

PRACTICE NOTES

For North Carolina's Child Welfare Workers

From the NC Division of Social Services and the Family and Children's Resource Program

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This publication for child welfare professionals is produced by the North Carolina Division of Social Services and the Family and Children's Resource Program, part of the Jordan Institute for Families within the School of Social Work at the University of North Carolina at Chapel Hill.

In summarizing research, we try to give you new ideas for refining your practice. However, this publication is not intended to replace child welfare training, regular supervision, or peer consultation—only to enhance them.

Let us hear from you!

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Assessing Safety and Risk

Much of our work in child welfare is driven by questions.

Are these allegations true?

Is this person appropriate to be a temporary safety placement provider?

What should the case finding be?

Is this family making progress?

Can this child safely return home?

To answer these questions, we must be able to continually and effectively assess the safety and risk of children and youth.

When we can do this, things are more likely to go well. After all, assessments of safety and risk form a key basis for our decisions, including what actions should be taken to protect children from maltreatment (White & Walsh, 2006).

When we do not do this, we risk putting or leaving children and youth in harm's way. Child fatalities are a grim example. Of the 1,018 children who died from maltreatment in the U.S. in 2017, more than a quarter (27.3%) had at least one prior CPS contact in the three years before they died (USDHHS, 2019a).

Because assessing safety and risk is so important, it should be no surprise that when the Center for the Support of Families (CSF) conducted an independent evaluation of North Carolina's child welfare system in 2018, it sought to answer the question "Are children and their household members who come to the attention of the child welfare system through reports of maltreatment receiving a response that ensures children are safe from immediate threats to their health, safety, and future risk of harm?"

The conclusion CSF reached, unfortunately, was not always. In its preliminary report, CSF noted that "new information uncovered in CPS assessments is not con-

sistently followed-up on or integrated into ongoing safety assessments" and that "lack of consistent, quality face-to-face contact with children and parents in In-Home Services cases affects the state's ability to assess accurately and respond to matters of risk and safety" (CSF, 2018, p. 10).

This issue of *Practice Notes* seeks to support quality assessments of safety and risk in North Carolina. In it you will find practice tips from veteran child welfare professionals, consideration of the language and assessment tools we use, and an exploration of the link between successful family engagement and effective assessments. We hope you will find this issue helpful in your ongoing quest to improve outcomes for families and children. ♦

Assessments of safety and risk form a key basis for decisions, including what actions should be taken to protect children.

Safety and Risk Assessment

A **safety assessment** is the systematic collection of information on threatening family conditions and current, significant, and clearly observable threats to the safety of the child or youth. The purpose is to determine the degree to which a child or youth is likely to suffer maltreatment in the immediate future.

Risk assessment is the collection and analysis of information to determine the degree to which key factors are present in a family situation that increase the likelihood of future maltreatment to a child or adolescent.

USDHHS, 2019b

SDM: Tools to Support Decision Making in North Carolina

An issue about assessing safety and risk would be incomplete if it did not mention SDM (Structured Decision Making). North Carolina began using this set of research-based, actuarial risk assessment tools in 2002 in an effort to:

- Structure critical decision points
- Help social workers make accurate and consistent decisions about the levels of risk for maltreatment found in families
- Provide guidance about service provision, and
- Assist with reunification and permanency planning.

Actuarial risk assessments like SDM are objective classification tools that help estimate the likelihood of future harm (Mendoza, et al., 2016).

SDM was first developed in the 1990s by the Children’s Research Center (CRC). In 2008 the NC Division of Social Services contracted with CRC to conduct a validation study to ensure the tools used in this state are based on current data about North Carolina families. In 2009, in response to that validation study, the Division updated the Risk Assessment (DSS-5230) and Risk Reassessment (DSS-5226).

SDM and Outcomes

North Carolina uses SDM because evidence shows that doing so can improve outcomes for families. For example, Wagner, Hull, and Luttrell (1995) found that agencies using SDM had lower referral rates, removal rates, substantiation rates, and fewer child injuries. Johnson and Wagner (2005) found agencies using SDM had a significantly higher percentage of permanent placements.

SDM may also lead to more consistent decisions about service provision. For example, Johnson (2011) found California workers using SDM were more likely to provide in-home services to families with higher risk scores.

Monitoring Team Tips

As part of the assistance it provides to counties, the NC Division of Social Services’ Child Welfare Monitoring Team often selects and reads case records. As the box below shows, the Monitoring Team asks specific questions to determine whether an agency’s practice is in keeping with mandated standards around SDM.

Based on the records it reviewed in 2016, the Monitoring Team strongly urges county child welfare agencies to carefully and consistently follow SDM tool instructions. This isn’t always done. For example, Monitors often see problems with identifying well-being needs of the parents on the Family Assessment of Strengths and Needs (DSS-5229). They have also seen evidence of confusion about well-being

versus safety on the DSS-5229, even though these terms are clearly outlined in the instructions.

The Monitors stress how important it is to thoroughly capture the rationale for social work decisions in the case narrative as well as on SDM tools and summaries (NCDSS, 2017).

But SDM Is Only a Tool

While the Risk Assessment and other SDM tools can promote accuracy and consistency, they can’t make our decisions for us. They exist to support good clinical judgment, not replace it. In the end, decisions and judgments about children and families always come down to workers and their supervisors. ♦

Adapted from Children’s Services Practice Notes vol. 22, no. 2 (May 2017).

SDM-Related Questions Asked by NCDSS Monitoring Team During Case Reviews

Assessments

- Was a Safety Assessment (DSS-5231) completed for the initial report?
- Did the social worker include the parents/primary caretakers in developing the safety agreement?
- Does the information on the DSS-5231 correlate with the information obtained from the interview(s) and observations?
- Was the safety agreement adequate to ensure safety?
- If the safety assessment was safe with a plan or unsafe, did the family sign the DSS-5231?
- If a safety agreement was needed, did the alleged perpetrator participate and sign the DSS-5231?
- If new information was uncovered during the assessment or the situation changed, was a new DSS-5231 and agreement completed?
- Did the supervisor review, sign, and date each DSS-5231 within 24 hours?
- Does documentation include a Risk Assessment (DSS-5230)?
- If there was a decision to transfer to CPS In-Home Services or Foster Care, does documentation include the Family Assessment of Strengths and Needs (DSS-5229)?

In-Home Services

- Were the Risk Re-Assessment (DSS-5226) and Assessment of Strengths and Needs (DSS-5229) used according to policy?
- Were well-being needs, or lack of needs, documented in the well-being section of the DSS-5229?

Permanency Planning Services

- Were well-being needs, or lack of needs, documented in the (DSS-5229)?
- Was the Family Reunification Assessment (DSS-5227) used according to policy?

Practical Suggestions for Strengthening Assessments of Safety and Risk

Assessing safety and risk is complex. In search of insights and strategies to help agencies strengthen their practice in this area, *Practice Notes* spoke with Emi Wyble. Ms. Wyble has held many direct service and leadership roles in her 30-year Social Services career, including in the areas of CPS Intake, Assessments, In-Home, Foster Care, and training. Now a Social Services Program Representative with the NC Division of Social Services, she provides technical assistance to counties with identified child welfare needs.

Note: the following are only suggestions—nothing below is required.

How can we strengthen assessments of safety and risk?

Pre-planning is one practice I'd encourage. This means staff meet with their supervisor to plan cases before they go out to the field. Child welfare work should not be done in isolation. Even though a worker typically goes out alone, that doesn't mean they do the job alone. (Click [here](#) for a brief guide to pre-planning.)

Pre-planning allows the worker and supervisor to talk about safety issues they may encounter based on what's been reported. It's a chance to discuss things you might want to be aware of or look into.

Doing a **narrative interview** with a child is also helpful. This technique gets them to really tell their story so we gather as much information as we can to fully assess a child's safety and risk. (North Carolina child welfare staff can learn this approach by taking *Child Forensic Interviewing*. Starting in fall 2019, it will also be taught in the course *CPS Assessments*.)

My last tip would be to **call in the safety assessment from the field**. When you've met with a family and identified items to include in the safety assessment, before you wrap that up, step out and call a supervisor and review that safety assessment.

Right up front, you're sharing the responsibility of safety with a supervisor. This practice also gives the supervisor the opportunity to determine: Do you have enough information to say you address all the allegations? Have you fully initiated that case?

Do you have the information you need to create a safety assessment? Does your assessment really address the safety issues present for this child? Or does your supervisor need to help you strengthen the plan to address the safety threat identified by the assessment?

Then you can go back to the family and say, "After talking this over with my supervisor, I'd like to discuss these changes to the safety assessment." And see how the family responds.

Does this require extra skill and rapport with the family?

What I would have staff say is, "I'm the one that's out here meeting with you. But I don't do this in isolation. So I'm going to be transparent with you. I'm going to be transparent with my supervisor. I'm going to share a summary of what we've discussed here. Then my supervisor is going to give me feedback and let me know if they're hearing anything differently than I hear it. And then I'll meet with you again and we'll talk more about that."

In a situation where you've got "safe with a plan," there is no reason not to be transparent. We need to engage families to help them keep children safe. The alternative is you do a poorly-developed safety plan, your supervisor signs it the next day or looks at it the next day and says, "This is insufficient. Go back out to the family."

It's much better to say up front, "One of the reasons we do this is, if it's not sufficient, I would have to come right



Though a worker typically goes out alone, that doesn't mean they do the job alone.

— Emi Wyble

back out here again. So to prevent that I staff it with a supervisor, we make sure everything is OK, and then we'll discuss signing it."

It saves time. And keeps kids safe.

Do workers ever resist adopting this practice?

You would think staff, especially senior staff, would say, "I don't need to do that. I know how to write a safety assessment. I don't need anybody's help."

But it's explained to them: "This is about sharing the responsibility of safety. I will not put you out there alone. I'm here to back you up, as your supervisor."

When staff hear "Safety is a shared responsibility," all of a sudden it's like, "Oh yeah, that's OK. I'll call you every time I'm out in the field." And they really do take to it and start to see it as: "You're here to back me up. It's not that you distrust me. It's that we're doing this together."

I always tell staff that child welfare is one of the hardest jobs ever. I think it's one of the best jobs in the world. But it's one of the hardest jobs ever. Why would we push you out there in isolation?

I think safety and risk is hard, and it's the most important job we do. We just need to take our time and really listen to the kids and gather all the information we can.

Sometimes I think it's hard for us to reconcile in our heads that people do really hurt children. We have to open our minds that sometimes this really does happen and we've got to hear what the children say to us. ♦

Concepts and Terms to Enhance Assessments of Safety and Risk

Success in child welfare work hinges in part on our ability to clearly identify whether safety or risk factors are present in a family. Our ability to make this determination affects whether we stay involved with the family, how long we stay involved, and the level of safety planning needed with the family.

North Carolina Definitions

Let's do a quick review of safety and risk as those terms are used in child welfare in North Carolina. According to statute, a safe home is one "in which the child is not at substantial risk of physical or emotional abuse or neglect" (N.C.G.S. § 7B-101).

When assessing **safety**, child welfare professionals look for "conditions or actions within the child's home that represent the likelihood of imminent serious harm to the child" (NCDSS, 2018).

Risk is the likelihood a child will be harmed in the future. Risk exists on a continuum from mild to severe. The level of risk determines our level of involvement with the family (NCDSS, 2018).

The box at right shows a few illustrations of the difference between safety and risk.

Harm and Danger Statements

Harm and danger statements are another way to help us distinguish between safety and risk. Based on the work of Andrew Turnell, Sonja Parker, and Sue Lohrbach, harm and danger statements are summary statements of what you know about the family based on your assessment thus far. Developing behaviorally-specific harm and danger statements is a great way to focus our efforts in our work with families. We can build on these statements to develop goals to ensure the child's safety in the future.

Harm statements provide a summary of the caregiver's past actions or inactions that resulted in physical, emotional, or developmental harm to the child (Parker & Decter, n.d.).

Safety	vs.	Risk
<p>You are driving and see a deer in the road 1,000 feet ahead of you.</p> <p>You have an imminent threat of hitting a deer.</p>		<p>You are driving and see a deer crossing sign.</p> <p>Because you are in an area with a large deer population, you are at risk of encountering a deer in the road.</p>
<p>A mother was arrested for a DWI after she was seen driving in the opposite lane of traffic. Her 5-year-old son was in the car; she was taking him to school.</p> <p>This 5-year-old had an imminent threat of harm due to the mother driving intoxicated with him in the car.</p>		<p>A mother has a long history of substance use disorder involving alcohol, with several DWIs in the past. She is the only adult in the family who has a driver's license, and her 5-year-old cannot ride the bus to school.</p> <p>The child is at increased risk of riding in a car driven by an intoxicated parent.</p>

In considering harm to the child, we want to ask two key questions:

- What happened in this family?
- What was the impact on the child?

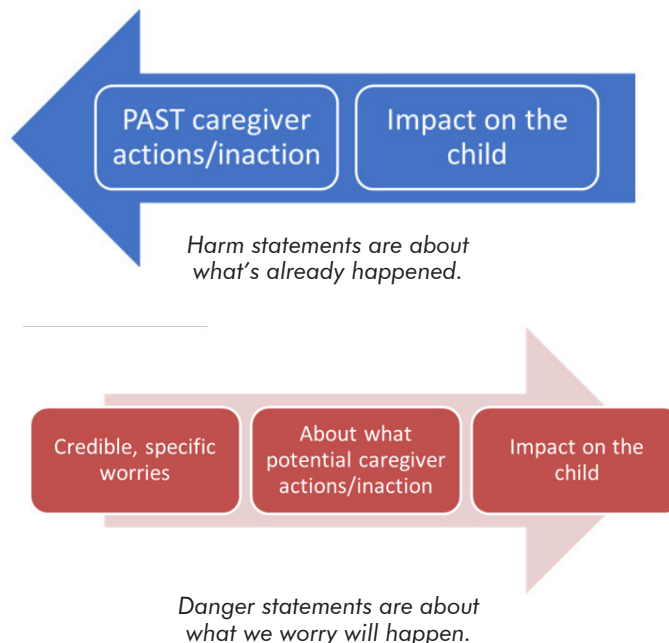
Harm statements often describe why our agency initially became involved with the child.

Danger statements describe specific, credible worries we have about the child, based on what we know about the family. They describe how the caregiver's actions or inactions in

the near future may cause harm to the child (Parker & Decter, n.d.). In considering danger, we want to ask:

- What are we worried about? (Be as specific as possible, based on the family's history and current functioning.)
- How worried are we?
- Are there protective factors and/or supports in place that adequately address these worries?

continued next page



Concepts and Terms continued from previous page

Danger statements help us determine whether we need to continue being involved with the family, and what we need to address while being involved.

See the box at right for examples of harm and danger statements.

Once we have clearly identified harm and danger, we then focus on planning around this key question:

- What does the caregiver need to do differently to ensure the child’s safety?

Ultimately, our expectation is that caregivers will consistently take actions to mitigate danger to the child. This is demonstrated by behaviors and actions by the caregiver, not by participation in services or promises to do things differently (The Academy SDSU, 2014).

Developing clear harm and danger statements, articulating our concerns to the family, and developing clear safety goals is a first step in helping us get there. For more information on developing goals that address harm and danger, see the “Safety Mapping” article on page 8. ♦

Harm	vs.	Danger
Abby’s parents got into a fist fight last night in the kitchen. She was in her bedroom at the time. Abby heard dishes and furniture breaking, became upset, and was crying. When she came to school today, her face and eyes were red, and she admitted having trouble sleeping last night.		As the social worker, you are worried Abby’s parents will continue getting into fist fights while Abby is in the home, and that the violence will progress. You are worried about the emotional impact on Abby, as she is clearly scared to be in the home when her parents fight.
Austin’s mother is in recovery and takes 5mg of Suboxone daily for her opioid use disorder. She places her Suboxone on the top cabinet in her living room. Yesterday, Austin (age 3) climbed onto the cabinets, found the Suboxone, and took half of her daily dose. He was rushed to the hospital and spent the night in the emergency room.		As the social worker, you are worried the mother will forget to lock her medication up, Austin will find and take Suboxone again, and that he will end up in the hospital with an overdose.
There have been numerous reports to your agency for years about chronic neglect of Faith (age 7) and Jacob (age 10). Their father works 70 hours per week, has no support network, and cannot afford childcare. Yesterday, while the kids were home alone a small grease fire started in the kitchen as Jacob was cooking dinner. Jacob has a second degree burn on his right hand and wrist.		Your agency has had the family in In-Home Services several times in the past 3 years. As their current social worker, you are worried about the emotional impact of the kids being home alone every day, and about Jacob having to step into a caregiver role. You also worry about future physical injuries due to long periods without supervision.

Required CPS Assessments Course Is Being Revised

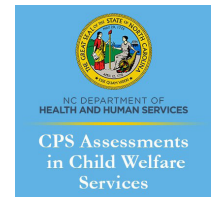
To ensure child welfare professionals have access to information about the best ways to achieve positive outcomes for families and children, the NC Division of Social Services (NCDSS) is continually revising and updating its child welfare in-service training.

One of the courses currently being revised is *CPS Assessments in Child Welfare Services*. This course is mandatory within the first year for county DSS employees responsible for completing CPS assessments. *CPS Assessments* teaches participants to do thorough family and investigative assessments. This includes how to apply policy, engage in family-centered practice, conduct effective interviews, and complete structured decision-making tools.

What Will Be Different: This course now involves both online and classroom learning. Prior to attending the classroom portion, learners must take a self-paced online module on policy on ncswLearn.org.

This change will allow the 4-day classroom portion to focus on the application of policy, and to devote more time to skill development. For example, the revised classroom portion will share a guide on interviewing children and introduce narrative interviewing (aka “funneling”). In this way the course will lay a good foundation for effective practice and prepare workers for what they will learn in more depth in the related courses *Responding to Child Sexual Abuse* and *Child Forensic Interviewing*.

Launch Date: Fall 2019.





Assessing Safety and Risk Are Key to Timely Case Closure

An Interview with Amanda Tanner-McGee

When the federal government assessed our state's child welfare system in 2015, it was concerned some families' cases were closed before agencies had assessed safety, offered services, or addressing the presenting problem (USDHHS, 2017). To support efforts to strengthen this area of practice, *Practice Notes* spoke with Amanda Tanner-McGee. A veteran with 35 years in our field, Ms. Tanner-McGee was Social Work Program Administrator for Rutherford County DSS until fall 2018, when she became Director at Cherokee County DSS.

Why is timely case closure so important?

Closing a case too early can be very dangerous. Leaving a case open too long is also dangerous.

To close a case we need to answer the question: "A child is assessed to be safe **when...**"

When what? When there is no threat of danger within the home or family. Or, if a threat exists, the family has protective capacities to protect the child and manage the threat.

How do you determine that?

I teach social workers to continually assess safety and whether the child is in immediate danger. If the child is not in immediate danger or if there is a threat but the family can protect the child, the worker must assess risk and document the family's protective factors before closing the case. If we don't do this, we're closing too early.

Risk factors fall into four domains: those related to the parent or caregiver, those related to the child, those around the family, and those around the environment in general.

There also are protective factors that must be assessed and weighed against the family's risk factors before closing a case. If risk, safety, and protective factors aren't assessed accurately, cases may be closed prematurely.

How does supervision play into this?

Child welfare supervisors should be well grounded in assessing safety and risk and protective factors. They must listen for statements during individual supervision that answer the questions: Is the child safe? Is there **risk** of future maltreatment? They should ask probing questions to help social workers use critical thinking skills to make appropriate case decisions.

In addition, the supervisor is responsible for assessing the well-being of the social worker to ensure they have clarity of thought.

For example, say a worker has worked a great deal of overtime, has been involved in multiple serious cases, and is also experiencing personal stress. The supervisor needs to touch base to make sure the worker is OK and not operating in an impaired manner. This is trauma-informed practice. The supervisor has to say: "Talk to me. Are you OK? Can I send someone with you? Do you need a break from this one—can I send someone else?"

It is **unethical** to continue to work if you are so tired your thinking is impaired, or you have personal issues distracting your clarity of thought on the job, or you have a bias that will keep you from making good decisions on a specific case. At the end of the day, the supervisor must make the call if they believe a worker is impaired to the point of not being able to make good judgements.

As leaders and supervisors, it is important to support critical thinking, ethical practice, and continuous self-care. We have to build a culture where critical thinking and self-care are **expected**. This is a primary function of individual supervision in child welfare. If we don't make this a priority, we run the risk of sending out workers who are unable to think critically or skillfully assess child safety.

Does family engagement affect our ability to close cases timely?

Safe closure also depends on parent or caregiver family engagement. When there's engagement, it is more likely the parent will commit to a plan that is feasible and likely to succeed. Engaged parents take the actions they want and agree to take.

True engagement means we have a trusting relationship with the client. It's much more than texts and phone calls.

What can agency leaders do to support timely case closure?

Agency leaders have to know where their cases are. Some data and reports I look at every week. Others I look at every month. I look for indicators that cases are moving. If cases are closed very early or open longer than policy allows, I ask why. I want to be sure our decisions clinically solid.

In my view data should not be a source of fear in the agency. I prefer to let data tell the story and use it as a learning tool and driver for change. An "off with your heads" approach can make staff afraid to talk about mistakes or problems. We need to build and support a culture where it is OK to talk with curiosity about both good and problematic data. If people are afraid to bring a mistake to the table, children are going to be at risk.

As a director, I want bad news to travel to me fast. My line is: "If we have a mistake, tell me. You're not going to be in trouble. I'll support you and we'll work it out." I support mistakes as a tool for improvement. But for this to work, staff need to be comfortable "owning" mistakes.

It is exhilarating to watch a high-performing team talk about mistakes and ways to keep them from happening again. THIS is how practice improves, regardless of what model you use. ♦

Assessment and Engagement: Insights from a Parent

An Interview with Teka Dempson

Often in child welfare, we talk about the importance of engagement with families. In this article, we want to share a family's perspective on engagement, and how it can assist us in assessing safety and risk. We are grateful to have the perspective of Teka Dempson, a member of the NC Child Welfare Family Advisory Council.

Teka, thank you so much for talking with us today.

What is engagement, from your perspective?

Engagement is building a relationship with the family. It starts with the social worker being sincere, honest, and authentic.

Why is engagement so important?

Child welfare is a hard place to be in as a family, especially since the agency is so deficit-based. Everyone still thinks child welfare is going to take your child, and it's not about reunification. Families feel hopeless and it is hard to share our truth with you.

However, once a relationship is built, it opens the door to honest conversations about the concerns at hand. But families have to trust you first. They have to know you're going to partner with them throughout this challenging process and not fight against them.

Once families trust you, they begin opening up and sharing the realities of their lives. Then, you can have candid conversations about safety and risk. Because of your relationship, families can hear you and are more invested in the process. They will trust you enough to try some of the suggestions on the plan, such as therapy or a parenting group. And, they will be more honest about barriers that keep them from meeting the goals on the plan.

What does engagement look like, from your perspective?

Take your time. Have a conversation with us without being rushed. Families know you have too many cases, but **this** is the case that is important to the family. Be attentive. Show families, with your eye contact and body language, that you really want to hear what they have to say. Focus on us and not the boxes on your forms.

Have hard conversations with families. Let them know if there is a possibility the child may be removed, won't be returning home, or if parents' rights may be terminated. Be honest if you don't know what will happen with the case or what the judge may say in court. What families need to know—whether they want to hear it or not—is the truth. Be transparent about your concerns and what families need to do to reunite with their children. Let them know when they aren't meeting the criteria. Families respect your honesty.

Prepare families for court by walking through what the process will look like. Share whether they can bring natural supports with them to hearings.

Be careful about language. Families are offended when referred to as "manipulative" or "non-compliant."

Answer the telephone or call back in a day or two.

This is huge. Eighty-five percent of the families I know say their social worker doesn't call them back. If you can't call, text us!

Don't overpromise or give false hope. Tell us what your agency can or can't do for us. When you say you will do something, honor your word.

What are some mistakes social workers make when trying to engage a family?

They aren't coming across authentic. Their language and tone of voice comes across as having a superior attitude. We feel belittled and humiliated.

They aren't flexible with their schedule. Families understand you have children of your own, but saying you can't ever meet after 4 p.m. makes us feel not valued.

How can engagement help social workers assess and plan around risk and safety?

When the relationship is there, families are more likely to be honest about whatever incident caused DSS to be in their lives. They are more likely to accept responsibility. If the relationship isn't there, families will share just enough to get by.

Some families aren't aware that things are a safety issue, due to their family's culture. Until they are knowledgeable about safety factors, they may not know to do things differently. Their mother and grandmother may have done the same things, and no one had concerns about it, so this is their norm. If you ask parents to do something very different from their family culture, think about how the new actions can be seen with some family members. What impact will this have on relationships within the family? How will mom explain this to her aunt, who criticizes everything she does? When families are invested in the process, these are the conversations they will have with you.

When case planning, encourage the family to ask you: how do I keep you out of my life? This is an opportunity for you to be honest about agency and court expectations.

Teka, are there any final words you'd like to share?

Families aren't looking to be 100% right. We just want to feel respected, valued, and that we matter. We don't want to feel like a number in a system. All of us don't need fixing—we aren't broken. Everyone makes mistakes, and we may just need a little tweaking in our life. ♦



It's my life's passion to bring change to this system using the family voice. I want policy change that will create great outcomes for families and systems.

— Teka Dempson

National Federation of Families for Children's Mental Health

Established 30 years ago, NFFCMH was the first national, family-run organization advocating for the needs of children with behavioral, emotional, or mental health needs and their families. A valuable source of information on the family perspective, NFFCMH offers a wealth of resources for families. <https://www.ffcmh.org/>

Safety Mapping Can Tell Us a Lot about Families

A common problem in child welfare is the lack of understanding and agreement between the family and the agency about why the agency is involved, what we are collectively trying to accomplish, and how we are going to accomplish it.

Safety mapping is a tool we can use to focus our work with the family and to make the best decisions possible about how to move forward (The Academy SDSU, 2014). This tool centers around three questions (Parker & Decter, n.d.):

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

Let's discuss each of these in detail.

“What is working well?”

This parallels well with North Carolina's focus on family-centered practice and finding strengths. Under this question, we ask the children, caregivers, service providers, and family supports to identify what is going well in the family. Each person should identify as many strengths as possible. These could be strengths that are present now, or that have been present in the past. The agency should also highlight what is working well, based on its assessment and observation of the family.

Tip: After the team lists what is working well (i.e., strengths), consider:

- Which of these can be leveraged to protect the child? How?
- What needs to be put in place so past successes can be recreated in the future?

“What are we worried about?”

This question is used to start a conversation with the family about their worries. What problems are they struggling with right now? What concerns do they have? Be intentional about hearing the perspectives of the child, family members, and service providers. Clearly articulate your concerns

to the family. Developing and sharing clear, behaviorally-specific harm and danger statements with the family is a great way to do this.

Tip: All families—including those not involved with child welfare—have things to worry about. In child welfare, our focus is on credible worries that impact child safety. Other worries can be addressed later by other service providers or through voluntary services. Our focus here should be on worries that rise to the level of past harm or potential danger to the child.

“What needs to happen next?”

We use this final question to work with the family and team to prioritize worries. What are the bottom-line things that need to be addressed to ensure child safety, to close the case, to reunify the family, etc.? What is the caregiver's plan to address these worries? How we can build upon the family's strengths to address these worries?

Tips:

- Give the family room to brainstorm ways to address past harm and potential danger to the child. Have them identify what has worked (and what hasn't) in the past. Explore what they are willing to try and what services/interventions aren't a good fit for their family.
- Be careful that the plan isn't a list of services. **What will the parent do differently?** What behavioral change is needed, and how can the parent demonstrate that?
- The plan should focus on the behaviors you want to see, not the behaviors you don't want to see.

Sample Goal for this part of the Map

When Mr. Jones has a strong urge to use, he will call his sponsor and then go for a run, as that is a major coping skill for him. He will rate his urges on a scale from 1 to 10. If he is at an 8 or above, he will ask his neighbor or mother to come to the home to help him supervise Abby, in case he relapses.

Other Ways to Use Safety Mapping

Safety mapping with the family demonstrates partnership, gets the family engaged in the work, and increases the likelihood they will follow through on the plan. But there are other times safety mapping can be helpful in child welfare work:

Individual or team staffings.

Safety maps can help us organize what we know about the family and prioritize what needs to be addressed moving forward. Use the map to decide which family needs truly impact safety, and which are complicating factors. This is especially helpful for cases that are “stuck” or where there are a lot of needs present.

Case transfers. Sharing a completed safety map is a great way to get a new worker and supervisor quickly “up to speed” about a case.

Child and Family Team meetings.

Complete the map with the family, service providers, and support network all at the table. This will ensure everyone involved is on the same page moving forward.

We know introducing a new tool to your practice can be daunting. Practice safety mapping with your supervisor, coworkers, or your own family to become comfortable with the tool (The Academy SDSU, 2014).

A final piece of advice: don't overthink it. Simply take a piece of paper, draw a box on it, and draw lines to create the four quadrants. Then, complete the map with a family at your next home visit. How the map looks is not important. The process of gathering and organizing information, with the family's participation, is what matters (The Academy SDSU, 2014).

Click [here](#) to download a sample safety map. ♦

Family Engagement Learning Resources

By honing your family engagement skills, these resources may help you strengthen your assessment of safety and risk.

National Resources



Family Engagement: A Web-Based Practice Toolkit. This guide is offered by the National Center for Child Welfare Excellence. <http://www.nccwe.org/toolkits/family-engagement/introduction.htm>



Family Engagement. Bulletin for professionals offered through the Child Welfare Information Gateway. https://www.childwelfare.gov/pubPDFs/f_fam_engagement.pdf



Family Engagement in Child Welfare Video Series. Offers insight into key elements needed to make peer-to-peer family engagement programs successful. <https://www.childwelfare.gov/topics/management/reform/soc/communicate/initiative/ntaec/familyvideos/>



Engaging Families: Making Visits Matter—A Field Guide. Features detailed practice recommendations for family engagement, including steps for working with resistance. <http://muskie.usm.maine.edu/helpkids/PMNetworkDocs/CPM%20Field%20Guide.pdf>

The Foundation of Family-Centered Practice

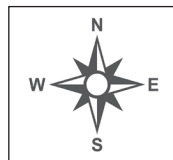
- Families know more about their situation than anyone.
- Families can formulate their own goals and build their own solutions.
- Families tend to maintain solutions they create.
- Families are doing the best they can in difficult situations.
- Family strengths can be enhanced; change can happen.
- Families are our partners and need our support.
- Families can enhance and improve the well-being of their children, with assistance and support.
- Safe solutions will be found in partnerships among parents, workers, supervisors, and other community partners.
- Families have a right to be supported in their efforts to improve their children's well-being.
- Most children can be protected by their parents.
- Child protection must also focus on family protection.

Source: Berg & Kelly, 2000

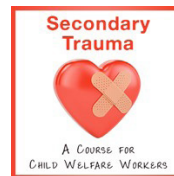
Training in NC



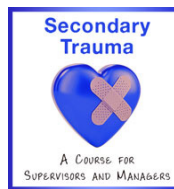
Engaging the Non-Resident Father. This 2-day course helps supervisors build skills needed to support their staff in actively engaging non-resident fathers.



Navigating Child and Family Teams: The Role of the Facilitator is an intensive, 3-day skill-building opportunity for those who will be facilitating child and family team meetings.



Secondary Trauma: A Course for Child Welfare Workers. Managing secondary trauma is an important piece of our work. In this 1-day course you will create an individualized resilience plan to help you anticipate and respond to secondary trauma.



Secondary Trauma: A Course for Supervisors & Managers. Seeing and hearing about child maltreatment every day takes a toll. This 2-day course will teach you about the impact secondary trauma has on you, your team, and your agency, and what to do about it.



Step by Step: An Introduction to Child and Family Teams. This 2-day interactive orientation and practice training focuses on the use of child and family teams.



Trauma Screening 101. This 1-hour self-paced, online course explores how trauma screening can reveal valuable information, improve our understanding of children's behavior, build relationships with children, and ensure they and their families get the services they need.

To learn more about these and other courses, or to register, North Carolina child welfare professionals should log in to their accounts on www.ncswLearn.org.

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