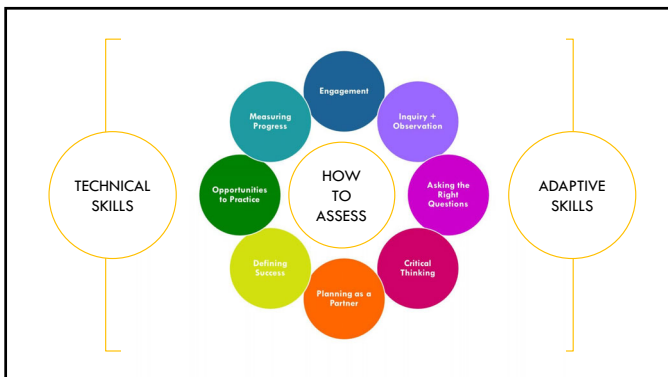




1



2



3

TECHNICAL SKILLS

SKILLS

- Typically one right way to do it
- Performed by individuals and teams
- Elementary and advanced
- Learned in training and on-the-job training, and by following directions from a supervisor, practice guidelines, or policy

CHALLENGES

- Typically one right solution
- Checklists
- Policy and procedures
- Supervisors

4

ADAPTIVE SKILLS

SKILLS

- Typically more than one way to practice the skill
- Engagement, critical thinking, self-awareness
- Shaped by individual experiences and values
- Learned in relationship with others

CHALLENGES

- Require novel changes, learning, and solutions
- Resistance is common
- Can take longer to resolve
- Are not solved by technical solutions

5

ASSESSMENTS

- Safety, Risk and Protective Capacity are assessed *throughout* the life of a case, not just CPS.
- At *each contact* with a family.
- Not just when there is a formal tool.
- Assessments directly inform decision making in Prevention, CPS, In-Home, Foster Care and Adoption.

6

ASSESSMENTS

- Assessment, decision-making, and planning processes are informed by child welfare research and best practice and consider issues of personal values, culture, fairness, and equity.
- Family Engagement work is partnered with objective observation, information gathering and evaluation.
- Engagement and trust in the casework relationship leads to more open sharing, more information, more accurate assessments.

7



ENGAGED ASSESSMENT

8

ENGAGING FAMILIES

- Focus early contacts on safety
- Approach family with respect and cooperation
- Provide a full and concrete explanation of the reasons for agency involvement and the factors compromising the children's safety and well-being.

9

ENGAGING FAMILIES

- Identify steps parents can take independently and those requiring family or community support
- Focus on linking families to healthy connections and capitalizing on internal and external family strengths and protective capacity.
- Use timelines and clear consequences to motivate change while using authority judiciously

10

FOUNDATIONAL PRACTICES

Cultural Humility

Trauma-Informed Practice

Collaborative Practice

Appreciative Inquiry | Strengths-Based Practice

Solution-Focused Approach

11

Cultural Humility


Interest, respectful inquiry,
and listening.



12

Trauma-Informed

CWS4015



Safety,
sensitivity,
respect,
transparency,
choice,
and partnership.

13

Collaborative

We work in partnership
with families, other
professionals, and
our community.



14


Appreciative Inquiry

What we pay the most
attention to has the
best chance of growing.



15

Solution-Focused



Grounded in the assumption that people are resilient, resourceful, and competent.

16

THE THREE QUESTIONS

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

Handout B-1

17

SOLUTION-FOCUSED QUESTIONS

Exception Questions	<ul style="list-style-type: none"> Uncovering past history of protection
Scaling Questions	<ul style="list-style-type: none"> Sharing judgment Steps to change
Position Questions	<ul style="list-style-type: none"> Seeing situation through others' eyes
Coping Questions	<ul style="list-style-type: none"> Finding solutions in the face of difficulties
Preferred Future Questions	<ul style="list-style-type: none"> Formulating a vision for what could be

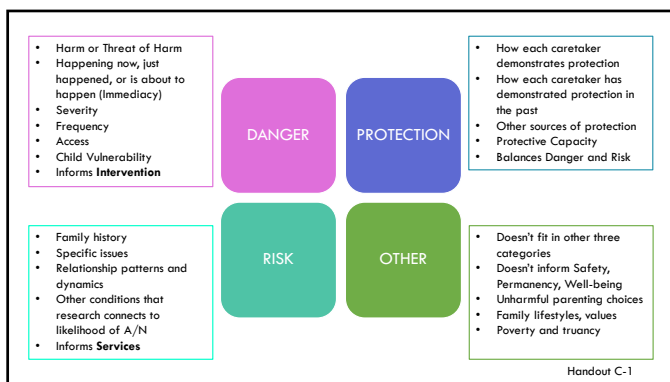
Solution-focused questions help the other person be more open and insightful about their response, and to provide a narrative, rather than just few words

Handout B-1

18



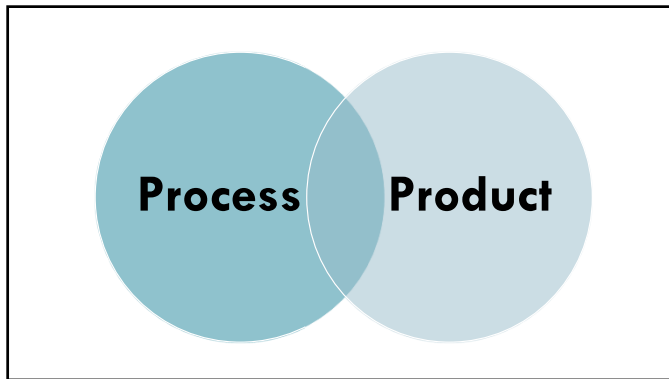
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21



22



23



24

SAFETY

• Safety is defined as **actions of protection** (specifically related to dangers and concerns) **demonstrated over time**

- All families have some signs of safety
- The best predictor of future protection is past protection
- Without searching for examples of protection, it will be difficult to know the extent of the signs of danger or to determine how protection could be enhanced and measured in the present and future
- More often than not, protection requires a network

ACTIONS OF
PROTECTION
DEMONSTRATED
OVER TIME

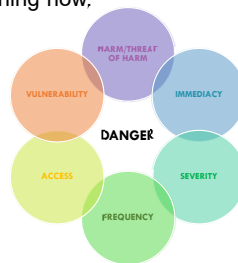
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DANGER

Harm or threat of harm that is happening now, just happened, or is about to happen:
Immediacy

Danger is also defined by:

- **Severity**
- **Frequency**
- **Access**
- **Vulnerability**



26

VULNERABILITY/SEVERITY



Handout D-1

27

SEVERITY:

Danger to the child's life or health;
disfigurement, severe developmental
impairment, or impairment to mental
well-being.

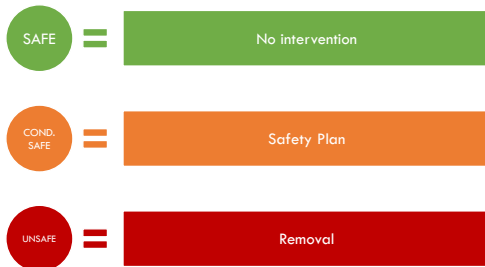
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DANGER +/- PROTECTION SAFETY DECISION



29



30

ASSESSING SAFETY

Present, imminent, or impending **danger** must be *balanced* with available **protection** in order to have the child be conditionally safe.



31

PROTECTIVE CAPACITY

The ability and willingness to utilize internal and external resources to mitigate or ameliorate the identified danger, and to support the ongoing safety of the child.

A specific quality that can be observed, practiced, demonstrated, and understood to be part of the way a parent thinks, feels and acts that makes him or her protective.

32

PROTECTIVE CAPACITY DOMAINS



Behavioral – How people act; what they say and do



Cognitive – How people think and perceive the world



Emotional – How people feel and experience emotion

Handout D-3

33

MEET SHIRLEY MITCHELL

1. What is dangerous?
2. What are some demonstrated protective capacities?



34

DANGER

PROTECTION

DANGER

PROTECTION

To conduct a
Safety Assessment,
use only the information
sorted into the
Danger and Protection
Sections.

35

DANGER

PROTECTION

Sexual Abuse



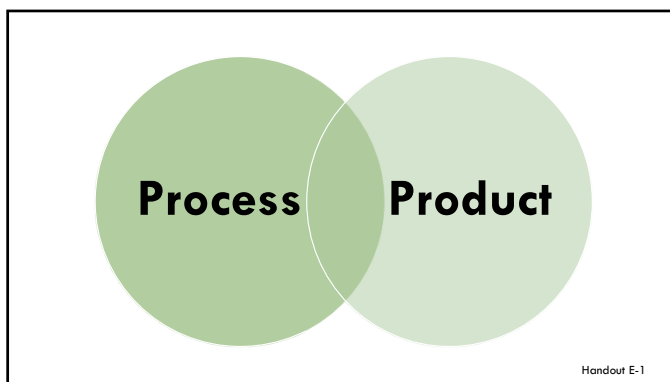
Agrees to Safety Plan (+B)
Has energy (+B)
Meeting food needs (+B)
Articulates information (+B)
Emotional connection (+E)
Chooses children (+E)
~~Believes child (-E)~~
~~Positive working relationship (-E)~~
Understands children (+C)
~~Understands sexual abuse dynamics (-C)~~

+ Enhanced Protective Capacity
- Diminished Protective Capacity
B Behavioral Protective Capacity
E Emotional Protective Capacity
C Cognitive Protective Capacity

36



37



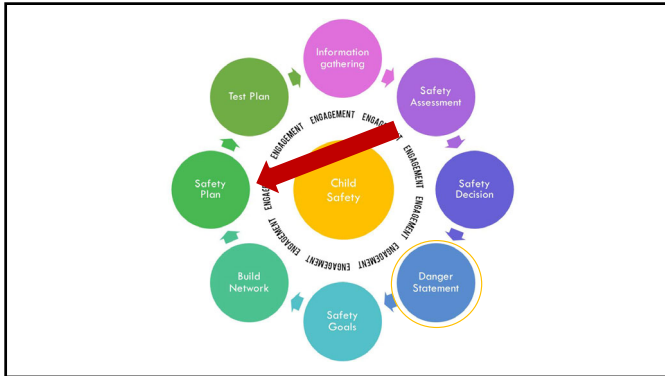
38

A Safety Plan is considered only after DANGER has been identified and PROTECTION has been assessed.


We do not write Safety Plans for family events, experiences, or issues that fall into the "RISK" and/or "OTHER" categories.

DANGER	PROTECTION
RISK	OTHER

39



40




DANGER STATEMENT

A short, clear, behaviorally-based statement of fact delivered in non-judgmental language.

1. Caretaker's action or inaction that is/was dangerous, plus
2. What we are worried about, plus
3. The impact or potential impact on the child(ren).

41



DANGER STATEMENT

Two-month old Chelsea suffered bleeding in the brain while in parents Sam and Diane's care in October, and because no one knows how the injuries happened, CPS and doctors at the hospital are worried that if nothing changes Chelsea could be seriously injured again, could suffer permanent brain damage, or even die.

42



DANGER STATEMENT

Caleb was punched, hit, and kicked by both of his parents on Saturday night leaving multiple bruises on his face, hands, and chest. CPS is worried Caleb will continue to be punched, hit, and kicked by his parents, and that Caleb will be bruised and cut as has happened in the past.

43



DANGER STATEMENT

Three-year old Maddy was found alone in the apartment parking lot and her mother Jackie was later found to be passed out under the influence of alcohol and opiates. CPS is worried Jackie will use alcohol and drugs again and Maddy will be left unsupervised which could result in injuries and other danger.

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DANGER STATEMENT

Provides clarity about what the caregiver did that was dangerous, what we are concerned might happen as a result, and how that could affect the child.

45



46

SAFETY GOAL


- Create a Safety Goal for **each** Danger Statement
- Partner **with** family to create the goal(s)
- Describes what we need to see for CPS to step down or close the case
- It is the **END**, not the means
- This goal is consistent, even if they transition to In-Home or Foster Care

47

SAFETY GOAL

What is happening at 10?

48



SAFETY GOALS

- Bianca Garcia has demonstrated that she can manage her anger without shouting threats at or hitting Cody, over a period of 6 months.
- Carolyn Johnson and her boyfriend Matt always follow the doctor's orders about caring for Mia and giving Mia her medication.
- Every time Vincent starts to feel himself get overwhelmed to the point where he just wants to get high, he contacts Grandma or his brother to take over the care of Amber.

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Protective Capacity across all domains

Protective Capacity is sufficient to control present and imminent danger

Understands and articulates current danger

Involves support network

ABLE



WILLING

Actions are congruent with statements


Understands and articulates current danger

Involves support network

Invests in and cooperates with safety plan

50

CONSIDER IF...



- At least one caregiver in the home acknowledges danger and can generate possible solutions
- A caregiver in the home has at least one supportive relationship that they are willing to allow be part of the network
- There is at least one non-offending caregiver in the home
- There is at least one caregiver who is willing to partner with the agency


51

TRANSFER-OF-LEARNING (TOL) ASSIGNMENT

DAY ONE

1. Watch the video **TED: To Transform Child Welfare Take Race out of the Equation**
2. Complete and submit Day One TOL and Reflection Worksheet

Complete, save, and send to ➡



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SAFETY PLANNING

Part Two

53




BUILDING THE SAFETY AND SUPPORT NETWORK

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55



SAFETY AND SUPPORT CIRCLES

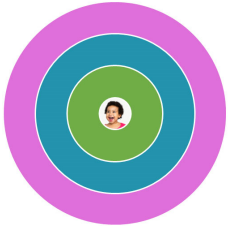
Trauma-Informed Solution-Focused Network Building

Center: Child(ren)

Green Circle:
KNOWS EVERYTHING

Blue Circle:
KNOWS A LITTLE

Pink Circle:
KNOWS NOTHING



Building the Network


1. Parent's perspective
2. Child's perspective
3. Worker's perspective

Handout E-2

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SAFETY PLANS

- Actions taken to control immediate or impending dangers rather than changing the conditions that cause the impending dangers.
- Must control the danger and have an immediate effect.
- A sufficient level of internal or external protective capacity must exist in order to plan.
- Caretaker must be both **ABLE** and **WILLING**.
- Must be immediately accessible and available.
- Contain protective actions (interventions) and safety services only (not services designed to effect long-term change).

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SAFETY PLANS


PROTECTIVE ACTIONS	SAFETY SERVICES
<ul style="list-style-type: none"> • Caretaker(s) stops doing something that is dangerous; a change in behavior • Caretaker(s) starts doing something that is protective; a change in behavior • Caretaker(s) control or monitor someone else's behavior • Safety and Support Network actions that are protective and control the identified danger 	<ul style="list-style-type: none"> • Immediate service that will impact danger and protection <i>today</i> <ul style="list-style-type: none"> • Emergency shelter (like DV shelter) • Homemaker services • Food • Child care/Respite care • Safety equipment (like pack-n-play, locks) • Necessary medical treatment • Emergency mental health • NOT services intended for long-term change

Interventions and Safety Services are documented on the Safety Plan, SDM, and OASIS


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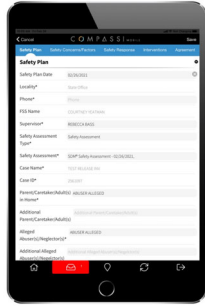


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SAFETY PLANS

- What is the specific situation or action that causes the child to be unsafe?
- What actions need to be taken right now to keep the child safe?
- Who is responsible for ensuring that these actions are taken?
- Timeframe for completing the actions



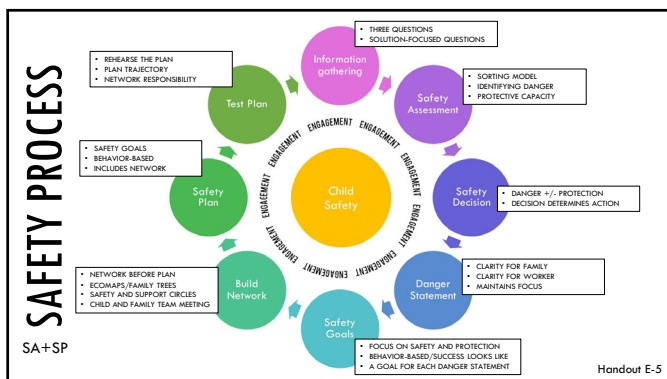
61



SAFETY PLANS

- Created in partnership with the caregivers, their support network, and children (if appropriate)
- A process, not an event
- A roadmap for child safety, not a guarantee
- An intervention and immediate change strategy

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63



64

CHALLENGES TO ASSESSING

- The family's feelings
- The worker's feelings
- Time constraints
- Disagreements about assessments
- Misuse of tools
- Subjectivity and emotional interference
- Shared decision making and shared power
- Worker bias and templates
- Mixed or faulty messages about the work



65

WAYS TO CULTIVATE DEPTH OF PRACTICE

- Operate within a Learning Culture
- Practice from a position of openness and curiosity
- Avoid "defensive practice"
- Stay aware of how system, community, and legal positions can influence work with families
- Stay aware of individual emotional interference
- Use Practice Profiles and continue to develop adaptive skills
- Use Reflective Supervision and Coaching
- Continually check in with bias



66



67



68

DISPROPORTIONALITY IN CHILD WELFARE

Children of Color (especially Black, African American, Native American, and Latinx) have:

- Greater likelihood to be removed from their mothers as infants
- Higher rates of foster care entry
- More time spent in foster care
- Fewer services and less contact with child welfare staff
- Lower reunification rates
- Longer time to adoption and lower adoption rates

69

[illegible]

Lynchburg, VA Population	
2020 US Census Bureau	
White	60.31%
Black	26.87%
Hispanic	4.91%
Multi	4.55%
Asian	2.22%
Am Indian	0.25%
NH/PI	0.04%
Other	.85%

Find your locality:
FUSION▼
Quick Links▼
Reports▼
Family Services
Foster Care▼
Children Demo

COLORBLINDNESS VS. MULTICULTURALISM

Colorblindness contributes to racism

- Denies whole identity
- Denies racist experiences
- Denies there is a problem
- Denies reality

Multiculturalism improves services

- Recognizes differences
- Includes natural helpers
- Respects traditions
- Includes appropriate resources

REDUCING DISPARITY

- Increase awareness, explore, and repair implicit bias
- Demonstrate cultural humility
- Continue to get educated and use critical thinking
- Have courageous conversations and amplify families' voices
- Recognize and use natural helpers, cultural guides, and cultural brokers
- Adapt practice skills to fit the cultural context of the individual's value system
- Participate in a workgroup for racial equity in child welfare

CROSS-CULTURAL COMMUNICATION



- Practice cultural humility
- High or Low-Context cultural communication
- Nonverbal communication
- Focus on understanding
- Acknowledge and respect cultural differences rather than minimize them

73

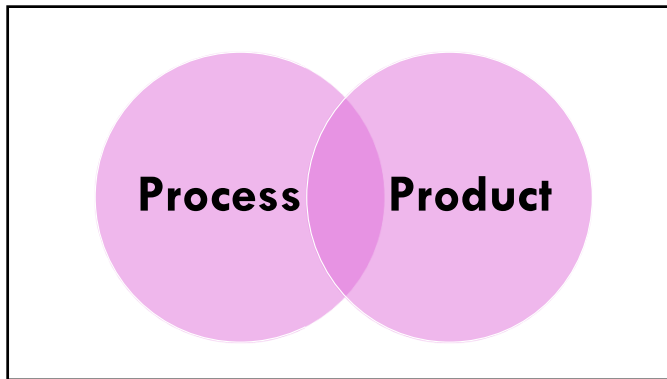


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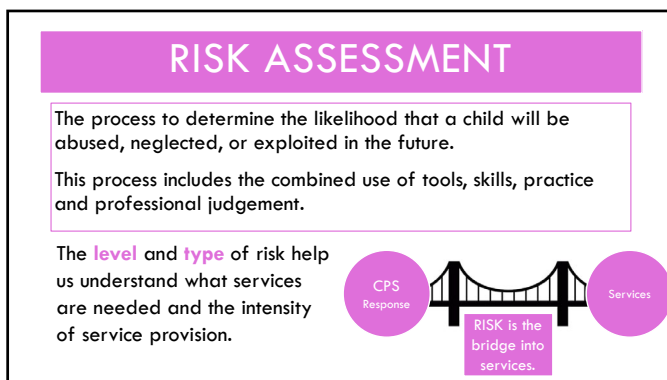


ASSESSING RISK

75



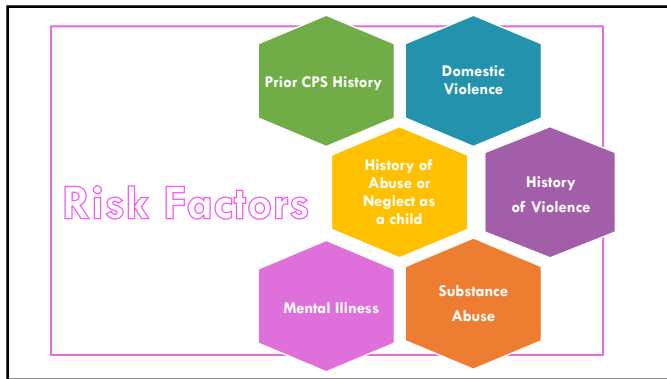
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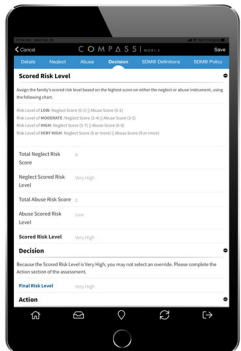
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RISK ASSESSMENT

- Completed at end of FA/INV
- Risk information gathered throughout
- Research-based
- Review at opening of In-Home/Foster Care



80

A legend for risk levels with four colored circles: "VERY HIGH" (red), "HIGH" (orange), "MODERATE" (blue), and "LOW" (green).

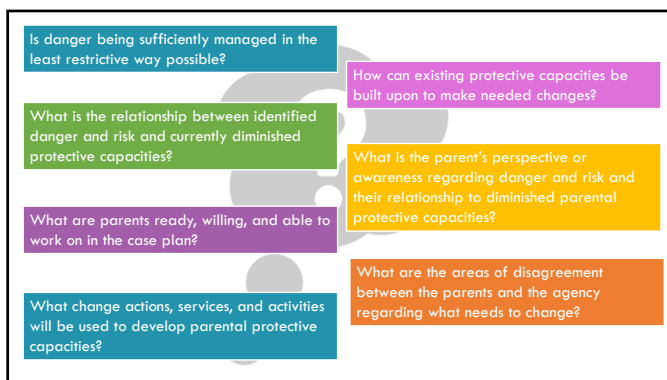
RISK ASSESSMENT

- When a case is opened for In-Home services or Foster Care services, risk exists (remember risk is connected to services).
- The initial risk level is our "jumping-off" point.
- That risk will increase, remain the same, or decrease depending on what happens during the period of service provision.
- Risk is an important marker for progress and meaningful change.
- Risk helps us make decisions about when to close a case.

81



82



83

SERVICE PLANNING

The service plan is focused on creating change that:

- 1.Reduces **danger and risk**, and
- 2.Increases parental **protective capacities** so that parents can resume the protective function for the family.

These two areas form the core of service planning.


Handout H-1

84




85

SERVICE PLANNING WITH SHIRLEY MITCHELL



1. Have we considered the most appropriate services?
2. What is the likelihood that Shirley will engage?

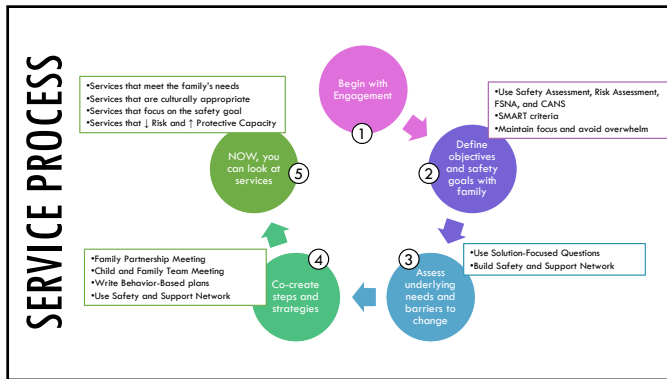
86



FAMILY STRENGTHS AND NEEDS

- Capture and prioritize specific strengths and needs of caretakers and children
- Helps us focus on services that will have the greatest impact
- Reduce chances of overwhelming families
- CANS and FSNA

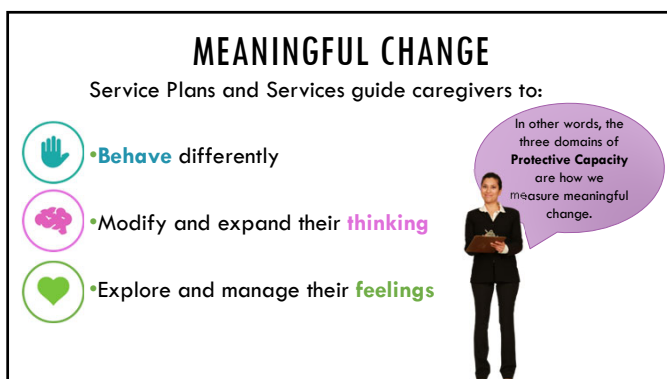
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90

ONGOING ASSESSMENT

- Managing child safety in visitation
- Providing caregivers opportunities to practice and demonstrate progress
- Re-assessing danger and risk periodically
- Measuring progress and meaningful change
- Moving toward reduced supervision of visits based on progress and safety
- Evaluating when caregiver protective capacities are sufficient to assure child safety and a "safe home"
- Evaluating reunification and/or case closure

Handout H-4

91

- Informs **Intervention**
- Assessing danger to child
 - Placement
 - Visits
 - Reunification
 - Case closure
- Safety Plans
 - Supervised visits
 - At Reunification/Close
- What's happening with initial danger?

DANGER

PROTECTION

- Balances Danger and Risk
- Services are focused on increasing Protective Capacity
- All three domains are critical
- Provide opportunities to practice and demonstrate Protective Capacity
- Differentiate compliance and protection

RISK

OTHER

- Informs **Services**
- Risk level is baseline for change
- Risk Re-Assessment
- Priority is lowering risk and building P.C.
- Communicate risk level to stakeholders

- +Well-Being
- +Court order items
- Minimum Sufficient Level of Care (MSLC)
- Longer relationships=
 - More opportunities to know about "other" information
 - Interpersonal issues

Handout H-5

92

BEHAVIOR-BASED PLANNING

Focus on specific, concrete strategies and actions to effectively and permanently change the parent's behavior with regard to its impact on the child, rather than mere completion of or compliance with services.

Handout H-6

93

MEASURING PROGRESS

- Very early on, define what change and success look like. Everyone is on the same page with what success looks like.
- Define by using protective capacity language: What will the caregiver be doing differently? How will their thinking and understanding change? How will they express and manage their emotions? How will these things be demonstrated?
- Establish baselines and benchmarks to measure progress and motivate.
- Everyone involved knows the conditions for return.
- Don't over-rely on service providers to establish or define change, progress, or safety. Be an active and central participant.
- Progress is defined by enhanced protective capacity demonstrated over time, not just compliance with the plan.**

Handout H-7

94



95

RISK RE-ASSESSMENT



- Services are selected to lower risk and build protective capacity.
- When a family is opened to a services case (IH or FC), we monitor the risk level as an indicator of change, progress, and appropriateness of services.
- We use the Risk Re-Assessment tool to do this.
- Complete the tool every 90 days in conjunction with the Service Plan review.

96

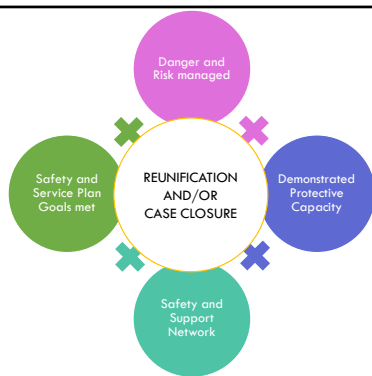
REUNIFICATION AND CASE CLOSURE

The factors that need to be assessed as the basis for decisions about reunification and case closure are:

- Has risk been lowered and danger sufficiently mitigated?
- Are there *sufficient* protective capacities now present in one or more caregivers/parents in the home?
- Can risk/safety threats be controlled and managed in the home?
- Can this be sustained over time?

These are decisions based on meaningful progress, not just compliance.

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98

TRANSFER-OF-LEARNING

+NEXT STEPS

DAY TWO

1. Complete and submit **Day Two Reflection Worksheet**
2. Please complete your post-class survey.

Complete, save, and send TOL to ➡

99



**THANK YOU.
DO AMAZING WORK.**
