



Resources Packet

Activity Section C: Guiding Principles and Principles at Work

Prevention Services (In-Home) Guidance Manual, Section 1.5

Group A

Principles at Work

1. Families Services Specialists should target resources and services that prevent foster care placements and help children remain safely in their homes or with relatives, when appropriate. – *Prevention Services Guidance Manual, Section 1.10*

Provide examples of ways you have done this or seen this done in your locality...

2. Family Services Specialists should consider characteristics that tend to correlate with the risk of abuse and neglect and use those cues to explore with the family the benefits of *Prevention Services - Prevention Services Guidance Manual, Section 1.12.5.2*

Provide examples of ways you have done this or seen this done in your locality...

3. Family Services Specialists should:
 - routinely screen for trauma exposure
 - address trauma and its impact on the family
 - make trauma exposure resources available
 - utilize a solution focused approach – *Prevention Services Guidance Manual, Section 1.12.4.1 & 1.12.6*

Provide examples of ways you have done this or seen this done in your locality...

Group B

Principles at Work

4. It is imperative that Family Services Specialists identify the family's protective factors through the collective assessment approach, also known as the Suite of Tools – *Prevention Services Guidance Manual, Section 1.12.5*

Provide examples of ways you have done this or seen this done in your locality...

5. In-Home services require a focus on family engagement, identifying individualized needs, creating and monitoring service plans and progress and continually assessing safety, risk and protective factors – *Prevention Services Guidance Manual, Sections 1.10*

Provide examples of ways you have done this or seen this done in your locality...

6. Local departments of social services should...
 - partner with public and private local and statewide organizations
 - educate mandated reporters about early warnings and risks before abuse or neglect occurs and resources that are available – *Prevention Services Guidance Manual, Section 1.12.7*

Provide examples of ways you have done this or seen this done in your locality...

Group C

Principles at Work

7. Local departments of social services develop protocols and best practices to enhance public-private collaboration at the local level – *Prevention Services Guidance Manual, Section 1.9*

Provide examples of ways you have done this or seen this done in your locality...

8. Family Services Specialists should utilize a strengths-based, trauma informed approach by:
 - helping the family identify the impact of their experiences
 - recognizing the competencies that family members demonstrate
 - assisting families in enhancing their protective factors
 - address symptoms of trauma in service provision – *Prevention Services Guidance Manual, Section 1.12.6; 1.13.1*

Provide examples of ways you have done this or seen this done in your locality...

9. Local Departments of Social Services should coordinate services with local public, private and community organizations and maximize local funding opportunities to provide prevention services – *Prevention Services Guidance Manual, Section 1.10 and Appendices H and I*

Provide examples of ways you have done this or seen this done in your locality...

Group D

Principles at Work

10. Family Services Specialists should use a strengths-based approach by:

- focusing on the family's strengths, rather than limitations
- building the capacity of the family to be independent
- providing concrete supports
- empowering families to find their own solutions by setting realistic expectations in the context of the family's values, beliefs, and system of support
- including both parents; acknowledging central role of fathers – *Prevention Services Guidance Manual, Section 1.12.3*

Provide examples of ways you have done this or seen this done in your locality...

11. Family Services Specialists should:

- use culturally appropriate evidence-based assessment and treatment
- explore cultural and spiritual values that impact the family's views
- be aware of local resources in the community that serve culturally specific groups – *Prevention Services Guidance Manual, Sections 1.12.4.1 & 1.13.2*

Provide examples of ways you have done this or seen this done in your locality...

Activity Section D: Prevention Services

Prevention Services (In-Home) Guidance Manual, Section 1.14

In your groups, answer the following questions to identify the types of families in your locality who can benefit from primary or secondary prevention services.

Group A

What are the common needs of families who are serviced in your locality?

Group B

Which risk factors are most prevalent in the families served in your locality?

Group C

Which protective factors are the focus of services in your locality?

Group D

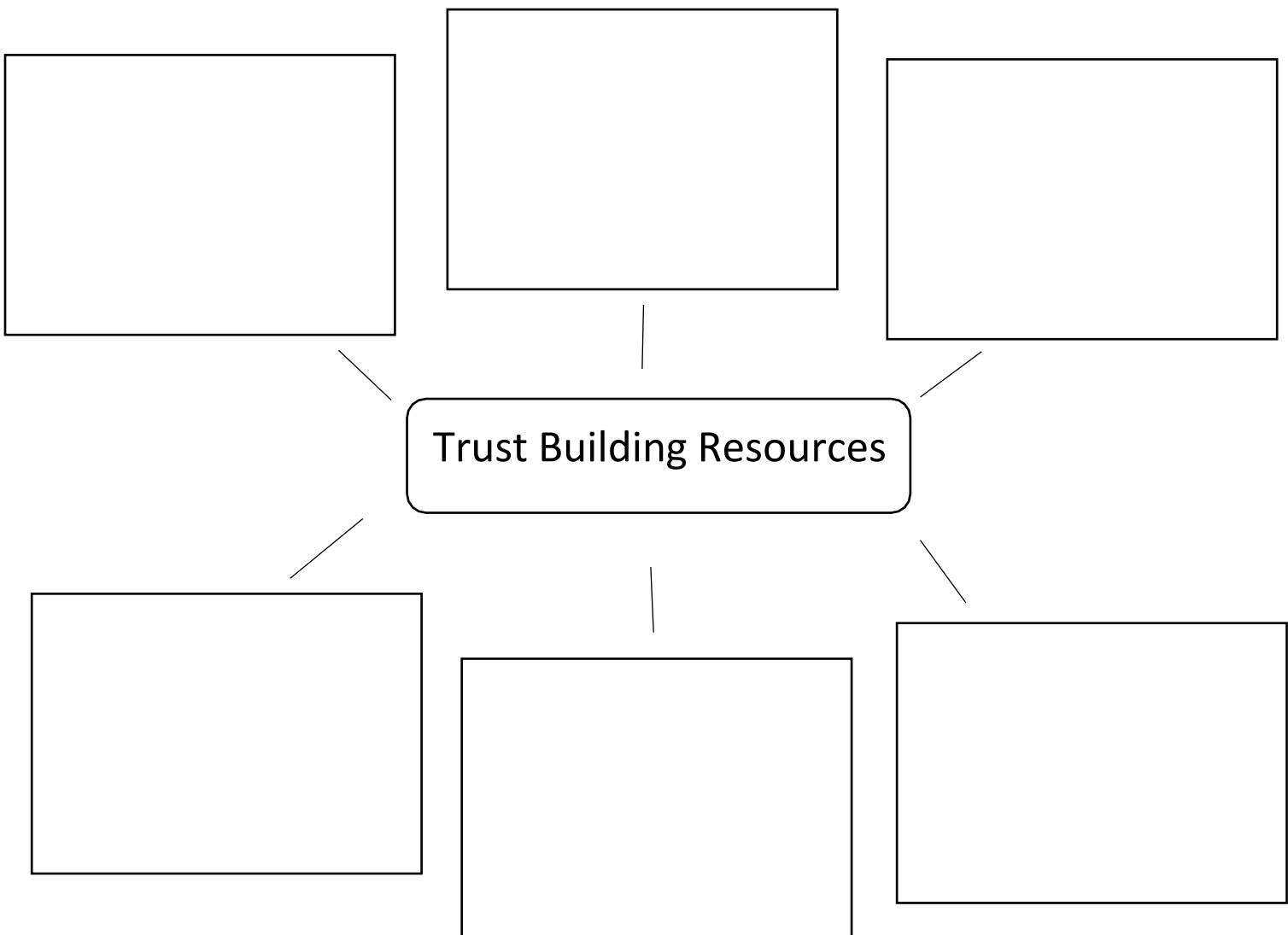
What are some primary or secondary prevention resources available to families in your locality?

Activity Section G: Trust Building Resources

In your groups, explain ways you would build trust. You may list things you would do or say to establish a foundation of trust with the family.

Specifically, what information found in the guidance manual would you utilize to assist you with this?

Each group should assign a reporter who will share 2 -3 examples with the entire class.

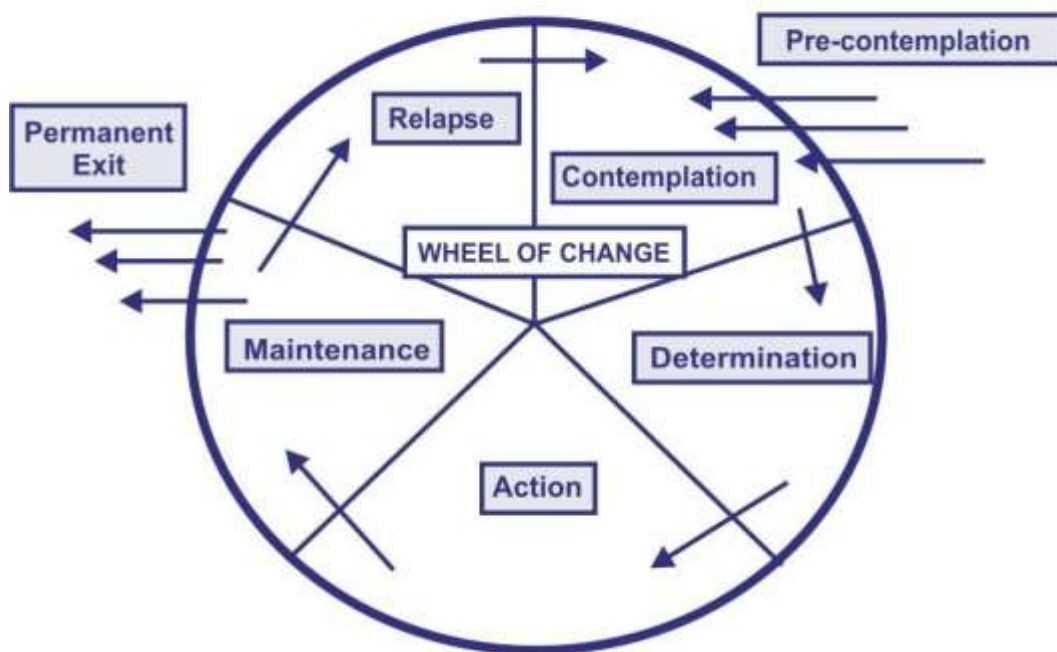


Motivational Strategies

This handout provides some suggestions for motivational strategies that child welfare professionals can use with parents at different stages throughout the change process. This is not intended to be a comprehensive listing, but merely some examples to help you think about how to approach motivating parents toward treatment and recovery. For more information on Motivational Interviewing and training, please contact or visit <http://www.motivationalinterview.org>

Remember: Motivation to change and motivational interventions go hand in hand with readiness to change and the change process. As illustrated below, the stages of change can be understood as a wheel made up of wedges. Change often begins at the Precontemplation Stage and continues through Contemplation, Preparation, Action, and Maintenance Stages. The change process is cyclical. Individuals typically move back and forth between the different stages. Different people will move through the stages at different rates. It is uncommon for people to linger in the early stages. During the change process, it is normal to fluctuate between stages.

Six Stages of Change



Motivational Strategies for the Precontemplation Stage

When parents are in the Precontemplation Stage on a specific issue, child welfare professionals can use the following motivational strategies to help move them to the next stage:

- Establish rapport and build trust.
- Raise concerns about a parent's substance-related risk behaviors to self and children.
- Elicit the parents' perceptions of their level of risk.
- Elicit the parents' perceptions of their children's level of risk with respect to safety, well-being, and health.
- Explore the benefits and risks of risky behaviors and treatment, including the timetable of the dependency court.
- Express concern and remain available.

Motivational Strategies for the Contemplation Stage

When parents are in the Contemplation Stage on a specific issue, child welfare professionals can use the following motivational strategies to help move them to the next stage:

- Help parents understand that ambivalence about change is normal.
- Elicit and weigh their reasons to change and not to change, including the consequences for the child if the parent does not meet the requirements of the dependency court.
- Emphasize parents' free choice, responsibility, and self-efficacy for change.
- Elicit self-motivational statements of intent and commitment from parents.
- Elicit ideas regarding parents' perceived self-efficacy and expectations.
- Summarize self-motivational statements.
- Elicit ideas for the child's well-being and safety.

Motivational Strategies for the Preparation Stage

When parents are in the Preparation Stage on a specific issue, child welfare professionals can use the following motivational strategies to help move them to the next stage:

- Clarify the parents' own goals and strategies for change.
- Offer a menu of options for change or treatment.
- Offer expertise and specific guidance, with permission.
- Make sure that parents follow through on referrals for treatment assessment.
- Help negotiate a change or treatment plan and behavior agreement.
- Consider how to help parents lower their barriers to change.
- Help parents enlist social support.
- Explore the parent's treatment expectations.
- Elicit from the parent what has or has not worked in the past.
- Have the parent publicly announce plans to change.
- Explore legal and social consequences to the parent and the child.
- Help parents make plans for dependent children.

Motivational Strategies for the Action Stage

When parents are in the Action Stage on a specific issue, child welfare professionals can use the following motivational strategies to help move them to the next stage:

- Support a realistic view of change through small steps.
- Acknowledge difficulties for the parent in early stages of change.
- Help the parent find new reinforcers of positive change.

- Help parents assess whether they have strong family and social supports, and how these can be used to support child safety and well-being.
- Help parents engage community supports.
- Reflect on appropriate legal and social interactions and gains.
- Social workers should be honest with parents about the ASFA timelines. They should inform parents about what lies ahead in relation to the court process. Learning about substance use treatment and developing relationships with treatment providers can improve social workers' understanding of treatment options and ways to advocate for optimal and individualized treatment for their families.

Motivational Strategies for the Maintenance Stage

When parents are in the Maintenance Stage on a specific issue, child welfare professionals can use the following motivational strategies to help them sustain the benefits that they have achieved:

- Support parents' lifestyle changes.
- Affirm parents' resolve and self-efficacy.
- Support parents' use of new communication or coping strategies.
- Maintain supportive contact and availability.
- Sustain parents' resolve to meet statutory timetables.
- Review long-term goals with parents.
- Advocate for legal and community supports and rewards.
- Help parents make plans for dependent children.
- Help parents, kin caregivers, and children recognize risk factors and behaviors involved with substance abuse.

Motivational Strategies for the Relapse Stage

Many parents may not immediately sustain new changes they are attempting to make. Substance use after a period of abstinence may be common in early recovery. Persons may go through several cycles of the stages of change to achieve long-term recovery. Relapse should not be interpreted as treatment failure or that the individual has abandoned a commitment to change. With support, these experiences can provide information that can facilitate subsequent progression through the stages of change and identify new areas in which treatment and case plans can be enhanced. When parents lapse or relapse, child welfare professionals have an especially important role helping parents to reengage by using the following strategies:

- Help parents to reenter the change cycle.
- Explore the meaning of relapse as a learning opportunity.
- Maintain nonjudgmental, supportive contact.
- Help parents find alternative coping strategies.
- Keep parents' attention focused on the social and legal consequences of relapse for themselves and for their children.



Child and Adolescent Needs and Strengths (CANS) Reports

A Step by Step Technical Guide

Permanency Report

This report enables the Family Services Specialist to examine the Parent/Caregiver assessments across time. The Family Services Specialist may access the report for any child for whom he or she has completed an assessment.

Permanency Report Usage – Referral source must be DSS

- Comparison is conducted across both comprehensive and reassessments
- Comparison is conducted across all assessment reasons – Initial, Reassessment, Discharge
- Report items are generated from the Parent/Caregiver domain and Child Welfare module

Follow the steps below to generate a Permanency Report.

Step 1: On the menu bar at the top of the page, select the **Reports** tab to open the dropdown menu

Step 2: Select **Client Reports** from the dropdown list

Step 3: Select **Permanency**

Step 4: Select options for each of the editable filters (all of the filters are required)

- Dropdown list only populates with active caregivers attached to the selected child
 - Only closed assessments populate the field
 - Assessments are dated/time stamped by the system upon closing the assessment
- Select one caregiver (at a time) to compare across all assessments
 - Can compare as many as three assessments
 - Initial assessment populates as the first assessment
 - At least one calendar day must distinguish between Assessment 2 and Assessment 3
 - If two assessments were closed on the same date, the most recent (by time) should be selected (two assessments closed on the same date will not populate as the two most recent assessments)
 - The report will run if only two or one assessment is available
 - If no data is available to populate the assessment, the system will populate the report field with the message: *No Data Available*

Step 5: Select **View Report** on the top right corner of the screen

Note: The bottom portion of the report details the following:

- Issues resolved in the most recent period
 - Items for which the score changed from a 2 or 3 to a 0 or 1, in the most recent assessment
- Issues requiring continued intervention
 - Most recent assessment rating of 2 or 3
- If no items fall into these conditions, the message "None Noted" will appear

Permanency Report

State: Virginia Locality: Locality A
Child Search: martin Child: Martin, Martin The (12211)
Caregiver: 1, 1

Report Date: 12/20/2017 12:22 PM **CANVAS 2.0 Permanency Report** Page: 1 of 5

Child Name: Martin Martin Caregiver Name: 1, 1
DSS ID #: testconsumer010 Caregiver Relationship: Sister

Notes:

This report will enable the user to examine the Parent/Caregiver assessment across time. The user will be able to generate this report for any child on their caseload with closed assessments.

Question	CANS Comprehensive - 0 - 4 12/05/2017	CANS Comprehensive - 0 - 4 12/19/2017	CANS Comprehensive - 0 - 4 12/20/2017
SUPERVISION	2	1	1
SAFETY	2	2	2
CONDITION OF THE HOME	1	3	0
MARTIAL/PARTNER VIOLENCE IN HOME	1	1	2
HISTORY OF MALTREATMENT	1	2	1
RESPONSIBILITY IN MALTREATMENT	1	1	2

Individual Progress Report

This report enables the Family Services Specialist to review the individual child's assessments across time.

Individual Progress Report Usage – Referral source must be DSS

- Comparison is conducted across both comprehensive and reassessments
- Comparison is conducted across all assessment reasons – Initial, Reassessment, Discharge
- Available for all children in the system
- Generates for CANS 0-4 and CANS 5+ separately

Follow the steps below to generate an Individual Progress Report.

Step 1: On the menu bar at the top of the page, select the **Reports** tab to open the dropdown menu

Step 2: Select **Client Reports** from the dropdown list

Step 3: Select Individual Progress

Step 4: Select options for each of the editable filters (all of the filters are required)

- Dropdown list only populates with children receiving services within the locality
 - Only closed assessments populate the field
 - Assessments are dated/time stamped by system upon closing the assessment
- Select the child
 - Can compare as many as three assessments
 - Initial assessment populates as the first assessment
 - At least one calendar day must distinguish between Assessment 2 and Assessment 3
 - If two assessments were closed on the same date, the most recent (by time) should be selected (two assessments closed on the same date will not populate as the two most recent assessments)
 - The report will run if only two or one assessment is available
 - If no data is available to populate the assessment, the system will populate the report field with the message: *No Data Available*

Step 5: Select View Report on the top right corner of the screen

Individual Progress Report

Report Date: 2022/06/14 11:18:23 AM

Child Name: Pina Pacha

DOB: 05/01/2014

Notes:

This report will enable the user to review the individual child's assessments across time.

Life Domain Functioning	CANS Assessment: 5/13/2014	CANS Assessment: 8/27/2017	CANS Assessment: 8/25/2017
Question			
FAMILY	1	1	1
LIVING SITUATION	1	1	1
SLEEP	1	1	1
SOCIAL FUNCTIONING	1	1	1
SEXUAL DEVELOPMENT	1	1	1
RECREATION	1	1	1
DEVELOPMENTAL	1	1	1
COMMUNICATION	1	1	1
JUDGMENT	1	1	1
ACCULTURATION	1	1	1
LEGAL	1	1	1
MEDICAL	1	1	1
PHYSICAL HEALTH	1	1	1
DAILY FUNCTIONING	1	1	1

For more information go to:

https://www.csa.virginia.gov/Content/pdf/CANVaS_2.0_Report_Manual.pdf

Child and Adolescent Needs and Strengths Assessment (CANS) – CANVaS 2.0 Reports Manual, Version 1.0

Centering Safety in In-Home Services

Using Solution-Focused Questions to Develop Safety Goals

Please refer to the Best Practice Quick Guide for Solution-Focused Questions for an overview of the approach. Below are some examples for ways to use Solution-Focused Questions in the process of centering safety and co-creating Safety Goals with parents.

SCALING QUESTIONS

Example:

On a scale of 1 to 10, where 1 equals your child is not safe at all and 10 equals your child is completely safe, where would you say things are? (Scale)

(Follow-up) What is happening to make things a (number chosen)? (Behavioral description)

(Follow-up) What would need to happen to bring things up by one point? (Goal formation)

(Follow-up) What does that look like in action? (Behavioral description of Safety Goal)

Scaling questions can help ground a person in the conversation when there is just too much information floating around and distracting them, or the subject feels too abstract for them. Scaling questions also work well with children and adolescents.

POSITION (RELATIONSHIP) QUESTIONS

Example:

What would your son say would need to happen to make him feel safer?

(Follow-up) What would his worries be?

Position (or Relationship) Questions ask a person to momentarily suspend their own perspective and think about a situation or problem from someone else's perspective, in this case, their child. This helps them understand the impact of their actions or behavior on another person and see it from their eyes. Often times, a question like "what would you son say needs to happen to make him feel safe" can shift a parent from their own ideas of how they do or don't protect to what their child actually needs. Being able to shift perspective in this way is also a possible indicator of cognitive protective capacity, so we want to observe if a parent's ability to do this.

PAST SUCCESS QUESTIONS

Example:

Tell me when you felt successful protecting your daughter.

(Follow-up) What were you doing?

(Follow-up) How did you know to do that?

(Follow-up) How were you able to do that?

(Follow-up) Could you do that again?

Past Success Questions ask people to remember when things have been better and what made that possible. We want the details here: the who, what, when, and how of this past time may be elements that can be crafted or recreated for current resourcing and support. Eliciting information about past protection is a central part of assessment and planning.

COPING QUESTIONS

Example:

You said that you can see how much safer your daughter is now that your boyfriend is not allowed to have contact with her.

(Follow-up) How are you dealing with this separation?(Follow-

up) What is keeping you going?

Coping Questions ask someone about how they were or are able to make it through something difficult, painful, or challenging. Coping questions help build people's sense of self-efficacy and resilience and also show us what strategies they are using. Here, we're asking a coping question that will center the conversation on the mother's protective capacity of putting her child's needs above her own by separating from her abusive boyfriend. We want this behavior to continue so we want to be able to draw on the mother's success and help resource the behavior.

PREFERRED FUTURE QUESTIONS

Example:

Picture six months from now and you got exactly the kind of support you needed to make sure your daughter is safe, what did that support look like?

(Follow-up) What do you notice that is different with your family?(Follow-

up) How is your daughter safer?

Preferred Future Questions ask the person to think about what the best possible future would look like if they were able to change their issue or problem. The answer will help build a vision for what things will look like when danger is absent or controlled and the child is protected. The information provided in the answer may assist in setting goals and creating behavior-based plans.

I Deserve Self-Care

GUIDE FOR PROFESSIONALS

Resilience is the flexibility and inner strength to bounce back when things are not going well. Parents with resilience are better able to protect their children from stress and can help children learn critical self-regulation and problem-solving skills.

All parents have strengths and resources that can serve as a foundation for building their resilience. These may include faith, flexibility, humor, communication, problem-solving, caring relationships, or the ability to identify and access needed services.

Self-care is important, but it is only part of the picture. Families experiencing multiple life stressors—such as a history of trauma, health concerns, marital conflict, substance use, or community violence—and financial stressors—such as unemployment, financial insecurity, or homelessness—face more challenges coping effectively with typical day-to-day stresses of raising children.

Addressing stressors in the family, community, and society will ultimately create stronger, more resilient families.

Key Points to Cover With Families

<p>Parenting is stressful, and some situations are more difficult than others. Too much stress can make it harder to parent effectively.</p>	<ul style="list-style-type: none"> ■ Ask: <i>What do you notice when you are under a lot of stress? How is your parenting affected when you are stressed?</i> ■ Share some common effects of stress—such as changes in eating or sleeping habits or feelings of depression or hopelessness—if they are having trouble coming up with ideas.
<p>Stress affects children, too.</p>	<ul style="list-style-type: none"> ■ Talk with caregivers about how children can pick up on family stress and show many of the same signs. ■ Ask: <i>How can you tell when your child is feeling stressed?</i>
<p>Everyone has strengths that they draw on during difficult times.</p>	<ul style="list-style-type: none"> ■ Ask: <i>What kinds of things do you do to take care of yourself and manage stress?</i> ■ Encourage them to circle items on the guide or write their own answers in the category where they fit. ■ Then, prompt caregivers to think of and record other self-care strategies that they could use, would like to use, or have seen others use. ■ Ask: <i>What is one new self-care activity you can commit to this week?</i>

More resources on building [parental resilience](#) can be found on the Child Welfare Information Gateway website. The [National Parent Helpline](#) may also be a valuable resource for families.

I Deserve Self-Care

CONVERSATION GUIDE

When I am feeling stressed, I can:

Mind

- ☐ Watch something that makes me laugh
- ☐ Write down my thoughts
- ☐ Do something creative (draw, work on a puzzle, sing, etc.)
- ☐ _____
- ☐ _____

Spirit

- ☐ Spend time outdoors
- ☐ Meditate or pray
- ☐ Connect with my faith community (church, mosque, temple, etc.)
- ☐ _____
- ☐ _____
- ☐ _____

Body

- ☐ Have a cup of coffee or tea
- ☐ Take a nap
- ☐ Walk, stretch, or exercise
- ☐ _____
- ☐ _____
- ☐ _____

Community

- ☐ Play a game with my children
- ☐ Spend time with family or friends
- ☐ Connect to my local parent-teacher association or other support group
- ☐ _____
- ☐ _____

One thing I will do this week to care for myself is ...

I Can Choose What Works Best for My Children

GUIDE FOR PROFESSIONALS

Knowledge of parenting and child development is an important protective factor. Parents who understand the usual course of child development are more likely to provide their children with developmentally appropriate limits, consistent rules and expectations, and opportunities that promote independence.

No parent can be an expert on all aspects of child development or on the most effective ways to support a child at every age. As children grow, parents will need to continue to learn and respond to children's emerging needs.

Parenting styles need to be adjusted for each child's unique temperament and circumstances. Parents of children with special needs may benefit from additional coaching and support.

Key Points to Cover With Families

Children have reasons for behaving the way they do.	<ul style="list-style-type: none"> ■ Work with the parent to identify a challenging behavior they have seen recently. ■ Ask: <i>What do you think your child is feeling or needing from you?</i>
Parenting is a tough job! Every parent has strategies that work and areas where they struggle.	<ul style="list-style-type: none"> ■ Ask: <i>What is going well with your child? What is not working as well?</i> ■ This is an opportunity to explore the parent's perspective. ■ If a strategy is harmful (e.g., spanking), suggest positive alternatives.
How we were parented affects our parenting.	<ul style="list-style-type: none"> ■ It is natural to parent our children the way our parents did or to try to avoid repeating our parents' mistakes. ■ Ask: <i>How do you think the way you were parented influences your parenting decisions?</i>
No parent can know everything. All parents need advice at times.	<ul style="list-style-type: none"> ■ Ask: <i>Where do you go when you have questions about parenting?</i> (e.g., family, media, teachers, friends, books) ■ Offer resources where they could get expert advice, such as parenting classes or online sources (e.g., CDC, Parents Anonymous).
It takes time to change habits, but it is never too late to try something new.	<ul style="list-style-type: none"> ■ Encourage parents to commit to one small change. ■ Ask: <i>What do you think will work best for your child and family?</i>

More resources on [knowledge of parenting and child development](#) can be found on the Child Welfare Information Gateway website.

I Can Choose What Works Best for My Children

CONVERSATION GUIDE

Being a great parent is part natural and part learned. All parents face challenges and need advice along the way.

Child's Name: _____ Challenging Behavior: _____

What's Happening	<ul style="list-style-type: none">■ Why do I think my child behaves this way?■ What do I notice before this behavior occurs?■ What makes it better or worse?	
Current Strategy	<ul style="list-style-type: none">■ How do I handle this now?■ How is this working for us?	
My History	<ul style="list-style-type: none">■ How did my parents handle this behavior when I was a child?■ How did I respond?■ What do I like and dislike about their approach?	
Trusted Experts	<ul style="list-style-type: none">■ Who do I trust for parenting advice?■ How do they suggest I handle this behavior?■ What do I like and dislike about this approach?	
Things to Try	<ul style="list-style-type: none">■ What is the one thing I could try <i>before</i>, <i>during</i>, or <i>after</i> the behavior occurs?■ Where could I receive additional support, if I need it?	

I Can Find Help for My Family

GUIDE FOR PROFESSIONALS

Caregivers whose concrete needs are met have more time and energy to devote to their children's safety and well-being. When families do not have steady financial resources, lack a stable living situation, or cannot afford food or health care, their ability to support their children's healthy development may be at risk. Partnering with parents to identify and access resources in the community helps them protect and care for their children.

Caregivers may need more than just a phone number. Consider providing support during initial calls, introducing them directly to a personal contact, or otherwise offering a warm hand-off to a fellow service provider. Be sure to refer families to providers who speak their language, are culturally competent, and are committed to equity.

Key Points to Cover With Families

<p>All families need help sometimes.</p>	<ul style="list-style-type: none"> ■ Ask: <i>Can you think of a time when you asked for help in the past? (For example, when they connected with your organization.)</i> ■ Point out how brave they were to accept help and ask what made that experience successful for them.
<p>Unmet basic needs like nutritious food and safe, stable housing can be harmful to children's development and ability to learn.</p>	<ul style="list-style-type: none"> ■ Review the basic needs in the first column of the conversation guide. Talk with the family about other needs not mentioned in that list. Add those to the empty row(s) in their own words. ■ In column 2, ask parents to circle the response that best fits their family for each need.
<p>There are many places to go for help in our community. They include government agencies, as well as nonprofit organizations and faith communities.</p>	<ul style="list-style-type: none"> ■ In column 3, give caregivers as many options as possible so they can choose what is right for their own families. ■ Ask: <i>What is one small step you can take this week?</i>

More resources on [concrete supports](#) can be found on the Child Welfare Information Gateway Information Gateway website.

Consider: What resources are available in your area to help caregivers meet their families' basic needs for food, safe housing, transportation, child care, health care, and employment?

One simple way to learn more about local organizations that support families is by calling 2-1-1. (Visit the [211 website](#) to ensure availability of this service in your area.)

I Can Find Help for My Family

CONVERSATION GUIDE

Help is available in our community.

These things are important for my family...	This is true for my family...	A place I can go for help if I need it is...
My family has enough to eat.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
My family has a safe place to live.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
My family can get to work and school on time.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
My children have a safe place to go when I can't be with them.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
My family has the medical care we need.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
I have regular work that pays enough to meet my family's needs.	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	

Help may be just a phone call away!

[2-1-1](#) is a service that connects people all over the country with helpful services where they live.

We Are Connected

GUIDE FOR PROFESSIONALS

All parents need emotional support. Social connections (supportive friends, family, neighbors, and community groups) help parents care for their children and themselves.

Social connections support children in multiple ways. A parent's positive relationships give children access to other caring adults, model important relational skills, and increase the likelihood that children will benefit from involvement in positive activities.

Building positive relationships may require extra effort for some families—including those who are new to a community, recently divorced, or first-time parents. Additionally, some parents may need to develop self-confidence and social skills before they can expand their social networks.

Key Points to Cover With Families

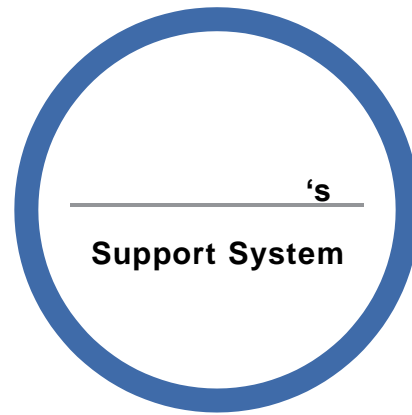
All parents need support sometimes.	<ul style="list-style-type: none"> ■ Explain that this conversation guide is a tool to help the parent “map” their sources of social support. ■ Emphasize that there is no wrong way to complete this worksheet. ■ Have the caregiver put their name or family name in the center circle.
Support can come from family, friends, neighbors, or other helpful people.	<ul style="list-style-type: none"> ■ Ask: <i>Who are the people in your circle of support?</i> ■ If needed, prompt for names of friends, family, neighbors, and helping professionals. ■ Add their names in circles or other shapes around the center circle of the ecomap.
Social support can be found by belonging to groups.	<ul style="list-style-type: none"> ■ Ask: <i>What groups or organizations are part of your family's life?</i> (e.g., faith communities, schools, workplaces, community centers) ■ Add them in the circles where they belong.
Not all connections are equally supportive.	<ul style="list-style-type: none"> ■ Ask: <i>How well do each of these connections support you as a parent?</i> ■ Invite the caregiver to show differences with different colors, solid vs. dotted lines, or arrows indicating which direction(s) support flows. ■ Ask: <i>Looking at this map, what do you notice about the connections in your life?</i> ■ It may be important to take some time to help caregivers process their feelings about the current amount of social support in their life.
Making new connections can be challenging, but it is possible.	<ul style="list-style-type: none"> ■ Ask: <i>Would you like to have more support? How do you go about making new connections? What are the challenges?</i> ■ Ask: <i>What is one thing you can commit to doing this week to strengthen your social connections?</i>

More resources on building [social connections](#) can be found on the Child Welfare Information Gateway website.

We Are Connected

CONVERSATION GUIDE

All families need support. Connecting with others helps to build a strong support system.



One thing I will do this week to strengthen my connection to others is:

Suite of Tools

Collective Assessment Documentation Process

Safety Assessment (focuses on safety conditions at time of assessment)

- May use initial Safety Assessment if no changes occur
- Assess when changes occur, within 30 days of case opening and every 90 days thereafter
- Document in COMPASS

Assess ALL CHILDREN in the home

Family Risk Assessment (helps determine likelihood of occurrence/reoccurrence of abuse/neglect)

- May use initial Risk Assessment if no changes occur
- Assess when changes occur, within 30 days of case opening
- Document in COMPASS

If the child remains in the home, assess ALL who have significant contact with the child and familial relationships with anyone in the home. If the child does not remain in the home, assess the PRIMARY CAREGIVER responsible for the child's wellbeing.

Family Risk Reassessment (helps assess whether risk has been sufficiently reduced to close case)

- Assess every 90 days *before service plan renewal*
- Document in COMPASS

Assess PRIMARY CAREGIVER (identified as alleged abuser/neglector with whom child resides or with whom the child will likely return to)

Child and Adolescent Needs and Strengths-CANS (identifies and prioritizes child and family's strengths and needs)

- Assess within 30 days of case opening and every 90 days *in conjunction with service plan renewal*
- Document in CANVaS

CANS must be completed for any child(ren) or caregiver(s) in an In-Home services case who is identified in the service plan and receiving a direct or funded intervention or service. Minimally, at least one identified child and caregiver must be assessed with the CANS in a case.

Candidacy Determination (evaluates whether child is at risk of out-of-home placement)

- Assess within 30 days of case opening and every 90 days *before service plan renewal*
- Document in COMPASS (*Candidacy Determination Form*)

Completed on ALL CHILDREN in home

Parental Child Safety Placement Program (Utilized to prevent foster care by placing a child with a relative or fictive kin)

- # *in guidance specifically for PCSPP cases*

Alternate Caregiver Assessment

- Criminal Background Check & Central Registry Check
- Home Visit
- Permanency Assessment Tool (PAT)
- Substance Screening and Agreement not to use corporal punishment
- Out of Home Staffing (within one business day)
- FPM (within seven days)

The Collective Assessment Documentation Process Informs Service Planning

Service Plan (based on comprehensive assessment of child and family's strengths and needs)

Mutually developed with family within 30 days of case opening and every 90 days thereafter, or sooner if safety, risk, or family circumstantial changes occur

Develop/Renew in conjunction with the CANS Assessment and prior to Family Risk Reassessment, Candidacy Determination/ Redetermination

Family Partnership Meeting	Child and Family Team Meeting
Led by facilitator	Led by family services specialist
Attended by supervisor and family services specialist	Attendance by supervisor is optional
Family participation is critical	Family participation is critical
Formal and informal supports are invited as part of the team	Family's support system are invited when applicable
Formal agenda and standardized meeting process (reflect importance of decision making)	Informal agenda
Outcome is a particular case decision required at a critical decision point during the life of a case	Outcome helps inform service planning throughout the life of a case