explain what will happen next to the child and to get permission to show the child's Three Houses to caregivers, extended family, or professionals. Children usually are happy to share their Three Houses, but some children's assessments could raise concerns and safety issues that must be addressed before sharing with others.

7. **Present the child's Three Houses to caregivers**. Workers usually begin with the House of Good Things. Before you show the child's Three Houses, it can be useful to ask the caregivers what they think the child put in each house.

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.	Can you tell me about your relationship with your parents? Tell me about your parenting experience. Who are your supports and how do they help you? Note: identify and reflect to clients any strengths or positive qualities they may reveal in their responses to the open-ended questions.
Summarizing	
Periodically state back to the client his/her thoughts, actions, and feelings.	So, what I hear you say is… If I understand you correctly, you are saying that... So, what you are saying is... Right?
Tolerating/Using Silence	
Allow 10, 15, 20 seconds or so to allow clients to come up with their own responses. Avoid the temptation to fill in silence with advice.	
Complimenting	
Acknowledging client strengths and past success.	As you were talking, I noticed that you have many strengths. You have..., In the past, you have had successes evident by your ability to....
Affirming Client's Perception	
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 but does not isolate and focus on the feeling component per se, but on the client's larger awareness.	That is very smart of you, let us explore this further... 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 that hitting or suicide might 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 had hit him? What are the pros and cons of your reaction?
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 is it going to take to make things even a little bit better?" "If my boss would stop criticizing me and treating me like a child, I could be more productive." Response: "If your boss were here and I asked him what you could do differently to make it just a little easier for him not to be so critical, what do you think he would say?"

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; they should be related to client goals.	Are there times when the problem does not happen or is less serious? When? How does this happen? Have there been times in the last couple of weeks when the problem did not happen or was less severe? How was it that you were 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? What else?
Coping Questions	
Coping questions attempt to help the client shift his/her focus away from the problem elements and toward what the client is doing to survive the 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? Considering how depressed and overwhelmed you feel, how is it that you were 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 is it that has helped you to work on them up to now?

Scaling Questions	
Scaling questions invite clients to put their observations, impressions, and predictions on a scale from 0 to 10, with 0 being no chance and 10 being every chance. Questions need to be specific, citing specific times and circumstances.	On a scale of 0 to 10, with zero 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? What would it take for you to increase, by just one point, your likelihood of saying “No”? What’s the most important thing you have to do to keep things at a 7 or 8?
Indirect Position Questions	
Indirect position 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.	How is it that someone might 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?

Preferred Questions-Miracle Question	
The Miracle Question is a special type of preferred future question that can help people get clarity on how the problem impacts their daily life and what life would look like without the problem happening.	Imagine you woke up tomorrow and a miracle had happened overnight, and all the trouble was gone. 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 be doing 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 make things different, what would that new state of being look like? What would it take to get there without the magic wand?

Handout: Linking the Three Questions and Solution-Focused Questions

LINKING THE THREE QUESTIONS AND SOLUTION-FOCUSED QUESTIONS

All three categories should include questions of genuine curiosity, as well as questions about behavioral detail, impact on the child, and voice of the child. You can start with what's working well and then move to the worries, or you can start with the worries and move to what's working well. Every case will be different—asking the family where they want to start may be helpful.

WHAT ARE WE WORRIED ABOUT?	WHAT IS WORKING WELL?	WHAT NEEDS TO HAPPEN?
Assumptions of good intentions **Externalizing the Problem** • When did violence first come into your life? • Who, what, where, when? • How often? How much? • First, last, most recent? **Position Questions** Is this how you want things to be? Why or why not? **Relationship Questions** Who else is worried? **Networks** Who else knows? **Scaling Questions** • Safety/danger, progress • What is keeping the number from being higher? **Future Unchanged** What will happen if things keep going the way they are?	Assumptions that good intentions are not always enough **Exception Questions** • Has there ever been a time when you were stressed and did not harm your child? • Who, what, where, when? • How often? How much? • First, last, most recent? **Coping** • How have you made it this far? • How have you accomplished what you have? **Position Questions** • Is it important to you that you have taken these steps? • Why? **Relationship Questions** Who would be most pleased that you have taken these steps? **Network** Who helps? **Scaling Questions** • Safety/danger, progress • What is keeping the number as high as it is?	Assumptions that best-made plans do not always work out as they should **Preferred Future Questions** • How would you like things to be instead? • If we meet up in a year and things are better, what will they look like? **Position Questions** What kind of difference would it make for you to take this step? **Scaling Questions** • What does up by one look like? Up by two? • Willingness, confidence, capacity **Relationship Questions** • What do other people hope will happen? • What can they do to help? • What kind of difference would it make to your children to take these steps? **Monitoring Questions** • How will we know this is working? • Who will have to see what?

Handout: 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 used to illustrate 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)	An ecomap provides a holistic view of the individual or families environment. It goes beyond the identified person or family unit to include community and institutional influences. An ecomap helps identify external stressors or supports that may not be obvious in other tools and 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
	• Lines and symbols connecting the central circle to others, showing 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.

Handout: Genogram

A Genogram utilizes basic symbols to visually represent family members and their relationships. Consider the key below as a guide.

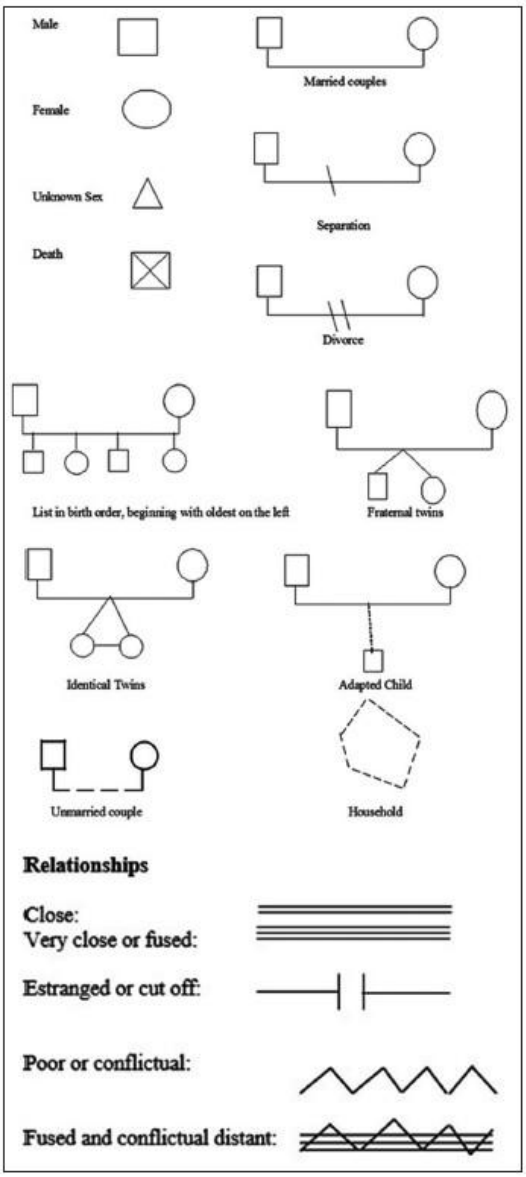
Genogram Key

Basic Symbols:

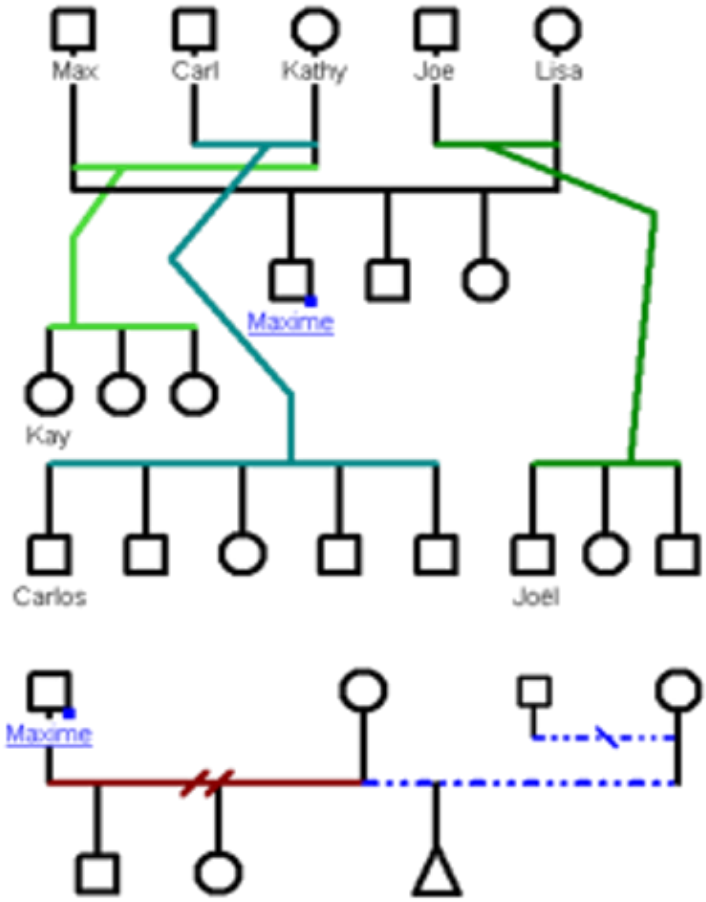
- Male: □ (square)
- Female: ○ (circle)
- Unknown gender: ◇ (diamond)
- Deceased: Symbol with an “X” through it

Emotional Relationship Lines:

- Close: Double solid line
- Distant: Dashed line
- Conflictual: Zigzag line
- Cutoff: Line with a break or slash
- Abusive: Jagged line with annotation



Example Genogram:



Handout: Ecomap

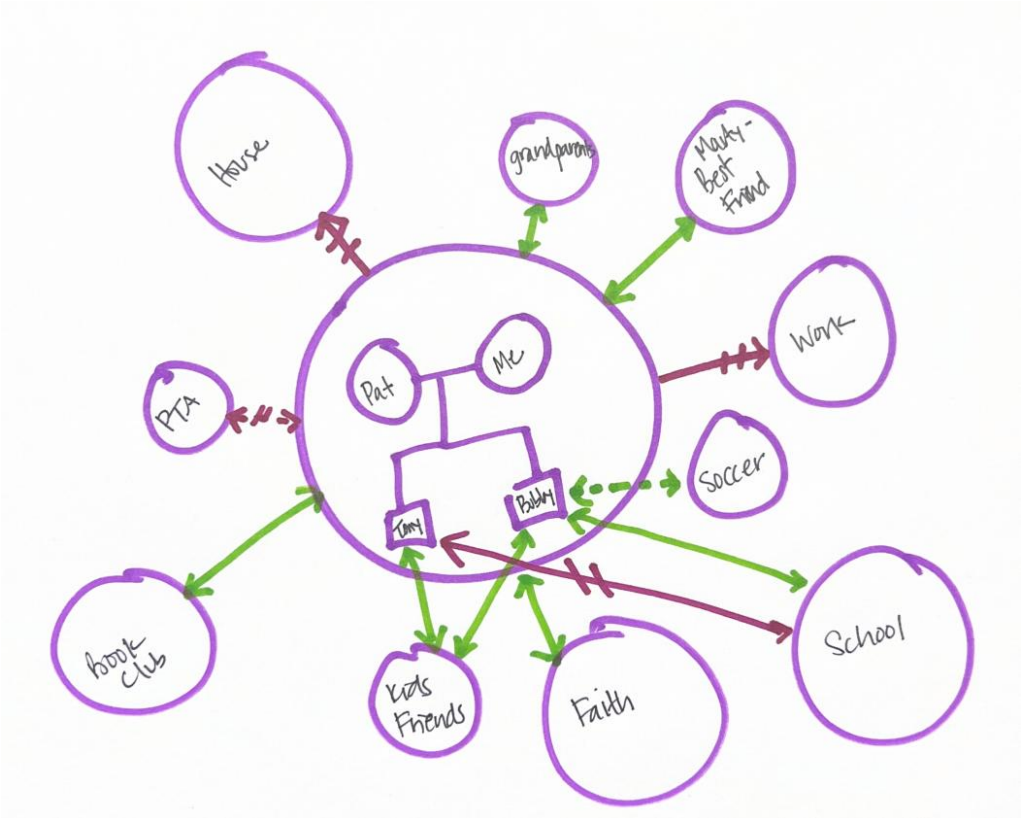
An Ecomap utilizes basic symbols and lines to visually represent the connection between a person and elements of their life. Consider the key below as guide

Ecomap Key

1. Begin with a central circle representing the individual or family
2. Add other circles representing family, friends, church, school, and community
3. Add relationship lines (See key)

Key:	
Close and strong relationship	———
Less close or occasional relationship	- - - - - - - - - -
Difficult or stressful relationship	——//—//
Equal relationship	←——→
One-way relationship	——→

Ecomap Example:



Handout: Circles of Safety and Support Visual

Innermost Circle: Who knows everything about what happened?

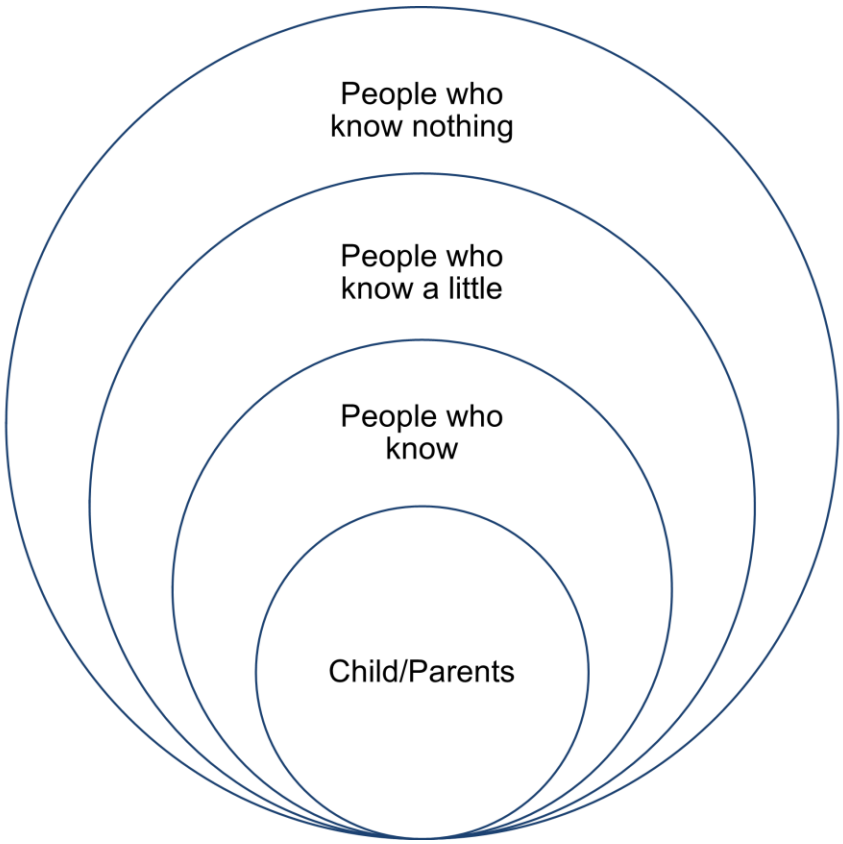
- Ask the caretaker, “Who in your life and your child’s life already knows what happened that led to you and your child’s involvement with DSS? Who knows everything about this?”
- Write all the names in this innermost circle.

Middle Circle: Who knows somethings about what happened but not all?

- Ask the caretaker, “Who in your life and your child’s life knows a little bit about what has happened? Who does not know the whole story but maybe knows some of what has happened? Or maybe they know something has happened, but they don’t know any of the details?”
- In this middle circle, write the names of those who know a little bit or some of what has happened. You can compliment the caretaker as more people are identified.

Outermost Circle: Who knows nothing about what has happened? Who should know?

- Finally, ask the caretaker, “Who in your life and your child’s life does not know anything about what has happened?”
- Write these names in this outermost circle.



Protective Partnerships: Building Safety and Support Networks

A broad and robust support system is essential, encompassing relatives and kin, friends, service providers, faith communities, school-based personnel, mentors, and other collateral contacts.

Safety and support networks provide protective actions:

- Protective factors of social support, concrete support in times of need
- Environmental Protective Capacities are provided by network members

Protective partnerships last beyond child welfare involvement to provide lasting safety and support.

Notes

Section 3: Partnering with Families for Safety

Family Accessible Language for Safety and Risk

Using family accessible language to explain safety and risk is critical for engaging families in the child welfare process.

The NC Child Welfare Practice Model indicates effective communication means sharing spoken and written information in a timely and consistent way so that everyone understands the meaning and intent in the same way. Avoid jargon, buzzwords, and generalizations, as these can confuse or harm families and lead to assumptions that limit understanding of their needs and create barriers to engagement.

Be mindful that shame often arises when someone is concerned about how they are seen and judged by others to be flawed in some way or when one perceives themself to be inadequate, inappropriate, or immoral. In child welfare, this dynamic is ever present. Consider this in how you engage families. How we speak with families shapes their receptivity to our suggestions and willingness to access support

According to the Child Welfare Information Gateway, full disclosure is defined as: “Information provided to the family by the child welfare agency regarding the steps in the intervention process, the requirements of the case plan, the expectations of the family, the consequences if the family does not fulfill the expectations, and the rights of the parents to ensure that the family completely understands the process.” Ensure full disclosure across the child welfare continuum.

Notes

Activity: Family Accessible Language for Safety and Risk

The purpose of this activity is to consider the importance of using family accessible language.

What to do:

- Listen to the statement shared by the trainer
- Rephrase the statement below

What does the statement mean?

Notes

Using Safety Organized Practice to Partner with Families for Safety

C+B+I Formula

Caretaker+Behavior+Impact is a foundational tool for connecting danger indicators and safety threats to caretaker actions or inactions, with a focus on impact on the child

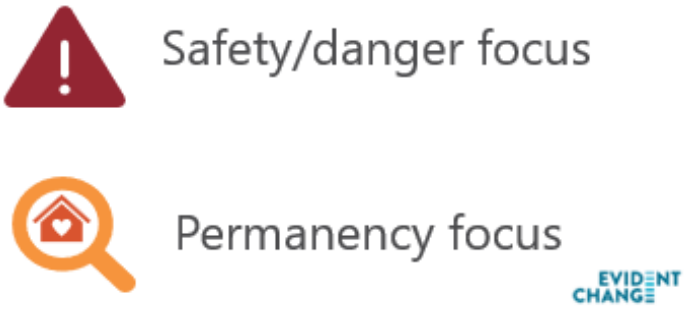
- **Caretaker:** Assess the legal caretaker's behavior at each stage of our involvement.
- **Behavior:** The caretaker has taken some sort of action or inaction that has abused or neglected the child.
- **Impact on the child:** A negative impact on the child must be present. We need to be able to name it and describe its effects. For example, if a caretaker uses illegal substances but always finds a safe and sober caretaker to watch their child prior to using, this concern does not meet the threshold of a danger indicator because there is no negative impact on the child. The caretaker is actively ensuring that their child is in a safe place while they use illegal substances.

The Cross Topic Functions policy defines a Safety Threshold as "the point when a parent's behaviors, attitudes, emotions, intent, or circumstances create conditions that fall beyond mere risk of future maltreatment and have become an actual immediate threat to the child(ren)'s safety. These conditions could reasonably result in the serious and unacceptable pain and suffering for a vulnerable child(ren)." Caretakers can have a range of behaviors. What makes something a child welfare concern is when the caretaker behaviors cause harm to children.

For example, if a child's parent is drinking to the point of intoxication several nights a week and each time passes out in the living room, then wakes up groggy yet sober in the morning, this may be a safety issue if the child is a toddler and requires direct supervision, and there is no other caretaker to do that when the parent is unavailable. The same behavior by the parent of a seventeen-year-old who has access to a cell phone and drives themselves to school may indicate risk, although it does not impact safety in the same manner.

Harm, Worry, & Goal Statement

These statements are short and simple and behaviorally based, which allows a clear understanding of what has happened and why DSS is involved with the family



Keep in mind, 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

To learn more about using SOP in your practice, consider the Safety Organized Practice training series available on demand at NCSWLearn.

Activity: using SOP to Partner with Families for Safety

The purpose of this activity is to explore familiarity and confidence using SOP tools in practice.

What to do:

- Consider each of the statements below
- Rate your own practice based on each statement

How familiar are you with the C+B+I formula (Concern + Behavior + Impact) for communicating safety concerns	
☐	Very familiar
☐	Somewhat familiar
☐	Heard of it but not sure how to use it
☐	Not familiar at all
How familiar are you with Harm, Worry, and Goal statements as tools for engaging families?	
☐	Very familiar
☐	Somewhat familiar
☐	Heard of it, but not sure how to use it
☐	Not familiar at all
How confident do you feel in using the C+B+I formula in your current practice?	
☐	Very confident
☐	Somewhat confident
☐	Not very confident
☐	Not confident at all

How confident do you feel in creating clear Harm, Worry, and Goal statements when working with families?	
☐	Very confident
☐	Somewhat confident
☐	Not very confident
☐	Not confident at all
When explaining safety concerns to families, how often do you use structured approaches like C+B+I or Harm/Worry/Goal statements?	
☐	Always
☐	Often
☐	Sometimes
☐	Rarely
☐	Never

For any ratings of confidence below very confident, what would it take to bring their confidence up one level?

For any ratings of not familiar with the SOP tools, what would support building familiarity?

Section 4: Focusing on Safety While Acknowledging Risk

Strategies to Prioritize Safety

In child welfare practice, not all concerns are addressed in the same way. Understanding the difference between immediate safety concerns, safety concerns over time, and non-safety concerns helps ensure that the right tools are used and that families receive clear, appropriate support.

Immediate Safety Concerns	Safety Concerns Over Time	Non-Safety Concerns
Immediate safety concerns involve current danger indicators that require prompt action to protect a child. • Addressed through a Safety Plan • Focuses on specific actions or behaviors that must occur right away • Designed to create immediate safety, not long-term change • Services are not used to resolve	Safety concerns over time involve patterns or conditions that increase risk, addressing underlying issues that led to danger indicators. • Addressed through the In-Home Family Case Plan • Focuses on behavior change over time • Uses services and supports to address underlying needs • Builds on the Safety Plan,	Non-safety concerns do not rise to the level of a safety threat or maltreatment but may still impact family functioning and well-being. Non-safety concerns are still important to discuss respectfully and transparently with families. • Non-safety concerns may be addressed through: ○ Voluntary supports ○ Education ○ Recommendations ○ Referrals • Supported through voluntary, collaborative approaches

immediate safety threats	when one is in place	

Strategies to Highlight and Acknowledge Risk

The purpose of this activity is to promote peer-to-peer sharing of strategies to highlight and acknowledge risk in child welfare practice

What to do:

- Independently consider the prompts below
- Share responses as instructed by the trainer

How do you confirm that risk-related concerns are addressed without diluting the focus on immediate safety threats in your planning?

What strategies do you use to check your own assumptions or biases when distinguishing safety from risk?

Who or what systems in your agency help you maintain accountability for accurate assessment of safety and risk?

Section 5: Individual Practice and Application

Activity: Self Reflection

The purpose of this activity is to provide dedicated time for self-reflection course concepts to their own practice, fostering deeper learning and personal insight.

What to do:

- Respond to the prompts below to reflect on your practice of managing worries related to children and their families within your work in child welfare.

What happens when you experience worry about a child and/or their family? Consider the following:

- What thoughts arise
- What worry feels like in your body
- What other emotions are present
- How you behave

What is your process for distinguishing safety-related worries from worries that do not rise to a safety threat, danger indicator, or maltreatment threshold?

How do you manage your worry? Consider the following:

- Practices you have for coping with worry
- People you have access to support you

How do your processes for experiencing and managing worry impact your casework practice? Consider the following:

- Whether your practice focuses on safety while acknowledging risk
- Whether you avoid under-addressing safety-related concerns or using interventions that are insufficient
- Whether you avoid over-surveilling families or using overly restrictive interventions because you are worried about non-safety-related concerns

Activity: Case Application

The purpose of this activity is to provide a dedicated exploration of safety-focused casework practice with case application, fostering deeper learning and personal insight.

What to do:

In this case application, you are invited to select a current case that has an active safety plan to explore the concepts of safety and risk. To complete the case review, follow the directions below. Consider the Three Questions as you assess, placing findings within the appropriate column of the Three Column Map.

- Review the most recent SDM® tools
- Review the safety plan and case plan, if applicable
- Consider the four areas of protective capacities
- Consider the five Protective Factors
- Consider Safety and Support Networks

Complete Three Column Map below

What are we worried about	What's Working Well	What are the Next Steps

Activity: Safety-Focused Self-Assessment

The purpose of this activity is to provide a dedicated assessment of safety-focused casework practice based on case exploration, fostering deeper learning and personal insight.

What to do:

- Using your case review and reflections from this module, rate each statement based on how accurately it describes your current practice.
- Use the Notes column to capture examples, insights, or questions.

This self-assessment supports reflective practice by helping you evaluate how consistently you apply safety-focused principles in your day-to-day child welfare work. Honest reflection is intended to identify strengths, increase awareness, and guide professional growth, not to evaluate performance.

Rating Scale

A – Always: I consistently demonstrate this in my practice

S – Sometimes: I demonstrate this inconsistently

N – Never: I rarely or do not demonstrate this

Understanding and Differentiating Safety and Risk Along the Child Welfare Continuum		
Practice Element	**Rating- A, S, N**	**Notes**
I clearly differentiate between immediate safety threats and future risk factors when assessing with the family		
I assess whether concerns meet the safety threshold (specific, observable, imminent, out of control, have a serious effect on the child)		
I distinguish poverty-related challenges from neglect when assessing with the family		
I ground safety decisions in statutory definitions of maltreatment		

I utilize elements of the NC Child Welfare Practice Model to focus on safety		
Promoting Safety and Mitigating risk		
Practice Element	**Rating- A, S, N**	**Notes**
I recognize and document actions of protection, not just the absence of danger		
I intentionally assess protective capacities (behavioral, cognitive, emotional, environmental)		
I identify and build on protective factors to promote safety and reduce risk		
I utilize Safety and Support Networks to build and sustain safety		
Partnering with Families for Safety		
Practice Element	**Rating- A, S, N**	**Notes**
I use family-accessible language when discussing safety and risk		
I avoid jargon, assumptions, and vague language in conversations with families		
I use structured tools (e.g., C + B + I, harm/worry/goal statements) to communicate concerns clearly		
I ensure families understand the bottom line for child safety and what must change		

I partner with families in ways that promote dignity, transparency, and shared responsibility for safety		
Focusing on Safety while Acknowledging Risk		
Practice Element	**Rating- A, S, N**	**Notes**
I use safety plans only to address immediate safety threats		
I use case plans to address underlying needs and long-term behavior change		
I avoid including non-safety-related concerns in safety plans or case plans		
I address non-safety concerns through education, referrals, and voluntary supports rather than safety interventions		
I regularly reassess safety as circumstances and behaviors change		
Managing Worry and Its Impact on Practice		
Practice Element	**Rating- A, S, N**	**Notes**
I am aware of how worry shows up for me (thoughts, emotions, physical responses, behaviors)		
I can distinguish when my worry is safety-related versus risk-related or personal		
I use strategies to manage worry so it does not drive decision-making		

I seek supervision, consultation, or peer support when worry impacts my clarity		
My worry does not lead me to over- or under-surveil families or use overly restrictive or inadequate interventions		

Section 6: Debrief and Collaborative Practice

Scaling Check In

Where did you find yourself on the safety-focused while acknowledging risk continuum? Scale is under-focused to over-focused

What would it take to move yourself one step closer to the center of the continuum?

Would anyone like to share something they learned from the practical application activity that influenced their placement on the continuum?

Debrief: Individual Practice and Application

Notes

Aligning Next Steps for Safety Focus

Activity: Strategies to Highlight and Acknowledge Risk

The purpose of this activity is to strengthen your professional development by collaborating with a partner to reflect on your Practice Standards and your Community of Practice Ecomap

What to do:

Consider your Self-Assessment

- Identify two areas of growth from the Self-Assessment
- Focus on areas where you scored lower or are less confident
- For each area of growth, write a goal that is action-oriented, measurable, and time-bound
- Examine the people, resources, and systems within your professional network to identify supports for goal achievement

Area of Growth from Self-Assessment	
Behaviorally SMART goal to improve this practice area	
Support available to achieve this goal	

Area of Growth from Self-Assessment	
Behaviorally SMART goal to improve this practice area	

Support available to achieve this goal	

Debrief: Goal Sharing

•What's one goal you created that feels meaningful to you?

How did your partner help you clarify or strengthen your goal?

What did you notice about the resources available to you to support your goal?

Are there any gaps you'd like to address moving forward?

Key Takeaways

Notes

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