

**TRAINING UNIT SUPERVISOR'S GUIDE  
TO  
ON-THE-JOB TRAINING  
(OJT GUIDE)**



**New York City Administration for Children's Services  
James Satterwhite Academy for Child Welfare Training**

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**CPS Practice Core Supervisor's Guide  
To  
On-The-Job Training  
For  
Supervisors & Managers**

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## ABOUT THIS GUIDE

This Training Unit Supervisors Guide to On-the-Job Training incorporates much of what you, the Training Unit Supervisor, have already been using and implementing. We have incorporated the feedback and wisdom that Training Unit Supervisors have shared about their experiences and we have integrated a number of documents that were already in use. For your work in continuing to develop and coach the new CPS, we have also incorporated in the guide the abilities that they learn in the classroom. Our hope is that this is a streamlined and user-friendly Guide.

Chapter 1, “OJT and Training Unit Objectives”, introduces you to the objectives of the training unit activities.

Chapter 2, “Roles and Responsibilities”, is dedicated to the supervisory roles and responsibilities, and to the specific duties expected of the OJT Supervisor.

Chapter 3, “Getting Ready for the New CPS”, provides an overview of the tasks that you have to accomplish in the Training Unit in preparation for the arrival of the new CPS.

Chapters 4 and 5 of the Guide are set up so that each section of OJT (*see below*) includes specific abilities that are organized into one of several **practice domains**. These practice domains represent the areas of work that you accomplish in child protection and should seem familiar as you go through them. In addition to the abilities referred to above, you will see the specific tasks linked to those abilities and some materials that we think will be useful as you work with your new training unit on strengthening their skills to conduct the CPS Investigation.

- Chapter 4 is for the first and second five days of OJT, the weeks that are interspersed with the classroom learning.
- Chapter 5, is for the 90 Days of OJT, but divided into three sections for Month One, Month Two and Month Three.

Chapter 6, “Transferring to my Protective Diagnostic Unit”, describes three important staff development actions in OJT Training: the CPS assessment; transfer conference; and ongoing professional development.

Chapter 7 provides an overview of the CPS Practice Core training curriculum (*Annotated Table of Contents*).

Chapter 8 includes important resource materials deemed useful for OJT training activities.

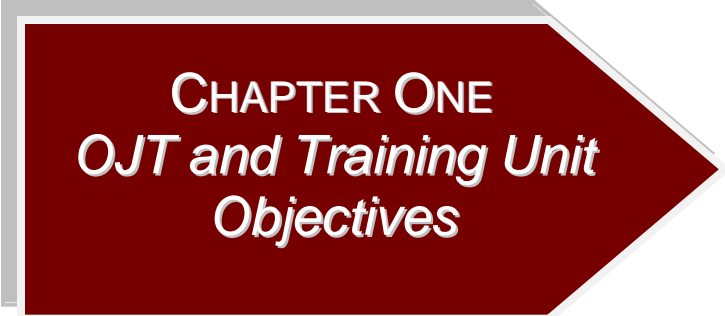
At the end of every chapter of the Guide you will find some Tools for Supervisory Self-Assessment that come from the Children's Services *Guide for Supervisory Best Practice*. We hope that you will use these tools and let us know if they support you in quality supervision.



## **Elements of the OJT Supervisor's Guide**

- **Highlights of Best Practice**
- **Basic Training Materials**
- **Activities – Tips and Useful Questions**
- **Abilities - Organized by domains**
- **Supervisory Debriefing Questions**
- **CPS Staffing, Practice, and Case flow Charts**
- **List of OJT Tasks - at a Glance (First Ten Days and the 90-Days of OJT)**
- **Supplemental materials**
- **Reminders**
- **TUS Reflective Practice (Self-Assessment) – Assessing Skills Sheets**
- **Resource Materials**
- **CPS Practice Core Training Table of Content & Mini- Posters**





**CHAPTER ONE**  
*OJT and Training Unit  
Objectives*

## **CHAPTER OVERVIEW**

Borough Training Units are crucial in the development of new Child Protective Specialists (CPS). The activities of the Training Units, account for at least half of the training expectations in developing new CPS staff. Training Units are established with the aim of creating opportunities for Child Protective Specialists to apply theoretical knowledge and skills learned in the classroom to actual practice as they begin to take on cases. Here is where new workers are coached and assessed on their responsibilities in a closely supervised environment where they can apply knowledge and skills learned in the classroom by experiencing the following:

- a) Be introduced to and guided through specific agency and operational policies and procedures;
- b) Learn to conduct an accurate and thorough CPS Investigation within required timeframes;
- c) Receive developmental feedback on their progress, strengths and needs in order to develop an appropriate level of competence and confidence in their skills;
- d) Have a positive experience that builds commitment to the field of child welfare, which can be applied to practice, as they take on cases.

Specifically, staff will apply their knowledge and skill by demonstrating what they have learned in the classroom. By the time they come to the first week of OJT, new CPS' will have been introduced to the core concepts of child protective work. The commitments of Children's Services along with the agency mission and values will have been presented. Basic definitions of safety, risk, abuse, and maltreatment will have also been shared. They will have had introductory discussions that support listening, respect, empathy, critical thinking skills and have begun started to think about the implications of an investigation. At this point, they know they are charged with providing accurate, timely and effective safety assessments, risk assessments, determinations, service and support to New York's children and families who encounter Children's Services.

As supervisors, you will want to review some of the material from the CPS Practice Core Program in order to reinforce classroom learning. This period of review and reinforcing will allow you to determine the appropriate place to start the OJT process with the new CPS.

## OJT GOALS

We offer the following goals as a reasonable starting place. The OJT component is not meant to be a repetition of the classroom part of the CPS Practice Core Program but rather a time to utilize and deepen the skills learned as they begin their work with children and families. (See Chapter 7 for the Annotated Table of Contents of the CPSPC.)

**The first overarching goal of the Training Unit is to create opportunities for new staff to learn to conduct a thorough and accurate investigation through:**

- Gathering, analyzing, documenting and valuing sufficient and accurate information to conduct comprehensive and effective assessments;
- Making competent safety and risk assessment decisions, using approved protocols;
- Making a sound determination based on credible evidence;
- Provision of appropriate services and supports to children and families to reduce the risk of future maltreatment by strengthening family and supporting child well-being.

Practice is composed of a set of interpersonal assessment and helping skills, along with change-promoting activities, used by caseworkers in their work with children and families.

*A Supervisor's Guide to  
Assessing Practice  
NY State OCFS, 2005*

**The second overarching goal of the training unit is to teach the new CPS to engage and work well with all people they encounter in order to achieve Children's Services commitment to children and families.**

*Engagement literally means "to gain and hold the attention of another".* In the context of the casework relationship, engagement involves:

- 1) Talking with family members and motivating them to share the information necessary to make sound case decisions and,

- 2) Gaining their participation in give-and-take discussions of concerns, needs and solutions to those needs and,
- 3) Engaging collaterals so that all necessary information is obtained (*A Supervisor's Guide to Assessing Practice, OCFS, 2005*).

In order to engage with families, Training Unit Supervisors (TUS) have to create opportunities for new staff to be prepared mentally, emotionally, physically and intellectually so they are able to productively and constructively cope with the stress of the work and the stresses of the families and children who come to the attention of NYC Children's Services.

In order to be effective, the new CPS must:

- Understand the importance of engagement with members of the family and collaterals. The Training Unit provides the opportunity for the new CPS to deepen their ability to engage all members of the family and collaterals in the assessment and investigative process through the use of respect, empathy and professional interpersonal skills in their practice.
- Increase their self awareness of the impact of culture, develop cultural competence and be able to self assess, using the Cues of Culture tool from the common core training.
- Assess and respond to families experiencing domestic violence, substance abuse and mental illness utilizing the expertise of the Clinical Consultation Program.
- Plan *with* the family for services and supports that meet each family member's needs.
- Work through the natural resistance families may experience.

## **MISSION & FOUR CHILD WELFARE OUTCOMES**

All of our efforts to protect children and serve their families stems from our commitment as an agency to uphold certain values and beliefs. We create stability and grounding by living the agency's **Mission, Four Child Welfare Outcomes/Five Key Commitments** and **Core Principles**, all of which speak to why we are here and who we serve.

**The mission of Children's Services is to ensure the safety and well-being of children and, strengthen the families of New York City.**

Children's Services focuses its practice model on four primary outcomes also known as the *Four Child Welfare Outcomes/Four Commitments*:

**1. Children are Safe: No child we come in contact with should be left alone to suffer abuse and/or neglect.**

The safety of children must be our ultimate concern and appropriately addressed in every intervention, every plan, and every contact. We must be able to assess the risk factors and engage all families in resolving the child's needs for safety and maintain a focus on promoting safety throughout the duration of ACS involvement.

If we are to maintain the child or youth in his/her home, we must be able to organize the extended family, social network, and community resources necessary to promote the child's or youth's immediate and ongoing safety.

**2. Families are Strengthened: No family who wants and needs our help to keep children safe will be left without the help it needs.**

The importance of family and the significance of a child's attachment to his/her family cannot be measured. Balancing the goal of preserving families with the goal and promoting the safety of children, within a child's development need for permanency, is perhaps the greatest challenge in child welfare.

- To achieve this outcome, we must enable families to make decisions and take action that will ensure the safety of their children and stabilize the family. In Child Protection, Child Safety Conferences and Family Team Conferences are important vehicles to that end.
- Respect for the family's culture and community helps us learn about their strengths, resources and needs, so we can best develop service plans that preserve the family within that context.
- This outcome applies to all families – birth, resource (kin and non-kin) and adoptive families.

A critical partner for strengthening families and protecting children is the network of community supports available to birth families, relative caregivers, foster families and adoptive families.

*Children's Services  
Core Principles*

**3. Children and Adolescents have Permanency: No child in our care will leave us without a caring, committed, permanent family.**

- All children need timely permanency in a family to grow and develop to their full potential. When it is not possible to protect the safety and well-being of a child in his/her family of origin, or not possible to preserve the family unit of origin, we must find a permanent family to which the child can belong.
- No youth ages out of foster care without a permanent, and/or life-long connection to a caring adult committed to functioning in a parental capacity. Every effort must be made to find a permanent family for all children, including adolescents and young adults.
- Young people must be prepared for self-sufficiency and helped to develop a support network of mentors and friends in their community. They need help to achieve the skills necessary to meet their needs and to develop such life skills as the ability to communicate, form relationship, problem solve, make decisions, and resolve conflicts.

**4. Children and adolescents' developmental needs are met: Every child we come into contact with will get the help s/he needs to be healthy and achieve his/her full educational and developmental potential.**

- In order to accomplish this outcome, children and youth may require varying degrees of assistance and support in order for them to progress in their physical, intellectual, social, emotional, and moral development.
- We must be able to identify capabilities consistent with different stages of a child's development and to coordinate community resources that will support a child's developmental needs.
- Timely-permanency is critical component for child and adolescent.

## OUR *Five* KEY COMMITMENTS

### AS A CHILD CARING AGENCY ARE:

1

*No child we come into contact with will be left to struggle alone with abuse or neglect.*

2

*No family who needs and wants help to keep their children safe will be without the help it needs.*

3

*Every child we come into contact with will get the help she/he needs to be healthy and achieve her/his, full educational and developmental potential.*

4

*No child in our care will leave us without a caring, committed, permanent family:*

5

*Every team member at Children's Services and each of our partner agencies can expect guidance, respect and emotional support to achieve our goals. Every child, family, community member and foster parent we come into contact with will be treated with concern and respect.*



## CORE PRINCIPLES

While our overarching *mission* at Children’s Services is the protection of the City’s children from abuse or neglect, the primary goal of our *work* is to see to it all children touched by New York City’s children’s services system have strong families that support them and protect them from harm.

Whenever it can be done safely, children’s birth and extended families should be strengthened and supported to preserve that family tie with their children. We at Children’s Services cannot protect children and strengthen families alone. To succeed in our mission we need to build strong partnerships with families, communities, and other agencies. One of the most critical partners for strengthening families and protecting children is the network of community supports available to birth families, relative caregivers, foster families, and adoptive families.

It is not enough for children involved in our system to be safe; they deserve attention to all of their needs—health, developmental, educational, etc. We will measure our success by the results we achieve for children, families, and communities.

The needs of children and families should drive the support and help they get; such services must be family-centered, flexible, and mobile. The special needs of very young children and youth require particular attention from the system. Child Care and Head Start are integral members of the child serving system in New York City and, as such, are involved in preventive services, foster care, and reunification services.

### ***The CPS’ Role***

Influencing the decision-making, behavior or circumstances of others is a primary expectation of the Child Protective Specialist. The CPS uses the professional relationship to influence others in order to effect change, as well as continually assessing and responding to factors that influence change throughout the casework process. Working in partnership with the family, extended family, resource and adoptive families, service providers and community networks, it is the role of the CPS and all child welfare staff, whether in child protection, foster care, preventive services or adoption, to help families work towards the changes necessary to achieve the desired outcomes.

## ***Prior to Practice***

Child protective frontline staff *must* have the following to be able to practice as described above:

- ***Quality pre-service training and on-going professional development opportunities*** to acquire the necessary knowledge and skills in order to conduct casework practice competently and to the highest standards.
- Knowledge and ability to assess their own ***personal safety***; support from supervisors and managers and from Children’s Services policies and practices.
- Ability to recognize and understand ***secondary trauma***, have the tools to manage it, get assistance from supervisors and managers, and support from Children’s Services policies and programs.

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On the next page is the learning path for the new CPS which reflects the Child Protective Specialist Practice Core Program, including the sequence of classroom time and on the training unit.

Children’s safety is the primary focus of every part of NYC’s child welfare system, from child protection to family support to foster care. Each and every service provided by Children’s Services and its provider agency partners is designed to protect children and ensure their well-being. Each interaction with a child and his/her family is an opportunity to assess safety and well-being.

*ACS 2006  
Action Plan*

# **CPS PRACTICE CORE PROGRAM TRAINING MODEL**

NYC Children's Services - James Satterwhite Academy

## USING THE OJT GUIDE

Each chapter in the OJT Guide includes an opportunity for you to assess your own knowledge, skills and attitudes about supervision. These two components are called “TUS Reflective Practice for Quality Supervision”.

First are a set of questions designed to prompt your thinking about how well instruction with the module went: what was successful about your instruction, what you want to do going forward and what do you identify as *your* needs in order to be more successful with the new CPS.

Are you reaching the training goals you have for yourself as a Training Unit Supervisor? Is the new CPS gaining all they can from interacting with you and the learning opportunities you are creating? Can you identify any ongoing development you may need in order to be a better Training Unit Supervisor? Who might be able to support you and your developmental needs? These are the types of questions to ask yourself as you plan for upcoming OJT activities and after each OJT module.

Secondly, you will find a self assessment worksheet from the Guide for Supervisory Best Practice (ACS December 2006).

The first area of these self assessments is called *Visionary Leadership*. Think about how you have established your vision of the Training Unit. What does it mean to you to be a visionary leader? How do you communicate your vision to the members of the unit? Is the agency vision incorporated into yours? How do you help unit members live the agency vision? How do you help each individual create and live their own vision of their work?

Make some quiet time to calmly and thoroughly respond to this initial assessment. Be honest about your abilities and attitudes. Make a plan to address your developmental needs as you identify them. Take the time to renew your own commitment to your work and career. Create a ritual of self assessment and self renewal so you bring the best you to the challenges of this work as a supervisor.

**TUS REFLECTIVE PRACTICE  
FOR QUALITY SUPERVISION**

**Visionary  
Leadership**

## **TUS REFLECTIVE PRACTICE FOR QUALITY SUPERVISION**

### Assessing My Skill and Emphasis On **VISIONARY LEADERSHIP**

*This assessment is to capture your vision for the Training Unit. Take some personal and quiet time to contemplate the following questions and statements. Feel free to use additional paper (or a journal) to fully think through your responses. Revisit your responses from time to time to witness your own growth or as gentle reminders of what your intentions were at the time you wrote them.*

1. What is your long-term vision for the Training Unit?
  
  
  
  
  
  
  
  
  
  
2. How does your vision support the Children's Services vision?
  
  
  
  
  
  
  
  
  
  
3. What expectation do you communicate to the new CPS' about your vision?
  
  
  
  
  
  
  
  
  
  
4. How do you support the new CPS in developing their vision for their work?

Now take a few minutes to thoughtfully assess your capacity to be a visionary leader.



### ASSESSING MY SKILL AND EMPHASIS ON *VISIONARY LEADERSHIP*

**Date of Assessment:** \_\_\_\_\_

- A. Use the following measurable indicators to assess how well you CURRENTLY incorporate the supervisory principle of *Visionary Leadership* into your daily work.

Rarely	Occasionally	Consistently	Indicator
			I articulate the agency's vision in daily tasks.
			I support decisions made by senior management and tie them to the vision of best practice with families.
			I set high standards of quality and model best practice that illustrates the agency's vision.
			I use my authority or power to support staff in making mission- critical decisions.
			I develop meaningful action plans with staff – both individual and unit plans.
			I empower staff to obtain quality results and ensure they integrate a short- and long-term perspective with each family.
			I continually strive for professional development, acknowledge strengths and needs, and find methods to enhance knowledge.

- B. Summarize your current strengths and area(s) for development regarding the principle of *Visionary Leadership*. In what way is this principle important to you, or how are you already achieving aspects of it?

- C. Where would you like to see your visionary emphasis in the next three months?

- D. Plan for Desired Future:

Use the table to list tasks related to *Visionary Leadership* that you would like to achieve in the future.

Questions to consider when developing a plan for your desired future include the following:

- How can you coach staff to better integrate the Children's Services vision into their daily activities?
- Identify ways you are successful in coaching staff to relate the agency vision to daily practice.
- How can you integrate the vision into action plans you develop with staff?
- How can the agency vision help you support staff in decisions that lead to the desired outcomes for families?

Task	Who can support me?	Est. completion date





## CHAPTER OVERVIEW

This chapter of the OJT Guide speaks to the role that you, as Training Unit Supervisors and Managers, have to orient and support the new Child Protective

Specialist as they begin their journey in New York City’s Children’s Services. Your most pressing task is to help the new staff member translate the theory of the classroom into the actuality of working with families and their children through some of their most difficult days. At times you will be a monitor; sometimes a teacher and a translator; sometimes a mentor and guide. The overarching expectation is that you fulfill your

responsibility with rigor, thoughtfulness, humor and ever present attention to the details of their interactions with the families that we serve.

As leaders in child welfare, supervisors are the guardians of “best practice.” Supervisors are called upon to develop a practice based on respect, commitment and competence, to model mutuality and support, that staff members can replicate in their own work with children and families and, to monitor the outcomes, values, and skills of their staff to ensure best practice with families.

*NYC-ACS Guide for  
Supervisory Best Practice, 2004*

Equipping staff to provide appropriate and thoughtful service under stressful and complex circumstances while continuously assessing themselves is the challenge of the supervisor. Having the opportunity to work with and shape new staff- those who come to the agency with hopes and dreams of serving those less fortunate than themselves or those with whom they identify, only intensifies the responsibility of supervision in general, and training unit supervisors, specifically.

This chapter focuses on specific OJT tasks that when completed by the Training Unit Supervisors (TUS) and/or Office Based Trainer (OBT) allows the new CPS to be successful in their journey.

## CHAPTER TWO *Roles and Responsibilities*

## OJT SPECIFIC SUPERVISION

### ***Training Unit Supervisor (TUS)/Office Base Trainers (OBT)***

- Receiving and welcoming the new CPS to the Borough
- Introduction of the CPS to Borough Leadership and other staff members, including the Training Unit Supervisor
- Orientation of the CPS
- Collaboratively working with the borough office training team to provide support to the trainees

### ***Training Unit Supervisors (TUS)***

Supervisors selected to serve as Training Unit Supervisors are the critical lynch pin between the Satterwhite Training Academy and the Borough Office; between the new Child Protective Specialist and the seasoned work force of the Borough. Your role is vital in helping the new staff transition from the theoretical world of child welfare to their actual role as the face of NYC Children’s Services. How competently they perform their duties with New York City’s children and families will be a direct reflection of the time they spend in your training unit.

Supervisors are responsible for assessing the strengths and needs of each CPS in the unit based on competencies and demonstrated abilities, through training, coaching, modeling and supporting staff in their professional development.

Training Unit Supervisors teach, mentor and support the new CPS as they take the content of the CPS Practice Core Program curriculum and apply that learning to the actual cases of children and families with whom they work. It is critical that TUS are able to create live and on the ground learning opportunities for the new CPS while also providing critical feedback and coaching as these new employees become well seasoned professionals who are able to incorporate respect and empathy into all that they do.

Through individual and group supervision, TUS reinforce, model, demonstrate and apply experience and content knowledge to the development of new CPS by:

- Observing and coaching the new CPS in their ability to engage adults and children, family members, collateral contacts and community partners with respect and empathy and, through other interpersonal casework skills;

- Holding a minimum of **two** group supervision sessions weekly. These sessions can be, or include: unit meetings, reflective/quality supervision (see *Chapter 8; Reflective Supervision for more detail on supervision and practice*), task oriented supervision, practice focus/training or the weekly seminar (also known as the “Required Case Based Group Supervision”) or anything else deemed essential to trainee development;
- Observing each CPS a minimum of **three** times interacting with a family in a face-to-face manner with one being an initial family visit. Telephone interactions can provide teachable moments, but can not be substituted for direct observation and assessment;
- Conducting individual supervision (face to face meetings) with each CPS worker **every day** while remaining flexible and available providing additional informal supervision as needed;
- Supporting the ongoing knowledge and use of CNNX ensuring the ability to write complete and accurate case notes;
- Preparing and sending new workers out in teams - with a seasoned CPS while the new CPS is shadowing and, with a colleague from their training unit when they begin to get cases.

New CPS’ require special attention as you guide them in their new roles and responsibilities. You will accomplish this by paying close attention to the following:

- Provide *clear expectations* and then monitor new CPS’ casework development through *specific and concrete feedback*. This feedback must be directly related to the worker’s ability to conduct the CPS safety and risk assessment and investigative process, congruent with Children’s Services outcomes of safety, permanency, well-being and strengthening families.
- Through feedback and coaching, help new CPS’ *apply critical thinking skills* and ask salient questions that will result in a comprehensive and strength based assessment that addresses underlying conditions, family needs, and contributing factors.
- Observe and coach new CPS’ as they develop the ability to *utilize respect, empathy and genuineness combined with interpersonal skills* to gather sufficient information as they: engage adults and children; involve family members in the assessment of child’s safety and of family’s strengths and needs; and engage collateral contacts and community partners.

- Consult with and incorporate the *Casework Practice Guide (CPG)* and *Child Safety Alerts (CSA)*, and the **CPS Investigation Expectations** (see page) as important tools for practice. Refer the CPS to the CPG and CSA while focusing on all Children’s Services outcomes – safety, child well being, permanency and strengthening families (e.g. stressing safety and risk assessment of families from a “strengths and needs” perspective).
- Prepare* the new CPS prior to field visits and *de-brief* them afterwards during individual supervision, working with them to help plan an approach to the case, develop critical thinking skills and follow up questions, address issues of engagement, and review prior case records, reflecting on how this information can assist in planning contacts and gathering sufficient information from collaterals, the source and the home visit. Preparation and debrief includes discussing issues of CPS safety, providing tips and assistance.
- Ensure that CPS’ make *accurate safety decisions*, take appropriate actions in response to danger and clearly document their safety decisions.
- Guide the new CPS to the multiple *provider agency* and *community resources* available in the Borough.
- Participate and monitor *family service planning* to ensure that services and supports match assessments and are individualized to meet family needs.
- Help staff identify the impact of *culture* in their practice, how culture may influence the professional casework relationship and how cultural strengths can be utilized.
- Create a supportive atmosphere in his/her unit whereby a new CPS feels he/she can discuss anything and receive *mutual support and learning*.
- Consistently assess, communicate expectations and give feedback to the CPS on their strengths and areas in need of improvement (professional development needs). Utilize the *Skills Progress Assessment (SPrA)* process, *the 90 Day Evaluation*, and *ongoing reflective supervision* to provide concrete and useable feedback.

Clarity in task assignments, constructive feedback and assessments and most importantly, your availability will go a long way to help ensure that new CPS’ are ready to take on investigations when the time comes.

- Model *reflective practice* so that new CPS is able to develop self assessment skills to determine the personal impact of the work, and practice areas in need of additional/ongoing development. (*For more information see the Reflective Practice section in this chapter.*)
- Mentor the new CPS by sharing your knowledge and skills as they assume their roles. Mentoring shows an investment in their future with the agency; it sends employees a message that you care; and it creates a positive attitude in the culture of the workforce.

### ***Child Protective Managers (CPM) with Training Units***

In addition to the regular responsibilities of the Child Protective Manager, CPMs with training units are critical in providing for oversight and support of the Training Unit and competence of Training Unit Supervisors. The CPM has multiple roles: (1) ensuring that the TUS has the support needed to adequately train, mentor and guide the new CPS by supporting ongoing development of the TUS/CPSSII; (2) ensuring the quality of the OJT experience for the new CPS through monitoring the unit; and (3) oversight of all cases that come into the unit.

Specifically, as a CPM you have the following responsibilities with regard to training:

Reflective practice supports the CPS to think intentionally, critically and deeply about their experiences and what they bring to this work. It will get them on the path to better formed and tested hypotheses, and a strength based practice that focuses on solutions rather than deficit models of social service.

- Support Training Unit Supervisors so they consistently hold individual and group supervision as required;
- Thoroughly prepare TUS before new CPS' are assigned to their unit so they are ready to receive and support them;
- Provide continual feedback, through individual meetings with TUS on:
  - Developmental needs and strengths of the new CPS
  - Developmental strengths and needs of Supervisors
  - Effectiveness of supervision
  - Completion of OJT tasks
- Ensure development and implementation of the Training Unit Plan;

- Monitor case assignments for the new CPS to ensure that case intensity increases appropriately, making every effort to see that a new worker (or unit) receives a diversity of case experiences including:
  - A case where there is court involvement
  - How to close out a Case
  - A case with a removal
- Make sure that CPS' safety is discussed with each new CPS and that service delivery resources are provided;
- Identify, to Division of Child Protection (DCP) and the Academy, those TUS who may require further technical assistance and professional development;
- Observe and evaluate Case Based Group Supervision sessions as described in this Guide in order to effectively coach supervisors;
- Discuss safety and risk assessments with supervisors on training unit cases to provide guidance in accurately applying critical thinking skills, assessment and use of protocols;
- Monitor that the SPrA (by 45<sup>th</sup> day) tool and the first quarterly/90 Day Evaluation are completed. Discuss each one with the TUS and then submit completed assessments to the Deputy Director and/or the First Deputy in Charge of Training (according to your borough protocol). Make sure that SPrA forms are also submitted in a timely fashion to the Academy;
- Ensure that Transfer Conferences are completed between the Training Unit Supervisor, Protective Diagnostic Unit (PD) Supervisor and the CPS prior to transferring to PD unit;
- One of the most important experiences that a new CPS will have is **shadowing** seasoned staff. It is your responsibility to recruit and orient seasoned CPS' that have agreed to be shadowed so they are ready and will have a quality experience. (See the Structured Shadowing Experience section in Chapter 4.)

In order to meet the responsibilities of your role with the training unit and TUS, you will need to meet with the TUS both in group and individual settings. These meetings will provide you with the opportunity for observations and for feedback:

- Meet **once a week** with the training unit, training unit supervisor and new CPS' all together. At least one of the unit sessions will be utilized to observe and prepare for an individual feedback session with the TUS.
- Attend **one** of the “Required Case Based Group Supervision Sessions” in the training unit per month.
- Meet face to face, **once a week** with each individual training unit supervisor to provide feedback, coaching and support while listening for concerns and successes that the TUS may have about either the unit or an individual CPS.
- Provide **monthly** feedback to supervisors during an individual training unit supervisory meeting. This feedback session is to share insights and coaching on the TUS' practice skills relative to their interactions with the new CPS, transferring conferences, interaction with colleagues and/or community or any other skills development needs as identified by you.

Robinson, in the first social work text on this subject, *Supervision in Social Casework* (1936), defined supervision as “an educational process in which a person with a certain equipment of knowledge and skills takes responsibility for training a person with less equipment”.

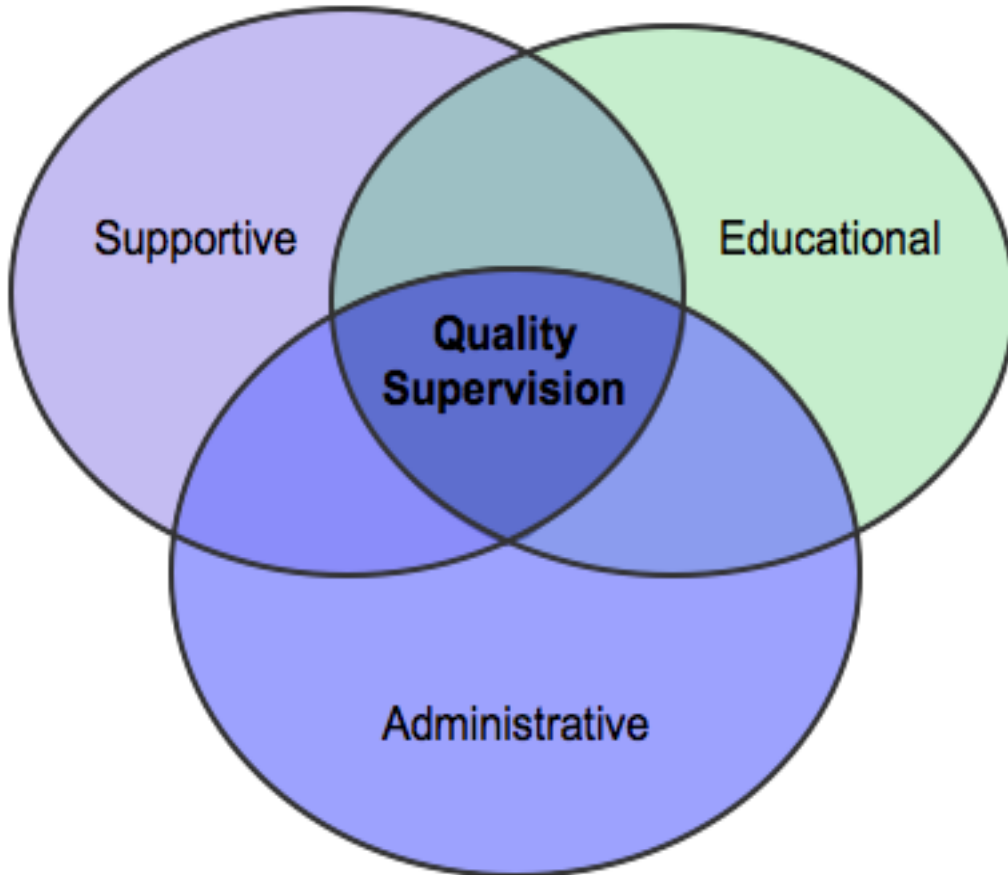
*Kadushin, 1976, 2002*

## FUNCTIONS OF SUPERVISION

Children’s Services/Division of Child Protection’s model, Quality Supervision, based on Alfred Kadushin’s work, indicates that supervision occurs within three primary functions: *Supportive, Educational* and *Administrative*. Within each function, there are specific responsibilities and tasks that, when taken up with intentionality and in a balanced way, result in a quality supervisory experience for both supervisor and staff.

*Supportive* functions include demonstrating concern and empathy so that staff *feels* satisfied and positive about their work which, in turn, enables them to better serve children and families. *Educational* functions are directed toward helping staff *learn* what they need to know to do their jobs and includes understanding the competencies and attitudes required for their work, career and professional development, and clarification and application of agency values. *Administrative* functions include planning, executing, monitoring and evaluating activities to accomplish the work of the agency *through* staff.

***NYC Children’s Services - Quality Supervision Model:  
Supportive, Educational and Administrative (SEA)***



Principles: The Children’s Services model balances the three components of Quality Supervision: Supportive, Educational and Administrative.



The following sets the context of what a supervisor does to meet the objectives of Supportive, Educational and Administrative Supervision.

### ***Supportive Supervision***

- Requires regular meetings with individuals and units and, responsiveness to needs of staff.
- Models respect, empathy and genuineness, creating a fair and open climate in which staff feel safe asking questions and bringing up difficult issues, enabling them to extend this fairness and openness to colleagues and clients.
- Builds and maintains positive working relationships between supervisor and supervisee, and promotes teamwork within the unit.
- Supports and advocates for staff and encourages staff to advocate on their own behalf.
- Requires self-awareness and mindfulness of the impact of one's own behavior on supervisees and/or the unit.

### ***Educational Supervision***

- Conveys clear expectations, monitors work and provides specific, strength based behavioral feedback, following up with consistent reinforcement to support quality practice and promote growth.
- Coaches and guides critical thinking.
- Models and teaches cultural competence and its importance to staff, families, and communities, and requires supervisors to be flexible in using a variety of approaches to support the different learning/work styles and levels of staff.

### ***Administrative Supervision***

- Fosters ownership of the mission of Children's Services to keep children safe and families intact.
- Holds supervisees accountable to quality standards within Children's Services policies and procedures.

**Practice Idea:**

- *The three categories are not mutually exclusive, but can be a helpful way to think about the different aspects of supervision.*
- *The model requires regular unit meetings and individual supervision on a formal basis.*

<b>Types of Supervision</b>		
<b>Supportive</b>	<b>Educational</b>	<b>Administrative</b>
<p><b>Definition</b></p> <p><i>Directed toward creating a psychological and physical climate that enables staff to feel positive about the job by:</i></p> <ul style="list-style-type: none"> <li>▪ Showing concern and empathy toward individuals to help them feel supported and maintain perspective so that clients may be better served.</li> <li>▪ Developing a caring and encouraging spirit among teams.</li> </ul>	<p><b>Definition</b></p> <p><i>Directed toward helping staff learn what they need to know to do their jobs by:</i></p> <ul style="list-style-type: none"> <li>▪ Helping new staff members (or those new in their role) to understand the job and develop beginning competence.</li> <li>▪ Facilitating the ongoing development of staff competence in good casework practice and quality supervision skills.</li> <li>▪ Encouraging personal and professional growth and advancement.</li> <li>▪ Clarifying values and encouraging all staff to consistently act on them at the individual, unit and system levels.</li> </ul>	<p><b>Definition</b></p> <p><i>Directed toward implementing organizational objectives by:</i></p> <ul style="list-style-type: none"> <li>▪ Helping to ensure that the quantity and quality of work achieves articulated standards.</li> <li>▪ Planning, executing, monitoring, and evaluating activities to accomplish the work of the agency through the staff.</li> </ul>

<b>Types of Supervision</b>		
<b>Supportive</b>	<b>Educational</b>	<b>Administrative</b>
<p>The <b>Supportive components</b> of Quality Supervision build and strengthen a positive work climate in the unit.</p> <p><i>Develop a Teamwork Approach to Support Individual and Unit Supervision</i></p> <ul style="list-style-type: none"> <li>▪ Foster relationships of shared responsibility between supervisors and supervisees.</li> <li>▪ Promote a positive and collaborative spirit within the unit.</li> <li>▪ Promote reciprocal relationships between DCP and other systems.</li> <li>▪ Acknowledge the challenges of collaboration within the system and create space to talk about them.</li> <li>▪ Facilitate successful resolution of conflict within and outside the agency.</li> </ul>	<p>The <b>Educational components</b> of Quality Supervision promote the continuous learning and development of individuals and the team.</p> <p><i>Educate to Enhance Professional Development</i></p> <ul style="list-style-type: none"> <li>▪ Provide orientation for new staff.</li> <li>▪ Provide case based supervision and consultation.</li> <li>▪ Create and implement a training and/or development plan with each staff member that is regularly reviewed and modified as needed.</li> <li>▪ Assist all staff in their short- and long-term career planning.</li> <li>▪ Identify and help develop individual and unit strengths through the provision of timely, specific and actionable feedback.</li> </ul>	<p>The <b>Administrative components</b> of Quality Supervision foster ownership of Children’s Services vision, mission, goals, values, policies and procedures.</p> <p><i>Communicate Expectations and Children’s Services Strategy</i></p> <ul style="list-style-type: none"> <li>▪ Communicate expectations and share information regularly.</li> <li>▪ Inform staff of policy changes and support implementation.</li> <li>▪ Be constantly visible from above and below when making decisions (“the Glass Bubble”).</li> <li>▪ Set goals and prioritize efforts; distinguish between things that are important and things that are urgent.</li> <li>▪ Develop short- and long-term plans and stick to them.</li> </ul>

<b>Types of Supervision</b>		
<b>Supportive</b>	<b>Educational</b>	<b>Administrative</b>
<p><i>Model Self-Awareness and Support Self Care</i></p> <ul style="list-style-type: none"> <li>▪ Develop self-awareness of one’s own attitudes, needs and behavior and their effect on the supervisor-supervisee relationship.</li> <li>▪ Model and encourage self-care by advocating for staff and encouraging them to advocate for themselves.</li> <li>▪ Inform superiors of working conditions that are not conducive to quality supervision or case practice.</li> <li>▪ Address staff feelings and support them in dealing with secondary trauma.</li> <li>▪ Learn to recognize the effects of secondary trauma.</li> <li>▪ Support staff to develop their own psychological “protective gear” so that they are prepared to weather difficult work.</li> <li>▪ Facilitate an ongoing dialogue about coping with secondary trauma in individual and team meetings.</li> <li>▪ Follow up with individual supervisees after particularly traumatic incidents.</li> </ul>	<p><i>Develop Critical Thinking Skills Among Staff</i></p> <ul style="list-style-type: none"> <li>▪ Foster critical thinking in individuals and the unit by modeling skills and techniques that use “teachable moments” to support staff development.</li> <li>▪ Utilize a collaborative problem solving approach to support critical thinking through individual supervision and unit teamwork.</li> <li>▪ Observation, reflective practice, coaching, and case reviews are examples of tools that should be integrated into quality supervisory practice.</li> </ul>	<p><i>Optimize Cohesion and High Performance for Individual and Team Results</i></p> <ul style="list-style-type: none"> <li>▪ Encourage maximum performance of individual staff.</li> <li>▪ Guide teamwork so individual performance contributes to desired collective results.</li> <li>▪ Facilitate open communication between staff and management to achieve unit and agency goals.</li> <li>▪ Foster collaborative relationships within the agency and with community agencies.</li> </ul>

<b>Types of Supervision</b>		
<b>Supportive</b>	<b>Educational</b>	<b>Administrative</b>
	<p><i>Coach Staff and Model Self-Awareness</i></p> <ul style="list-style-type: none"> <li>▪ Develop cultural competency among all staff by fostering an environment of self-awareness and helping staff understand:                             <ul style="list-style-type: none"> <li>▪ The role their biases play in decision-making and in their interactions with supervisees, clients, and community partners.</li> <li>▪ The way that relationships, cultural experiences, and communication styles can affect their work.</li> <li>▪ The dynamics of their supervisor-supervisee relationship and the worker-client relationship and how this impacts the nature and quality of interventions and outcomes.</li> </ul> </li> <li>▪ Create a non-judgmental space to assist staff learning by encouraging staff:                             <ul style="list-style-type: none"> <li>▪ To draw from their experiences and other critical incidents.</li> <li>▪ To think holistically and objectively and to refrain from snap judgments.</li> <li>▪ To model personal reflection.</li> </ul> </li> </ul>	<p><i>Manage Tasks and Monitor Productivity</i></p> <ul style="list-style-type: none"> <li>▪ Emphasize productivity, setting high but realistic standards for quality and quantity and communicating urgency around results.</li> <li>▪ Hold supervisees accountable for completion of tasks (including safety, risk &amp; other permanency plans).</li> <li>▪ Manage case flow and coordinate coverage.</li> <li>▪ Delegate work appropriately.</li> <li>▪ Use data related to compliance, timeliness, and workload to talk about progress and achieving certain goals and tasks within unit and borough</li> <li>▪ Use data related to compliance, timeliness, and workload to talk about progress and achieving certain goals and tasks within unit and borough.</li> <li>▪ Recognize excellent performance and take action when performance expectations are not met.</li> </ul>

<b>Types of Supervision</b>		
<b>Supportive</b>	<b>Educational</b>	<b>Administrative</b>
	<ul style="list-style-type: none"><li>▪ Identify one's own strengths and areas for improvement, and seek out assistance when needed.</li><li>▪ Promote understanding of the ways systems work together (intra-agency and other service providers) and establish communication to assist with goal alignment.</li></ul>	<ul style="list-style-type: none"><li>▪ Use power and influence to gain the commitment and compliance of staff, shaping their behavior toward necessary outcomes.</li><li>▪ Mediate staff's interactions with the <i>system</i> in which the work is done.</li></ul>

## REFLECTIVE SUPERVISION / QUALITY SUPERVISION

A model that supports quality supervision is *reflective supervision* which is based on *reflective practice*. Donald Schon coined this term in the 1970's while considering how people best learn.

Reflective supervision (Ross 1990) is a model that supports all three functions of Quality Supervision. The supervisor can analyze experiences that the new CPS has in order to increase control over many variables that affect their learning. Much like Childstat, the supervisor selects a case to study, collects the necessary data and then, together with the CPS, analyzes the data to improve their performance by directly studying their work.

By employing reflective supervision, you can help the CPS analyze information that is gathered and decisions that s/he is making, guiding the CPS on a solution focused path using past history and critical thinking as guides.

The following process is helpful in recognizing the issues with which a CPS struggles and the way to support their learning:

- Recognize that the new CPS will not think the way that a seasoned staff member does and this causes confusion for the new staff member;
- Respond to their confusion and uncertainty by recognizing both similarities in other situations and the unique patterns of the particular situation;
- Frame and reframe the issue
- Experiment with multiple hypotheses to discover the implications of various solutions;
- Examine intended and unintended consequences of an implemented solution and evaluate it by determining whether the consequences are the desired outcomes (Bailey, 2009. Adapted from Ross, 1990).

### 8 Characteristics That Define Relationship Based Work [in] Reflective Supervision

- ✓ Safety and Trust
- ✓ Mutuality of Shared Goals
- ✓ Commitment to Evolving Growth and Change
- ✓ Commitment to Reflecting on the Work
- ✓ Respect for and Getting to Know Staff
- ✓ Sensitivity to Context of the Work Environment
- ✓ Open Communication
- ✓ Standards and Ideals for Staff to Strive Toward

It is the task of the supervisor then, to clearly identify potential areas of confusion or seeming contradiction for new CPS'. They will have preconceived theories and opinions

about children and families that we serve and, about how, based on their own upbringing and experiences, they interact with our families.

Helping the new CPS to think intentionally, critically and deeply about their own experiences and what they bring to this work will get them on the path to better formed and tested hypotheses, and a strength based practice that focuses on solutions rather than deficit models of social service.

While there are multiple methods for achieving a reflective practice, we offer four here for your consideration:

### ***Reflective Journaling***

Reflective journaling is an intentional writing out of confusions, frustrations, questions, intentions, hypotheses, and assumptions pertaining to a child or supervisory event. These journal entries are informal and are not a retelling of the event's content, but a summary and reflection of thinking and awareness of self-talk.

### ***Reflective Discussion***

The more experience the CPS has with reflective supervision, the more confidence the CPS will have in their ability to handle their job. How you as a TUS behave and work with staff is how you will see staff treat each other and ultimately, the families they serve.

Reflective discussion involves reviewing the entry either with peers or in supervision in terms of what happened and what was learned.

### ***Retrospection***

Retrospection draws together materials, linking to previous reflections, and developing and articulating those values, beliefs, and concepts that guide reflective decision making.

### ***Reflective Supervision***

Utilizing a supervisory relationship to review intentionality, beliefs and base assumptions surrounding a disorientating professional event can aid in clarifying patterns and themes necessary for learning and professional growth. You are

encouraged to maintain a relationship on behalf of the new CPS with the Academy trainer. This relationship will enable you to gather additional insights about the CPS based on classroom behaviors, being able to then discern any contradiction between how a CPS performs during training vs. in the borough, and what they are thinking/how



they are processing their new experiences. The information that you gather will support you as you contemplate assessment and the SPrA process.

The following exercise is a sequence for reflective practice, adapted from Mezirow's model that can be used in individual and/or group supervision as well as with reflective journaling:

🚲 **Reflective Exercise**

Identify a disorientating situation that has come up for you

- Picture the event

Self examination of how this is affecting you (guilt, shame, etc.)

- What are you aware of feeling? Describe it... [It's like.....]

Critically assess your assumptions about this dilemma or situation

- What does it mean to you to feel this?
- What advice are you giving yourself in the picture?
- How do you interpret what is happening?
- What is your intention?

Explore new roles or ways of being

- How would you prefer this to be different? (Frame and Action)
- When this begins to occur for you, even a little bit, what will be different about you?

Plan a course of action

- What are you aware of that keeps this from happening?
- Dangers to change.
- Benefits to staying the same.
- Does it happen a little bit sometimes now? What's different at those times?

Acquire the knowledge and skills you need to do this

- What will you need to know/accomplish/overcome for this to occur (more often)?

Trying it out

- How will you know when you are more on track?

*Bailey 2009. Adapted from Merickel 1998.*

See --<http://oregonstate.edu/instruct/ed555/zone1/apps.htm>

## ***Learning in the Context of Relationships***

The most powerful environment for learning takes place in the context of relationships; people learn and are most apt to be influenced when interacting with other people. Leaders in the field, including J. Bertacchi and T. Norman-Murch (1999), emphasize that reflective supervision promotes learning in the context of the relationships and interactions in which it occurs. It takes into account the process of learning as well as the content that is learned.

The *collaborative process* between supervisor and [CPS]... becomes as important as what was actually discussed since the communication and problem-solving techniques used in the dialogue are part of what is learned. Behaviors that the supervisor models in the relationship with the CPS will help the CPS learn and apply it to working with families.

Quality supervision entails the supervisor taking on roles of teacher and coach. The supervisor models behaviors that the CPS can use when working with families, co-workers and in other professional relationships. By working collaboratively to reflect on the situation at hand, the TUS is teaching best practice to the new worker.

Each time you as the TUS are able to pause, listen and reflect with the CPS on a problem you create a *teachable moment* where you can model behaviors the CPS can emulate when working with children and families.

## ***A Collaborative Dialogue***

Quality supervision is essentially a collaborative process that requires open-ended communication, and is most effective within a trusting relationship. In your role as Training Unit Supervisor, encourage staff to express themselves and freely share their perspective on challenges and possible solutions when working with families. Clear and comfortable communication will make it easier for you to accurately assess problems and the level of assistance needed by the CPS. By engaging in a two-way conversation about issues, and genuinely listening to the CPS perspective and ideas, you are also modeling effective techniques for solving frustrating or complicated situations that the CPS can use with families. In effect, the supervisor takes on the role of coach/supporter while guiding the CPS in her professional growth and in the resolution of her specific problem just as you intend for the CPS to do with children and families.

## ***Building on Strengths***

Quality supervision is strength based and solution focused. The supervisor reinforces the CPS' strengths and positive qualities while working in collaboration with the CPS to understand and work on his/her continued learning needs. Engaging in this way will allow the CPS to, in turn, seek and build on the strengths of families with whom she interacts while modeling a solution focused behavior for them. The more experiences the new CPS has with reflective supervision, the more confidence and capacity the CPS will have in their ability to handle their job.

This type of supervision requires that the TUS take the time to listen to the CPS about their experiences with families, help the CPS relate to their own life experiences and, think critically with the CPS about solutions. Sometimes that looks like letting the CPS just talk through their issues while asking questions that causes the CPS to think deeper about the situation. At times this will mean walking the CPS through a mistake they made in order to discover the alternatives that could have been applied to their situation to yield a different outcome.

Each time you as the TUS are able to pause, listen and reflect with the CPS on a problem you create a teachable moment where you can model behaviors that the CPS can follow when working with children and families. In listening to their frustrations and concerns, you will objectively be able to assess the situation, and then ask the CPS for the type of feedback that would be most beneficial to her.

## ***Overcoming Barriers to Quality Supervision***

To create a "win-win" situation for all people involved, all levels of the organization must work together to create an environment for shared learning. Obstacles may be encountered when first trying to implement quality supervision. For example, it is sometimes difficult for staff to get past the traditional views of and attributes associated with supervisors, such as the notion of supervisors as being authoritarian figures who are only there to judge competency. Over time, the two-way conversations and sense of collaborative decision-making that are a central part of quality supervision help create an environment where CPS' are willing to frankly talk about their experiences and seek the counsel of the TUS and their peers.

In developing an environment for shared learning, it is important to stress common beliefs. Although the supervisor and the CPS have different job roles, and at times different perspectives, both are working toward a common goal -- improving the lives of

children and families. The commitment that staff members feel toward their jobs can be a persuasive reason to put differences or discomfort aside.

The way TUS interact with the other members of the Training Unit can have serious implications for our work with children and families. All members of the agency have an important responsibility to children and their families that begins with the recognition of the power of a seemingly simple interaction. In this, supervisors and CPS' have critical roles. They are both responsible for modeling best practices for their colleagues, the parents, and ultimately, the children.

*Note: This piece on reflective practice and supervision was borrowed extensively from the work that Jackie Pflieger did while considering teacher education and supervision. We note her work with gratitude. "Reflective Supervision." Pflieger, Jackie. Child Mental Health. Head Start Bulletin #73. HHS/ACF/ACYF/HSB. 2002. English.*

## **Seven Supervisory Effectiveness Training (SET) Behaviors – Skills to Implement Quality Supervision**

### **1. Communication of Expectations...**

- ...involves clearly emphasizing the expectations of the job so they are understood by your workers. Supervisors who emphasize this SET practice have clear standards of practice and communicate them so they are understood by their staff.
- ...revolves around two important focal points for supervisors – clarity of expectations and sharing information.
- In order for child welfare staff to do their jobs effectively, supervisors must share information with them. Supervisors, who share information freely, from the top down and from the bottom up, are more effective than those who determine what information people need to know and then share information based on that determination.

### **2. Monitoring...**

- ...is the systematic way to evaluate performance, both for the individual CPS and for the unit.
- Monitoring requires that a supervisor has thought through key measures of performance and has developed a means to regularly oversee them.

- Monitoring helps a supervisor identify trends, which helps determine any problems and develop logical interventions to resolve them.

### **3. Feedback...**

- ...provides information regarding a worker's job performance.
- Three types of feedback exist: positive, negative, and developmental feedback.
- Negative feedback, informs a worker of what he/she is doing wrong and rarely contributes to strengthening the worker's job performance.
- Positive feedback informs a worker of what he/she is doing well, such as when a supervisor says, "You recorded your last progress note within 24 hours of the event and used concreteness. Keep up that good work!"
- Developmental feedback suggests alternative ways of doing a job effectively. For example, a supervisor says, "I noticed in your last progress note that you used vague terms, such as 'she's doing well' and 'Mrs. Jones is reliable.' Rather than using terms such as these, which do not offer a clear picture, I'd like for you to describe what it is precisely that she's doing well – such as 'she made a new friend at school' – and what it is that makes Mrs. Jones reliable – such as 'Mrs. Jones attended all of her parenting classes.'"
- Feedback must be directly related to clearly articulated expectations (communication of expectations) as well as linked to observable results (monitoring).

### **4. Quality Supervisory Focus- Four Major Components**

- *Getting Results Through Others*: This does not mean merely delegating a task. It does mean that the supervisor is able to get work done through others by providing leadership, direction, education, and support.
- *Using Power and Influence*: The supervisor must be comfortable using power and influence to gain the commitment and compliance of staff, shaping their behavior toward necessary outcomes.
- *Managing Conflict*: Effective supervisors must be comfortable managing conflict. When comfortable, they will be clear and direct in communicating expectations and, when necessary, be able to negotiate with all sides in a conflict.

- *The “Glass Bubble”*: This means always being visible. Supervisors are asked to manage achievement of agency goals, as well as to respond to staff needs. They are constantly visible to both those above and below them as they make decisions.

#### **5. Production: Focus on Results...**

- Supervisors who emphasize production communicate urgency around results. They also set high standards of quality and excellence and are clear about the bottom and top line of performance.
- It is not enough to simply say you have high standards. Supervisors who emphasize results demonstrate, through their own behavior, that results are important by modeling and by taking action when performance does not meet the expectations. Similarly, high standards of excellence are reinforced by recognizing excellent performance.
- It is important to remember that by “results” we mean not only quantitative results (e.g., did staff make all required contacts during a particular time period) but more importantly, qualitative results (e.g., did staff have planned and purposeful contacts and did they follow the framework of practice during the contacts).

#### **6. People...**

- Supervisors who emphasize people demonstrate concern for how workers are experiencing the job.
- This dimension also involves the supervisor’s need to be liked. A supervisor with strong needs for affiliation may have trouble providing developmental feedback and/or managing conflict.
- People-oriented supervision results in motivated staff.

#### **7. Coaching...**

- Supervisors set developmental goals with staff and regularly work toward the goal of improving performance.
- Supervisors who provide coaching model effective behavior (show how to accomplish as task), observe staff performance, and provide feedback to assist staff in their job performance through the refinement and enhancement of their existing skills.

- Coaching is about the effective implementation of all of SET related practices discussed above.



## **CPS INVESTIGATIVE EXPECTATIONS**

Children’s Services holds the entire organization responsible for consistently satisfying the following investigative expectations:

- Focusing on children throughout our involvement with the family, as children are our primary clients.
- Aggressively pursuing the information necessary to determine whether children have been abused or maltreated.
- Simultaneously investigating whether caregivers have abused and/or maltreated their children while also assessing the needs and strengths of the family.
- Observing nonverbal and environmental cues for information necessary to accurately determine whether any child living in the household has been abused or maltreated.
- Thinking critically about the family’s situation (including all currently available information), formulating multiple hypotheses, continuously testing and re-evaluating hypotheses, looking for case patterns, examining and following up on inconsistencies, and considering the influence of and countering any personal biases.
- Immediately gaining access to the home and all children that are part of the household.
- Persistently probing for all information necessary to determine whether abuse or maltreatment of any child living in the household has occurred.
- Having frank conversations or “straight talk” with parents/caregivers, teens, and young children about uncomfortable topics such as physical and sexual abuse, substance abuse, mental illness, and domestic violence.
- Consistently conveying “compassionate skepticism,” which means communicating your respect, empathy, and caring of all individuals living in the household, while simultaneously not automatically accepting that everything told to you is truthful or sufficiently detailed to accurately determine whether any child living in the household has been abused or maltreated.
- Seeking out and relentlessly pursuing all leads or other sources of information to determine whether any child living in the household has been abused or maltreated.
- Consistently obtaining all official documents, such as medical and school records, to gather the information necessary to determine whether abuse or maltreatment has occurred.
- Skillfully relating to all people in the investigation (children, parents, other family members, neighbors, medical personnel, school personnel, police, attorneys, judges, supervisors, managers, therapists, psychologists, etc.), no matter how difficult they may prove to be in providing you the information necessary to determine whether any child living in the household has been abused or maltreated.

- Respecting cultural differences while determining whether instances of cultural practices and beliefs contribute to safe and healthy family functioning or whether they influence the abuse or maltreatment of the child(ren).
- Using interpretation services (as necessary) to conduct interviews of children and other family members when English is not their first or primary language.
- Consistently searching out the background information of parents/caregivers, including criminal background checks, domestic violence reports, and previous CPS investigations.
- Utilizing resources for support of our work, including investigative and clinical consultants, supervisors, Child Advocacy Centers, educational resources, and various other conferences and consultants.
- Using parent-child interaction during contacts, including parental visitation, to acquire information necessary to determine whether any child has been abused or maltreated.
- Documenting all casework activities in an accurate and timely manner, including injuries observed and the area they are observed on.

**Note:** Satisfying all these investigative expectations is also indispensable when assessing safety and risk of future harm.

\*For more specific details see Initial Supervisory Guidance for Child Protective Investigations – (DQA Office of Quality Improvement – January 24, 2011)

## MORE ABOUT THE GUIDE AND YOU

We've indicated several times that, as a means of providing you with additional professional development, we have dedicated Chapter 8 in the OJT guide to *Resources for Supervision*. There you will find supervisory tips, material from the State Office of Children and Family Services, the Supervisory Core and other content of interest to support *you* in preparing the new CPS to take on their responsibilities. Please make frequent use of Chapter 8.

Additionally, we continue to encourage you to complete each of the *TUS Reflective Practice for Quality Supervision* sections at the end of each chapter as a means to be thoughtful about your supervision; that is to pause and contemplate *how* you are working with new CPS' to reach the learning outcomes as set out in each segment of the OJT and to determine where you might want support or additional developmental opportunities for yourself.



**TUS REFLECTIVE PRACTICE  
FOR QUALITY SUPERVISION**

**Achieving  
Outcomes**

## **TUS REFLECTIVE PRACTICE FOR QUALITY SUPERVISION**

### **Assessing My Skill and Emphasis On ACHIEVING OUTCOMES**

*The assessment at the end of this chapter focuses on your capacity to support staff toward achieving outcomes. At the end of Chapter 4, there is an opportunity to reassess yourself on these same indicators and compare how you are thinking about outcomes. Take time to contemplate the following questions and statements. Feel free to use additional paper (or a journal) to fully think through your responses. Revisit your responses from time to time to witness your own growth or as gentle reminders of what your intentions were at the time you wrote them.*

1. Identify one of the toughest decisions that you have had to make in your role as a Training Unit Supervisor. Focus on the decision rather than the people involved.
2. Identify and write out the criteria that you used to make this decision. For example:  
At first I.....  
Then I thought.....
3. What was the outcome of your decision? Was the outcome what you anticipated given the criteria that you used?
4. What made this decision so difficult for you?
5. If you had it to do over, what would you have done differently?

Now take a few minutes to thoughtfully assess your capacity to *achieve desired outcomes*.



### ASSESSING MY SKILL AND EMPHASIS ON ACHIEVING OUTCOMES

**Date of Assessment:** \_\_\_\_\_

- A. Use the following measurable indicators to assess how well you CURRENTLY incorporate the supervisory principle of *Achieving Outcomes* into your daily work.

Rarely	Occasionally	Consistently	Indicator
			I teach staff to make accurate safety decisions.
			I coach staff to achieve Children's Services outcomes through the use of critical thinking in making accurate decisions.
			I assist staff in establishing concurrent plans and achieving timely permanency for children/adolescents.
			I monitor/assess provision of services and casework contacts.
			I encourage the maintenance of family connections
			I coach staff to consider families' primary needs, attitudes, biases, strengths, etc
			I participate and monitor family service planning to ensure that services match assessments.
			I share data on the unit's collective efforts to meet or exceed program outcomes.
			I discuss with staff their ability to make decisions.
			I monitor staff performance regarding job standards and achieving child welfare outcomes.

- B. Summarize your current strengths and area(s) for development regarding the principle of *Achieving Outcomes*. In what way is this principle important to you, or how are you already achieving aspects of it?
- C. Where would you like to see your skill and emphasis in the next three months?

- D. Plan for Desired Future:

Use the table to list tasks related to *Achieving Outcomes* that you would like to achieve in the future.

Questions to consider when developing a plan for your desired future include the following:

- What expectations do you communicate to your staff?
- What do you monitor to ensure that outcomes are achieved?
- Identify ways you are successful in coaching staff to relate the outcomes to daily practice.
- What positive feedback can you provide to your staff regarding their efforts to achieve the outcomes?
- What are the areas of development you identify with your staff?

Task	Who can support you?	Est. completion date





## CHAPTER OVERVIEW

As you prepare for new staff to come into your training unit, there are a few things that you should have in place that will help you carry out your responsibilities.

Taking care of these tasks *before* new

staff arrive at your unit will ensure that the new CPS has the type of learning experience that will benefit their practice. Remember: not only are you getting ready for the challenges that new CPS' will face; you are also getting ready for the challenges that you will encounter as you guide their development. In keeping with the earlier discussion of quality supervision, each task below is labeled as (S) upportive, (E) ducational, or (A) dministrative. By completing those tasks labeled (E), for example, you will be more knowledgeable about content or practice and therefore more confident and competent to meet the new CPS.

## CHAPTER THREE Getting Ready for the New CPS

## PREPARATION TASKS FOR THE TRAINING UNIT

### SUPERVISOR

#### GETTING READY

Supportive = S    Educational = E    Administrative = A

- Make sure you have the most current information/CPS Practice Core (E)
  - Make time to review the OJT Guide so that if you have questions about the content or are unsure how to deliver modules or aren't sure who to coordinate with, you can talk with your CPM or other experienced training unit supervisors for ideas.
  - By taking a look at the CPS Practice Core Program, you will be more knowledgeable about what the trainees are learning in the classroom and better able to apply that learning to their training unit experience. You can access the curriculum and other resources on-line at :  
**Intranet>DocuShare>DCP Training and Resources documents folder>OJT support subfolder**
  - The first ten days of OJT sets the tone for the entire OJT experience of the new CPS. Your ability to model engagement, collaboration, reflective

## GETTING READY

Supportive = S   Educational = E   Administrative = A

practice, empathy, genuineness, and respect will be mirrored by your trainees. It will also be important for you to be clear about expectations for this period of OJT so that you can accurately and with confidence provide feedback to the new worker. Get familiar with assessment tools and timelines for delivering your critical review of their progress to the Academy and to your CPM. Your opinion of how well the CPS is doing on-the-job is the most important tool at this stage so *you* have to be prepared.

- Complete the Pre-OJT Seminar (E)
  - This seminar is to help strengthen your knowledge, skills and abilities in your special role as a Training Unit Supervisor. Take advantage of meeting other TUS and gathering ideas and tips from them. Be a mentor for a new TUS!
- Attend Training Supervisors Group Facilitation Training (E)
  - Facilitation is an art! Working with new CPS' as a group within your unit is different than speaking with them individually. Learn all you can about group dynamics and how to use the group to enhance the learning of each individual. You'll see the benefits of this during group supervision.
- Ask your training unit CPM for recommendations of experienced workers who will serve as mentors. Once mentors have been identified, assign trainees to shadow. (A)
  - Shadowing competent, experienced and enthusiastic workers is a big piece of how new CPS' will approach their role. Identify, early, those workers on whom you can depend to provide a quality experience and demonstrate empathy, genuineness, respect and competence in their engagement with families. Your CPM is responsible for helping identify those workers who can be shadowed and the appropriateness of the cases. Be thoughtful about who will be the most appropriate partner as you assign the new CPS.

## GETTING READY

Supportive = S    Educational = E    Administrative = A

- Schedule as many of the visits as you can, ahead of time (A)
  - Everyone is busy and so scheduling family court visits, ECS visits and any other observations/meetings that you think are important as early as you can will make your First and Second Five Days of OJT run smoother. Knowing when and how many new workers can be in which courtroom, which the best and most challenging judges and attorneys are, when ECS is busiest and most complex are all considerations that you will want to make. New workers don't only have to see the best of times-they also need to be made aware of the challenges and realities of child protection so they are well rounded and equipped to meet those challenges. Be thoughtful in your planning so they get a full experience as they observe the workings of our system.
  
- Facilitate getting the trainees their CNNX profiles and that they are given secondary on the cases they will shadow (A)
  - During the First and Second Five Days of OJT, new CPS' will be learning to observe and document progress notes. They have to have all necessary clearances, log-ins, and passwords to get into the CNNX system to begin to demonstrate their proficiency at writing case notes. They will be able to get all the practice they need if you make sure all of this is in place by the time they arrive in your unit.
  
- Have on hand copies of the Intake Report; Local Protocol; various clearances and other case practice forms (A)
  - Forms! Forms! Forms! Until a new worker has become familiar with all forms that must be used in Child Protection, you will need to review these frequently. Remember that initially, the new CPS won't know the acronyms and child welfare and agency jargon or the nicknames that spring into your mind. Make and keep a current binder with all the forms that they will need in order to do their work effectively. Help them learn to fill in the appropriate forms with care and accuracy and be able to clearly explain the purpose of

## GETTING READY

Supportive = S    Educational = E    Administrative = A

each.

- Work collaboratively with the Office Based Trainer (OBT) to ensure that intake reports are ready for the new CPS so that they have accurate and relevant reports to review and learn from.
  
- Make sure you have the most current Personnel Handbook (A)
  - Starting a new job with new personnel policies can be confusing. For some new CPS', this is their first "real" job and they may be unaccustomed to *how* to be an employee, particularly in an agency as large as Children's Services. You will need to be prepared to review time, leave, and other important personnel policies with the new CPS-- and probably more than once – so it is important that you are familiar with and have available, the most recent and accurate policies and procedures.
  
- Prepare to attend and Participate in the Post Core Conference with Satterwhite Academy Trainer and Trainees (A)
  - Just like with families, you have to be prepared to make quality assessments of the new CPS as they move through the OJT component of their training program. Gathering quality information based on your interactions with them and developing on-going formal and informal evaluations will prepare you to do so. Preparing for the Post Core Conference with the trainee and Satterwhite Academy Staff starts as soon as the new CPS enters your training unit. The combination of this information will enable you to enter the Transfer Conference at the end of the 90 days with confidence about your recommendations for ongoing professional development and skill acquisition.
  
- Gather additional resource materials so you have them on hand (S)

Collect the most current and relevant Child Safety Alerts and a copy of the Casework Practice Guide. You will need to refer to these two resources frequently you move forward. They are available electronically; all the better to get new workers accustomed to doing research online regularly.

During the First and Second Five Days of OJT, you will have the chance to model the skill of reflection through your use of Group and Individual Supervision. Trainees should be encouraged to take many notes, to pause and reflect on their observations, questions and ‘aha’ moments as they go through these first modules. Be prepared to meet with the Training Unit as a whole group during case based group supervision as well as individually so you can encourage peer-to-peer learning. Trainees are introduced actual case work by shadowing seasoned workers; individual supervision scheduling works around this, being mindful to regularly arrange time with each one separately responding to their questions and thoughts thoroughly while maintaining your other work responsibilities.

Remember – this is the beginning of applying knowledge to practice. You will have some incredibly knowledgeable and gifted new workers. Helping them develop practical abilities and real world experience to complement their knowledge is the goal of OJT. The more organized and consistent you are around providing experiences, the better the new CPS will be able to integrate their classroom learning resulting in a grounded, well prepared staff member.

Training Unit Supervisors teach, mentor and support the new CPS as they take the content of the CPS Practice Core curriculum and apply that learning to the actual cases of children and families with whom they work. It is critical that TUS are able to create live and on the ground learning opportunities for the new CPS while also providing critical feedback and coaching as these new employees become well seasoned professionals who are able to incorporate respect and empathy into all that they do.



**TUS REFLECTIVE PRACTICE  
FOR QUALITY SUPERVISION**

**Strength Based  
Practice**

## TUS REFLECTIVE PRACTICE FOR QUALITY SUPERVISION

### Assessing My Skill and Emphasis On STRENGTH BASED PRACTICE

*This assessment is to draw your attention to strengths: yours, the new CPS, your staff. Take some personal and quiet time to contemplate the following questions and statements. Feel free to use additional paper (or a journal) to fully think through your responses. Revisit your responses from time to time to witness your own growth or as gentle reminders of what your intentions were at the time you wrote them.*

1. Think about a high point (felt the best, you were performing at your best, you were being the best parent/colleague/supervisor); a time when you felt totally engaged and very proud of yourself and what you were doing.
2. Without being humble, what do you value most about yourself and:
  - the way you do your work
  - the way you supervise your staff
  - the way you raise your kids
3. **Miracle Question:** If you went to bed tonight and when you woke up in the morning, all was right with your staff/kids/family/colleagues, what wish would have been granted to you?
4. How can you make that happen?



Now take a few minutes to thoughtfully assess your capacity to engage in practice based on *strengths*.



### ASSESSING MY SKILL AND EMPHASIS ON *STRENGTH-BASED PRACTICE*

Date of Assessment: \_\_\_\_\_

- A. Use the following measurable indicators to assess how well you CURRENTLY incorporate the supervisory principle of *Strength-Based Practice* into your daily work.

Rarely	Occasionally	Consistently	Indicator
			I recognize and acknowledge staff strengths in working with children/families/communities.
			I work with staff to identify strategies that foster strength-based practice.
			I review staff's documentation of identified client strengths.
			I coach staff to use client strengths as the foundation for case planning.
			I assist staff in reaching mutual understanding of client strengths and finding ways to use these to achieve desired outcomes.
			I model a strengths-based approach during supervision by recognizing staff's strengths and using his or her strengths in professional development.

- B. Summarize your current strengths and area(s) for development regarding the principle of *Strength-Based Practice*. In what way is this principle important to you, or how are you already achieving aspects of it?

- C. Where would you like to see your strength-based practice skill emphasis in the next three months?

- D. Plan for Desired Future:

Use the table to list tasks related to *Strength-Based Practice* that you would like to achieve in the future.

Questions to consider when developing a plan for your desired future include the following:

- What expectation do you communicate to staff about their work with a strength-based approach?
- Identify ways you are successful in coaching staff to relate a strength-based approach in daily practice.
- What do you monitor to ensure that a strength-based approach is being applied with each family?
- What positive feedback can you provide your unit regarding application of a strength-based approach?
- What are the areas of development you can identify with your staff?

Task	Who can support me?	Estimated completion date



## CHAPTER OVERVIEW

Establishing outcomes for the OJT experience is a multi-layered endeavor; there are expectations for the supervisor as well as for the CPS around beginning to apply knowledge and skills learned in the class room to actual case work practice. Much of the *First and Second Five Days of OJT* is devoted to observation, shadowing, documentation, and practicing self assessment and reflection, so that the new CPS is better able to integrate cognitive information with actual case practice. We have focused this guide on the abilities that are required for the CPS as they move from “new” worker to “competent” worker.



## CHAPTER FOUR *The First and Second Five Days of OJT*

## GOALS

As a Training Unit Supervisor, your three **supervisory** goals for the First and Second Five Days of OJT are:

1. **Supportive:** Support the application of child protective training to child protective practice;
2. **Educational:** Commit to transferring learning about the work through reflective supervision, Borough participation, modeling behavior, and giving developmental feedback,
3. **Administrative:** Organize learning processes, tools, experiences, visits and important activities so that the CPS can meet their learning goals.

The **learning** goals for the new CPS in the First and Second Five Days of OJT are to:

1. Gain a greater understanding of the CPS’ role in Investigations and the way that NYC Children’s Service approaches its mission;
2. Begin to bridge the gap between the theory of the job and the reality of the work through as many shadowing experiences as possible and a minimum of one family court observation and one visit to Emergency Children’s Services;
3. Learn about the Borough Office and community where the new CPS will be placed;

4. Use the CNNX system to practice documentation;
5. Begin to apply knowledge learned about Safety and Risk Assessment to actual case practice using critical thinking skills and engagement skills while developing professional relationships;
6. Participate in structured group and individual supervision so that there is consistent performance and learning feedback as well as opportunities for reflection.

Your primary role as a Training Unit Supervisor/Office Base Trainer is to create opportunities for the new CPS to apply learning from the CPS Practice Core Program to actual practice situations. There are two documents that we have included here for your use: 1) The “**Initial Supervisory Guidance for Child Practice Investigations**” - a document developed by the Division of Quality Assurance/Office of Quality Improvement 2010, and 2) **Major Practice Themes from Children’s Services** (Please see actual documents at the *end of the Supplemental Materials in Chapter Four of the guide*). These documents are used throughout the CPSPC course related to what constitutes a thorough and quality investigation. TUS should refer back to these documents as you guide new trainees’ practice.

## **CASE BASED GROUP SUPERVISION**

As a Training Unit Supervisor, there will be times that you will want to meet with the new CPS individually to privately provide feedback on their performance or to listen to their concerns. These times should be built into your regular supervisory schedule and serve to establish confidence—the new CPS in you and you, in their ongoing personal and professional development.

Other times, it will be valuable to work with the entire group of new CPS’ collectively. The lessons that are shared – the triumphs and the failures, the joy and pain of working with families in need of support, the laughter and the tears—all serve to deepen the capacity of the Child Protective Specialist as they launch their careers.

One clear advantage of group supervision is economy of administrative time and effort (Kadushin, 1976, 2002). When there are policies and procedures that need to be communicated, time is economized by presenting these to the entire group at once,

answering questions that arise which may help all reach a common understanding of what is expected of them.

Group supervision also makes possible the efficient utilization of a wider variety of teaching-learning experiences. Having all of the trainees thinking together about experiences that they are having will serve to engage, inspire, and promote additional thinking about solutions which ultimately will result in better problem solving skills, critical thinking and a belief in seeking out others to test ideas, hypotheses and assumptions.

Finally, Kadushin (1976, 2002) suggests that the opportunity for the sharing of common problems encountered on the job is, in itself, a therapeutically reassuring contribution to individual morale and serves as a source of emotional support. New CPS' will not always have you to rely on for emotional support and so it is healthy to model and teach the value of the learning community.

Finding ways to build the group of new CPS' as a learning community is part of your task in your role as TU Supervisor. Use the OJT Guide exercises and debriefs as peer reviews, group problem solving, role plays, and dialogue sessions to enhance your instructional time as well as foster a higher level of thinking from individuals. However you can get the new CPS to be reflective about their thoughts and actions will benefit them personally and benefit the group collectively.

## FIRST TEN DAYS OF OJT – TASKS AT A GLANCE

First Five Days	Second Five Days
<ul style="list-style-type: none"><li><input type="checkbox"/> Met the Administrative Staff of the Borough Office</li><li><input type="checkbox"/> Tour Borough Office showing location of operational units, office manager's office, applications unit, nursery (if on site). Closed files, time clock, and fire exits</li><li><input type="checkbox"/> Presentation of Support Units: Family Preservation Service (FPP), Clinical Consultant Team (CCT), Investigative Consultant (ICs), Children and Family Specialists (CFS), Children's Services Education Unit, Purchase Preventive Service Liaison (PPrS), etc.</li><li><input type="checkbox"/> Structure Shadowing Experience<ul style="list-style-type: none"><li>○ Child Protective Manager, Training Unit Supervisor/Office Based Trainer will determine who the trainee shadow</li><li>○ TUS/OBT review and select cases for trainee to shadow</li><li>○ TUS/OBT will process shadowing experience</li></ul></li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Family Court visit: Intake process, caseworkers testifying and debriefing of court visit</li><li><input type="checkbox"/> Observation of Childstat</li><li><input type="checkbox"/> Observation of Child Safety Conference</li><li><input type="checkbox"/> Visit Emergency Children Services (ECS)</li><li><input type="checkbox"/> Visit to Child Advocacy Center</li><li><input type="checkbox"/> TUS/OBT to have trainees document all the experiences</li><li><input type="checkbox"/> Observation of an Effecting Meeting Skills Facilitation</li><li><input type="checkbox"/> Review materials from training examples<ul style="list-style-type: none"><li>○ Progress Notes</li><li>○ Critical Thinking</li><li>○ CPS Investigation</li><li>○ Worker safety</li><li>○ Time Management</li></ul></li></ul>

Each of the above activities can be interchangeable at any time during the first ten days of OJT.

## PRACTICE DOMAINS AND ABILITIES FOR THE FIRST AND SECOND DAYS OF OJT

At the start of Chapters 4 and 5, you will find practice domains and the corresponding abilities that you are being asked to reinforce. The abilities originate in the CPS Practice Core Program Curriculum. For the purpose of this guide, we are defining *practice domains* as those overarching areas in which workers are expected to operate on behalf of children and families through internal and external systems available to them. *Abilities*, on the other hand are the measurable or observable knowledge, skills and values or behaviors that you can see the worker demonstrate which are critical for success.

Abilities are the measurable or observable knowledge, values and skills or behaviors which are critical for success that you can see the worker demonstrate.

The guide is organized so that you can pull from a variety of activities to meet these abilities. The activities that follow in each chapter may not be presented in the same sequence as the abilities are listed on the chart. It is anticipated that you will know best when and in what order to conduct activities. What is most important is that the new CPS be exposed to the content in a developmental manner that supports where they are in their learning; it is less important to follow a strict structure. Your task is to consistently assess the CPS' progress and provide appropriate learning experiences during the OJT component of their Core training.

**PRACTICE DOMAINS AND ABILITIES FOR  
THE FIRST AND SECOND FIVE DAYS OF OJT**

<b>PRACTICE DOMAIN</b>	<p align="center"><i><b>ABILITIES</b></i></p> <p align="center"><i>The new CPS staff will demonstrate their competence through the following knowledge (<b>C</b>ognitive), skills (<b>O</b>perative), and/or values (<b>A</b>ffective)</i></p>
<p><b>CPS INVESTIGATION</b></p> <p><i>CASE FLOW AND CASE MANAGEMENT</i></p> <p><i>UTILIZING THE CHILD PROTECTION GUIDE (CPG)</i></p>	<p><b>Understanding the CPS Investigation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identify the responsibilities of the CPS related to Investigative Expectations and Timeframes of conducting a Child Protective Investigation, per Child Protection Guide (CPG) (C)</li> <li><input type="checkbox"/> Explain the Four Child Welfare Outcomes/Five Key Commitments of Children’s Services and how they relate to the expected outcomes for Child Welfare practice (C)</li> <li><input type="checkbox"/> Describe each of the following offices and list the essential steps to interact successfully as a CPS: Emergency Children’s Services, Pre-Placement, Clinical Consultation Teams, Investigative Consultants, Management Information Liaison, Instant Response Team, Applications, Office Management (C)</li> </ul>
<p><b>CRITICAL THINKING</b></p>	<p><b>Thinking Critically and Thoroughly About the Children and Families Being Served</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Value the importance of critical thinking skills in gathering and analyzing information (A)</li> <li><input type="checkbox"/> Explain the concept of multiple hypotheses in child protective services (C)</li> <li><input type="checkbox"/> Demonstrate the ability to apply critical thinking skills by generating multiple hypotheses in the context of investigating allegations of abuse/maltreatment (O)</li> <li><input type="checkbox"/> Identify common errors in reasoning that occur when critical thinking skills are not applied to CPS investigation tasks and case practice(O)</li> </ul>



PRACTICE DOMAIN	<p style="text-align: center;"><b>ABILITIES</b></p> <p style="text-align: center;"><i>The new CPS staff will demonstrate their competence through the following knowledge (<b>C</b>ognitive), skills (<b>O</b>perative), and/or values (<b>A</b>ffective)</i></p>
<p><b>ASSESSING AND MANAGING SAFETY THROUGHOUT THE INVESTIGATION</b></p>	<p><b>Understanding the Importance of Accurately Assessing the Safety of Children</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Value the importance of assessing for child safety utilizing the New York State safety assessment protocol (A)</li> <li><input type="checkbox"/> Describe the purpose of a safety assessment (C)</li> <li><input type="checkbox"/> Explain each of the safety factors used in New York State to assess safety in protective cases (C)</li> <li><input type="checkbox"/> Define the primary criteria used in determining whether a child is safe or in immediate or impending danger of serious harm (C)</li> <li><input type="checkbox"/> Determine whether safety factors in case situations place children in immediate or impending danger (O)</li> <li><input type="checkbox"/> Explain the safety decisions (C)</li> <li><input type="checkbox"/> Explain <i>non-protective</i> safety issues and describe individual family and community strengths that protect children, family and community members from non-protective safety issues (C)</li> <li><input type="checkbox"/> Create strategies for incorporating Child Safety Alerts into practice questions on one or more relevant topics from the CPG to be answered during shadowing, individual or case based group supervision (O)</li> </ul>
<p><b>CASEWORK RELATIONSHIP</b></p>	<p><b>Understanding the Variety of Professional Casework Relationships</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Appreciate the need to convey respect, empathy and genuineness to parents, children and all others involved in the CPS Investigation (A)</li> <li><input type="checkbox"/> Appreciate the need to develop professional casework relationships with all involved in the investigation (A)</li> <li><input type="checkbox"/> Describe the signs of effective and ineffective communication and professional relationships during the CPS Investigation (C)</li> </ul>

<p><b>PRACTICE DOMAIN</b></p>	<p style="text-align: center;"><b>ABILITIES</b></p> <p style="text-align: center;"><i>The new CPS staff will demonstrate their competence through the following knowledge (<b>C</b>ognitive), skills (<b>O</b>perative), and/or values (<b>A</b>ffective)</i></p>
	<p><b>Understanding Casework Skills</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identify the purposeful and effective use of a variety of questions (C)</li> <li><input type="checkbox"/> Describe/identify skills of: reflection; summarization; nonverbal communication; probing; confrontation (C)</li> <li><input type="checkbox"/> Observe/explain how personal cultural identities and those of the families impact the CPS' ability in the Investigation (C)</li> </ul>
<p><b>ASSESSMENT</b></p>	<p><b>Foundation Knowledge for Assessments</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Define Risk (C)</li> <li><input type="checkbox"/> Define Child Maltreatment and Child Abuse according to New York State Law (C)</li> <li><input type="checkbox"/> Explain <i>Person Legally Responsible</i> (C)</li> <li><input type="checkbox"/> Explain <i>Minimum Degree of Care</i> (C)</li> <li><input type="checkbox"/> Identify conditions of: medical neglect; lack of supervision; inadequate guardianship; excessive corporal punishment; educational maltreatment; chronic neglect (C/O)</li> <li><input type="checkbox"/> Identify possible physical and behavioral indicators of child abuse and criteria for determining whether a situation constitutes abuse (C/O)</li> </ul> <p><b>Increasing Awareness of Family Systems</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assess how characteristics of systems manifest in family interactions (O)</li> </ul>

<p><b>PRACTICE DOMAIN</b></p>	<p style="text-align: center;"><b>ABILITIES</b></p> <p style="text-align: center;"><i>The new CPS staff will demonstrate their competence through the following knowledge (<b>C</b>ognitive), skills (<b>O</b>perative), and/or values (<b>A</b>ffective)</i></p>
<p><b>DOCUMENTATION</b></p>	<p><b>Using Documentation to Tell Family Stories Accurately</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Explain elements of an effective Progress Note (C)</li> <li><input type="checkbox"/> Describe documentation requirements related to CPS investigations (C)</li> <li><input type="checkbox"/> Effectively document Progress Notes for shadowing observations in Word or CNNX (O)</li> </ul>
<p><b>REFLECTIVE/ DEVELOPMENTAL PRACTICE</b></p>	<p><b>Attending to Personal Needs and Professional Development</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Appreciate the importance of managing one’s own needs and underlying conditions while conducting the CPS investigation (A)</li> <li><input type="checkbox"/> Explain how your cultural identity might impact your ability to conduct a thorough CPS investigation (C)</li> <li><input type="checkbox"/> Demonstrate competency in the specific tasks assigned during each task oriented supervision (O)</li> <li><input type="checkbox"/> Reflect on lessons learned and document those reflections after each structured group and individual supervision (C)</li> <li><input type="checkbox"/> Reflect on and describe in writing, key practice lessons learned in shadowing an experienced worker (C)</li> <li><input type="checkbox"/> Self-assess and journal personal observations for ongoing development after each individual supervision (O)</li> <li><input type="checkbox"/> Explore strategies to maintain CPS’ safety during an investigation (C/O)</li> </ul>

# ACTIVITIES

## INTRODUCTION TO THE BOROUGH OFFICE

All new CPS staff will report to the main borough office of their assigned borough for a half-day orientation in the morning at the beginning of the First and Second Five Days of OJT. In the afternoon CPS staff report to their assigned borough office.

OJT starts with introducing the new CPS to Borough leadership, staff and colleagues. Facilitate introductions that help the CPS begin to understand the organization of his/her borough while highlighting the sense of team that makes child protection possible. Reinforce the sense that it takes a multiplicity of roles to provide services and supports to ensure child and family well-being. Help the new CPS become a part of the team. Review the Borough Team chart (*see the DCP Team in the Supplemental Materials section at the end of this chapter*) adapting it for your borough as necessary, so that the CPS gets an idea of the reporting structure and who to approach for what support.

Various staff members are being asked to make presentations to the new CPS. Make sure to arrange those presentations in advance so your colleagues have time to adequately prepare.

In most cases the new CPS will be assigned to a different location other than the main borough. At the initial orientation by the OBT, the new CPS will be instructed which office to go to and to whom they should report.

While at the Borough, new CPS' should be provided with an orientation comprised of:

- ✓ Meeting the Borough Commissioner, Deputy Directors, CPM [for training area] and Training Unit Supervisor;
- ✓ **Childstat** – the weekly review of data and cases, to understand what is working effectively in frontline practice, identify what needs to be improved, and learn from the process,
- ✓ Effective Meeting Skills for Supervisors, including Family Meetings – is targeted to Division of Child Protection Supervisors in order to develop their skills for effective facilitation of family-focused meetings, workgroups, unit, and other office-based meetings.

- ✓ Touring the Borough Office, showing the new CPS the locations of: operational units, office manager's office, application unit, nursery if on site, "closed files" & time clock, exits and fire exits:
  - Meet other key borough staff
  - Family Preservation Service (FPP)– introduce the role, function and location of the FPP worker – function services
  - Clinical Consultant Team (CCT) – introduce the role, function and location of the CCT
  - Investigative Consultant (ICs) – introduce the role, function and location of the IC
  - Children & Family Specialists (CFS) – their relation to family engagement and placement cases
  - The Children's Services Education Unit: Special Education, Early Intervention, Pre-School Special Education, Special Education
  - Purchase Preventive Services Liaison (PPRS Liaison) – introduce the role, function, and location of the PPRS worker
  - Observe an experienced CPS worker completing CNNX and entering case notes
  - [Direct the trainees where on the intranet to locate forms that are used i.e. DSS2921 and DOAS](#)

## **Training Unit Supervisor (TUS)/Office Based Trainer (OBT) Presentation**

The Training Unit Supervisor/Office Based Trainer where available will answer any questions that the new CPS may have about fieldwork. This includes tips and information that the new CPS need for successful field activities (i.e. subway and bus maps for all boroughs; purchasing a street map or how to go on-line and download maps as needed via MapQuest or GoogleEarth). Access to these maps will help them navigate the various communities where we serve families, and also can be used to pinpoint their families, helping them develop a field day visit plan. In addition, the following list represents points which can be included in the Training Unit Supervisor and/or OBT orientation:

- Transportation procedure and voucher request

- Drug Testing services procedure and voucher request
- Interpretation Services procedure and voucher request
- Day Program: how it can be utilized to assist families and how to secure clothing, furniture, and safety related items including car seats, cribs, smoke and carbon monoxide detectors.
- The importance of mastering documentation skills. Each worker will be given a CNNX CD which can be used to help build case documentation skills.
- Information about HealthStat which is an effort by the city to enroll eligible clients for possible health coverage. Data from HealthStat found that several thousand income eligible people were without health insurance. *(TUS–please provide HealthStat form and all information on procedures for enrolling clients).* Undocumented children are eligible while adults are not.
- Applications Unit staff - will explain what types of clearances they can do for the workers, and how the application process takes place.
- Instant Response Teams- their functions, what they do and why.
- Child Care Head Start referral- (form 186 D and fact sheet).
- Placements have been discussed during classroom training. However, further discussion is needed as to how Placement functions in the borough office, should it be required. Emergency Children Services (ECS) location and function – CPS'will have the opportunity to visit ECS at a later point in their development.
- Field Folder-a field folder contains all the documents a CPS needs while making visits in order to avoid having to return to the office and then back to the family. The folder's contents should include: Notice of Existence forms, HIPPA medical release form, letter head and envelope, DV palm card, resources for the family for their food pantry, removal information, etc.

### ***Office Manager Presentation***

The task of the Office Manager is to provide support to CPS' so they are able to maintain the highest level of casework practice. Office Managers do this by informing new staff of the following information via lecture format and handouts.

- Sub-imprest funds (what requests are covered and how to complete the form)
- Cell phone (a. that every CPS is entitled to one on a voluntary basis and b. how to secure one when going to the field)

- Duffle Bags – for a child who is being removed to carry their things
- Layette and cribs for newborns (who has them and why we use them)
- Describe how Pre-Placement Services works

## **Exercise**












### **Meeting Borough Staff**

- Listen for the stories that staff tell about their work at Children's Services by considering the following questions as you meet them.
- Learn your colleague's stories of their experiences by asking:
  - How long have you been working with Children's Services?
  - How long have you been doing your current job?
  - What do you believe you do particularly well?
  - What keeps you coming back day after day?

### **Tour of Borough Office**

- What are the functions of the Borough Office?
- Who does the functions that you've identified?

### **Scavenger Hunt**

- Be an active observer as you are introduced to Borough office members by the OBT. Make notes in your journal that records what you see and hear.
- Identify the following people/places/things:
  -  Find one person who has responsibility for Intake Assignments
  -  Who distributes the mail for the Borough Office?
  -  Who provides computer/CNNX support?
  -  What is the name of the Deputy Director for your Unit?
  -  Where is the family court that you will most frequently attend?
  -  Who are the family court judges for your Family Court?
  -  Locate your Personnel Handbook
  -  Where are the Children's Services Core Values posted in your Borough Office?
  -  What is ECS and where are they located?
  -  Who do you go to when you need a car?
  -  Who distributes emergency funds?

**Practice Idea:** By asking the CPS to return with something that documents their visit (journal entries, handouts, etc.), you will begin to see their level of engagement, creativity and ability to complete assigned tasks. This gives you a starting point for your ongoing assessment of the new CPS.



## **FAMILY SYSTEMS**

Families are systems just like organizations or systems that we find in nature. There is an order to them and they operate interdependently—a shift in one member of the family causes a ripple effect felt by others. When there is conflict between family members or one moves to another house, the rest of the family experiences the transition. One of the tools that we can teach CPS' to use with a family in order to better understand their system during an investigation is called *Family Maps*. In the CPSPC, family systems were covered, but Family Mapping was not.

It is important for Child Protective Specialists to be aware of the ways that systems influence their investigations, particularly the ways elements of the systems relate to child safety and service planning. Attending to the whole family, rather than just an individual, increases the probability of understanding the way that a family's system coalesces to either provide or not provide for children's safety and well-being.

Children are more likely to be safe when there are appropriate boundaries between the subsystems, when parents are willing and able to perform in the parental role, when rules reinforce appropriate behavior, and when children's well-being is part of the family's balance.

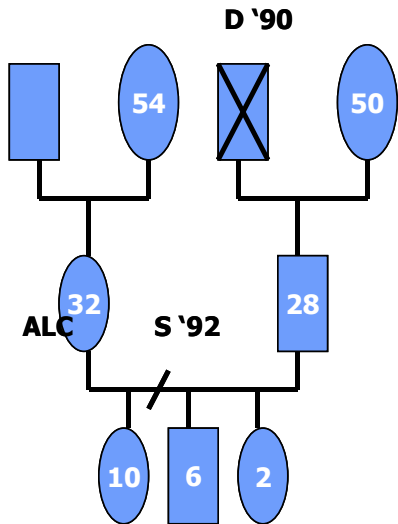
To work effectively with families, it is also important for the CPS to be aware of how their own family experiences—past and present—influence their ability to think critically during the assessment process. Systems characteristics are present in all families, and one's personal viewpoint is developed in the context of our family-of-origin system.

*(For an expanded discussion of family mapping, see the Supplemental Materials section at the end of this chapter)*

# Three types of Family Mapping:

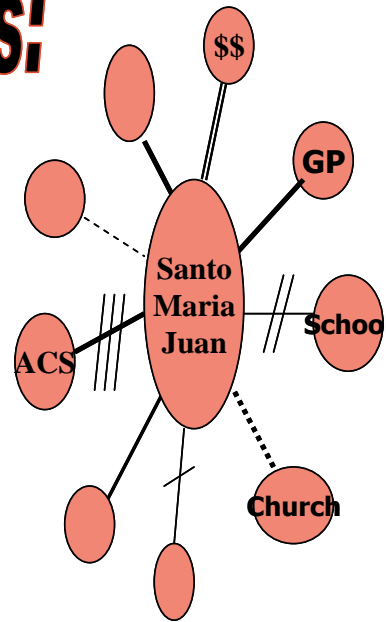
## Genograms:

(demographics, generations, births, deaths, marriages, and divorce)



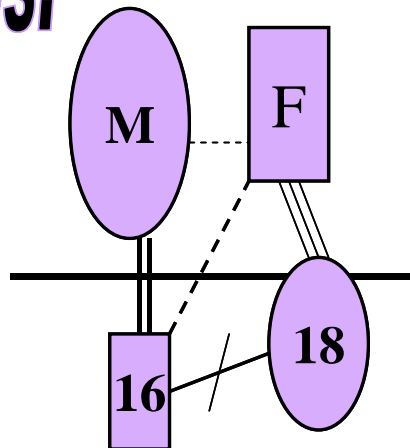
## Ecomaps:

(relationship between family & environment)



## Family maps:

(dynamics among family members)



## **Exercise**

### **Map Your Family**

*Note: Instruct the CPS to use the mapping tools (Eco-Map, Genogram) and map their own family system. Share the family maps with your peers.*

- Make sure to address:
  - Power
  - Boundaries
  - Closeness/Distance
- Reflective Questions:
  - What are the stories that you tell about your family?
  - Are there members of your family who seem to step up whenever there is a need?
  - Who are you the closest to?
  - Who would you like to develop a stronger relationship with?
  - How might sharing your own family map make it better/easier for you to hear other's family stories?

## **THE STRUCTURED SHADOWING EXPERIENCE**

Shadowing is the opportunity for an inexperienced CPS to learn about the challenges and responsibilities that accompany their job from an experienced, seasoned and competent staff member. Together, CPM and TUS determine which seasoned Borough staff the new CPS will shadow. As part of the CPS preparation for the shadowing experience, thoroughly review the agency *Investigative Expectations* (p.72) either individually or in case based group supervision. Instruct the new CPS to watch for demonstrations of meeting these expectations during shadowing.

### ***The Structured Shadowing Process***

1. The CPM and TUS determine who, among borough staff, would be appropriate for the new CPS to shadow.

2. The OBT, CPM and TUS review and select families from the existing case load of the staff member to be shadowed, based on what the new CPS could observe and learn.
3. The TUS and OBT will coordinate the arrangement for the shadowing experience between the seasoned staff person and the new CPS.
4. The process of the shadowing experience is thoroughly reviewed with the seasoned staff member and the new CPS.
  - a. Selected family case records are reviewed with the CPS by the TUS and the seasoned worker.
  - b. With each CPS, individually plan the approach to investigation and assessment, reviewing and stressing the importance of appropriate questions that facilitate the investigation (including asking the CPS to develop a few hypotheses from the case record).
  - c. Discuss the time, place, contact information, back up plans, scheduling of the visit, the new CPS' role and the conditions for interaction with the family. Plan to introduce the new CPS to the family as “a colleague new to Children’s Services. S/He is here to observe and learn about this work. Thank you for allowing her/him to be present.”
  - d. Review Safety Factors and Safety Protocol, eliciting possible safety concerns about the case.
5. Discuss concerns about personal safety and the Children’s Services protocol. Help the new CPS make a personal safety plan.
6. Make a plan for a follow-up supervisory meeting to debrief the experience (post visit) with the new CPS and with the seasoned staff person
  - a. Use the supervisory debrief questions to draw out the experience of the CPS and cause their self reflection on the experience;
  - b. Identify any concerns that may have surfaced in the mind of the seasoned worker about CPS’ behavior- verbal/non verbal responses; demeanor; insights, etc.

Discuss with the experience with each CPS and add any insights to their individual developmental plan so strengths can be noted and corrective measures taken during OJT.







## ***Preparation for Structured Shadowing***

The Training Unit Supervisor, the OBT and the CPM collaborate to pre-arrange shadowing events with one or more experienced CPSS II, CPSS I and CPS, who have indicated their willingness and has demonstrated their capacity to mentor a new CPS. The worker to be shadowed should be someone in whom you have confidence that they will provide a high quality experience for the new CPS. The seasoned worker should not simply be the person who is available or someone who is still a new staff member themselves. Remember that whoever you select is participating in the development of the new CPS who deserves the best experiences that you can organize.

Prior to going out to shadow, the Training Unit Supervisor and seasoned staff, whom they will accompany, reviews the case with the new CPS, using tools and information taught during classroom training or used in the field. (*See CPSPC: CPG/ Safety Alerts found in Chapter 8: Resources*).

The new CPS is encouraged to use their journals to take notes on the visit, as if they are writing case notes for their own case. Support their practice of documentation in CNNX by referring to the CNNX training CD so that they can start building CNNX skills. Additionally, ask the new CPS to create maps (family and eco) for the families that they visit.

To facilitate a quality shadowing experience, the TUS will:

-  Decide, with the CPM and OBT, who from the borough staff can serve as staff to be shadowed
-  Coordinate the arrangement for the shadowing experience between the seasoned staff person and the CPS
-  Explain the shadowing process to the seasoned staff member and the new CPS
-  Review prior case records with the assigned seasoned worker and the CPS paying close attention to prior histories and concerns
-  Plan with the CPS the approach to investigation and assessment, reviewing and stressing the importance of appropriate questions that facilitate the investigation
-  Ask the CPS to develop and consider a few hypotheses that might fit the allegations



As they are listening to the seasoned staff person talk with the family, encourage the CPS to create a Family Map, Eco-gram or Genogram in their journals, based on the information they are hearing



Review Safety Factors and Safety Protocol, eliciting possible CPS' safety concerns; Discuss concerns about personal safety with the CPS and help them make a personal safety plan



Make a plan to have a peer review session to discuss shadowing experiences in case based group supervision



Make a plan for a follow-up supervisory meeting with the new CPS and the shadowed staff member to debrief the experience (post visit)

For Additional resources on Structured Shadowing see the document in Supplemental Materials entitled Structured Shadowing to Enhance Early Learning Experiences for New Trainees: Guideline for Training Supervisors (pages 118-124).

### **Exercise 1**

#### **Preparing to Shadow the Seasoned Staff Person**

*Note: A CPS can shadow a seasoned staff member on either; an initial report pending where the seasoned staff member is initiating an investigation; or a follow-up visit with a family on an existing case.*

- Ask the CPS to respond to the following questions in their journal prior to going on the initial visit:
  - What are your expectations going into the field for this initial visit?
  - What do you know about the family's prior involvement with Children's Service?
  - What are the allegations from the Intake Report?
  - What are your assumptions about the family based on a review of the case file?
  - Create 2-3 hypotheses about what the family's issue will be, how they will respond to the visit and, what may be offered as an intervention.

## ***Interview Questions for the Structured Shadowing Experience***

Appropriate **interview questions** should be reviewed with the CPS prior to the shadowing experience so they listen for them as the seasoned staff member speaks with families. The types of questions that can be used for interviewing are listed below.

- *Open questions* – are phrased in such a way that people have an “open invitation to talk” as well as to have some control over the interview/discussion.
- *Scaling questions* – ask people to rank-order or rate something.
- *Solution based questions* – help you to expand how parents (or others) think about their situations. They also give you information about the parent’s actions and capabilities.
- *Circular questions* – expand the field of inquiry to include the feedback the person (e.g., parent) is getting from others.
- *Indirect questions* – are statements that imply a question but are not punctuated with a question mark.
- *Closed questions* – significantly narrow a person’s range of responses by focusing on specific information.

*Note: Additional materials are available in Chapter 8 – Resources: Compendium of Social Work Tools: A Guide for Planning Interviews in Casework Practice; also see Chapter 5 – Supplemental Materials: Interviewing Children and Questions to Ask to Assess Parental Functioning.*

## **Exercise 2**

### **During the Shadowing Experience**

*Note: Encourage the CPS to pay attention to the following questions and make notes in their journal along with any other observations and their family maps.*

1. Focus on child safety. Note how information is gathered about safety factors. Are they immediate or impending? What are your biggest concerns? What safety interventions are needed immediately?
2. What skills and tools did you notice being used by the seasoned staff person?
3. What information from the family's prior history was incorporated into the worker's investigation? Why or why wasn't this information used?
4. How is the family responding to the seasoned staff member? To you?



## ***Critical Thinking***

Critical Thinking is essential to a quality investigation. The CPS needs to:

- Formulate and continually test multiple hypotheses throughout the investigation
  - What information do I have from existing case files?
  - What do I think I know as a result of reviewing any prior history?
  - What assumptions am I making about the family?
- Seek clarity in their understanding of what's being shared with them
  - What and who are we investigating?
  - What information from the intake report must I immediately verify as true and accurate?
- Determine the accuracy in the stories being shared by family members
  - Is any of the gathered information contradictory?
  - What additional information might I need from the source of the report?
  - How can I validate what I am hearing from the family?
- Obtain precise information that is relevant to the investigation
  - What additional information must be gathered and verified about
    - Safety
    - Risk
    - Home conditions/environment
    - Occurrence of Abuse/Maltreatment
    - Service Needs
    - Other case specific dynamics/factors
- Seek information that goes beyond the surface and reaches into the complexities that may exist; follow up on inconsistent information
  - What additional information is needed to reach a decision about safety?
  - Who will I get this information from?
  - Do I agree with the assessment of immediate danger?
- Take a wide viewpoint that includes multiple perspectives
  - If I am struggling to come up with more than one hypothesis, who can I talk with about this family that could help me broaden my viewpoint?
- Determine if what they are seeing and hearing make sense and is logical
  - What is my 'gut' telling me?
  - What am I basing my perspective on?

- Pull out the most significant problems and issues
  - Is there a vulnerable child?
  - Is there a present danger to any child?
  - Is there a protecting adult caretaker?
- Pay attention to one's own biases.
  - How are my culture/family background/personal experiences coloring how I see this family?
  - Do I have assumptions that are not borne out in the investigation that I am continuing to hold onto?

(Adapted from the Foundation for Critical Thinking PO Box 196, Tomales, CA 94971 <http://www.criticalthinking.org/>)

Practicing asking questions and getting to the heart of “why do I think this?” is practicing critical thinking. Any opportunity you get to ask the CPS to think about why they have reached the conclusions they have—to deconstruct their thinking patterns – will make their decision-making capacity stronger and will enhance their ability to develop rational hypotheses free from personal bias.

We will continue to work with the skill of critical thinking in the form of critical questions in Chapter 5 – 90 Days of OJT.

### **Exercise 3**

#### **After the Shadowing Experience**

*Note: Encourage the CPS to reflect on these questions in their journals as preparation for the supervisory debrief session.*

1. Now that you have met the family, which of your hypotheses seem most logical?
2. Were any of your assumptions accurate? Inaccurate?
3. What are the next steps with this family?
4. How did you feel after the visit? What do you need for yourself?

## ***Supervisory Debrief Questions Shadowing***

*Note: Use the following supervisory debrief questions as a means of having the new CPS share their stories and experiences during individual or group supervision. These questions can be used in a peer review of the experiences as well as one on one with you. Ask them to pay attention to how they are thinking about the families-- about the children—about their co-workers. If used during group supervision, ask each CPS to describe the case starting with information in the file, their hypotheses and then incorporate their journal entries as they share their experiences.*

1. What were your expectations when you went into the field for the first time?  
[Follow-up or initial case]
2. What was the experience like for you? What did you notice about pre-engagement? Engagement?
3. What was it like locating the family? [Follow-up or initial case]
4. What was your perception of what took place during the visit? Were the family's primary needs met? How were these needs met?
5. What else did you observe about this family? About the child(ren) individually and their interactions between themselves and with their caretakers?
6. Were you aware of ways in which your assessments of the family were impacted by your culture, values or beliefs? Explain.
7. What did the experienced worker *do* to meet the Investigative Expectations?
8. How did the questions asked further communication or hinder communication? Who else should be contacted and interviewed?
9. Was every child interviewed separately?
10. What other questions might they have asked the children and the adults?
11. What safety factors did you observe? Which safety factors do you think need further investigation?
12. Did you notice continuation or reoccurrence of: (1) behaviors described in the case file; (2) behaviors seen in the family's prior history with the agency?
13. Was there immediate/impending danger that required safety interventions? Were any safety plans put into place?
14. What credible evidence is being gathered? What additional information might be needed?
15. What would you do differently, in the next visit to the family?

## ***Documentation of Visits***

Later the same day or no later than the next day, the new CPS will assist the seasoned staff person in **writing up the field visit** which may be done by e-mail. The new CPS will write the case notes using Microsoft Word and then submit them to their training supervisor, who after reviewing them, will forward the CPS' notes either to the staff member who was shadowed or their CPSSII. In addition to having the new CPS writing up their case notes, encourage the CPS to reflect upon their shadowing experience by writing in their journal considering such things as how the seasoned staff member went about engaging the family, as well as the types of interview questions he/she asked and why. Additionally, the CPS can reflect on how the seasoned staff person summarized or reflected back, statements made by the family at critical junctures in the interview.

## ***Progress Notes***

The CPS has been learning about documentation in the CPS Practice Core Program. Shadowing experiences present wonderful opportunities to practice recording what they observed. The following chart “Content of a Good Progress Note” lays out the detail of what should be included in a good progress note. Review with the new CPS the content of this document as they prepare to write up the field visit. In addition, the TUS should review with the new CPS worker the new policy on documentation in CONNECTIONS (see policy Timeframes for CONNECTIONS (CNNX) Entries page 125-126).

<b>CONTENT OF A GOOD PROGRESS NOTE</b>		
<b>When</b>	When did the contact occur? Time of day and date (included in CNNX drop-down menu, not the text of the note)	
<b>Where</b>	Where did the contact occur? If the contact occurred at the case address, what was the condition of the home? <ul style="list-style-type: none"> <li>• Was there enough furniture / food?</li> <li>• Cleanliness</li> <li>• Sleeping arrangements</li> <li>• Number of rooms; any locked doors?</li> </ul>	
<b>Who</b>	For each person involved in the contact, include, for the first contact with the person: <ul style="list-style-type: none"> <li>• Person's name and title (if any)</li> <li>• Person's relationship to the case</li> <li>• For household members, in addition include:               <ul style="list-style-type: none"> <li>→ Physical description of the person (height, weight, cleanliness, etc.)</li> <li>→ Languages spoken</li> <li>→ Age, date of birth</li> <li>→ Other demographic information</li> </ul> </li> </ul>	
<b>What</b>	What was said? <ul style="list-style-type: none"> <li>• Who said it?</li> <li>• What questions did you ask?</li> <li>• What answers were given?</li> <li>• What information did someone volunteer?</li> <li>• If there were inconsistencies between different people's account, what were they?</li> </ul>	What happened? <ul style="list-style-type: none"> <li>• What did you do?</li> <li>• What did others do?</li> </ul>
<b>How</b>	How did people talk? <ul style="list-style-type: none"> <li>• Did anyone seem to have trouble following the conversation (possible cognitive delay)?</li> <li>• What were each person's mannerisms? Did they speak loudly, waving their arms? (Did they speak quietly while failing to make eye contact?)</li> </ul>	How did people behave? <ul style="list-style-type: none"> <li>• What did you observe about parent/child interaction? (Did the child pull away from the parent; did the parent pay attention to the child?)</li> <li>• What did you observe about a child's interaction with you? Was the child willing to talk to you, etc.?</li> </ul>

*Note: In the Supplemental Materials at the end of this chapter, you will find additional discussion on agency Documentation Requirements including: Content of A Good Progress Note and Progress Notes from the Child Protection Specialist Practice Core Program. Have the CPS review the Progress Notes and discuss what might be missing, and could be added after an interview with the family, etc.*

## CPS INVESTIGATION

Investigation in CPS is the process of systematically collecting the information necessary to determine whether child abuse or maltreatment has occurred and who is responsible. Assessment is a process of gathering and analyzing information about the behaviors, attitudes, beliefs or conditions that create immediate or impending danger or result in abuse/maltreatment or the risk of future abuse/maltreatment for the purpose of making decisions with the family about the need for change and the actions that will promote change. Included in this process is a thorough review of the family's prior history and interaction with NYC Children's Services.

We have included the *CPS Investigation Diagram*, the *CPS Investigation Flow* and *Safety Information* in the *Supplemental Materials* at the end of Chapter 4 for your review with the CPS' both *before* and *after* they shadow their first case.

### ***Agency Investigative Expectations***

NYC Children's Services holds the entire organization responsible for consistently satisfying the following *Investigative Expectations*:

- ☑ Focusing on children throughout our involvement with the family, as children are our primary clients.
- ☑ Aggressively pursuing the information necessary to determine whether children have been abused or maltreated.
- ☑ Simultaneously investigating whether caregivers have abused and/or maltreated their children while also assessing the needs and strengths of the family.
- ☑ Observing nonverbal and environmental cues for information necessary to accurately determine whether any child living in the household has been abused or maltreated.
- ☑ Applying critical thinking skills to evaluate all currently available information: formulating multiple hypotheses, continuously testing and re-evaluating hypotheses, looking for case patterns, examining and following up on inconsistencies, and considering the influence of and countering any personal biases.
- ☑ Immediately gaining access to the home and all children that are part of the household.
- ☑ Persistently probing for all information necessary to determine whether abuse or maltreatment of any child living in the household has occurred.

- ☑ Having frank conversations or “straight talk” with parents/caregivers, teens, and young children about uncomfortable topics such as physical and sexual abuse, substance abuse, mental illness, and domestic violence.
- ☑ Consistently conveying “compassionate skepticism,” which means communicating your respect, empathy, and caring of all individuals living in the household, while simultaneously not automatically accepting that everything told to you is truthful or sufficiently detailed to accurately determine whether any child living in the household has been abused or maltreated.
- ☑ Seeking out and relentlessly pursuing all leads or other sources of information to determine whether any child living in the household has been abused or maltreated.
- ☑ Consistently obtaining all official documents, such as medical and school records, to gather the information necessary to determine whether abuse or maltreatment has occurred.
- ☑ Skillfully relating to all people in the investigation (children, parents, other family members, neighbors, medical personnel, school personnel, police, attorneys, judges, supervisors, managers, therapists, psychologists, etc.), no matter how difficult they may prove to be in providing you the information necessary to determine whether any child living in the household has been abused or maltreated.
- ☑ Respecting cultural differences while determining whether instances of cultural practices and beliefs contribute to safe and healthy family functioning or whether they influence the abuse or maltreatment of the child(ren).
- ☑ Using interpretation services (as necessary) to conduct interviews of children and other family members when English is not their first or primary language.
- ☑ Consistently searching out the background information of parents/caregivers, including criminal background checks, domestic violence reports, and previous CPS investigations.
- ☑ Utilizing resources for support of our work, including investigative and clinical consultants, supervisors, Child Advocacy Centers, educational resources, and various other conferences and consultants.

Investigation in CPS is the process of systematically collecting the information necessary to determine whether child abuse or maltreatment has occurred and who is responsible.

- ☑ Using parent-child interaction during contacts, including parental visitation, to acquire information necessary to determine whether any child has been abused or maltreated.
- ☑ Documenting all casework activities in an accurate and timely manner, including injuries observed and the area they are observed on.

Satisfying these investigative expectations is an integral part of assessing safety and risk of future harm.

### ***Supervisory Debrief Questions CPS Investigations***

*Note: You may choose to conduct this debriefing as one of your case-based group supervision sessions. Ask the CPS to provide a brief description of one of their cases (shadowing or on their caseload) and then engage the group in a discussion using the following questions. Walk through the stages of the case and review the relevance of what they observed and the information they have gathered.*

1. What are the preferred means for initiating the CPS investigation?
2. Why do you need to look at and analyze prior reports?
3. How will you determine your personal safety needs?
4. What do you do with all of the information that you are gathering about this case? How do you organize it so that it is useful and meaningful?
5. What do you need in the way of developmental support, to be able to initiate an investigation? What don't you know or understand about the process?
6. What will you do/how will you think about a situation where the parent(s) response is that there is no reason to believe that safety is an issue while simultaneously the child is suggesting that their safety is a concern or facts point to safety concerns?
7. Name some examples of Non-CPS Safety Issues.



## **FAMILY COURT**

### ***Preparation***

An important training module in the CPS Core Program curriculum deals with the family court legal system. This module is designed to convey to workers an understanding of the fundamentals of the legal system and the essential role courts play in Child Welfare—particularly in child protection. Through these visits new workers are provided with a description of the court system and roles of various individuals involved in the process. Workers also learn how authority is granted to ACS, how the courts intervene on behalf of children and the constitutional rights of parents.

Understanding how all of this fits together for the betterment of children we serve is the primary outcome for CPS' attending family court prior to filing their own petition. Going to court, talking to a lawyer about a client, and appearing/testifying before a judge to tell him or her about a client can be very intimidating for a new Child Protective Worker. CPS' spend a great deal of time being involved with the many parts of our family court legal system. They work closely with our agency attorney from Family Court Legal System (FCLS), who represent them in court, the law guardian and the parent's attorney.

Visits will be pre-arranged by the OBT or Training Unit Supervisor. The Training Unit Supervisor or OBT will inform his/her new CPS when they will be going to court. Each unit will have an opportunity to visit the Family Court. They will meet at court at 9:00 am sharp. More than one unit may attend court at the same time. In the past, the courts have allowed up to ten workers to attend at one time. These visits will include the following:

- Intake
- Follow-up
- Family court tour (child support, FAP, probation, DA's Child Abuse Team, etc)
- One case in progress

If there are more than two training units in the borough, one unit(s) will go to family court and the other unit(s) will remain in the Borough Office. The unit that remains in the Borough Office will debrief the shadowing experience.

## ***Outcomes for the Court Experience***

- To address the stress and fears of going to Family Court
  - Help to lessen some of the anxiety new CPS' have when talking to lawyers
  
- To have the CPS better prepared to articulate a case to the Attorney and Judge
  - Help the CPS see that it is very important that they know their case;
  - Deepen CPS' knowledge of why they are there and how to articulate the reason for filing the petition
  
- For the worker understand the importance of being prepared by having a plan [goals] created with the family.
  - Provide an understanding of the importance of bringing relevant and crucial notes about clients: names, dates of birth, address, family assessment plan, and any prior history as it relates to the present allegations
  - Provide an understanding of the potential or real endangerment of the children while understanding the safety and risk factors being observed by the worker
  
- For the worker to gain an understanding that s/he is a primary member of the process and no longer a by-stander in court.
  - Provide real and contextual meaning to the classroom training

To promote CPS' understanding of the Family Court process, it will be helpful to review these topics before their visit.

### ***1. Reasons for Filing a Court Case –***

Workers go to court for many reasons including:

- To request that a family or individual participate in services designed to benefit self and/or their children;
- To have a child removed and placed in foster care,
- To have permanency hearings to ensure the future of a child.

### ***2. Legal / Consultation Prior to Filing or Going to Court –***

- Introduce the process of seeking legal consultation prior to filing a petition or going to court.

- Discuss a real case with an FCLS attorney in their borough including how to use court orders of protection and court orders for client cooperation with preventive or foster care services.
- Learn what information will be required to obtain for a case to be approved for filing into Family Court or, why a case may not be accepted for filing.
- Reinforce for the new CPS that when decision-making is a shared process that includes them, supervisors and managers in their borough.

3. *Court Visit / Process* –

The workers will have the opportunity to follow a petition through the family court. CPS staff will be taken to the Intake Room/area, where petitions are drawn up and have the opportunity to sit with an agency attorney. It is critical that new CPS understand how important it is to have as many facts as possible to present to the lawyer who is drawing up the petition.

4. *Court House Tour* –

After the new CPS has the opportunity to talk to a lawyer, they will have a tour of the court house. This will help the workers to become familiar with the various parts of the court house and lessen the stress when trying to locate relevant offices on their own.

5. *Court Room* –

The final activity of the day is providing the opportunity for the CPS to sit in a court room.

- To observe a hearing on a petition being presented before a Judge.
- To observe the questioning of a worker and clients by a lawyer and in some cases, by the Judge.
- See how all of the parties in a court case are heard by the judge.
- Additionally, it will show the workers how to dress for court, what is court etiquette and who is allowed to speak during the court proceedings.

***Don't Forget!!!***

- Whenever you can and it makes sense, reinforce and include CPSPC classroom learning with what the CPS is actually experiencing in the Borough
- The type of de-briefing will depend on situation and stage of the investigative process observed
- Have the CPS discuss their experiences, including a self-assessment of their feelings, skills observed and/or needed supports

***Supervisory Debrief Questions  
Family Court***

*Note: When the Training Unit has their first case that requires a legal consultation, schedule a Case Based Group Supervision to discuss the process of preparation. Include a discussion about role in court, appropriate dress and demeanor in your group supervision.*

1. At what types of hearings do CPS appear, and what must Children's Services prove at each of them?
2. What is the role of the CPS in court?
3. How prepared were the CPS you observed? What type of preparation did they receive/ask for from the FCLS attorney? How did that affect what happened in court?
4. Under what circumstances did the judge order children removed? Under what circumstances were they sent home? Why?
5. What characteristics did you notice about those CPS who were effective in court?
6. How much did the extent/depth of the CPS investigation affect what happened in court?

## **PROFESSIONAL RELATIONSHIPS**

CPS workers must be able to establish relationships with a variety of other professionals in order to address the myriad issues that present themselves. Making and sustaining these relationships is an important skill. The next section of the First and Second Five Days of OJT provides topics which create the opportunity for guest speakers. The primary purpose of scheduling these speakers is to provide content expertise for the new CPS; it is equally important that the CPS begin to establish their working relationship with those representing the content areas.

These topics will be further explored during Chapter 5 – 90 Days of OJT.

### ***Clinical/Other Consultation Teams***

The new CPS has been told about the Clinical Consultation/other Teams in your Borough office. OJT is an opportunity for them to meet the members of the various teams so they begin to know them and will be able to call upon them for consults in their areas of expertise when they begin to get cases.

Collaborate with the OBT to arrange for visits to the TU by these team members. The CCT should be asked to make presentations on what they do, providing insights about their specialty to include:

- 📁 Overview of the CCT
- 📁 Referral Forms
- 📁 The Domestic Violence Protocol: overview and practice
- 📁 Investigative Consultant - role in the CPS investigation
- 📁 The Children's Services Education Unit - Special Education, Early Intervention, Pre-School Special Education, Special Education

### ***Personnel Issues***

TUS are to meet either in small groups or individually with the new CPS to review human resource policies. Training Unit Supervisors should be prepared to answer any questions that the trainees may have from the CPS Practice Core, providing detailed information on the Personnel Handbook including:

- ✓ Time and leave
- ✓ Overtime

- ✓ EEO Policy
- ✓ Code of Conduct (including appropriate dress, etc.)

## ***Worker Safety Overview***

We all want new CPS to be realistic about the challenges of this job. Making sure that they are aware of NYC Children’s Services policies and procedures for their safety lets them know that should anything unforeseen happen to them, the agency has supports in place.

Carefully review the following policies and procedures with the CPS and assure them that regardless of circumstance, they should feel confident to bring any concerns about their personal safety to their supervisor *at any time*.

## ***DCP Implementation Plan***

**Statement of Policy:** The Administration for Children’s Services is committed to providing a safe working environment for all staff. When a staff member is threatened, assaulted, harassed or becomes a victim of a crime while performing their assigned duties, we want to be confident that our staff receives the appropriate support and services in a timely manner.

### **Statement of Procedure: Immediate Steps to be taken**

- ☑ *Staff Member* – Call 911 if the situation is an emergency and you require medical or police assistance.
  - Notify your supervisor immediately or call the HOTLINE supervisor at (212-966-8000) if you are unable to reach your supervisor during non-business hours.
  - If not previously reported through the 911 system, please go to the local precinct to report the incident.
- ☑ *Supervisor* – The following information is important in order to assist the staff person appropriately.
  - Has the staff person been injured or emotionally traumatized?

- Where is the staff member currently located and what is the call back number?
- Determine if the staff member needs assistance immediately and send a supervisor or co-worker to be with the staff member.
- Does the staff member require medical treatment or have they already been treated?
- What is the time, date, location and circumstances of the incident?
- Ask if the staff person has reported the incident to the Police and if so, obtain the name and command (precinct) of the responding Police Officers.
- Notify CPM immediately and provide them with all known facts.

*Note: Your CPS has received the tips for caseworker safety. You will find it in the Chapter 8 Resources. Please review it.*

### ***Supervisory Debrief Questions Worker Safety***

*Note: Whether or not the new CPS mentions it, they have probably heard stories that make them anxious about their role and work within the Agency. Use this time to help them shape a plan for their safety and to begin to think about what they need to do to be safe while in the office or in the field.*

1. Define the levels of incidents that you should report.
2. Make a safety plan for yourself.
3. How will you recover should you be injured-physically or emotionally? Who are your personal supports?

## **Secondary Trauma Seminar**

This training is currently being done by Clinical Consultant on-site upon request.

### **Caring for Yourself: Resilience**

Current thinking would suggest that resilience kicks in when people encounter adversity. People who are experiencing tough times have lots of resilience but don't necessarily know it. In fact, it is generally believed that resilience can not be taught and rather is something that develops inside us as we endure and actually come through difficult times.

Resilience means elastic; capable of withstanding shock without permanent deformation or rupture; tending to recover from or adjust easily to misfortune or change.

#### **Exercise**

#### **Resilience: How to Take Care of Yourself during Difficult Times**

*Note: Engage the CPS' in a discussion about resilience and self care. Make sure to think about how you as a supervisor take care of yourself so that you have examples to share. This is a good exercise for group supervision because everyone can benefit from each other's ways of self care.*

1. What kinds of events at work have been most stressful for you? How have those events typically affected you?
2. Is it easier for you to assist others through stressful times than to support yourself?
3. Who do you most often reach out to during stressful times?
4. Now thinking about your responses to these questions, what are strategies can you observe about yourself that you would consider being demonstrations of your resilience?
5. Can you think of a staff member who seems to demonstrate qualities of resilience? What are the qualities that you would put on that staff member's list?
6. How does thinking about your ability to be resilient affect your personal safety plan? How do you weave your sense of resilience into it?
7. Discuss the Employee Assistance Plan (EAP) as a resource (*for additional information on EAP, see Supplemental Materials at the end of this chapter*).



## **TIME MANAGEMENT: TIPS FOR MANAGING COMPETING PRIORITIES**

Adapted from *Time Management* (2001); California Social Work Education Center, University of California, Berkeley.

### **1. Set Goals and Prioritize Your Efforts**

Make the distinction between things that are important and things that are urgent. Doing things that are important results in greater effectiveness. Sometimes you have to attend to urgent matters. However, it's vitally important to take time to clarify your goals and prioritize those tasks that relate directly to accomplishing your goals.

### **2. Make a Plan and Stick to it**

Develop an annual plan that clarifies your goals and priorities. Develop short term plans (monthly, weekly, and daily) to accomplish tasks necessary to achieve your goals. Don't get distracted by interruptions, e.g., unimportant phone calls. Do the most important things first.

### **3. Eliminate Energy Drainers and Time Wasters**

There could be situations or people in your work environment that are draining your energy without contributing value to your efforts. If they distract you from your priorities, minimize your interactions with them as much as possible.

### **5. Simplify your Environment**

Clutter in your office can create stress. It can actually "feel" like you have more to do than you really do. Clearing clutter out of your office is one of those important but seemingly not urgent tasks. Clutter is anything that does not relate to your priorities.

### **6. Decide What You Can Give Up or Delegate**

When you have to choose among multiple priorities, you probably have to give something up. If you feel that there isn't enough time to do all the things you have to do, begin by saying "no" to a project or task that isn't mandatory. If you think it has value, consider if you can delegate it to someone else. Sometimes *expectations* are the problem, i.e., learning to accept "good enough" when there isn't time to achieve perfection.

### **7. Do One Thing at a Time**

Make note of other tasks as you think of them, but do not interrupt what you're doing to work on them. One of the most difficult skills to learn is doing just one thing at a

time. Often, since there is always too much to do, we have a tendency to start one task, then think of two or three others and skip to those. As a result, we are distracted and lose momentum. Essentially, we interrupt ourselves. (Maher & Cook, 1985)

**8. Write “Next Step” Reminders**

When you finish one piece of the task and/or stop working on that task, remember to write a note to indicate where you stopped and what the next step is. Otherwise, you will have to go back and rethink the whole project.

**9. Plan Ahead**

- Set things out the night before, develop tomorrow’s “Today List” at the end of the day (or first thing in the morning).
- Budget your time realistically. HINT: Estimate how long it will take and then double that.

**10. Avoid Interruption**

- Use a space away from your colleagues and telephone to complete tasks that require concentration.
- Use call-forwarding to voice-mail to protect time.
- Let your chatty colleague know you are under deadline and need not to be disturbed for the next hour or so.
- Set times to be available to take phone calls each day (i.e., 8:30 – 9:30 am, 4:00 – 5:00 pm.).
- Interruptions by supervisors can be troubling. An effective way to deal with this is to say something like: “I’m about halfway done with the report you asked me to complete by this afternoon. Would you prefer I put the report on hold for the moment, or shall I get back to you regarding this new issue later?” This approach lets your supervisor know how you are doing and takes the choice about giving in to the interruption out of your hands (Bernstein and Halszyn, 1989).

**11. Use the T.I.M.E. Method of Prioritizing**

# CHAPTER FOUR – SUPPLEMENTAL MATERIALS

- Initial Supervisory Guidance for Child Protective Investigations
- Major Themes from Children’s Safety Reviews
- DCP Team
- Family Mapping
- Structured Shadowing to Enhance Early Learning Experiences for New Trainees:
- Documentation Requirements
- Timeframes for CONNECTIONS
- Progress Notes Sample
- CPS Investigation Flow
- CPS Investigation Expectations

- Revised Safety Definitions; Safety Plan; Safety Decisions
- New York City Employee Assistance Program (EAP)

# INITIAL SUPERVISORY GUIDANCE FOR CHILD PROTECTIVE INVESTIGATIONS

## **O**verview

In providing initial guidance in a child protective investigation, the Supervisor should assist the CPS to determine, in the context of the child's safety, *what needs to be learned about the family and why*. This will initially be steered by the allegations and any information known about the family from prior investigations/cases.

## **K**ey Concept

Supervisors should clarify for the CPS *what* s/he needs to find out and *why* (based on the allegations, priors, interviews, etc.), rather than give a list of things to inquire about or to do. The answer to these questions (*what do I need to know and why do I need to know it?*) will assist the CPS to think critically about the facts they need to gather and will help him/her to generate a list of questions, in addition to those that were given by the supervisor.

## **P**ayoff

The Supervisor can empower the CPS to have a heightened inquisitiveness regarding the parents' ability to safely take care of the children. Figuring out the "puzzle" of "*What is the big picture?*", learning about the family's day-to-day life, and identifying what could harm the children in the near or distant future, will have the CPS generate questions for him/herself and will augment assessments.

#### **Initial (Pre-investigative) Guidance**

**S**upervisors should help the CPS to look at the parents' (or caregivers') ability to safely care for the children. First steps should include:

- ❖ Looking at the allegations and determining what the key issues are pertaining to the children's safety.
  - Based on each allegation, what are the essential facts that we need to find out?
  - Explain why we need to know the information regarding each issue.
  - Focus the CPS on the **overall well-being** of the child and not limit their attention only to the allegations.
- ❖ Actively engage the CPS in a structured discussion about the concerns presented in the allegations and how they could affect the children's safety.
- ❖ Discuss what the CPS needs to know about the children, caregivers and others in the family to learn about their day-to-day functioning. Formulate what questions will get at the facts the CPS needs to know and establish from whom s/he should elicit this information.
- ❖ Be clear (and document) **why** specific questions need to be asked (i.e., what is the CPS looking to learn from a particular line of questioning).
- ❖ If possible, develop hypotheses about what is going on with the family and how it impacts on the safety of the children. This will also help to expand on lines of questioning. If there is insufficient information to do this during the pre-investigative conference, it should be done during the next supervisory session (48-hour review). Hypotheses may change (some eliminated, others added, or amended) as information is obtained.
- ❖ When allegations are verified, the supervisor should guide the CPS to clarify in the documentation how the parents' activities or behaviors affect (or not affect) the children, causing them to be (or not be) neglected or abused.
- ❖ When relevant, the CPS needs to be reminded of consultations that should be done early in the case that will enhance the investigation (i.e., conferring with the Investigative, Mental Health, Domestic Violence, or Substance Abuse Consultants), noting the specific concerns to the consultant. The Supervisor should also ensure that the CPS promptly consults with FCLS when required.
- ❖ The Supervisor should assist the CPS in synthesizing the information s/he gathered and in making well-informed decisions.

### CASE SCENARIO

#### **Family Background**

The family consists of the thirty-four-year old mother, Diane; her thirty-nine year old boyfriend, Dwight; and their three sons, fifteen-year old Rashawn; five-year old Ramel; and eleven-month old Rasheed. Diane and Dwight have been together for over fifteen years. They initially reported to the CPS that they had a good relationship. However, as the current investigation progressed, family members, friends, and Diane acknowledged that there have been incidents of domestic violence in the relationship. The extended family includes the maternal grandmother, Mary H; the maternal great aunt, Sharon; the paternal grandmother and grandfather, Aida and Ray; and several other relatives and friends who are involved with the family. Mary H. was involved with ACS's predecessor agency in 1987 for allegations of inadequate guardianship, sexual abuse and 'other'. All allegations were indicated. The maternal grandmother informed the CPS during the current investigation, that Diane and her sister, Denise, were removed from her care and later adopted.

#### **Prior Cases**

Diane was named as a child on her mother's SCR report in 1987 which was indicated; the case record was requested from the warehouse, but was not available to OQI. Also, an ADVPO case was opened in 2008 for Diane and closed the following day.

In December 1994, a Department of Social Service employee reported that Diane was borderline mentally retarded and had not taken Rashawn to any medical appointments. The source stated that the child was very ill and was continuously congested. She reported that Diane did not dress Rashawn appropriately for the weather and he was having difficulty breathing. Diane was asked to take the baby to the doctor due to his condition, but she refused. The source felt that the mother was placing Rashawn in harm's way. The case was indicated against Diane for lack of medical care and inadequate guardianship.

#### **Current SCR report**

**Allegations:** "Four-month-old Rasheed has a urinary tract infection and failure to thrive. The parents are using their money on alcohol rather than formula for the baby. The parents are giving the baby sugar water. The parents drink to the point of intoxication on a regular basis in the presence of Rasheed, Rashawn and Ramel."

**Miscellaneous information:** "The source's alternate contact number is \*\*\*-\*\*\*-\*\*\*\*. There are closed cases on the family. One of the Godmothers came to the hospital and disclosed the above information."

**Locating Information:** "It is unknown if the parents, Rashawn and Ramel are home. Rasheed is in the hospital."

**Supervisor's Pre-Investigative Instructions**

- Review family's prior history – Indicated case of Lack of Medical Care; Other and indicated 1995 for bio mother.
- FSI opened 1-20-09 closed 1-21-09. FSS opened 11-18-08 closed 4-23-10. Agency is day Care Council.
- Verbal directives given.
- Case opened on 8-12-10. Case is HR and DA.

CPS and sup had face-to-face discussion regarding all findings thus far on case. CPS is to complete the following.

- CPS to contact the source of the report.
- Inquire as to the current location of the family.
- Find out how source became aware of the allegations.
- Find out what if anything parents stated regarding sc's current medical state.
- Find out who brought sc to the hospital and what was their overall disposition?
- Find out how was subject child (sc) transported to the hospital.
- Find out if there are any other children and where are they.
- Request a written report of all findings.
- Find out what is the present condition of the sc and when will sc be medically ready for discharge.
- A hospital visit is needed to meet with attending (physician), observe sc and speak with any family member at the hospital regarding the reported allegations.
- CPS is to make a home visit to the case address after home visit to the hospital. Obtain a full household composition. CPS to verify family's names, dobs and address as needed.
- Find out if sc has any medical condition and what is the condition.
- Find out if mother had prenatal care and were there any complications when sc was born.
- Find out if parents are following up with all medical and if not why.
- Explore all allegations with family members and household occupants who can give an account of the allegations.
- Find out how does family's ongoing involvement with this agency affect family's overall functioning.
- Find out what type of support family receives and from whom.
- Assess parent's ability to provide adequate care and supervision.
- Find out what are some stressors in the home and how is family handling them.
- Find out if the caretakers use any alcohol/drugs, how often, do they use in the home, what do they use, why do they use and when did they start using.
- Discuss what a random urine test is and request testing from the adults in the home.
- Make contact with the EMS to get feedback regarding who made the 911 call, what time call was made, what was said when call made, what was told to EMS when they responded to the case address and what was the disposition of the household members when EMS got to the case address.



- Assess family's need for services. If services are needed CPS will make a referral via liaison. CPS to follow up with liaison as to agency case referred to.
- CPS to assess home for risk to the children/occupants. Check for working smoke carbon monoxide detector, window bars, sleeping arrangement, food, income, and immunization of all children.
- CPS to observe all children for marks and bruises. All fresh marks and bruises warrant immediate medical attention. CPS to contact supervisor for directives if injury observed.
- CPS to obtain collateral information (i.e., neighbor, /super/landlord, medical provider, family members) for collateral contacts. Complete clearances on collaterals.
- CPS to inquire as to the father of all children and his involvement with the family. Document his name and current whereabouts if known.
- Make contact with bio father to get feedback as to his overall involvement with his child and to ascertain if there are any concerns regarding mother and child in mother's care.
- CPS to complete the DIR/criminal background check, sex offender registry, DMV.
- CPS to obtain school information for all school aged children. CPS will need to mail 700B and retrieve ATS report for review with parent and child.
- Request the old case record as well.
- CPS to document all accounts obtained. Discuss all findings with the supervisors.

**V**ery good instructions were given by the supervisor; however, they were presented as a “laundry list” of questions to ask and activities to complete. Some of these could have been put in the context of what the CPS needed to learn around certain concerns. This would help to steer the CPS to think about building a comprehensive perspective regarding aspects of the family’s life. For example, the supervisory guidance could be put in the context of identifying “red flags,” in the context of understanding the family’s overall functioning, or in the context of recognizing how the history of the family may be intertwined with their current situation.

**B**elow are items extracted from the supervisory instructions above that could be reworked into the context of obtaining information about the safety factors, including the infant’s alleged precarious health status. (The first part of the allegations pertained to serious health problems of the four-month old baby.) Some of the instructions the supervisor gave pertained to this, but were not put in that specific context.

- Find out if sc has any medical condition and what is the condition.
- Find out what if anything parents stated regarding sc's current medical state.
- Find out if mother had prenatal care and were there any complications when sc was born.
- Find out if parents are following up with all medical and if not why.
- Find out who brought sc to the hospital and what was their overall disposition?
- Find out what is the present condition of the sc and when will sc be medically ready for discharge.
- A hospital visit is needed to meet with attending (physician?), observe sc and speak with any family member at the hospital regarding the reported allegations.
- Assess parent's ability to provide adequate care and supervision.
- Make contact with bio father to get feedback as to his overall involvement with his child and to ascertain if there are any concerns regarding mother and child in mother's care.
- Make contact with the EMS to get feedback regarding who made the 911 call, what time call was made, what was said when call made, what was told to EMS when they responded to the case address and what was the disposition of the household members when EMS got to the case address.
- CPS to assess home for risk to the children/occupants. Check for working smoke carbon monoxide detector, window bars, sleeping arrangement, food, income, and immunization of all children.

**S**he could have written:

"The supervisor met with the CPS and had a discussion on this high priority, DA case prior to the initiation of the investigation. The allegations note that the infant has serious health problems, including failure to thrive. This is a critical medical condition that could threaten the infant's health and life; therefore, it is very important to verify information about the baby's medical status and get as much information as you can about this. We need establish who are the most critical persons to quickly interview (i.e., within the first twenty-four hours and within the first week of this investigation). This would include speaking to the parents, the hospital staff, and Rasheed's regular pediatrician about the baby's health status, including any complications when the child was born. We also need to know how well the parents have been known to follow-up when the baby has a medical crisis. It is important that we get sufficient details from medical staff about the baby's condition so that we are clear if his failure to thrive is caused by neglect or by a medical condition that is not his parents' fault. Request a written report from the doctors regarding the child's hospitalization; it would serve as validation of the facts regarding the infant's condition. Also, inquire as to the baby's anticipated discharge date so that we have an idea about the timeframe (besides those established by policy and regulations) in which we will need to assess the parents' ability to safely care for the infant once he is back home.

There was an indicated case in 1995 in which allegations were made that the mother was not following up on her older child's medical needs. The record should be requested from the warehouse so that the CPS can review information on the previous investigation and obtain facts on the parenting of the older child as well as the day-to-day functioning of the family. The family also had assistance for seventeen months from an agency which is noted in an FSS. The FSS was closed four months ago. Review of this documentation is likely to give the CPS insight into the family's issues and what the children's lives were like for that period. There needs to be a conversation with the agency staff about their work with Diane, and also with Diane, to get feedback on her experience with the agency and what skills she learned that could have improved her parenting.

We need to ask questions to establish if there could be a pattern of medical neglect resurfacing or if there are different issues at hand. Once we get a clear understanding of baby's medical condition, we need to determine if the parents are fully capable to safely take care of him and if they have been meeting his needs, especially his medical needs. The CPS should obtain the pediatrician and hospital doctors' feedback on how they think the child has been faring in the parents' care. The CPS needs to gather information that will help her to evaluate Diane and Dwight's ability to safely care, not only the infant whose health may be in precarious status, but also the other children.

The allegations also indicate that that the baby's parents may be alcoholics and that they are feeding sugar water to the infant. Further instructions from the supervisor on the point of the parents' possible alcoholism; their neglecting the baby, including not feeding him properly; and an overall assessment of the family's day-to-day functioning, should continue in the framework of what are the essential facts we need to find out, and why.

The guidance could be reworded to:

"Since it was reported that the parents are alcoholics and are feeding sugar water to the infant, the CPS will need to obtain information from various sources, including the prior record, to evaluate if the parents are abusing alcohol or other substances, and, if so, how that impacts on the care of the children, particularly the infant. After obtaining information pertinent to this issue, the CPS should confer with the Substance Abuse Specialist around having a substance abuse/alcohol assessment for Diane and Dwight.

The CPS needs to visit both the hospital and the home. She should evaluate if any of the issues that were known in the previous case may be resurfacing in the current investigation. For example, Diane was known not to follow through on Rayshawn's medical needs when he was younger. An examination of Diane's presenting problems and underlying issues, including stressors at the time, should be compared to those she has now. To evaluate what support Diane has around these issues, the CPS should identify who those persons and systems are, so that she (the CPS) can make inquiries to get additional insight on the family.

If Diane is an alcoholic, she may have neglected aspects of her own care when she was pregnant and may not have had pre-natal care. This could have negatively impacted her unborn child. Also, if Diane and Dwight were the persons who brought the baby to the hospital, they could have been observed to be inebriated. To get detailed information on these points, the CPS should speak with the family and the hospital or EMS staff who may have transported the child. The CPS is also to interview people who are familiar with Diane and Dwight, to see what observations they have made and what concerns they may have about the children because of the parents' drinking. This would include extended family members; the godmother, who was the source of the report; neighbors; the staff at the older child's schools; the children's pediatrician; and the other children in the home.

Whether the father is regularly in the home or not, he should be interviewed to get his perspective on his and Diane's drinking habits and his opinion of her care-giving capacity. He may be in a type of relationship with her in which he has knowledge about her that others do not. The CPS also needs to delve into Diane and Dwight's relationship with the children. The CPS should ask Diane, Dwight and others how they resolve conflicts and whether there is violence in their interactions. The CPS should also confer with the Investigative Consultant to determine if there are any DIRs or criminal background pertaining to Diane and Dwight; this will help verify information the CPS obtains from the parents and to get a clearer sense of the nature of their involvement.

The CPS needs to conduct similar inquiries pertaining to any other males that may be in the mother's life and have access to the children, as well as any other fathers Diane's children may have.

Regarding the allegation of sugar water being fed to the baby, the CPS should focus on this with the source as there could be a correlation between the feeding and the infant's failure to thrive. Also, when the CPS checks the home environment for physical safety (i.e., window bars, smoke/carbon monoxide detectors, and anything that could be a threat to the children's safety); for sleeping arrangements; and for clothing and food supplies; be sure to assess if there is sufficient provisions, particularly baby formula, in the home. This is important as the allegation notes that the baby is not being fed suitable food. If Diane is breast-feeding, ask about the baby's nursing schedule and how well he suckles. Also, use the Under One Protocol as a guide for the specifics we need to know about the infant's care."

The same approach should be taken with the remainder of the allegations (i.e., the supervisor should have the CPS focus on what information needs to be gathered and why).

The guidance could appear as:

"The CPS needs to have an accurate accounting of who lives in the home and their relationships and their roles in regards to the children. All of the children must be accounted for, observed, interviewed and assessed for injury as incidents could have occurred in which they were hurt if their parents were intoxicated. In such a state, the parents could have provided inadequate supervision or disciplined the children inappropriately. Therefore, this is a serious issue that needs to be evaluated immediately. The information gathered should be documented promptly and the CPS is to discuss what she has learned with the supervisor.

Based on the information you gather, we will begin to get a sense of what the family's day-to-day life is like, what aspects of their life could be a cause for concern for the children's safety, and what are the specific needs and issues that must be mitigated for the children to be safe and well. Regarding any safety issues, we will need to put in safety interventions immediately and a safety plan must be developed to maintain the children's protection. Keep in mind that you will also need to focus on an overall assessment of all the children's well-being, not just the allegations on the intake report.

We will need to determine, at our next discussion, what you know to-date and what you still need to find out about the children and family, so that you can seek out that information and close any gaps in the investigation. We will also begin to formulate ideas, based on what you have learnt, as to what the issues are in the family. As you gather information throughout the investigation, we will formulate what interventions are most appropriate to keep the children safe and to stabilize the family, prior to making a referral.

Follow-up with the DA's office to ascertain their involvement, if any, and get an update of any actions they have taken or plan to take. Share pertinent information with them. "

**D**uring the first week of the investigation, the supervisor continued to guide the CPS in the investigation and gave good instructions as noted below.

**Supervisor's 48-Hour and 5-Day Instructions**

**48-Hour**

- CPS and sup had face-to-face discussion regarding all findings thus far on the case
- CPS is to follow up with mother's urine test results. If results are positive discuss with mother and make service referral.
- Bio father is to also submit to urine testing.
- Request MC to discuss sc's diagnosis and all medical findings on sc for service appropriateness. Discuss all recommendations with family.
- Complete and submit the safety assessment for approval.
- Reach out to all service providers regarding all past involvement with family, what the service plan looked like and to ascertain if there were any concerns for family while they were involved with their agency.
- Discuss Early Intervention with the family and make referral for Ramel and Rasheed.
- Continue efforts to speak with source of the report regarding the reported allegations.
- Request a copy of child, Rashawn's IEP.
- Follow up with the IC regarding the clearances done on family. Discuss findings with the family to get feedback regarding all hits.
- Continue to speak with hospital staff regarding how sc is doing and what the discharge plan would look like for sc.
- All prior incomplete directives to be follow up with
- Document all information received. Discuss all findings with the supervisors

**5-Day**

- CPS and sup had face-to-face discussion regarding all findings thus far on the case.
- Request MC to discuss sc's diagnosis and all medical findings on sc for service appropriateness. Discuss all recommendations with family.
- CPS is to request a MH consult on the case.
- CPS is to request a CSC to discuss prior history with the agency of the family, the presenting case and it's dynamics and to come up with a service plan for the family.
- All prior incomplete directives to be follow up with
- Document all information received. Discuss all findings with the supervisors

Based on the information gathered and evaluated, as well as what has been identified as gaps in knowledge about the children and family, the Supervisor should continue to guide the CPS to pull together facts that will “paint a picture” as to what the family is about and what the children’s lives are like, being part of that family. The intent of the probing will be to elicit information that will aid in assessment and decision-making. The inquiries will continue to be focused on issues pertaining directly, or indirectly, to the safety and well-being of the children.

**General guidelines for the Supervisor’s 48-hour, 5-Day and on-going guidance**

Based on the information that the CPS has gathered and reported on, the supervisor needs to help the CPS to expand on what is known to-date (from interviews, prior records, etc.) in order to further his/her knowledge on what the family is about and how the caregivers’ activities and behavior affect the children. Again, it is important that the Supervisor give instructions in the context of what needs to be known and why. This would include:

- ❖ Evaluating and clarifying any existing safety issues and risk to the children and what, if any, safety interventions and plans need to be implemented.
- ❖ Assisting the CPS to figure out the needs of the children and the parents’ ability to provide a safe and nurturing home for them.
- ❖ Following-up with collateral contacts to close any knowledge gaps regarding the family. Re-interviewing as needed.
- ❖ Developing, eliminating, or expanding on already developed hypotheses, to speculate what may be happening in the household and how it could affect the children.
- ❖ Recognizing any barriers or incomplete and contradictory information, including elements from prior cases, and working with the CPS to identify methods of probing (including straight talk) for clarification and for additional facts. (Note: Conflicting information, even from professionals, should be probed and worked towards resolution.) Using the Investigative and Clinical Consultants for added insight/information.
- ❖ Helping the CPS to “read between the lines” regarding any ambiguity, hesitation, body language, etc. that s/he noted during interviews.
- ❖ Assisting the CPS to identify “red flags” that point to deeper issues and helping him/her on how to explore them.
- ❖ Teaching the CPS how to recognize what may be placing stress on the family, including the impact of socio-economic issues and cultural norms.
- ❖ Continue to further the CPS’s thinking on patterns of behavior in the family and the extended family and how it could affect the children’s safety.
- ❖ Working on follow-up assessment/next steps to help the CPS to begin considering how social resources, supports, family strengths, etc. will keep the children safe and well. The supervisor can assist the CPS to identify what interventions would make a difference for the family to keep the children safe, to lower risk, and to avoid repeat maltreatment.



**Tips!**

**NOTE:** There are no requirements that there be documentation that these actions took place. There are no ratings on the CPS Review or Supervision instruments that evaluate these actions. Documentation that one of these tips was utilized, in of itself, will not ensure an “Optimal” score on the supervisory ratings.



As a teaching method, the Supervisor could have the CPS take an active role in the development of questions that need to be asked during the investigation.



The Supervisor could help the CPS to enhance his/her investigative technique by encouraging the CPS to have an inquisitive outlook during the investigation. The CPS should “zone in” on the family’s situation (i.e., looking at the circumstances as if the child were someone s/he knew). This could generate lines of probing questions. The supervisor should then ensure that the CPS “zones back out” to his/her professional role as a CPS, while still maintaining an strong interest in the child’s well-being.



To further connect the CPS to the guidance given, the Supervisor could use active, direct language in supervision and in documentation, instead of passive language (e.g., “You should obtain comprehensive medical information from the doctor as I am concerned that Rasheed could die as a result of being a failure to thrive infant” instead of “There is concern that Rasheed is failure to thrive, therefore a written medical report is to be obtained from the doctor”).

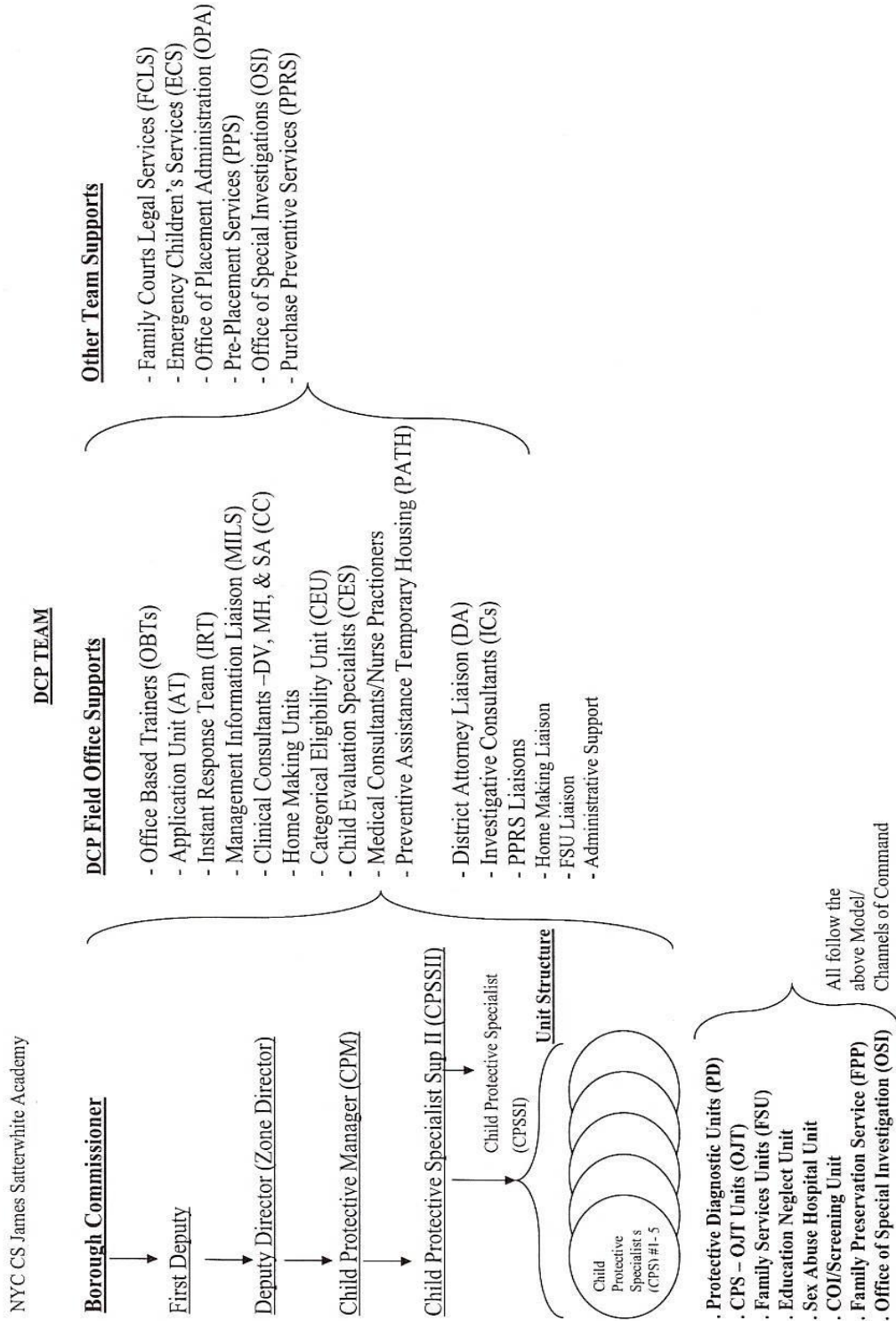


## MAJOR THEMES FROM CHILDREN’S SERVICES REVIEWS

**Competent investigations require the child protective specialist to *gather* and *analyze* information.**

1. When *gathering* information from *sources*, the CPS worker needs to:
  - ✓ Observe, interview, and assess the credibility of all children in the family in a thorough and complete manner.
  - ✓ Interview all caregivers in a thorough and complete manner.
  - ✓ Interview all collaterals, including neighbors, in a thorough and complete manner.
  
2. When *analyzing* information, the CPS worker needs to:
  - ✓ Apply “compassionate skepticism” to parental denials of abuse/maltreatment and not accept denials at face value without adequately investigating them.
  - ✓ Understand the parents’ perspective without “siding with” the parents.
  - ✓ Apply critical thinking skills and, create and test multiple hypotheses.
  - ✓ Thoroughly consider previous history during the investigation and as part of arriving at decisions.
  - ✓ Conduct ongoing safety and risk assessments throughout all contacts.
  - ✓ Conduct a full assessment before providing services.

# DCP TEAM



## MAPPING FAMILIES

### ***What Is It?***

Mapping families involves creating a picture of some aspect of a family's life.

- **Genograms** generally depict a number of generations and sometimes denote demographics such as substance-abuse problems or early pregnancies.
- **Ecomaps** look at the relationships between a family and its environment, including friends, extended family, school personnel, community agencies and organizations, and the like.
- **Family maps** picture the family unit (often, but not always, members of the same household) and the dynamics among its members. The CPPSPC focuses on the family map.

### ***Why Do We Use Family Maps?***

Caseworkers typically amass considerable information about families by talking with and observing the family and through collateral resources. It can be overwhelming to try to keep a picture of the family dynamics in our head. Thus, constructing a family map gives us a concise overview, as well as a tool we may use when discussing the family with a supervisor or another worker.

### ***What's Their Purpose?***

Family maps are generally used in assessment tools. Some practitioners construct them about the family; an alternative is to construct them with the family. The construction of the map often tells us how much we **don't** know about a family, and this may guide us in our next meeting with the family. They also help link assessment to service planning and intervention and help to identify dynamics that may need to change. They can also be used to assess progress and change in the functioning of the family system.

### ***What Do Family Maps Look Like?***

On a blank piece of paper, family members are represented with the following symbols:

□ {squares} = males

○ {circles} = females

The symbols are typically sized to represent the degree of power the person holds in the family

Family members need not be living in the household to be portrayed. A relative living outside the household, such as a grandparent, may have considerable involvement or influence in the family. An incarcerated or deceased family member may still have considerable power. A child in foster care **should** be presented or represented on the map.

A line should be drawn across the middle of the paper to depict a generational boundary. Where you feel the children should be placed, how the adults do – or do not – align around parenting issues will tell you a great deal about the family dynamics.

Relationship between family members should be symbolized as follows:

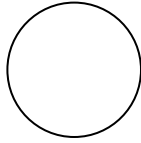
- \_\_\_\_\_ = a strong positive relationship
- /-/-/-/-/-/-/-/-/-/-/-/-/-/-/- = a conflicted relationship
- = a tenuous or nonexistent relationship

**Note:**

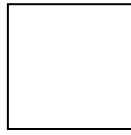
- You may manipulate these symbols to emphasize impressions you have about the family. For example, in one map you might have a thin solid line and a thick solid line, to symbolize degrees of strength in the relationship. A relationship between two people that is sometimes strong and sometimes conflictive could have two lines, one solid and one slashed. The point of map is that you understand it.
  
- To depict the subsystem (for example, a parent and a child who are very close), you may wish to encircle the members of the subsystem using a broken line or a line of a different color.
  
- **Caution:** The tool should fit the family, rather than the family fitting the tool. This visual aid represents your impression of the family at any one time. You should be prepared to alter it—at least in your head – because the family dynamics have changed or because you’ve learned new information. When in doubt, ask the family. Whatever problems they have been experiencing, they will have considerable expertise about themselves.

## Mapping Families Tool

### Family Map: Map Legend



Mother



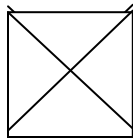
Father



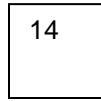
Male



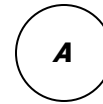
Female



Deceased grandfather  
(still important to the Map)



Age (children)

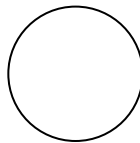


Adopted 14-year-old daughter



A family member who is “cut off” through divorce, abandonment, prison, etc.

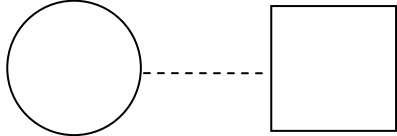
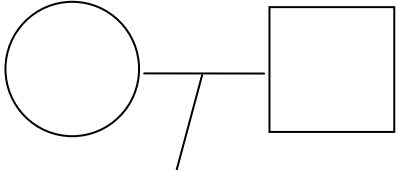
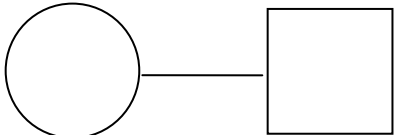
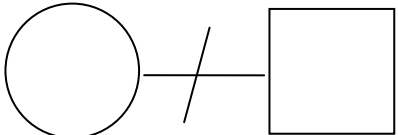
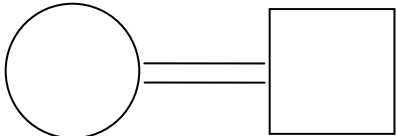
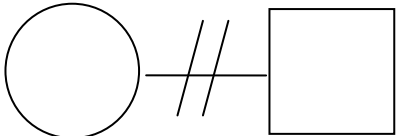
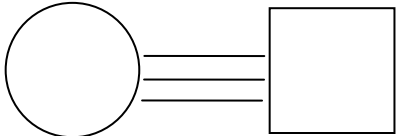
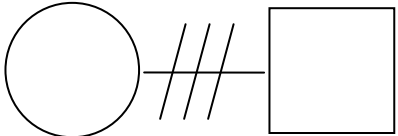
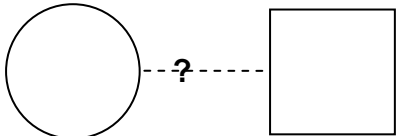
Mother has apparent power  
and influence (large size)



Generational boundary line  
between parents and children



Relationship is indicated by different lines between members:

<p><b>Minimal Connection</b></p> 	<p><b>Unacknowledged Conflict</b></p> 
<p><b>Typical Connection</b></p> 	<p><b>Mild Conflict</b></p> 
<p><b>Strong Connection</b></p> 	<p><b>Moderate Conflict</b></p> 
<p><b>Overly Close Connection</b></p> 	<p><b>Heavy Conflict</b></p> 
<p><b>Nature of relationship is unknown</b></p> 	

## ***Three Key Components of Family Functioning Assessed in a Family Map***

### **Power**

- The family that a family member has on the actions and emotions of other family members.
- Belongs to family member(s) who most control(s) the decision-making process in a family.

### **Boundaries**

- Define family members' roles.
- Most important family boundary is generational boundary – the line that separates the role of children and parents.

### **Closeness/Distance**

- The emotional intensity of family members' relationships.
- Two extremes in closeness/distance:
  - Family members will become disengaged from one another.

#### **OR**

- They will become overly close to the point of becoming enmeshed with one another.

*Source: Supervising Risk Assessment and Services Planning, Atlanta, Ga.: Child Welfare Institute, 1997.*

# **STRUCTURED SHADOWING TO ENHANCE EARLY LEARNING EXPERIENCES FOR NEW TRAINEES: GUIDELINE FOR TRAINING SUPERVISOR**

## **Structured Shadowing to Enhance Early Learning Experiences for New Trainees: Guidelines for Training Supervisors**

### **Introduction**

New social work trainees are often hired up to a month before a training class begins. During that period, they are generally not assigned cases. In addition, they are generally not assigned more than a few cases during their first two months of training. The result is that new trainees spend a significant amount of time in their offices during these first months without a specific set of responsibilities. While training supervisors already use this period to orient and train new workers in a variety of ways, including shadowing other workers, there is no clear structure in place to support them and no clear guidelines regarding what they should be trying to teach.

The purpose of this document is to provide training supervisors with a guide to help them deliver the most effective shadowing experiences possible to their new workers. To do this, the guide:

- (1) identifies recommended activities for new workers to shadow.
- (2) describes the components and structure of an effective shadowing experience,
- (3) provides suggestions for identifying and monitoring staff who provide shadowing experiences for trainees, and
- (4) provides a form for documenting the shadowing activities in which trainees have participated.

### **Recommended Shadowing Activities**

The recommended shadowing experiences have been chosen for two primary reasons: (1) they focus on the more interactional portions of the job (e.g., family engagement, interviewing, assessment), areas that are often the most difficult to master without actually seeing them done and (2) they are integrated with the classroom training that trainees either have or will receive at the Training Academy. The following list is clearly not exhaustive, but it highlights priority areas to consider for shadowing experiences.

#### **Interviewing Children**

- Interview of a child who has indicators of physical abuse
- Interview of a child who has been sexually abused
- Interviews of children of varying ages
- Supervision of a sibling visit of children who are placed



#### Interviewing Adults

- Interview of a client who abuses substances
- Interview of a victim of domestic violence
- Interview of a perpetrator of domestic violence
- Interview of a family where abuse is suspected
- Interview of families from a range of cultures
- Interview of school personnel or other collaterals
- Participate in a Family Conference

#### Assessment Skills

- Initial investigation of a child and family
- Home visit to assess parent-child relationships
- Interview family members to gather information for a social study (focusing on prior treatment, current stressors, strengths, resources, and supports)
- Interview with family members to plan and set goals for a treatment plan, with emphasis on how the assessment guides the treatment interventions

#### Safety Skills

- Home visit where safety issues exist.
- Safety planning with victims of domestic violence

#### Removal Skills

- Initial investigation where removal is a strong possibility
- Participate in a removal from a home
- Participate in a removal from a foster home
- Participate in a removal where multiple children are involved

#### Important Meetings

- Court hearings (neglect, OTC, TPR)
- Permanency Planning Team Meeting
- MAP Meeting
- MSS Meeting

### Components of Effective Shadowing

Effective shadowing requires active participation by all three people involved. The **training supervisor** is primarily responsible for arranging appropriate opportunities, clarifying the competencies to be observed, and reviewing the effectiveness of the process. The **worker** who is shadowed must be clear about the goals of the shadowing session, provide needed background information on the clients, and debrief with the trainee. The **trainee** must know what they are to be observing, observe carefully during the activity, and listen and ask questions during the debriefing.

A complete shadowing experience contains five basic components.

1. The training supervisor, trainee, and worker should meet briefly to discuss the specific competencies that are to be observed during the shadowing activity. The training supervisor should highlight critical areas and, where appropriate, relate the competencies to the training academy curriculum (using the Transfer of Learning Activity Guide).
2. The worker and trainee should meet so the worker can place the shadowing activity in the overall context of the case, provide specific background information on the clients, and give the trainee the opportunity to ask questions. To save time, this brief meeting often occurs in the car on the way to the activity.
3. The trainee observes the worker conduct the activity, paying particular attention to the identified competencies.
4. The worker and trainee should debrief regarding the shadowing activity. Initial discussion should focus on identifying examples of the targeted competencies and evaluating their effectiveness. The worker should also explain any significant variations from the planned interaction and then give the trainee the opportunity to ask questions about any aspect of their observation.
5. The trainee and training supervisor should meet to discuss what was observed and to answer any additional trainee questions. This gives the training supervisor an opportunity to assess what was learned during the activity and gives them a chance to address any trainee misconceptions. If necessary, the training supervisor can also follow up with the worker to address any questions that have arisen.

### **Identifying Workers for Shadowing Activities**

Shadowing experiences are helpful only to the extent that trainees observe quality work and have the opportunity to discuss it with workers who can effectively explain how and why the work needs to be done in certain ways. Therefore, it is essential that training supervisors, with support from office leadership, develop a process to identify “experts” who will be the best models of the competencies for trainees. At a minimum, the process should include the following:

- Review the recommended shadowing activities and related competencies
- Identify workers with the best skills for each competency
- Select a large enough pool so workers will not be overburdened
- Expose trainees to a variety of workers
- Reinforce/support workers who participate in the process
- Debrief with workers and trainees to continually evaluate the process and revise it as needed

The Training Academy will assist in recruiting workers to assist in the process by encouraging mentees and workers who attend the “So You Want to Be a Supervisor” course to participate in the shadowing program in their office.

### **Implementation and Documentation**

Training supervisors should hand out the shadowing guidelines and documentation form to all new trainees during their first 2-3 days on the job. At that time, the training supervisor should emphasize the following points:

- The relationship between shadowing and the training program (i.e., the shadowing activities are directly related to the skills trainees will be taught during their initial training program at DCF).
- The importance of shadowing (i.e., many worker skills are very complex, for these skills classroom training alone is not sufficient, shadowing and, later on, supervised practice are critical in mastering these skills).
- Effective shadowing requires the five steps outlined in the shadowing guide (review the steps with the trainee).
- Documentation of shadowing experiences is required for the first two months of a trainees' employment.
- Documentation requires:
  - The date on which the shadowing activity occurred.
  - Description of the activity that was shadowed.
  - The signature of the experienced staff who was shadowed.
  - The signature of the training supervisor.

It is the responsibility of the training supervisor, in collaboration with area office staff and leadership, to ensure that shadowing experiences are available to all new trainees. The training supervisor is responsible for monitoring the completion of shadowing activities and for evaluating the extent to which they include all the required components.

At the end of a new trainee's first two months of employment, the training supervisor is responsible for forwarding the completed "Documentation of Shadowing Experiences" form to the training liaison for the appropriate training group at the Training Academy. The training liaison will include the information in the Academy's 3-month evaluation of each trainee and then forward the forms to the Academy's associate director for overall analysis of shadowing implementation.

## Documentation of Shadowing Experiences

SWT Name: \_\_\_\_\_ Training Group: \_\_\_\_\_ SWS Name: \_\_\_\_\_

Date	Activity	Staff Shadowed	Supervisor
_____	<b>Interviewing Children</b>	_____	_____
_____	Interview a child who has indicators of physical abuse	_____	_____
_____	Interview a child who has been sexually abused	_____	_____
_____	Interview a child under 5	_____	_____
_____	Interview a child between 5 and 10 years old	_____	_____
_____	Interview a child between 10 and 15 years old	_____	_____
_____	Interview a child 16 years or older	_____	_____
_____	Supervision of a sibling visit for children who are placed	_____	_____
_____	<b>Interviewing Adults</b>	_____	_____
_____	Interview a adult client who abuses substances	_____	_____
_____	Interview an adult victim of domestic abuse	_____	_____
_____	Interview an adult perpetrator of domestic violence	_____	_____
_____	Interview adults in a family where abuse is suspected	_____	_____
_____	Interview a family from a different culture	_____	_____
_____	Interview school personnel or other collaterals	_____	_____
_____	Participate in a family conference	_____	_____

## Documentation of Shadowing Experiences

SWT Name: _____	Training Group: _____	SWS Name: _____	
<b>Date</b>	<b>Activity</b>	<b>Staff Shadowed</b>	<b>Supervisor</b>
_____	<b>Interviewing Children</b>	_____	_____
_____	Interview a child who has indicators of physical abuse	_____	_____
_____	Interview a child who has been sexually abused	_____	_____
_____	Interview a child under 5	_____	_____
_____	Interview a child between 5 and 10 years old	_____	_____
_____	Interview a child between 10 and 15 years old	_____	_____
_____	Interview a child 16 years or older	_____	_____
_____	Supervision of a sibling visit for children who are placed	_____	_____
	<b>Interviewing Adults</b>	_____	_____
_____	Interview a adult client who abuses substances	_____	_____
_____	Interview an adult victim of domestic abuse	_____	_____
_____	Interview an adult perpetrator of domestic violence	_____	_____
_____	Interview adults in a family where abuse is suspected	_____	_____
_____	Interview a family from a different culture	_____	_____
_____	Interview school personnel or other collaterals	_____	_____
_____	Participate in a family conference	_____	_____



## TIMEFRAMES FOR CONNECTIONS (CNNX) ENTRIES

SUBJECT: Timeframes For Connections(CNNX) Entries

APPROVED BY: Jan Flory, Deputy Commissioner, Division of Child Protection *J. Flory*

DATE: January 28, 2011

PAGE: 1 of 2

IMPLEMENTATION RESPONSIBILITY: Division of Child Protection

### PURPOSE:

Specific time frames for recording entries in Connections (CNNX) guide and support good case practice by assuring accurate recall of case actions and assessments, continuity of work done with the case, and ongoing maintenance of CNNX records.

New York laws \* permit business records to be admitted into evidence if, among other things, they were made within a "reasonable time" after an event. For evidentiary purposes, New York Courts have interpreted "reasonable time" as within days of an event. The critical work of Child Protective Staff requires that events are documented within a reasonable time after such events occur.

This policy is intended to provide clear guidelines on the timeframe for entering case related documentation into Connections (CNNX).

### SCOPE

This policy applies to all Division of Child Protection Staff required to document case related actions in CNNX, except for ECS staff. ECS staff must record actions taken at the end of each shift of work so that the case can be picked up by the next ECS shift or borough office. The policy does not replace the requirement for timely recording of 24-48 hour contacts on new investigations or the 24 hour fatality report on child fatality investigations. This policy applies to all open CNNX cases including cases open in the Family Service Stage.

### POLICY

When there is an open CNNX case, Division of Child Protection staff are required to document all case related events in CNNX within **5 business days** of such events.

### PROTOCOL

CNNX documentation must be specific, detailed and provide a clear understanding of the purpose and outcome of each case related contact or event. When there is direct contact with children or families on open cases, the documentation must provide a detailed description of the children and an assessment of the safety and risk to the children. Documentation of collateral contacts must be equally detailed and reflect whether the information obtained changes the assessment of safety and risk to the children.

CNNX documentation must not be copied and pasted from prior closed investigations. The guidelines for consolidating cases remain unchanged. However, each report received on the same family must have a documented re-assessment of safety and risk. Information obtained during prior investigations should help inform the current assessment but must not be documented as current information.

\* New York Civil Practice Law and Rules, Rule 4518

The assessment and documentation of follow up visits should be the same quality as that required at the start of an investigation. The **5 business day** documentation requirement must be consistently applied throughout the investigation and the duration of the Family Service Stage.

**SUPERVISION**

Supervisors and managers are required to provide timely and ongoing guidance to staff and record in CNNX all case related actions including the guidance given as soon as possible, but no later than **5 business days** after such an event.

Supervisors and managers are also required to meet regularly with their staff to monitor and provide the necessary support to assure timely entry of notes in CNNX by all staff involved in a case. Available data including the CNNX report should be used during such supervision.

**EFFECTIVE DATE:** February 4, 2011



## DOCUMENTATION REQUIREMENTS

### ***Information to Record in Progress Notes***

Progress Notes record the worker's investigative, assessment, and intervention activities in an objective and behaviorally descriptive way. This, in turn, supports the worker's conclusions about safety, risk, family functioning, and the credible evidence that exists (or fails to exist) to substantiate allegations of child abuse and maltreatment. Additional casework activity which supports decision-making and service planning is to be documented in Progress Notes for cases open for services and for cases in which children have been placed in out-of-home care. Progress Notes must be recorded within 48 hours of the event and within 15 days at the EXTREME outside point –with the event, interview, observation or activity to preserve the integrity of the information being recorded.

It is imperative for workers to use clear, descriptive, and factual information when recording Progress Notes. Impressions or opinions of workers may be included and labeled as such. Relevant information that supports the worker's opinions and impressions should be included, wherever possible. Also, workers should describe results of the contact, as appropriate, including any decisions made, actions planned, next steps, or planned follow-up.

*Example:* Yes: Jason Li was observed to be small, frail-looking, and had a bald spot on the back of his head. He did not make eye contact with worker and had a severe diaper rash.

Not: The child was small and ill. It was clear to the worker that his mother doesn't love him.

*Example:* Yes: Worker called source at 3 p.m., who reported that Melissa, Jordan, and Justin Jones were "playing unsupervised outside of the building without any winter coats, hats, gloves, or shoes on at all." The source says this is the second time this week she has seen them outside without appropriate clothing for this time of year.

Not: The source says the Jones children were outside and didn't have the right clothing on.

Proper documentation is a vital part of the CPS job. Children cannot be protected when documentation is incomplete or of a poor quality.

For example:

Without Good Documentation:	With Documentation:
<ul style="list-style-type: none"> <li data-bbox="237 548 789 699">☐ A CPS who is covering for one of their colleagues, a teammate who is out sick, cannot make good decisions on a case during a case emergency.</li> <li data-bbox="237 709 789 892">☐ Children may remain in unsafe conditions because the City cannot demonstrate in Family Court the reasons why the children need to be removed.</li> <li data-bbox="237 903 789 1085">☐ A supervisor who wants to review the case progress cannot do so; as a result, the supervisor's ability to give proper guidance is compromised unless the worker and supervisor talk.</li> <li data-bbox="237 1096 789 1278">☐ Children may not be well cared for by foster care or preventive agencies because these new players in the case do not have access to the full set of information.</li> <li data-bbox="237 1289 789 1409">☐ Workers cannot be supervised well because supervisors cannot check in on the progress of the case as it develops.</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="859 548 1411 625">☐ A Child Protective Specialist will be able to effectively cover for a team member.</li> <li data-bbox="859 667 1411 787">☐ Children can be protected from harm through the intervention of the Family Court.</li> <li data-bbox="859 829 1411 949">☐ A supervisor can review the progress of the case and give informed guidance to the child protective specialist.</li> <li data-bbox="859 991 1411 1173">☐ Foster care or preventive agencies can start their interaction with a child and family off on the right foot, with the full set of information they need to do their job.</li> <li data-bbox="859 1184 1411 1262">☐ Supervisors can come to supervisory meetings prepared to discuss the case.</li> </ul>

### Why not why?

Progress notes are not an appropriate place to record **your** opinions or suppositions about what is going on in a case. Your professional opinions are recorded in other tools, such as the formal safety and risk assessment.

## **PROGRESS NOTE SAMPLE**

These are selected progress notes from a case, and do not represent all of the progress notes that were written during this investigation and time period. They are included here for you to understand what a complete and well written progress note contains. These do not necessarily represent all case practice with this case and certainly do not represent the full case.

### ***Progress Note – Initial Response to the Residence/Home Visit***

- On April 14, 2008 at 2:30pm, CPS visited the case address, 127-52 Helm Court, Apartment 3A, Queens, New York. Upon my arrival, CPS was greeted by the child's mother Ms. Miriam Johnson, DOB 12/12/80. Also present were the subject child, Tara Johnson, DOB 8/27/97, and her 6 year-old sister Stephanie Johnson, DOB 2/12/02.
- CPS explained to Ms. Johnson that CPS is from the Administration for Children's Services and that CPS was there because there were some concerns about the safety of her children. CPS further explained that the purpose of the visit was to determine if the children are safe and to assist her and her family in keeping them safe, if necessary. CPS showed Ms Johnson her ACS identification and told mother as part of her investigation she will need to ask her some questions about her family and obtain proper identification for all family members. CPS told Ms. Johnson that as part of her investigation she needs to request from her some identification. Ms. Johnson provided me with her New York State Driver's licenses which was used to verify her identity. She stated that her social security number is ###-##-####. CPS also showed me the birth certificates of the children. CPS asked Ms. Johnson to describe the living arrangements in the home and also asked to have an opportunity to observe each room in the apartment.
- The residence is a 1-bedroom apartment on the third floor of this three story apartment building. There is a living room and a short hallway leading to the bedroom. There two mattresses in the bedroom and a pull-out sofa bed in the living room. There is an eat-in kitchen, with a refrigerator, off the living room and one bathroom. Ms. Johnson explained that she sleeps on a pull-out sofa in the living room and that the children sleep in the bedroom. CPS observed the home to be clean, neat and apparently well maintained; there was a

smoke/carbon monoxide detector in the hallway between the living room and the bedroom. There were two windows in the apartment; one in the bedroom and one in the living room. There were window guards on each of these windows. CPS observed the contents of the refrigerator and the kitchen cabinets; there was an adequate amount of food in the home. The physical condition of the home does not appear to pose a danger to the children.

➤ Ms. Johnson stated that she is employed part-time as a house cleaner and earns about \$150 a week. She also receives food stamps of approximately \$300 and additional PA support that goes towards her rent. Her boyfriend, whom she identified as John Travers, DOB 9/28/78, who resides on the 1<sup>st</sup> floor of this same building in Apt 1A, assists her by paying the remaining bills.

➤ CPS asked Ms. Johnson if there were any other adult members of this household. Ms. Johnson said that Mr. Travers occasionally stays the night but that there were no other adult members residing in the house. Ms. Johnson's mother's name is Catherine Smith. She is 57 years old, her DOB is 6/27/50 and she lives in a nearby apartment building located across the street at 127-48 Helm Court, Apt 2B. CPS asked if the children's father is involved in their lives. Mother stated he has not been involved since 2005 when she moved out because of Domestic Violence and she really did not want to talk about it because it is too painful. CPS asked how did the children take the break up and Mother again refused to talk about it. CPS suggested maybe they can discuss this another time. Mom said, "Maybe."

➤ Ms. Johnson is white, her primary language is English, she is a US resident and her religion is Catholic. She has no medical insurance but the children are insured through Child Health Plus. Mom stated the children's immunizations are up to date and they last saw Doctor Jones (212-788-0000) on April 1. The children attend XYZ school. Tara is in the 4<sup>th</sup> grade and Stephanie is in the 1<sup>st</sup> grade. Tara was held back last year and receives special education services. CPS obtained a copy of the IEP. CPS asked why Tara had missed so much school this year. Ms. Johnson said that Tara is often sick. When CPS asked for more details about Tara's 'sickness', Ms. Johnson refused to answer. CPS asked to interview each child separately and Ms. Johnson reluctantly agreed.

➤ CPS asked Ms Johnson how do the children get along? Ms Johnson stated that, like most siblings, they love each other one minute and fight with each other the next. CPS asked Ms Johnson to describe what she means by

fighting. Ms Johnson said it is usually verbal but on occasion the little one jumps on the big one and mother pulls them apart. Ms Johnson states neither child has ever injured the other.

➤ CPS asked mother how does she discipline the children? Ms Johnson stated she usually takes away their gameboys and TV. Ms Johnson states she does not believe in hitting her children but on occasion does have to pull them apart. CPS asked if such an occasion happened over the weekend? Ms Johnson said, yes. CPS asked how did you stop them from fighting. Ms Johnson said she pulled them apart. CPS asked if she hit either child? Ms Johnson said no. CPS asked if either child was injured, Ms Johnson stated, no. CPS asked if the children were hit or punished in the last few weeks. Ms Johnson stated after the incident this weekend both children were not allowed to play with their gameboys and Tara was sent to her room for an hour without TV.

➤ On April 14, 2008, at 3pm, CPS interviewed Tara alone in her room. Tara is a ten year old child weighing 130 lbs (do they actually weigh the children or is the an approximation?) and is 4 feet tall. Tara spoke clearly and looked CPS in the eye throughout the interview. CPS introduced herself and told Tara she is a social worker who speaks to a lot of children to find out how they are doing and to help them with problems. CPS asked Tara what her favorite TV show and gameboy game are? Tara stated she loves Zack and Cody and loves the Hannah Montana game. CPS asked Tara what her favorite color is and she said red. Tara asked CPS what her favorite color was. CPS asked her what is her favorite thing to do with her mother. Tara stated she loves to bake with her mother. She said her mother makes a game out of it and they have so much fun together. CPS asked Tara what her favorite food is? Tara stated she like dunkin donuts for breakfast, Pizza for lunch and a BigMac meal for dinner. CPS asked how often does she get to have her favorite foods? Tara stated her mother usually gets them for her most days because she does not like much else. CPS asked if Tara knew why CPS was here today? Tara said probably because I don't like going to school. CPS told Tara that CPS was aware she had missed a lot of school lately. CPS asked why. Tara said that when she felt sick, she did not go to school. CPS asked what her mother did when she was sick. Tara said that she let her stay home. CPS asked who stayed with her when she was sick. Tara said her Mom or Grandmother. CPS asked if she goes to the Doctor when she is sick. Tara stated, "sometimes." CPS asked Tara whether she liked school and Tara said no. CPS asked why not? Tara looked down and said she just didn't like it. CPS asked if she got along with her classmates. Tara said she did

not like her classmates because they are mean to her. CPS asked, “how are the mean to you?” Tara stated they call her names and say she is fat. CPS asked how does she get along with her sister Stephanie? Tara said she loves her little sister but she is a pest at times. CPS asked Tara if something happened over the weekend? Tara stated she had a fight with her sister Stephanie and her mother got mad at them. CPS asked her what does she mean by mad? Tara stated her mother pulled them apart and made Tara go to her room and she could not watch TV. Tara stated this was unfair because Stephanie started the fight. CPS asked Tara if her mother did anything else to her to punish her? Tara said, no. CPS asked if her mother hit her? She said, no. CPS asked if her arm was hurt? Tara said it hurt a little when Mom pulled them apart but she did not hit her. CPS asked Tara if she could see her arms? Tara showed both arms to CPS. CPS did not observe any marks, scratches or bruises on the child’s arms. CPS asked Tara if she told anyone else about this? She said yes but that she did not tell the whole truth. CPS asked what was not the truth. Tara said she was mad at her mother so she told the source that her mother hit her. Tara said she is sorry for lying because she loves her mother and now thinks she got her in big trouble. CPS explained it is always important to tell the truth and asked if it is the truth that her mother did not hit her. Tara stated her Mom did not hit her and she was going to apologize to her Mom. CPS thanked Tara for speaking with her and asked her if she would mind speaking to her again sometime. The child said, “okay.”

➤ On April 14, 3:30pm, CPS interviewed Stephanie alone in her room. Stephanie is a six year old child who weighs 52 lbs and is 3.5 feet tall. Stephanie was cheerful throughout the interview. CPS asked if Stephanie liked school and Stephanie said yes. Stephanie mentioned a school play that is coming up in which she has a part. CPS asked whether Stephanie goes to school with Tara. Stephanie said sometimes. Upon questioning, Stephanie said that Tara doesn’t always go to school because sometimes she isn’t feeling well. CPS asked if Stephanie and Tara play together a lot. Stephanie said they did but upon further questioning it appeared that they used to play a lot together but now Tara spends a lot of time alone in her room. CPS asked if she knew why her sister was sick so much? Stephanie stated she eats too many donuts. CPS asked Stephanie if she ever fights with her sister. Stephanie said they got in trouble on the weekend because Stephanie tried to take Tara’s GameBoy and Mom got mad. CPS asked, “What did Mom do? Stephanie stated Mom got more mad at Tara and sent her to her room. CPS asked if Tara or Stephanie were hurt. Stephanie stated Tara yelled ouch when Mom pulled them apart. CPS asked Stephanie

what happens when Mom gets mad at her? Child stated she can't watch TV or play games. CPS thanked Stephanie for speaking with her and told her she would see her again.

### ***Progress Note – Request for Consultation with the ACS Investigative Consultant***

- On April 15, 2008 at 1030am, CPS met with the ACS Investigative Consultant, Ms. Carol Davidson, and requested that she provide a consultation on this case. CPS was seeking to obtain information related to the possible existence of domestic violence within this household; during my interview with the biological mother in this case, she had stated that she left the bio-logical father because of Domestic Violence in 2005 and she refused to discuss it. CPS provided IC with bio-father's name and date of birth that was listed on the birth certificates of the children. IC asked if CPS had any prior addresses and CPS stated the only information is that they lived in Queens.
- CPS provided the following information to Ms. Davidson:
  - Biological Mother**  
Ms. Miriam Johnson  
DOB 12/12/80  
Current Residence: 127-52 Helm Court, Apartment 3A, Queens, New York  
Driver's License Number 123 456 789
  - Biological Father**  
Samuel Johnson  
DOB 8/16/77

### ***Progress Note – Results of Consultation with the ACS Investigative Consultant***

- On April 15, 2008, at 11:30am, CPS met with the ACS Investigative Consultant, Ms. Carol Davidson, to discuss the results of her investigation into the possible existence of domestic violence involving this family. Ms. Davidson provided the following analysis:
- Reports of domestic violence involving this family were reported to the NYPD on two occasions as follows:
  - Date:** 10/12/04
  - Time:** 8:35am

**Location:** 148-12 89 Avenue, Queens, New York

**Victim:** Miriam Johnson

**Perpetrator:** Samuel Johnson

**Details:** Ms. Johnson reported to police that she and her child's father were involved in a verbal dispute and that he threatened to harm her. There was no arrest.

**Date:** 12/18/05

**Time:** 10:00pm

**Location:** 148-12 89 Avenue, Queens, New York

**Victim:** Miriam Johnson

**Perpetrator:** Samuel Johnson

**Details:** Ms. Johnson reported to police that, following an argument, her child's father, Samuel Johnson, struck her with a glass mug. She suffered a bruise and a cut on her arm. Mr. Johnson was arrested at the scene by Police Officer Ronald Jones of the 103 Precinct. The report also indicated that Ms. Johnson's 8 year old daughter, Tara Johnson, DOB 8/27/97, was present during, and witnessed, this incident.

### ***Progress Note – Attempt to Contact the Arresting Officer***

- On April 15, 2008, at 4:40pm, CPS attempted to contact Police Officer Ronald Jones at the 103 Precinct – phone number 718-657-8181 in an effort to discuss an arrest he made on the biological father in this case, Mr. Samuel Johnson. CPS was informed by the telephone dispatcher, Police Officer Donald Rice, that Officer Jones performs a 7:00am to 4:00pm shift and has left for the day and that he will be returning to work on Friday morning at 7:00am.

### ***Progress Note – Contact with the Arresting Officer***

- On April 16<sup>th</sup>, 2008, at 9am, CPS contacted Police Officer Ronald Jones at the 103 Precinct – phone number 718-657-8181. CPS informed Officer Jones that CPS was investigating a case involving an allegation of abuse and that CPS had obtained information that he was the arresting officer for a domestic violence incident that occurred on 12/18/05 involving the biological parents in my case. CPS asked if he recalled the details of his arrest of Mr. Samuel Johnson, DOB 8/16/77, of 148-12 89 Avenue, Queens, New York.
- After reviewing his records, Officer Jones said that he had responded to a call at the subject address. When he arrived, he was informed by the victim,



Ms. Miriam Johnson, that she and her boyfriend were arguing when he suddenly picked up a glass mug from the kitchen table and struck her with it. CPS asked Officer Jones if he recalled seeing a child at the residence. Officer Jones said he had seen a child and that his notes indicate that it was Ms. Johnson's 8 year old daughter, Tara Johnson, DOB 8/27/97. He further added that he remembered the child being hysterical and that she was clinging onto her mother. He also stated that Ms. Johnson was apparently pregnant at the time of this occurrence.

### ***Progress Notes – Unannounced Home Visit***

- April 16<sup>th</sup>, at 3:30pm CPS visited the home and rang the bell and no one answered the door. CPS called the residence from her cell phone while standing outside and could hear the phone ringing but no one picked up. CPS left message for Mother to call her.
- April 17<sup>th</sup>, at 830am CPS visited the home and no one was home. CPS again left a message. While leaving the home CPS asked some kids playing out side if they saw Tara recently. Kids said they heard she moved.

### ***Progress Note – Interview of Landlord After Determining That The Family May Have Moved***

- On April 17, 2008 at 8:45am, CPS responded to 127-52 Helm Court, Queens, New York to interview Mr. John Townsend. Mr. Townsend is this superintendent for this building. Mr. Townsend lives in apartment 1B on the 1<sup>st</sup> floor. CPS explained to Mr. Townsend that CPS was from ACS and that the purpose of the visit today was to discuss with him some concerns about the well-being of the Johnson family in apartment 3A. CPS explained that ACS wanted to find out if he had any information that would help CPS to determine if children are OK or not, and if there is anything that needs to be done to keep them safe. CPS asked Mr. Townsend if he would be willing to share any information that he might have or observations that he may have made that have concerned him. Mr. Townsend allowed CPS to enter his apartment to discuss the matter and provided the following account.
- Mr. Townsend explained that he has been the superintendent in this building since 1990 and that he knew the family from having performed maintenance work in the apartment. He stated that Ms. Johnson would always call him whenever there was a problem in the apartment and that, last winter,

he had to fix the heating system. He went on to say that he never suspected anything was wrong in the family and that the apartment was always clean and that the children appeared to be happy and healthy. He did add that the neighbor in apartment 3B would sometimes complain to him that the children were loud and sometimes kept her awake with the noise. He spoke to Ms. Johnson about that and figured that it was not a big deal. The neighbor's name in 3B is Ms. Jasmine Baker.

- CPS asked Mr. Townsend if there were ever an occasion in which he saw the children being rambunctious or misbehaving while with their mother. Mr. Townsend stated that the children play in the courtyard while their mother watches them and that sometimes they push each other down. CPS asked him what was the mother's reaction on these occasions and he stated that, when they get really noisy, she usually grabs them by the hand and takes them back into the building. CPS asked if there were ever a time in which he felt as though the children were injured as a result of being pulled by the mother and he said no.
- CPS asked Mr. Townsend if he was aware that the Johnson family appears to no longer reside in the apartment. He stated that they moved out a couple of days ago without telling him. He went on to say that the woman in apartment 3B informed him last Thursday morning that they moved out during the night.
- Mr. Townsend stated that he did not have any information as to where this family may have moved to or if he was aware of any other resources for the family such as other family members.

### ***Progress Note – Interview of a Neighbor***

- On April 17, 2008, at 9:15am, CPS responded to 127-52 Helm Court, Queens, New York, apartment 3B to interview the occupant, Ms. Jasmine Baker. According to the building's landlord, Mr. John Townsend, Ms. Baker may have information regarding the well being, and the whereabouts, of the Johnson Family in 3A.
- After making an introduction to Ms. Baker, CPS was asked to come in to discuss with her the reason for the visit. CPS explained to her that there was a report that there may be some concerns about the care of the Johnson children and that CPS was hoping she might be able to assist in confirming

whether or not there are in fact any concerns about these children. CPS asked her how long she knew the Johnson family. She said she has known the family since she moved into the building last November. CPS asked, during that time, was she ever concerned about the children in the Johnson family. In particular, CPS asked if she had ever heard any unusual noises coming from the apartment. Ms. Baker said that she often heard the children screaming but felt it was ordinary for young children to behave that way. CPS asked if she had concern that the children were ever injured on the occasions in which she heard them screaming. She said that it occurred to her occasionally that the mother would hit them to make them stop yelling. CPS asked if she could be certain of that and she said that it “sounded like she was hitting them”.

➤ CPS asked Ms. Baker if she was aware of any other adult members of the household or of any other adults that frequent the apartment. She stated that she heard from other neighbors that the children’s father was living somewhere nearby but was not helping out with the children. She also stated that Ms. Johnson may have a boyfriend named “John” who lives on the 1<sup>st</sup> floor of this building. She was not aware of any other family members.

➤ CPS told Ms. Baker that ACS had information that the family moved out last week. She told me that she was awakened at about 1:00am two nights ago because of the noise coming from the Johnson family apartment. She stepped out to ask what was going on and saw Ms. Johnson with the children. The youngest was sleeping in her arms. Ms. Johnson said she was moving. Ms. Baker asked Ms. Johnson where she was going to be staying and she responded by saying “my place over on 89 Avenue”. CPS believes she may have returned to the bio-father’s home because the address listed on the Domestic Incident Reports (DIRS) that the Investigative Consultant provided was 148-12 89<sup>th</sup> Ave. CPS will discuss the new information with her supervisor for further guidance.

**CHILD PROTECTIVE CASE FLOW  
FOUR\* (4) RESPONSIBILITIES & DECISIONS  
(WILL BE GIVEN OUT AT THE PRE-OJT SEMINAR)**

## **SAFETY DEFINITIONS**

The safety decision captures the worker’s assessment of the presence of safety factors that may place a child in immediate danger of serious harm, family strengths and/or family, neighborhood, or community resources that address safety concerns and safety interventions initiated. The following are the definitions that we use:

### ***Safety***

A child is safe when there is no immediate or impending danger of serious harm to a child’s life or health as a result of acts of commission or omission (actions or inactions) by the child’s parents and/or caretakers.

### ***Safety Factor***

A safety factor is a behavior, condition, or circumstance that has the potential to place a child in immediate or impending danger of serious harm.

### ***Immediate Danger***

A child is in immediate danger when presently exposed to serious harm. In deciding whether the child(ren) is in immediate or impending danger, consider the following:

- The seriousness of the behaviors/circumstances reflected in the safety factor
- The number of safety factors present
- The degree of the child(ren)’s vulnerability and need for protection; and
- The age of the children

### ***Impending Danger***

A child is in impending danger when exposure to serious harm is emerging, about to happen, or is a reasonably foreseeable consequence of current circumstances. In deciding whether the child(ren) is in immediate or impending danger, consider the following:

- The seriousness of the behaviors/circumstances reflected in the safety factor
- The number of safety factors present
- The degree of the child(ren)’s vulnerability and need for protection; and
- The age of the children

## ***Safety Plan***

A safety plan:

- Is a clearly identified set of actions, including controlling interventions when necessary, that have been, or will be taken without delay, to protect the child(ren) from immediate or impending danger of serious harm;
- Addresses all of the behaviors, conditions, or circumstances that create the immediate or impending danger of serious harm to the child(ren);
- Specifies the tasks and responsibilities of all persons (Parent/Caretaker, household/family members, caseworker, or other service providers) who have a role in protecting the child(ren);
- Delineates the timeframes associated with each action or task in the plan that must be implemented;
- Identifies how the necessary actions and tasks in the plan will be managed and by whom;
- Must be modified in response to changes in the family's circumstances, as necessary, to continually protect the child(ren) throughout the life of the case; and
- Is necessary until the protective capacity of the Parent/Caretaker is sufficient to eliminate immediate or impending danger of serious harm to the child(ren) in the absence of any controlling interventions.

A safety plan is **not** a set of educational, rehabilitative or supportive activities or services intended to reduce risk, address underlying conditions and contributing factors, or to bring about long-term and lasting change within a family.

## ***Controlling Interventions***

Controlling interventions are activities or arrangements which protect a child from situations, behaviors or conditions which are associated with immediate or impending danger of serious harm, and without which the dangerous situations, behaviors or conditions would still be present, would emerge, or would in all likelihood, immediately return.

## **Safety Decision**

The safety decision is a statement of the current safety status of the child(ren) and the actions that are needed to protect the child(ren) from immediate or impending danger of serious harm. The decision is based on currently available information. When documenting their safety decision, caseworkers will select the safety decision that most accurately reflects case circumstances.

1. No Safety Factors were identified at this time.  
Based on currently available information, there is no child(ren) likely to be in immediate or impending danger of serious harm. No Safety Plan/Controlling Interventions are necessary at this time.
2. Safety Factors exist, but do not rise to the level of immediate or impending danger of serious harm. No Safety Plan/Controlling Interventions are necessary at this time. However, identified Safety Factors have been/will be addressed with the Parent(s)/Caretaker(s) and reassessed.
3. One or more Safety Factors are present that place the child(ren) in immediate or impending danger of serious harm. A Safety Plan is necessary and has been implemented/maintained through the actions of the Parent(s)/Caretaker(s) and/or either CPS/Child Welfare staff. The child(ren) will remain in the care of the Parent(s)/Caretaker(s).
4. One or more Safety Factors are present that place the child(ren) in immediate or impending danger of serious harm. Removal to, or continuous placement in, foster care or an alternative placement setting is necessary as a Controlling Intervention to protect the child(ren).

*Note: If Safety Decision #4 is chosen from the safety decision tab, the Placement window asks: Please document which children were placed or remain in foster care or an alternative placement. If applicable, please identify the protecting factors that allow each child to safely remain in the home.*

5. One or more Safety Factors are present that place or may place the child(ren) in immediate or impending danger of serious harm, but Parent(s)/Caretaker(s) has refused access to the child(ren) or fled, or the child(ren)'s whereabouts are unknown.

## **THE NEW YORK CITY EMPLOYEE ASSISTANCE PROGRAM**

The City of New York offers its employees and their dependents a helping hand through a network of Employee Assistance Programs. Generally, an EAP provides education, information, counseling and individualized referrals to assist with a wide range of personal and social problems.

Confidentiality laws and regulations protect the personal information that may be discussed with the EAP. Except in certain extreme situations, information will not be released without your written permission.

Employees of the City of New York non-uniform Mayoral Agencies, New York Housing Authority and Teacher's Retirement System can receive services by calling the New York City Employee Assistance Program (NYC EAP). The Program is located at: 40 Rector Street, 14th Floor. Call (212) 306-7660 for an appointment.

Employees who are not covered by the NYC EAP can receive services from either their agency or union EAP. Since not all EAPs offer the same services, we encourage you to call your agency or union EAP for further details.

Employees of the Police and Correction Departments may use their agency's EAP or the NYC EAP for alcohol treatment services. If employees wish to receive treatment for substance abuse treatment other than alcohol they must self-refer through their own health plan.



**TUS REFLECTIVE PRACTICE  
FOR QUALITY SUPERVISION**

**Achieving  
Outcomes**

## **TUS REFLECTIVE PRACTICE FOR QUALITY SUPERVISION**

### **Re-Assessing My Skill and Emphasis On ACHIEVING OUTCOMES**

*The assessment at the end of this chapter returns to a focus on your capacity to support staff toward achieving outcomes. At the end of Chapter 2, you were encouraged to assess yourself on these same indicators. Now compare how you are thinking about outcomes after the first and second five days of OJT. Contemplate what more you need or want to do going forward – for yourself or to better train the new CPS. Take some personal and quiet time to contemplate the following questions and statements. Feel free to use additional paper (or a journal) to fully think through your responses. Revisit your responses from time to time to witness your own growth or as gentle reminders of what your intentions were at the time you wrote them.*

1. Collect and review CPS' journals; give feedback in the journals  
Reflective questions  
Individual observations
2. What did you see that made you confident that the CPS could demonstrate the abilities that you were teaching?
3. What did you do best with this group? With particular individuals?
4. What do you want to do more of when the group returns for the 90 Days of OJT?
5. What do you need in order to accomplish this and how will you get what you need?

Take a few minutes to thoughtfully re-assess your capacity to *achieve desired outcomes*. Are you seeing the quality of results in the development of the new CPS that you wanted to achieve?



**RE-ASSESSING MY SKILL AND EMPHASIS ON ACHIEVING OUTCOMES**

**Date of Re-Assessment:** \_\_\_\_\_

- A. By reviewing your prior self-assessment worksheet, use the grid to assess your progress in successfully incorporating the principle of *Achieving Outcomes* into your daily work.

I have made progress	I have not achieved my desired goal	Indicator
		I am confident that staff make accurate safety decisions.
		I coach staff to achieve Children’s Services outcomes through the use of accurate decisions.
		I assist staff in establishing concurrent plans and achieving timely permanency for children/adolescents.
		I monitor/assess provision of services and casework contacts.
		I encourage the maintenance of family connections.
		I coach staff to consider families’ primary needs, attitudes, biases, strengths, etc.
		I participate in and monitor family service planning to promote the matching of services with assessments.
		I share data on the unit’s collective efforts to meet or exceed program outcomes.
		I discuss with staff their ability to make decisions.
		I monitor staff performance regarding job standards and achieving child welfare outcomes.

- B. Summarize any barriers that prevented you from achieving your desired goal with the indicator(s).

- C. Revised Plan for Desired Future:

Use the table to update tasks related to *Achieving Outcomes* that you would like to achieve in the future.

Task	Who can support me?	Estimated completion date





**CHAPTER FIVE**  
*90 Days  
of OJT*

## **CHAPTER OVERVIEW**

Chapter 5 relates to the 90 days period of borough based training activities that follows the classroom training at the Academy and builds on the development of skills initiated during the First and Second Five Days of OJT (*see 90 Days of OJT Tasks at a Glance*). The new CPS returns to you after completing their training at the Academy and is preparing for transfer into their permanent PD unit. The major goals of the 90 Days of OJT are to 1) deepen their practice skills, 2) move from cognitive abilities to more operative ones and, 3) learn and integrate the “nuts and bolts” of the work, including procedures, policies, and documentation, how to access members of the team, a more in-depth ability to use CNNX and the many other requirements of the job. Now is their opportunity to begin, in a measured and developmental way, to take on cases with all the complexity that it will bring.

The **90 Days of OJT** includes one week of structured shadowing followed by more in-depth guidance by the TUS to take the new CPS through the investigation process as they are assigned cases. The *Practice Domains* that you are expected to cover with the new CPS' are the same as in the First and Second Five Days of OJT with attention being paid to additional complexities of working with families: cultural differences, domestic violence, mental health and substance abuse.

Recognizing that this is the critical period, where the CPS has to be able to demonstrate that they are getting it and are able to apply their classroom learning to case practice, we've also outlined the tasks that you as TUS have – month by month. Again, while the content for the 90 Days of OJT is presented in a structured format, it is anticipated that you will use your best judgment in working through this material. You are the best judge of what the new worker will need and when they need it. We have attempted to build the structure so that there is increasing difficulty and complexity; you may have to go back to the First and Second Five Days of OJT to reinforce some concepts; CPS cases may arise that require you to teach from Month Three of the 90 Days of OJT during Month One. This is where your knowledge and competence in your role takes precedence over form.

Additionally at this point, TUS are asked to assess the CPS. As the new CPS returns to you from the Academy, you will participate in a Post Core Conference with the CPS and Academy trainer discussing where they are in their development and what you will need to review with them. Their advancement as employees at Children's Services depends, in great part, on your evaluation of their abilities through this three month period. The SPrA process and all the tools that prepare you and the CPS for the Transfer Conference, which will occur before they move into a PD Unit, must be completed timely and thoroughly and distributed to those who will continue to develop their skills and abilities.

By working through this content consistently and intentionally, building on the First and Second Five Days of OJT, we believe that the CPS will be able to perform their role appropriately and with strong outcomes.

## 90 DAYS OF OJT – TASKS AT A GLANCE

FIRST MONTH	SECOND MONTH	THIRD MONTH
<ul style="list-style-type: none"> <li><input type="checkbox"/> Decide, on an individual basis, what material, if any, from the First and Second Five Days of OJT needs review</li> <li><input type="checkbox"/> Clarify the domains for the 90 Days of OJT</li> <li><input type="checkbox"/> Confirm CNNX profiles</li> <li><input type="checkbox"/> Re-visit Personnel Policies</li> <li><input type="checkbox"/> Continue shadowing experiences for the first week</li> <li><input type="checkbox"/> Distribute case assignment memo and assign the first four cases, one a week, to the CPS (including one HP)</li> <li><input type="checkbox"/> Closely supervise and support the development of CPS case practice skills (time frames, preparing for a removal, first contact, Days 1-7 of a case, safety and risk assessments)</li> <li><input type="checkbox"/> Introduce CPS Protocols (Under One Year, DV screening, Sexual Abuse)</li> <li><input type="checkbox"/> Review CPG (chapters 1-5, 6-11) and Child Safety Alerts (#4, 5, 6,8, 9, 10, 11, 12, 13, 17, 20,21,22)</li> <li><input type="checkbox"/> Schedule Clinical Consultant Seminars (#1 DV, #2 Substance Abuse, #3 Mental Health)</li> <li><input type="checkbox"/> Continue individual, reflective, task oriented and Case Based Group Supervision ( Session #1 – Engagement, #2 -Engaging Family in Safety Assessment and Planning)</li> <li><input type="checkbox"/> Continue to encourage CPS self -reflection and development</li> <li><input type="checkbox"/> Review and give feedback on documentation</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Continue to assess the CPS’ understanding of NYC-Children’s Services policies/procedures/ protocols</li> <li><input type="checkbox"/> Assist the CPS in accessing appropriate supports for their assigned cases</li> <li><input type="checkbox"/> Assign five new cases (including two HP)</li> <li><input type="checkbox"/> Continue to promote/utilize strength-Based feedback and guidance through field visits/in-office participation in actual case work practice with workers</li> <li><input type="checkbox"/> Gang Seminar by NYPD</li> <li><input type="checkbox"/> Review CPG (complete) and Child Safety Alerts (any remaining Alerts)</li> <li><input type="checkbox"/> First SPra is due between weeks 5-7</li> <li><input type="checkbox"/> Continue individual, reflective, task oriented and Case Based Group Supervision ( Session #3 – Working with Family Structures and Supports, #4 -Risk Assessment)</li> <li><input type="checkbox"/> Continue to support CPS to evaluate their readiness for self reliance in completing all case work expectations and ongoing safety and risk assessments in accordance with the specific timeframes and requirements in agency’s protocols</li> <li><input type="checkbox"/> Review and give feedback on documentation</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Continue to support CPS efforts to implement the agency’s policies/procedures/best practices with assigned cases, and in compliance with expected timeframes</li> <li><input type="checkbox"/> Assign six new cases (including two HP)</li> <li><input type="checkbox"/> Continue to emphasize/focus on individual, reflective, task oriented and group structured supervision (#5- Engage Family in Service Planning, #6- Cultural Competence, #7- Making Case Determinations, #8- Using the Legal System to Protect Children) and support CPS efforts to determine cases</li> <li><input type="checkbox"/> Focus on moving assigned caseload determinations forward, closely managing caseload flow</li> <li><input type="checkbox"/> Assessing how close CPS’ are to reaching the goal of having 6-8 active cases on the day of transfer to the PD Unit</li> <li><input type="checkbox"/> Continue to guide and evaluate CPS’ abilities to successfully handle a regular caseload in preparation for regular supervision in a normal pending rotation</li> <li><input type="checkbox"/> Schedule a meeting between TUS and Permanent Unit Supervisor and Managers</li> <li><input type="checkbox"/> Schedule the Transfer Conference</li> </ul>

## OVERVIEW OF CASE ASSIGNMENTS FOR THE 90 DAYS OF OJT

Supervisors are expected to help new caseworkers to smoothly and effectively keep their cases flowing throughout the training period which includes reaching determinations. At the end of the training process they should have appropriately determined all required case activities before moving to the regular rotations in the PD unit. At the time of their transfer it is valuable for the new CPS to have closed or transferred some of their cases, so that they have the experience of working through an entire case while in training. The case assignment sequence is:

- A total of 4 new cases for the first month. (By week 4, the new CPS should begin to receive **High Priority Factor [HPF]** cases.) Cases for this period should be selected by the CPS Training Supervisor;
- 5 new cases during second month (2<sup>nd</sup> high priority case);
- Regular rotation with a maximum of six cases for the third month.

The supervisory conference group is a formed group. It is a structured group with a task and an agenda.

*Kadushin (1976, 2002)*

## CASE BASED GROUP SUPERVISION – PRACTICE FOCUSED

While supervision, whether individual or group, is most commonly used administratively to disseminate information, at least one of the weekly group supervision sessions should be utilized to focus on the areas of practice as outlined below, with the objective of reinforcing critical thinking, developing skills and, integrating policies and procedures with best practice.

Educational group supervision should be case based using case(s) assigned to the new CPS or other staff in the unit to discuss issues, role-plays, give and receive feedback, and reinforce policies and best practice as described in the Child Protection Guide (CPG) and Child Safety Alerts (CSA). Choose cases for each session that you think the unit as a whole will benefit from and that present good teaching opportunities for each of the topics below (both what was done well and what could be done better). The group supervision sessions will provide an opportunity for the CPS in your unit to learn from each other, to apply critical thinking skills to a case and to develop effective



interventions, while it provides an opportunity for you, the TUS, to reinforce quality practice and assess their development.

As a TUS, you will need to use your judgment about the order of group supervision sessions, based on cases in the unit and the needs of caseworkers. The following eight items represent the abilities that you are cultivating with the new CPS and on which, you will assess their progress and areas that need further development. Include in each topic are suggestions for what to look for, potential experiential activities, questions, etc:

1. **Engagement** - - With guidance from the supervisor, each CPS has prepared for her first visit and then, interacted with the family using the skills of engagement. You will observe them and provide clear and critical feedback to the new CPS including: Understanding of the importance of the Professional Casework Relationship; demonstrating empathy and respect; applying Interpersonal Casework Skills to the investigative practice within stringent time constraints, stressful conditions and family responses (*use the OJT Guide's "feedback form" – Chapter 6*). At minimum, you will have three observations of each CPS in your unit (at least one CPS shadowing observation is to be conducted on a first visit). For group supervision, choose cases that illustrate and give opportunities for discussion, role play/practice of the strategies that worked well for engagement while identifying what could have been done differently to promote better engagement of the family. Individually or in group, you might have a practice session demonstrating those skills, and have the CPS do a self assessment. You are encouraged to utilize the OJT Assessment Tools which are located in Chapter 6 and the TUS Reflective Practice process to help shape your observations and feedback sessions.
2. **Engaging the family in safety assessment and safety planning**– Review the concepts and steps in the Safety Protocol, including the five safety decisions. Have the CPS identify the safety factors and ask: What additional information is needed? Where and how will that information be obtained? How have we assessed that the child(ren) in this family are safe at this time? What safety interventions and plans are needed in this family at this time? Discuss the cases and use role-plays so that new workers can apply critical thinking skills to safety assessments and decision-making. (*See Supplemental Material, Month One, Involving the Family in Safety Assessments.*)
3. **Family structures and family supports** –The CPS should be striving to understand and demonstrate the ability to work with family systems. Discuss and

role-play a family interview during which the CPS involves the family in creating a family map. Use a case on which they have shadowed or will be beginning an investigation. Reinforce the importance of the Family's Voice in the Family Assessment (*Refer to Family Mapping information in Chapter 4*).

4. **Cultural competence** – This is continuing content from the First and Second Five Days of OJT. Identify and review a case with immigration or language issues to reinforce key information, policies and procedures about working with immigrant families, including the use of translator services. Review the Indian Child Welfare Act and discuss the pros and cons of working closely with tribal child welfare agencies. Find a case where there are cultural differences between the CPS and the family (this may include but should not be limited to a same sex couple) so that you can talk about the dynamics of how cultural differences impact an investigation.
5. **Risk Assessment** – Be sure to have a session to cover the Risk Assessment Protocol, Risk Elements and Assessment Analysis. Using current cases have the group consider: what needs to change? How would I/did I involve the family in a discussion/the decision of what needs to change?

Using the legal system to protect children – Use this as an opportunity to bring FCLS attorneys in to share their expertise and guidance with the CPS. Legal services are to be used for court orders of protection and for court orders for client cooperation with preventive or foster care services. Review the 1027 – A Placement of Siblings Hearing (*see Legal Reference for Child Protective Service Worker, 2001, p.13*). Reinforce the necessity of maintaining engagement with the family and when/how to consult with Family Court Legal Services (FCLS) attorneys.

*Note: FCLS has committed to participate in the training unit group supervision sessions to discuss the legal system, policies and procedures in relation to cases from the unit. Either you, or the CPM, can make advance arrangements with FCLS for a Consulting Attorney and/or a Court attorney to participate in the group sessions. To set up those meetings call the Chief of Staff at FCLS: (212) 445-5132.*

6. **Engaging the Family in Service Planning** – Using case examples, place emphasis on the importance of referring for services in both indicated and unfounded cases. During this session it is important to emphasize and discuss whether services are appropriate and how to put those services into place for the most benefit of the families, after good assessments. This is a great time to include policy memos, CSA or content from the CPG that apply. Family Service/Supports may include a PPRS agency, more informal community and

family supports, family service unit referrals and new agency preventive resources for babies and teens.

7. **Making the Determination** – Cases from the unit should be reviewed and discussed, so that workers practice critical thinking and decision-making. This provides an opportunity for the new CPS to understand their supervisors' role in making and approving the determination. The CPS will also be reviewing legal standards; applying criteria to determine whether to indicate or unfound; describing how they will give notifications; describing how to provide a mandated reporter with a summary of findings; documenting the final decision of substantiating or un-substantiating the allegations of abuse and/or maltreatment. These are abilities that you, as TUS, should also be prepared to discuss in your evaluation of the new CPS.

## ***Guide to Supervisor Group Case Based Review Sessions to Support\* Focused Information Gathering and Critical Thinking***

*\* Adopted from Materials developed by Bonnie Englebrecht, OCFS Syracuse Regional Office (SRO).*

As a Training Unit Supervisor, one of the most important roles you have is to help the new CPS think critically while engaged in focused information gathering, analysis and decision-making during the CPS investigation. Your Case Based Group Supervision, focusing on eight different points in an investigation, is an opportunity for you to both model and coach the new CPS on these skills.

### ***Intended Outcomes of Case Based Group Supervision:***

CPS Staff will be able to . . .

- Apply critical thinking and develop significant questions to focus their information gathering and decision making process
- Identify investigation-specific individuals and agencies likely to possess needed information about family members and the family's circumstances
- Develop a plan to gather needed information
- Engage family members and others in a participatory process toward resolution/solution
- Evaluate information gathered and resolve conflicting information

- Analyze the information to form an accurate understanding of the family's circumstances at any point in the investigation

## ***Instructions for Leading a Group Case Based Review Session***

Lead a discussion, eliciting from CPS in your unit, what their understanding is of the need for critical thinking, focused information gathering and analysis to support decision making throughout the investigation. These will not be new topics for them, as they have been taught in the classroom training.

- Let the unit know that you will be choosing cases with them that the unit will use as “learning cases,” to think critically together about a quality investigation at various points in a case.
- For each point of investigation that is the focus of a particular group session, the following questions should be discussed:
  - What is my analysis of the child/family situation and the investigation at this point?
  - What are the critical questions that need to be raised at this time to support the investigation?
  - What information do I have?
  - What is the quality of that information?
  - What information do I need?
  - When and how do I need to get it?
  - What skills and/or approaches have I used and what will I use moving forward?

## ***Guide to Case Review Facilitated by the Supervisor***

There are two options for case reviews facilitated by the supervisor:

1. Supervisor chooses a case in the unit with good learning implications
2. Supervisor identifies a CPS to present a case to his/her colleagues in the unit

Supervisor chooses a case with one CPS in the unit that is a good learning case for the specific topic/point of investigation to be the focus, or Supervisor identifies a CPS who will present a case to his/her colleagues in the unit (*Note: Supervisor may also participate in the presentation if necessary*).

- The CPS prepares for the review and begins by outlining the case (focused on the particular point in the investigation under review) and acts to clarify case information as needed. The CPS may also raise questions that s/he has at about the case.
- The supervisor should make sure that the session begins with positive and strength based feedback to the CPS who is presenting, so that maximum learning can occur. Supervisor may begin this and elicit it through the session.
- Caseworker or Supervisor presents the case, focusing on the specific point in the investigation, and describing the established facts/understanding of relevant family circumstances and status of investigative activities
- The supervisor is familiar with the status of the case and uses the applicable critical questions to support the discussion and to help the presenter and other CPS' stay focused on the process.
- Group discusses and assesses the relevance of the information gathered and the adequacy of decision making. The unit should look at what was done well and what gaps and problems exist in the investigation.
- Group discusses and agrees upon the needed next steps in the investigation and the necessary timeframe for completing the investigation
- Agreed upon investigation plan, skills and approaches to be used, is suggested for implementation
- The unit's role is to focus on the content of the gathered information and the significance of that content for the case. Additionally, the CPS should analyze the adequacy of the gathered information and the decisions made or anticipated. If additional tasks/contacts are needed, the CPS and supervisor should help the person who is presenting to develop an approach at this point and a plan for next steps in the investigation before concluding the case discussion.
- The supervisor's role is to support the analytical process and help the unit stay on target with focused information gathering and critical thinking to help the unit understand: what was done well; what additional steps need to be taken.
- The supervisor should make notes about his/her thoughts and conclusions as he/she listens to the CPS and unit discuss the case. These notes can be used as a reference during subsequent case conferences and before approving the investigation.

## **IMPORTANT EXPECTATIONS FOR THE SKILL PROGRESS ASSESSMENT (SPRA) PROCESS**

By the 45<sup>th</sup> day of OJT, after **three supervised observations** of the CPS with families and, other observations and interactions with the CPS, use the Skill Progress Assessment (SPrA) tool to rate the new workers in performing casework tasks using the core conditions and interpersonal casework skills.

The **Transfer Conference** between Training Unit/PD Unit managers and supervisors should take place to discuss SPRA results and the CPS Individual Professional Development Plan during Month Three of the 90 Days of OJT. Make sure that all documentation is in order and the conference is scheduled in a timely way.

# **SECTION ONE**

## **MONTH ONE**

Prepare yourself for the returning CPS' by thoroughly reviewing these tasks noting where you might need to acquire materials, create activities, or seek the support of someone else in your borough or the Academy.

### **MONTH ONE TASKS**

- Review and clarify the domains for the 90 Days of OJT for yourself
- Decide, on an individual basis, what material, if any, from the First and Second Five Days of OJT needs review
- Confirm CNNX profiles
- Re-visit Personnel Policies
- Continue seasoned worker shadowing for the first week
- Distribute case assignment memo and assign the first four cases to the CPS (including one HP)
- Closely supervise and support the development of CPS case practice skills (time frames, preparing for a removal, first contact, Days 1-7 of a case, risk and safety assessments)
- Introduce CPS Protocols (Under One Year, DV screening, Sexual Abuse)
- Review CPG (chapters 1-5, 6-11) and Child Safety Alerts (#4, 5, 6,8, 9, 10, 11, 12, 13, 17, 20,21,22)
- Schedule Clinical Consultant Seminars (#1 DV, #2 Substance Abuse, #3 Mental Health)
- Continue individual, reflective, task oriented and Case Based Group Supervision ( Session #1 – Engagement, #2 -Engaging Family in Safety Assessment and Planning)
- Continue to encourage CPS self -reflection and development
- Review and give feedback on documentation
- Continue to assess individual progress

The competencies and abilities for this time with the new CPS are more stringent and demanding than previously. You will be paying more attention to their *capacity* as CPS staff. The overarching question for this time period is – Are the new CPS' developing in



a way that you feel confident that they will be able to provide professional services for families and children by observing the following skills and abilities.

*Note: In the first week of the first month of 90 Days of OJT, many of the abilities continue to be cognitive as TUS review concepts from the First and Second Five Days of OJT. As the month progresses, there is more emphasis on operative abilities; that is, the CPS is required to do more to demonstrate their integration of knowledge and skills.*

**PRACTICE DOMAINS AND ABILITIES  
MONTH ONE: 90 DAYS OF OJT**

<b>PRACTICE DOMAIN</b>	<b>ABILITIES</b> <i>The new CPS staff will demonstrate their competence through the following knowledge (Cognitive), skills (Operative), and/or values (Affective)</i>
<p><b>CPS INVESTIGATION</b></p> <p><i>UTILIZING THE CHILD PROTECTION GUIDE (CPG)</i></p> <p><i>CASE FLOW AND CASE MANAGEMENT</i></p>	<p><b>Using Resources to Guide the CPS Investigation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Be able to use the Casework Practice Guide (CPG) as a resource to support investigations and required case practice (C/O)</li> <li><input type="checkbox"/> Incorporate the responsibilities of child protective specialists, including investigative expectations, into your daily activities (O)</li> <li><input type="checkbox"/> Incorporate the NYC Children’s Services mission, Four Child Welfare Outcomes/Five Commitments, core principles and standards into your practice (O)</li> </ul> <p><b>Beginning the Investigation: Explain and Apply (C/O)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The requirements for initiating the CPS investigation within 24 hours (C)</li> <li><input type="checkbox"/> The preferred means to initiate the CPS investigation (C/O)</li> <li><input type="checkbox"/> The information contained in an SCR report (C/O)</li> <li><input type="checkbox"/> High priority factors that may be present in CPS cases (C)</li> <li><input type="checkbox"/> The rationale for checking prior history and clearances (C)</li> <li><input type="checkbox"/> Identify patterns that may emerge from reviewing multiple prior reports (C/O)</li> <li><input type="checkbox"/> The necessary information to gather and from whom when beginning to plan their CPS investigation (C)</li> </ul>

<b>PRACTICE DOMAIN</b>	<b>ABILITIES</b> <i>The new CPS staff will demonstrate their competence through the following knowledge (Cognitive), skills (Operative), and/or values (Affective)</i>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> How pre-engagement can affect the tasks of the CPS investigation (C)</li> <li><input type="checkbox"/> How to review a case file to begin to assess personal safety needs (C)</li> <li><input type="checkbox"/> Apply the definitions of <i>safety</i>, <i>risk</i>, and <i>abuse/maltreatment</i> when reviewing case files (O)</li> <li><input type="checkbox"/> Value the expertise and support of the entire child protective team in helping Child Protective Specialists conduct thorough investigations (A)</li> </ul>
<b>CRITICAL THINKING</b>	<b>Application of Critical Thinking Skills</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Value the importance of critical thinking skills used in CPS cases (A)</li> <li><input type="checkbox"/> Value the need to develop multiple hypotheses as part of abuse/maltreatment assessment (A)</li> <li><input type="checkbox"/> Demonstrate the ability to apply critical thinking skills to information-gathering in order to identify and reduce errors in reasoning as you process the information and decide next steps (O)</li> </ul>
<b>ASSESSING AND MANAGING SAFETY THROUGHOUT THE INVESTIGATION</b>  FOCUSING ON CHILD SAFETY	<b>Foundation Knowledge for Safety Assessments</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Explain the primary criteria used in determining whether a child is safe or in immediate or impending danger of serious harm (C)</li> <li><input type="checkbox"/> Explain the safety decisions (C)</li> <li><input type="checkbox"/> Value the importance of assessing for safety (A)</li> <li><input type="checkbox"/> Determine the presence or absence of safety factors in case situations (O)</li> <li><input type="checkbox"/> Determine whether safety factors in case situations place children in immediate or impending danger of serious harm (O)</li> <li><input type="checkbox"/> Use critical thinking skills during the safety assessment process to gather information from pertinent sources in a systematic manner and in order to identify and correct reasoning errors (O)</li> <li><input type="checkbox"/> Engage a family in a safety assessment in order to make decisions about child safety (O)</li> </ul>

<b>PRACTICE DOMAIN</b>	<b>ABILITIES</b> <i>The new CPS staff will demonstrate their competence through the following knowledge (Cognitive), skills (Operative), and/or values (Affective)</i>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Make informed safety decisions (O)</li> <li><input type="checkbox"/> Identify resources that protect children from identified danger in case situations and develop safety plans with the family, to the extent possible, that protect children (O)</li> <li><input type="checkbox"/> Determine whether any presenting non-protective safety issues result from parental actions or inactions that could correspond to abuse or maltreatment (O)</li> </ul>
<b>PROFESSIONAL CASEWORK RELATIONSHIP</b>	<p><b>Develop and Utilize Professional Casework Relationships</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Appreciate the need to develop professional casework relationships with all involved in the investigation (A)</li> <li><input type="checkbox"/> Appreciate the importance of managing one’s own needs and underlying conditions when conducting the CPS investigation (A)</li> <li><input type="checkbox"/> Value the importance of engaging and collaborating with family members and collaterals in order to develop safety plans that protect children and utilize family resources when possible (A)</li> <li><input type="checkbox"/> Demonstrate the core conditions {respect, empathy and genuineness} and interpersonal skills in all interactions with other staff and the family and collaterals involved in the investigation (O)</li> <li><input type="checkbox"/> Demonstrate purposeful use of questions: open, closed, indirect, scaling, solution-focused, circular (O)</li> <li><input type="checkbox"/> Identify effective communication and barriers to effective communication with children and adults (O)</li> <li><input type="checkbox"/> Value and demonstrate the strategic use of skills, including confrontation, probing, with parents and other collaterals as part of the CPS investigation (O)</li> <li><input type="checkbox"/> Demonstrate the strategic use of skills, including confrontation and probing, with parents and other collaterals as part of the CPS Investigation this is very similar to the bullet point above (four up the list)(O)</li> <li><input type="checkbox"/> Use reflections of content and feeling in interactions with families and others to reach mutual understanding and acquire the information</li> </ul>

<p><b>PRACTICE DOMAIN</b></p>	<p><b>ABILITIES</b></p> <p><i>The new CPS staff will demonstrate their competence through the following knowledge (Cognitive), skills (Operative), and/or values (Affective)</i></p>
	<p>necessary to conduct the CPS investigation (O)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Create strategies for managing authority and reducing resistance (O)</li> <li><input type="checkbox"/> Engage the family in the safety assessment and involve the family and appropriate collaterals in the safety plan (O)</li> </ul>
<p><b>ASSESSMENTS/ INTERVIEWS</b></p>	<p><b>Gathering Relevant and Significant Information</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine what information can be obtained from the source of a report and collaterals and, its relevance to child safety (C)</li> <li><input type="checkbox"/> Value gathering information from the family and from any person or institution who may have information relevant to the investigation (A)</li> <li><input type="checkbox"/> Appreciate the family’s right to privacy and respect, while thoroughly gathering information to assess the safety of the children and preserving the integrity of the investigation (A)</li> <li><input type="checkbox"/> Develop effective questions for the source, collaterals, and family (parents/caregivers and children) (O)</li> <li><input type="checkbox"/> Utilize assessment tools/protocols to gather information: Domestic Violence Screening Tool; Child Under 1 Protocol (O)</li> </ul> <p><b>Domestic Violence Assessments</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Apply Children’s Services guiding principles related to domestic violence cases (C)</li> <li><input type="checkbox"/> Value the experience of adult and child survivors of domestic violence (A)</li> <li><input type="checkbox"/> Engage the abusive partner in assessment while holding him or her accountable for the violence in the home (O)</li> <li><input type="checkbox"/> Utilize clinical consultants to assist with cases involving domestic violence (O)</li> <li><input type="checkbox"/> Be able to communicate with children about their experience of domestic violence in their homes (O)</li> <li><input type="checkbox"/> Utilize the DV protocol as required for assessing the presence and impact of domestic violence on adult family members during the CPS</li> </ul>

<b>PRACTICE DOMAIN</b>	<b>ABILITIES</b> <i>The new CPS staff will demonstrate their competence through the following knowledge (Cognitive), skills (Operative), and/or values (Affective)</i>
	<p>Response (O)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Develop a basic safety plan for the adult survivor and children (O)</li> </ul> <p><b>Assessing for Impacts of Mental Illness and Substance Abuse on Children</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Appreciate the influence that mental illness and substance abuse/chemical dependency may have on families’ ability to meet their children’s needs (A)</li> <li><input type="checkbox"/> Assess how parents’ behavior in the areas of substance abuse/chemical dependency and/or mental illness impacts their ability to provide for their children’s safety and well-being (O)</li> <li><input type="checkbox"/> Determine when CPS’ must consult with clinical consultants regarding substance abuse/mental illness (O)</li> </ul>
<b>DOCUMENTATION</b>	<p><b>Document Accurately and Effectively</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Meet practice standards for effectively documenting progress notes (O)</li> <li><input type="checkbox"/> Document cases as required in CNNX (O)</li> </ul>
<b>REFLECTIVE/ DEVELOPMENTAL PRACTICE</b>	<p><b>Attending to Personal Needs and Professional Development</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrate competency in the specific tasks assigned during each task oriented supervision and be able to receive and utilize feedback (O)</li> <li><input type="checkbox"/> Reflect on lessons learned and document those reflections after each structured group and individual supervision (A)</li> <li><input type="checkbox"/> Self assess the impact of one’s own cultural identify on the CPS work through utilizing and discussing the Cultural Assessment Tool (O)</li> <li><input type="checkbox"/> Identify with supervisors, the CPS needs related to initiating any specific CPS investigation based on case circumstances (C)</li> <li><input type="checkbox"/> Explore strategies to maintain CPS’ safety during an investigation (C/O)</li> </ul>

# ACTIVITIES

## CPS INVESTIGATION

### ***Pre-Investigation***

Getting the new CPS ready to take on cases on their own requires that they fully understand the process by which cases come into Children's Services. If they have not had the opportunity to sit with Intake staff, arrange a visit. Since they will continue to utilize their journals for the first week of the 90 Days of OJT ask them to answer these questions and be prepared to discuss their visits in a Case Based Group Supervision session. During the session, they can compare notes and learn from each other.

#### **Exercise**

##### **Intake**

*Note: Pay attention to and reflect on the following questions during your visit to Intake.*

1. Describe how the Intake Unit in your Borough is organized in terms of number of hours, phone number to contact, responsibilities and procedures. Who is your primary contact there?
2. Describe the procedure for intake and the process of recording reports of abuse and neglect.
3. Observe and describe an intake call and the recording of an actual report. What sticks out as most important for you?
4. Describe the criteria used to evaluate the report and disposition decision.
5. Describe the process for documenting a screened-out report.
6. Describe the process when a report is accepted.
7. Describe how and what collateral information is determined to be necessary when screening a report.
8. Document the process an assigned report takes from the point of answering the telephone through being assigned to a CPS.
9. What more do you need to know in order to be clear about this process?

## ***Initiating the Investigation***

When assigned a new case, Child Protective Specialists meet with their supervisor in a pre-investigation conference to plan the initial tasks of the CPS investigation. This will include a review of the intake report, including any high priority factors, as well as any prior history and clearances. The conference focuses on developing a plan for contacting the source and the family to begin the investigation. This is a particularly important conference for their first cases during this month.

The CPS will participate in shadowing a seasoned worker during the first week of the 90 Days of OJT. Use this activity to prepare them for their pre-investigation conference by asking what observations they are making now that they have been through the CPSPC and had previous shadowing experiences. Determine if their observations, critical thinking and questions have evolved since the First and Second Five Days of OJT. You should be seeing more advanced critical thinking, engagement, and problem solving skills as well as growing confidence and willingness to find resources that can support their process. While they won't be perfect, there should be professional and personal growth by now.

To prepare them:

- Review the Investigative Expectations ([see Chapter 2 Roles and Responsibilities](#)) as necessary.
- Discuss the appropriate use and inclusion of prior history as preparation for the initial visit.

 **Exercise**

**Initiating the Investigation**

*Note: In a Case Based Group Supervision format, invite the CPS' to present a family case that they observed during a shadowing experience*

1. Describe how the CPS approached the family.
2. Describe the allegations of maltreatment identified in the referral being assessed.
3. Describe the steps and process taken by the seasoned worker that you shadowed.
4. Review the seasoned worker's completed assessment and describe how the assessment is documented.
5. What were the reasonable efforts made to prevent removal?
6. Was a Safety Plan developed? If so, summarize the process of development with the family and major components of the plan.
7. Was a Reunification Plan developed? If so summarize the process the seasoned worker engaged in to develop the plan with the family.
8. If there was a removal, what did you observe its impact to be and how the seasoned worker handled the process?
9. What new insights did you gain from this shadowing experience?
10. What more do you need to know to feel competent to fully participate in a pre-investigation conference?



In order to give the CPS practice in walking up to the door of the family they are visiting, create a role play activity. Use one of the situations listed below (or create your own) that the CPS might encounter once they have knocked on the door. Have a CPS play their own role and you or another CPS could play the family member.

### **Exercise**

#### **Knock on the Door Role Play**

##### **The Situation:**

- No one answers the door
- No one answers the door but you know that you heard voices/TV/saw the curtain move
- The person that answers the door is not the person you came to see
- The person that answers the door is not the person you came to see and they reacted with hostility
- The person that answers the door says they are not the person you came to see but you believe they actually are
- You are greeted by the person you came to see and they say that the children aren't there (even though you believe they are)

If the CPS gets stumped or seems to be struggling, pause the action, invite others from the group to step into the CPS role to show what they would do.

**Ask:** What would you say in this instance? What skills might you use?

Continue to bring the other CPS' into the CPS role until you feel confident that (either from individuals or by taking pieces from each response) you can present a positive Knock on the Door interaction back to them.

##### **Debrief:**

- What did you see go well in the role play?
- What interventions seemed to work well? Why?
- What was the best that could happen given the situation?

Use **Knock on the Door** role plays whenever you feel that the new CPS needs support in an initial visit or as a means to debrief when they return from a visit.

### ***Supervisory Debrief Questions The CPS Investigation***

*Note: The following discussion points can be used in case based group supervision. Use the discussion to enhance positive peer interaction and support.*

- Ask the CPS to self assess their effectiveness on their first interaction with the family members. What did they feel that they did well? What were the most effective things they did to engage the family?
- Discuss how well prepared the CPS felt to observe safety factors, risk factors and signs of abuse/maltreatment in their shadowing experience or when assigned a case of their own based on review of the SCR report and any prior case material.

## CRITICAL AND EFFECTIVE QUESTIONS

Developing multiple hypotheses and applying critical thinking skills to the assessment of abuse/maltreatment begins with asking the “right” questions. CPS’ learned about Using Effective Questions to Conduct the CPS Investigation in the CPSPC and we have included a list of the types of questions they are encouraged to use. (See [the Structure of Questions and Do’s and Don’ts of Reflection in the Supplemental Materials section at end of Month One.](#))

The three types of questions most used in investigations are:

- **Open** questions which are phrased in such a way that people have an “open invitation to talk” as well as have some control over the interview/discussion.
- **Closed** questions which significantly narrow a person’s range of responses by focusing on specific information.
- **Indirect** questions which are statements that imply a question but are not punctuated with a question mark.

Using effective critical thinking skills and effective questions will help the CPS to develop culturally relevant and acceptable questions, minimizing personal bias. This is essential to culturally competent case practice because culture and personal bias intersect practice all the time, during assessments, determination decision, and service planning. Thinking critically throughout the process allows us to be reflective about who we are and how our life experiences impact each step in the service delivery process.

 **Exercise**

**Asking Critical and Effective Questions**

*Note: Your teaching moment is to create practice opportunities for the CPS to form, ask, and analyze questions as if they were or as they are working on a case.*

Have the CPS identify (and write down):

1. What format for questioning did the worker you shadowed use the most?
  - a. Open-ended
  - b. Closed
  - c. Indirect
2. Which questions did you hear from your shadowing experiences that seemed to be the “right” questions?
3. Are there alternative or additional questions that you thought of that were *not* asked? Ask the CPS to discuss why they think their questions should have been asked, what they were hoping to elicit from those particular inquiries, and what purpose those questions would have served in terms of investigating allegations of abuse/maltreatment.
4. What hypotheses can be inferred from the questions and information gathered to this point?
5. What more would you need to know?
6. How would you find out what you need to know?
7. Discuss the need for critical thinking and analysis to support decision making throughout any investigation.
8. Discuss and create a series of critical questions for your case(s) (or one that you shadowed) that address each area of critical thinking outlined in Chapter 4 (*First and Second Five Days of OJT*).

## PROFESSIONAL CASEWORK RELATIONSHIPS

Cooperation  
with others.

Perception,  
experience,  
tenacity.

Know when to  
lead and when  
to follow.

### **What does it mean to establish a professional casework relationship?**

In the Child Welfare environment, sometimes it is very hard to see yourself as a team *with* the families that we serve. It is easy to see how Clinical Consultants or the CPM or a Supervisor can be on your team. It is harder to understand and behave in a way that makes you a team player for families who may seem to be so terribly dysfunctional. But the idea of team-being on a team with the family is part of the role of the CPS. Sometimes team members are leaders, sometimes followers. Sometimes teams work together as

individuals with specific roles and responsibilities; sometimes each member's work is directly dependent on the others. These roles may be fluid depending on what needs to be accomplished. Additionally, the casework relationship is complex, with the CPS needing to manage his/her authority while building a relationship in which the family is engaged and involved to the maximum extent possible. Family engagement is based on the belief that families know their strengths and capabilities; that by engaging them and developing a relationship with them throughout all aspects of the investigation will result in better outcomes. (See *Managing Your Authority in the Supplemental Materials section at the end of Month Two*)

### ***Stages of Establishing Professional Relationships***

The following materials are drawn from the CPS Practice Core and give more content on developing relationships and determining change. There is additional content in Chapter 8. Additionally, you will be able to glean material from this section to support CPS ability to discern successful from ineffective relationships.

*Note: You could also use the following material to create an interactive exercise for group supervision*

Consider a professional relationship that you have established. Take yourself through the following Stages to unfold the steps of creating that relationship.

#### **Stage 1: Anticipation of the Other**

Your opinion or judgment of someone based on your previous experience of that person or group they belong to, as well as what you have heard about the person

and his/her behavior. If you form this judgment/opinion and are not open to being influenced by the person themselves, this is called *prejudice* regardless if it is positive or negative.

- What had you heard or known about the person before you met him or her?
- What opinions had you already formed?

### **Stage 2: Engagement**

*The act of communicating commonalities (such as through greeting rituals, listening, and sharing information about yourself) with others and involving them in the purpose of the relationship, both generally and specifically.*

- When you initially met, what did you and this person do or say that led you each to feel that you were engaged in a positive or productive relationship?
- What might have been done or said that prohibited a productive relationship?

### **Stage 3: Reaching for Mutual Understanding**

*Exchanging information for the purpose of arriving at a common understanding about a given situation and present needs, as well as determining whether any action should be taken. Mutual understanding does not mean that both parties have to agree on everything. Rather, mutual understanding is achieved about the meaning of any differences and the impact, if any; those differences might have on taking action.*

- Did you and this person reach common areas of agreement?
- Were there issues or concerns about which you did not reach mutual understanding?

### **Stage 4: Taking Action**

*Jointly agreed upon actions established in Stage 3 are now carried out.*

- What did you do as a result of your mutual understanding?

### **Stage 5: The Decision to Continue**

*The decision to continue or end the relationship is made based on the current status of each other's needs.*

🚲 **Exercise**

**Professional Casework Relationships**

*Note: Use group supervision to discuss the following question:*

*What do you believe to be the most significant characteristics of professional relationships, i.e. the characteristics necessary for the relationship to achieve desired outcomes?*

*Lead the discussion through:*

- ✓ Who do you need to have these relationships with and why?
- ✓ What benefit do you get from establishing these relationships?
- ✓ How do you build a professional relationship with children?
- ✓ How does that benefit the children and families that you serve?
- ✓ How does a collegial relationship mirror the professional relationship that you have to establish with families and their children?
- ✓ What do you need to do to develop your ability to engage in professional relationships? (*Either with colleagues or families*)?

### ***Supervisory Debrief Questions Professional Casework Relationships***

*Note: We frequently don't think of the family as a participant in a "professional" relationship. Our minds tend to place only staff or colleagues in that role; however the children and families are the center of these working relationships. Encourage the CPS to consider the family as the "expert". Does that change the way that they conduct their business?*

1. What was the one new piece of information that you considered when reviewing the Stages of Establishing Professional Relationships?
2. How will you use this framework when working with colleagues?
3. How will you use this framework in approaching an initial meeting with the family? (see CSA #20)
4. How would you apply this framework to engaging a family in the Safety Assessment? (see *Involving the Family in the Assessment of Safety in the Supplemental Materials at end of Month One*)
5. What are the successes and challenges you have had in engaging family members, including children, in your first few cases?
6. What skills do you need to practice to be more effective in engaging families in the CPS Investigation?



## CULTURAL COMPETENCE

The population diversity of New York City is broad and wide. You, more than anyone, know that the families that receive services from the City's Children's Services come from many nationalities, ethnic groupings, and cultures, represent a variety of languages and ways of being in the world with varying family compositions (and systems in which they operate), from grandparents raising their grandchildren to same sex parents to cases where the case worker may *appear* to be of the same race as the family while, in fact, having a different ethnic background.

*Be creative as you think about the cases that can be reviewed for this section. For example, in the case of Native American families, respect is shown when tribal affiliation is acknowledged and respected. It is especially important to follow the New York State Codes Rules and Regulations, which make several provisions to promote the linkage of Native American families to culturally appropriate tribal services. These rules require that every effort be made to involve the child's tribe/nation in the development of the service plan. Tribes/nations may be able to identify and/or provide culturally based change-promoting resources for children and families. (For more detailed information on the Indian Child Welfare Act, see Section Two, Month Two – ICWA later in this chapter.)*

The question for the new CPS is: how do you interact with families that may vary greatly from your own perception or experience of what makes a family? How much do you allow your perceptions to influence your ability, as a professional, to provide quality of service? The assessment below allows staff to take a look at themselves and how they interact with individuals and family structures which are not like them and who may approach child rearing and development differently. CPS were introduced to this conceptually in the Child Protection Specialist Practice Core Program and may have completed the tool previously. For those who completed this tool, ask: Has anything in your perception of culture changed since you did the rating now that you have been working at Children's Services?

 **Exercise**

**Cues of Cultural Competence**

*Cultural Self Assessment and Reflection: Rate yourself on a scale of 1 (1 need a lot of work to achieve this), 3 (I've got some ideas about this) to 5 (I'm pretty nearly perfect) on the following items. Identify areas needing attention and further work. Develop strategies for doing that work which will result in enhancing your cultural competence.*

- \_\_\_\_\_ I accept that my cultural background, experiences, attitudes, values, biases, and emotions will influence my relationships with parents and children
- \_\_\_\_\_ I can identify and incorporate helping practices and help-giving networks intrinsic to families into the CPS investigation
- \_\_\_\_\_ I am able to explain the meaning of the diverse cultural practices of parents and children on my caseloads.
- \_\_\_\_\_ I recognize that there are many different biases in our society, such as racism and homophobia, and that I will need to understand the specific impacts of such biases upon each family I work with.
- \_\_\_\_\_ I recognize how cultural and other factors of difference influence my assessment with various groups (i.e. ethnic, racial, religious, sexual orientation).
- \_\_\_\_\_ I am open to learning experiences that will enrich my understanding of and effectiveness in working with culturally different populations.
- \_\_\_\_\_ I can identify cultural strengths in families.
- \_\_\_\_\_ I can utilize cultural strengths to affect positive change with families.
- \_\_\_\_\_ I am able to identify factors of difference in my relationships, how these are affecting the CPS investigation, and manage those in ways that advance child welfare outcomes.

My Plan for Improvement:

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Date: \_\_\_\_\_

## ***Information to Consider When Working With Newly Immigrating Families***

### **Pre-immigration conditions:**

People emigrate from their country of origin for these reasons:

- Threatening political situations
- War
- Religious persecution
- Poor economic conditions
- Poor educational opportunities
- Poor health care
- Family reunification

### **Immigration conditions:**

Conditions new immigrants experience in this county include perceived benefits as well as challenges.

### **Perceived benefits:**

- Increased educational opportunities
- Improved economic opportunities
- Better paying jobs
- Greater availability of material items
- Political asylum
- Better health care

*(\* Derived from unpublished materials developed by NYC Children's Services – James Satterwhite Academy.)*

### ***Supervisory Debrief Questions*** ***Cultural Awareness and Competence***

*Note: Cultural awareness is sometimes taken for granted and sometimes simply overlooked. Encourage the CPS to pause and think critically about their own values and patterns of working with people who appear to function differently than they. Issues of gender and sexual orientation are also touchy subjects more because of lack of knowledge than lack of compassion. Promote research and discovery of cultural norms that may be different from their experiences.*

1. What are some challenges that you may face when interacting with a family whose language and norms for raising their children may be different than your own?
2. How will you resolve this challenge? Who might be able to provide support to you?
3. How much do you need to know about the family's country of origin to be able to support them? How will you elicit this information?
4. How does working with a family that does not speak English affect your thinking while developing your hypotheses?

## DOMESTIC VIOLENCE

In Chapter 8, we have included the Domestic Violence Protocol as a reference while Principles for Addressing Domestic Violence, Effects of Domestic Violence on Children and Power and Control Wheel are included in this chapter (Supplemental Materials at end of Month One). Remember that some of the new workers may be survivors or even currently be wrestling with their own issues of partner violence. Be sensitive to reactions as you go through this work.

### ***Supervisory Debrief Questions Domestic Violence***

*Note: Invite/schedule a presentation with the Clinical Consultant. Have the CPS get ready for this by reviewing the Domestic Violence Practice Guidelines with them. Encourage them to prepare questions that they may have as a result of the training in the CPSPC. Use the Supervisory Debrief Questions to generate discussion after the presentation. Continue to encourage reflection on attitudes and values, which may be culturally shaped, about gender roles and stereotypes.*

1. What do you do when both parents report that they each are the victim of domestic violence/partner abuse?
2. What is the protocol for interviewing children who may have witnessed domestic violence?
3. What are the various forms that domestic violence can take?
4. What kinds of questions should you ask about DV in each investigation?
5. What are the most critical interpersonal skills that you need to use?
6. What will you do if the alleged abuser is present?
7. What are your attitudes about women in abusive situations? About perpetrators?
8. What more do you need to know in order to support families who may be survivors and/or abusers?

## **SUBSTANCE USE DISORDER / MENTAL HEALTH ISSUES**

Parental substance abuse is reported to be a contributing factor between one and two thirds of maltreated children (US Dept. of Health and Human Services 2003). Some studies reveal that more than 80% of child welfare-involved families have one or more chemical dependency/abuse problems and mental illness. Mental disorders have far-reaching implications for vulnerable children and families, since mentally ill parents can have difficulty consistently providing for their children's safety and well-being needs. (See *Identifying Mental Health Disorders* in the *Supplemental Materials* section at the end of *Month One*)

Similarly, substance abuse/chemical dependency profoundly affects individuals and impacts their parenting practices. Child protective specialists who intervene in the lives of families affected by substance abuse/chemical dependency and/or mental illness need to be alert to the presence of these contributing factors in families during their CPS investigation. They need to use interpersonal skills in order to assess how these factors affect parents' ability to meet their children's needs. They also need to know when to utilize their supervisors and clinical consultants to better enable them to respond to the needs of these families.

Invite/Schedule a presentation with the Clinical Consultant for Domestic Violence, for Mental Health Issues, Substance Use Disorder and Medical Issues. Have the CPS get ready for this by encouraging them to prepare questions that they may have as a result of the training in the CPSPC and once you have reviewed *What the CPS Should Know about Drug Abuse and Child Abuse/Maltreatment*, *Identifying Substance Use Disorder* and *Discussing Alcohol and Other Drug Use during CPS Investigation* (found in the *Supplemental Materials* section at end of *Month One*).

### ***Medical Issues***

The medical health and well-being of children who are served by our agency is very important. Issues of nutrition, hygiene, well child examinations, etc. are critical in maintaining a healthy family. In each office, there are medical consultants that can provide insight to any medical issues that may arise. Instruct the CPS to seek out their supervisor for guidance if they have concerns about the medical wellbeing of children that they see or for assistance with medical conditions that may be present.

### **Supervisory Debrief Questions**

#### **Substance Use Disorder and Mental Health**

*Note: It is important for the new CPS to learn how to get support from clinical professionals when potential issues of mental health arise. Use the Group Supervision process to help them strengthen their peer support network as a tool of resilience. Continue to encourage self reflection about attitudes that may exist about individuals with addiction or mental health issues. Pay attention to language use and characterization.*

1. How do your experiences and attitudes shape your perspective on individuals with substance abuse and/or mental health issues?
2. What is your immediate response when confronted with someone who is talking of harming themselves? Who would you talk to about concerns that you may have about a family member?
3. How might you respond to a parent who is denying substance abuse when you have much information leading to a conclusion that the person is abusing drugs or alcohol?
4. How do you find out about treatment centers in your area?
5. How do you objectively incorporate your concerns into your Progress Notes?
6. How do you humanize experiences without over-identifying with them?





# **CHAPTER FIVE**

## **SECTION ONE –**

### **SUPPLEMENTAL MATERIALS**

- The Structure of Questions
- Do's and Don'ts of Reflection
- Principles for Addressing Domestic Violence
- Effects of Domestic Violence on Children
- Power and Control Wheel
- What CPS' Should Know about Drug Abuse and Child Abuse / Maltreatment
- Discussing Alcohol and other Drug Use During the CPS Investigation
- Identifying Mental Health Issues
- Involving the Family in the Assessment of Safety



## THE STRUCTURE OF QUESTIONS

### ***Three Most Useful Questions***

The three most used—and most useful—questions in the child welfare borough are *open*, *closed*, and *indirect* questions.

#### **The Open Question:**

- Is an invitation to talk, such as sharing stories, thoughts, feelings, or fears.
- Usually begins with “how,” “what,” “could,” or “would.”

*Examples:* “How do you feel about the safety plan?” “What happened when you used ‘time-out’ with Denzel?” “Could you tell me about your experiences treating your daughter’s past asthma attacks?”

#### **The Indirect Question:**

- Is more like a statement inviting a response
- Implies, but doesn’t directly ask, a question.
- Is useful for approaching sensitive topic areas, where it supports the speaker’s sense of control over the pacing and depth of sharing.

*Examples:* “I’m wondering what you’ll do when Glenn gets out of jail.” “I’ve been thinking about how it must be tough for you to have drug dealing going on right here in your building.” “The other day, I noticed how Dana seems so very grown-up for a 10-year-old.”

#### **The Closed Question:**

- Focuses on very specific information, requiring one- or two-word responses.
- Usually start with words like “is,” “will,” “where,” “when,” and “did.”

*Examples:* “When is Bettina’s appointment with the counselor?” “Is Jose home from school today?” “Did you attend that meeting last Monday night, like we planned?”

### ***Other Types of Questions***

Other important questions for gathering information while keeping the interview from feeling like an interrogation are:

### **The Circular Question:**

- Focuses on the feedback and/or support the parent hears from significant others.
- Asks the parent to reveal what others are communicating (verbally or nonverbally) to him/her. “What does (\_\_\_\_\_) say about (\_\_\_\_\_)?”

*Examples:* “What does your mother say about your plans to let Danielle move in with her father?” “What were your children’s reactions when you told them about moving to Georgia?”

### **The Scaling Question:**

- Asks parents to rank-order or rate something, providing insight on how much significance they place upon their feelings, needs, beliefs, or experience.
- Usually begins with a description of the rating system, for example: “On a scale of one-to-ten, with ten being totally satisfied, how would you rate...”

*Examples:* “On a scale of one-to-ten, with “ten” being totally committed and “one” being totally opposed, where do you stand on the plan to have Chase return here when he finishes his program at Lakeside?” “Would you call yourself “cold,” “lukewarm,” or “hot” to the idea of having Millie attend the alternative school program after she has the baby?”

### **The Solution Based Question:**

- Seeks descriptions of parents’ past efforts to solve or avoid problems.
- Contains reference to parents’ history with the situation and an invitation to share their successes or failures as they tried to solve it on their own.

*Example:* “When you caught your boyfriend hitting your daughter, what did you do?”

## ***Ineffective Questions***

Questions that form barriers to sharing information, building or maintaining relationships, or influencing change are known as ineffective questions.

### **The Double Question:**

- Includes two questions in the same sentence.
- Is difficult or impossible to answer.

*Examples:* “Did you attend your first parenting class and what did you think about the instructor?” “Did you get all your questions answered by the counselor or were you confused about some things?”

**The Bombarding Question:**

- Contains a series of questions.
- Creates an “interrogation” effect.

*Examples:* “Did you know your partner was going to call the police? How was Jeremy acting when he was dropped off, anyway? Just what was going through your head?”

**The Statement Question:**

- Expresses the questioner’s ideas or values or wishes.
- Often begins with openers like “Don’t you think...” or “Wouldn’t you like...”

*Examples:* “Don’t you think it will be too hard for you to take care of your children until you complete the alcohol treatment program?”

**The “Why” Question:**

- Implies a judgment or criticism of the other person’s motives, feelings, or actions.
- Invites defensive or self-justifying responses.

*Examples:* “Why didn’t you stop yourself before you hurt him?” “Why would you consider moving *there*?” “Why didn’t you call me before things got so confusing?”

**The Loaded Question:**

- Contains blame or implies guilt for a negative behavior.
- By answering the question, the person would acknowledge his or her failure.

*Examples:* (to a person who has not admitted a drinking problem): “Have you stopping hitting your son after you’ve had a few too many drinks?” (to a teenager who denies being sexually active): “So, did you buy condoms from the drug store or get them from your mom?”

## DO'S AND DON'TS OF REFLECTION

Reflection is the process of understanding another person's feelings, values, experiences, beliefs, needs, and self-concept by listening to the words and feelings in the message, observing nonverbal cues, and then stating in the receiver's own words what the sender is communicating for verification by the sender.

When engaged in reflection, you **must**:

- Be attentive.
- Want to listen.
- Work to see the world through the other person's eyes, since his/her emotions are as valid as yours.
- Remember that people's feelings can change from moment to moment.
- Trust the other person's ability to handle his/her feelings and find solutions to his/her problems.
- Temporarily put aside your own feelings and focus all your attention on the other person's message. If you find yourself thinking that the other person's message makes you feel anger or some other emotion, or if you want to interject your own thoughts to explain something, you are not trying to "see" through the other's eyes. Shifting focus from the sender to you impedes reflection.

When engaged in reflection, you **must not**:

- Criticize or be judgmental.
- Reassure or sympathize.
- Tell the person what to do.
- Tell the person how to feel.
- Try to solve another person's problems for him/her.
- Try to convince the person to behave, think, or feel the way you think he/she should.
- Send a message related to yourself.
- Allow emotionally laden words to upset you.

When engaged in reflection, **do**:

- Identify the feeling and/or content expressed both verbally and nonverbally by the sender. (Don't be afraid to trust your "gut" feeling. If you're wrong, most people will correct your misperception.)
- Reflect the sender's depth or level of emotion.

- Use various phrases to express your understanding of the sender's message, such as:

You seem \_\_\_\_\_ .

Sounds like \_\_\_\_\_ .

It seems as if \_\_\_\_\_ .

I hear you saying \_\_\_\_\_ .

So I hear that you're feeling \_\_\_\_\_ .

I get the feeling that you \_\_\_\_\_ .

I imagine \_\_\_\_\_ .

I get a sense that \_\_\_\_\_ .

## **NEW YORK CITY CHILDREN’S SERVICES PRINCIPLES FOR ADDRESSING DOMESTIC VIOLENCE IN ACS**

The mission of Children’s Services is to ensure the safety and well-being of all the children of New York City. In keeping with this aim, Children’s Services has developed a set of guiding principles that address domestic violence between or against caretakers receiving Children’s Services (ACS) assistance.

Of the many factors that place children at risk, domestic violence is one of the most pervasive and complex. In addition to crossing boundaries of race, class, religion, culture, and sexual orientation, domestic violence challenges traditional methods of service delivery. Effective domestic violence interventions require unique, deliberate and coordinated services both within Children’s Services and across agencies. These guiding principles reflect Children’s Services’ philosophy regarding domestic violence and are intended to help direct policy, formulate practice guidelines and protocols, and provide a framework for staff training in this area.

Children’s Services believes that one of the most effective ways to enhance children’s safety after the detection of domestic violence in their homes is to support and help non-abusive parents protect themselves and their children while engaging abusive partners<sup>1</sup> in services and holding them accountable for their actions. When appropriate, preventive services for the family are preferred. Preventive services should help families create or maintain a safe home and promote the stability and well-being of both parents and child. If placement into foster care is required, the non-abusive parent and the abusive partner should be engaged in service and/or safety planning to facilitate the child’s safe return home as soon as possible

It is Children’s Services policy not to remove a child from the custody of the survivor or non-offending parent without a court order solely because the non-offending parent is a survivor of domestic violence, except in cases where the child is in such imminent danger to life or health that he or she must be removed and there is not reasonably sufficient time to obtain a court order. It is Children’s Services responsibility to determine whether a child is in such imminent danger to life or health that he or she must be removed. It is also Children’s Services responsibility, where appropriate, to make reasonable efforts to offer services that would prevent removal of the child.

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<sup>1</sup> The term “partner” refers to an individual with whom the custodial parent has a marital, cohabiting or significant dating relationship. The partner may or may not be the parent of the child.



Children's Services policy also requires that, when Children's Services files Article 10 petitions against adult/adolescent survivors of domestic violence, we must provide a particular and specific description of any domestic violence perpetrated by the respondents and of the neglect or abuse suffered by the child as a result of that domestic violence. As in any case, a careful and thorough assessment should be done.

## ***Principles***

### **All children deserve to live in homes free of domestic violence.**

- Children's Services child welfare and child care staff should be equipped to effectively identify and respond to domestic violence and have access to expert consultation and adequate resources.
- Every family involved with Children's Services should receive a timely and appropriate domestic violence assessment. Individual family members must be interviewed separately during this assessment. The victim's prior help-seeking efforts and experiences must be explored and incorporated into the assessment.
- Family members should be provided with appropriate and responsive interventions, including ongoing safety planning for the victim.
- The non-abusive parent and the abusive partner must be engaged in appropriate services to help maximize the safety and stability of the home for the child. These services must be provided separately when indicated by the assessment.
- When domestic violence creates an immediate danger of serious physical harm or serious emotional impairment to a child, every effort should be made to provide for safety without separating the non-abusive parent and child. If preventive services cannot effectively curtail domestic violence within the household, the abusive partner should be removed from the home by the police, or the non-abusive parent should be assisted in entering emergency shelter or another safe living situation with the child.
- When safety planning with the non-abusive parent and/or criminal justice intervention does not reasonably provide for children's safety in the context of domestic violence, appropriate safety interventions, including foster care placement, must be made.
- In considering kinship foster care placement in cases involving domestic violence, a careful assessment must be conducted to ensure that such

arrangements will not compromise the safety and well-being of the adult victim or child, or interfere with permanency planning with the adult victim.

- Children entering foster care must not be placed with any person who is currently a perpetrator of domestic violence. If the assessment reveals past domestic violence, a thorough assessment must be done to document that it is no longer present in the household.

**All families in domestic violence situations deserve assessment and proactive services that meet their individual needs and respect their unique strengths.**

- Every child and family member must receive individual assessments and age-appropriate service plans that address the trauma and impact of domestic violence.
- All family members must receive culturally and linguistically competent services in safe and appropriate settings when domestic violence is identified.
- All family members must be provided with an understanding of their rights and options.
- All non-abusive parents should be referred to needed services, including domestic violence programs.
- Referrals must be made to law enforcement agencies or the courts for legal intervention when appropriate.
- Every parent who is a victim of domestic violence should be engaged in developing a strategy for increasing her/his safety and preparing in advance for the possibility of further violence.
- Every parent who is a victim of domestic violence should be engaged in developing their service plan to ensure that it is responsive to their needs.
- All abusive partners should receive individual service plans and referral to batterer intervention programs, when appropriate. The progress of their plans should be closely monitored.
- The history of domestic violence must be taken into account in planning or making recommendations about visiting with children in foster care to ensure that such arrangements do not endanger the child or the non-abusive parent. Children's visits with an abusive parent should be planned with the non-abusive parent to minimize risk.

**Abusive partners must be held accountable for their actions.**

- Mechanisms for holding abusive partners accountable may include criminal justice and law enforcement interventions, and mandatory participation in batterer intervention programs.
- Non-abusive parents must not be held accountable for the violence committed by others.
- Every person and system involved with a child's care must work in partnership to ensure positive outcomes for children and their families.

**Each individual involved in a child's care must be treated with respect and viewed as an integral part of the process.**

- Children's safety should be promoted through a coordinated community response. This response should engage domestic violence programs, the police, family and criminal courts, and other key systems and providers.
- Child welfare and child care staff should work together with domestic violence program staff toward a shared goal of overall family well-being.
- Families experiencing the overlap of domestic violence with other risk factors, such as child abuse/neglect, substance abuse, mental illness, and poverty, should be assisted through intra- and interagency collaboration that may include cross-training and collaborative programming.
- Families should receive consistent and appropriate judicial responses fostered by a partnership between Children's Services and the Family and Criminal Court systems.
- Whenever possible, given legal and ethical standards governing client confidentiality, families should be more comprehensively served through the sharing of information among agencies and providers.

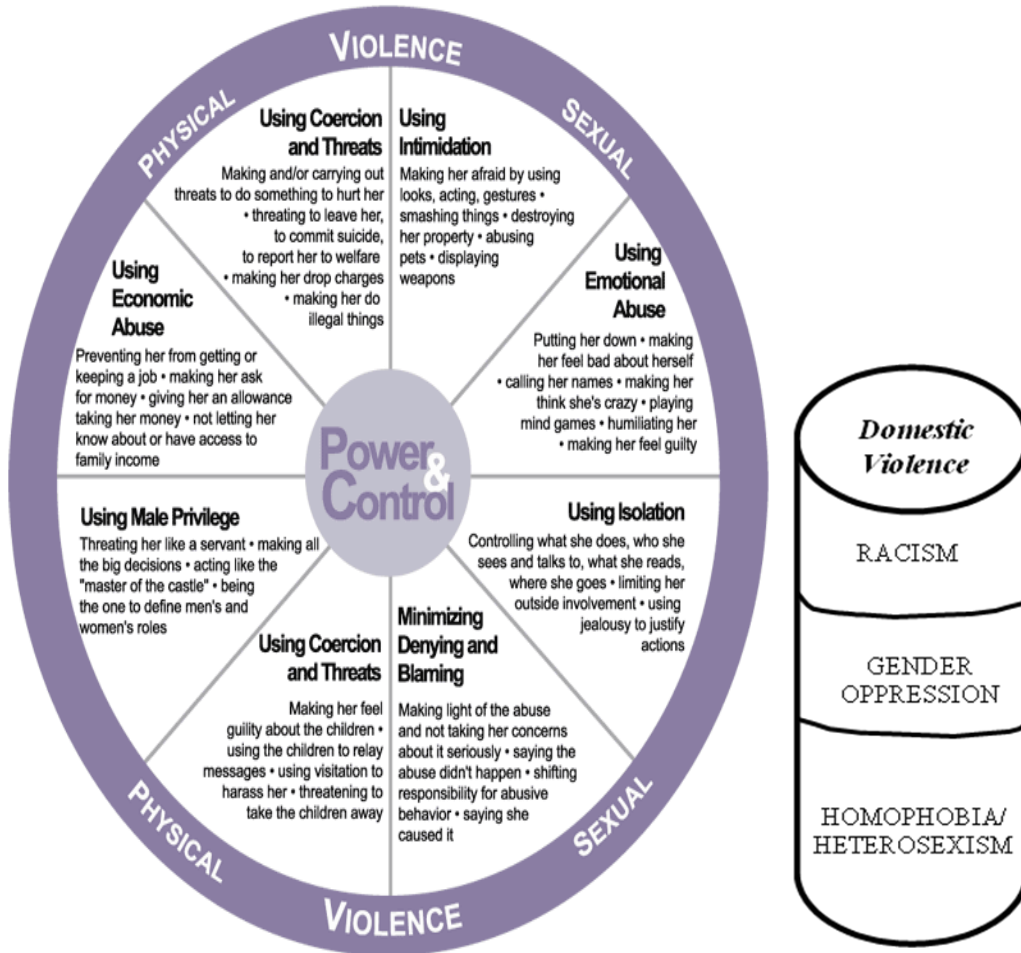
## EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN

Some effects children may experience after witnessing a parent being abused include:

- Believing they are responsible for the violence
- Feeling anxious that at any moment the violence will happen again
- Fear of being abused themselves or abandoned
- Being ambivalent about one or both parents (i.e., they both love and hate the abusive partner as well as the abused partner for staying) (Elbow, 1982)
- Being ashamed that violence is happening in their family
- Feelings of detachment, psychic numbing, or constricted affect (e.g., withdrawal from the family, being emotionally numb or describing violence in the family without any emotional response (Crimando, Maurer & Travers, 1995)
- Clinging to the abused parent; needing that parent's "excessive" attention
- Becoming truant (i.e., being afraid to go to school and leave their mother home alone) or falling behind in school (e.g., because they are too preoccupied about what could be happening in the home when they are not there) ( Pfouts, Schopler & Henley, 1982)
- Becoming isolated; being afraid to have friends for fear they will find out about the abuse
- Abusing drugs or alcohol to cope with the violence (common in adolescents but it may also occur in younger children) (Roy, 1988 in Saunders, 1994)
- Developing hearing, speech or learning disabilities (Penfold, 1982 and Martin, 1981 in Saunders, 1994)
- Misbehaving with parents, siblings, peers, or teachers (Pfouts, Schopler & Henley, 1982)
- Being inhibited, hyper vigilant, phobic, or having nightmares (Crimando, Maurer & Travers, 1995)
- Having behavioral and emotional problems, including aggressive behavior (Hershom & Rosenbaum, 1985)
- Having symptoms of Posttraumatic Stress Disorder (e.g., nightmares, flashbacks, bed-wetting, acting younger than their age) (Silvern & Kaersvang, 1989)

- Showing more distress than the average child when something upsets them (e.g., a 12-year old who begins crying uncontrollably when his soccer coach reprimands him) (Hughes, Parkinson & Vargo, 1989)
- Presenting more adjustment problems (e.g., a 6-year old who starts a new school clings to his mother and when she leaves, he cries all day) (Shepherd, 1992)
- Having physical symptoms, such as bedwetting, headaches, stomachaches, nail biting, etc.

## POWER AND CONTROL WHEEL



## **WHAT CPS' SHOULD KNOW ABOUT DRUG ABUSE / MALTREATMENT**

### ***What creates drug abuse/chemical dependence?***

Chemical dependency results from a combination of physiological/biological, environmental, and social variables. The body (both physically and mentally) is dependent upon and craves the addictive substance just as it craves air and food.

### ***Why do individuals ever start to use mood-altering substances?***

Drugs work! At least initially, people use alcohol or drugs to obtain pleasurable feelings or to obtain relief from intolerable feelings, including (but not limited to) depression, stress, boredom, and traumatic life experiences. Some people begin their experimentation with drugs to satisfy their curiosity or because of peer pressure.

### ***Why do some individuals become dependent/addicted and others not?***

The likelihood that an individual user will become addicted is difficult to predict. There is a genetic predisposition to alcoholism. Genetic involvement in addictions to other drugs is less well-defined.

### ***Can individuals addicted to drugs quit without treatment?***

- A small proportion of persons addicted to drugs (and/or alcohol) may be able to quit without treatment. However, stopping the use of drugs without getting treatment does not necessarily foster recovery. Recovery requires changing attitudes, behaviors, and relationships and taking responsibility for one's actions as well as making amends for actions that hurt others.
- Also, addiction is a family illness. Everyone in the family—whether they use drugs/alcohol or not—requires treatment to sustain change.

### ***Does treatment work?***

Yes, treatment works, although, like a diet, sometimes people relapse. This does **not** mean they can't start again and reach their goal. CPS workers should work with a Substance Abuse Clinical Consultant to make sure that the parent or adolescent gets referred to an appropriate

treatment provider offering the correct level of care and array of services that an individual and his/her family needs.

### ***What is meant by “drug abuse/chemical dependency”?***

- **Drug abuse/chemical dependency** is the continued use of any mood-altering chemical despite negative consequences.
- This abuse may involve illegal substances, prescription drugs, alcohol, over-the-counter drugs, or other chemicals (e.g., household solvents). The substances the CPS is most likely to encounter are alcohol, marijuana, stimulants (cocaine, crack, and methamphetamine), heroin, and prescription pain killers and sedatives.
- Chemical dependency is the dependence on drugs that is primary, progressive, and chronic. **Primary** means that the dependence is a central issue affecting all aspects of an individual’s functioning. **Progressive** means that the symptom associated with dependence will increase in frequency and seriousness over time if chemical use continues. **Chronic** means that the dependency can be treated but not cured and is characterized by periods of relapse.

### ***What is the relationship between substance abuse and child abuse/maltreatment?***

- Substance abuse is a contributing factor in one to two thirds of maltreated children.
- Children of substance- or alcohol-abusing parents are almost three times more likely to be abused and four times more likely to be neglected than children of non-substance-abusing parents.
- Alcohol- and drug-related child welfare referrals were more likely to result in foster care placements than other cases (33 percent vs. 20 percent).<sup>1</sup>
- Research shows that nearly 80 percent of foster children are at-risk for a wide range of physical and developmental health problems related to prenatal exposure to alcohol and/or other drugs.
- The average length of time spent in out-of-home care for a child whose parent is not chemically dependent is 10 months; for a child whose parent is chemically dependent, the average is 26.8 months.
- Substance use by children and youth in care is a major concern. Approximately 56% of adolescents in care report using street drugs, a much higher rate than the general population of youths. Self-medication among children and youth in foster care is common and places this population at high risk for lifetime addiction.



- The presence of drugs and drug paraphernalia pose a significant risk to children. Most illicit and prescription drugs are toxic when ingested by children, especially in the case of small children. Additionally, access to drug paraphernalia (such as needles, syringes, razor blades, and straws) also pose a danger to children because they may mimic behaviors that they have observed and injure or infect themselves in the process. For instance, straws used for snorting cocaine or heroin often have blood on them, and if a young child accidentally scratched him/herself in the process of putting a straw in his/her nose, that child could become infected with hepatitis or HIV. Households involved in drug production place children at risk as well, as the preparation of many drugs requires the use of highly volatile chemicals.
- A parent who has a hangover may not be physically able to meet the needs of his/her children. A hangover is experienced as a headache, upset stomach, early morning awakening, rapid heart rate, and other signs of nervous system excitation, as well as dehydration and electrolyte imbalance, which make people feel very sick. The depression that also accompanies a hangover can easily be expressed as irritability, which can lead to emotional or physical abuse or neglect.
- Drug-seeking behavior can also lead to neglect because the parent's compulsive need to obtain the next drink or fix does not leave room to attend to children's needs.

### ***How does recovery from alcohol and other drug abuse intersect the concerns of child welfare?***

- There is a clash between the rapidly clicking clock of physical, emotional, intellectual, and moral development of the abused or neglected child and the slow-motion clock of recovery for the parent addicted to alcohol and/or drugs. The primary cause of removal for children as a result of parental substance abuse is neglect.
- The consequences of this clash fall heavily on the children: many abused or neglected children are angry, antisocial, and physically aggressive; perform poorly in school; and engage in delinquent or criminal behavior.
- Children are at high risk for developing their own substance abuse problems and are likely to repeat the cycle of abuse and neglect that plagued their own childhoods.

### ***What should the child protective specialist do if substance abuse is suspected?***

- Consult with your supervisor and your clinical consultant.
- Inform parents who are subjects of an indicated report of child abuse/ maltreatment about the Early Intervention Program (EIP) when their children are under the age of 3.

- Explain to them that the New York City Department of Health and Mental Hygiene administers an EIP that assists families in accessing services for infants and children challenged by atypical development, and tell them that the EIP also supports families in meeting children's needs as well as the needs of the parents.
- Call 311 to inquire as to the EIP center that is closest in proximity to the parent(s) and refer the parent(s) to that center or, alternatively, complete a referral form for the parent(s) in order that the family may access EIP services.
- When cases are referred to the Family Services Unit (FSU), FSU staff must make certain that a referral has been made for cases meeting the criteria stated above.
- In instances when children under the age of 3 are part of an indicated CPS report, make a referral to Early Intervention.

### **References**

- <sup>1</sup> Permanent Judicial Commission on Justice for Children, Fast Facts on the Developmental Health of Foster Children. Facts: Substance Abuse and Child Welfare, New York State Office of Alcoholism & Substance Abuse Services, OASAS Publication #FS22 (7/00), <http://www.oasas.state.ny.us/pio/publications/fs22.htm>

*A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice US Department of Health and Human Services; Administration for Children and Families, Administration on Children, Youth and Families Children's Bureau, Office on Child Abuse and Neglect. 2003.*

## IDENTIFYING SUBSTANCE USE DISORDER

Physical signs and symptoms of substance abuse will vary depending upon the drug being used, but there are common indicators you may encounter:

- Secrecy or avoiding contact; difficult to engage; not answering the door when home
- Misused appointments or absenteeism from work or school
- Decline in work performance or in children's school performance
- Messy or disorganized home environment
- Legal difficulties
- Changed behaviors with regard to socializing, children, or schedules (e.g. frequently sleeping in)
- Complaints from neighbors or housing authorities about parties, excessive noise
- Increased isolation from family and friends
- Mood swings; outburst of anger, paranoia, or defensiveness
- Financial difficulties not otherwise explained
- Evidence of accidents, falls, or frequent illness, especially sinus problems
- Physical evidence of alcohol or drug use (empty bottles, drug paraphernalia such as syringes, used hypodermic needles, cigarette rolling, pipes, "bongs," cigarette lighters, etc.)
- Change in sleep patterns, appetite or mood
- Dilated or constricted pupils: lapses of concentration, lethargy or excessive drowsiness ("nodding off"): excessive excitability or rapid speech (stimulants): memory lapses or blackouts? i.e., not being able to remember all or parts of an evening when intoxicated (alcohol). Alcohol is the drug most commonly associated with blackouts, but cocaine may also cause them.
- Caretaking behavior by children in the home (e.g. with parents, younger siblings, household chores, etc.)
- Single edge razor (used to grind cocaine particles or divide crack).

## **DISCUSSING ALCOHOL AND OTHER DRUG USE DURING A CPS INVESTIGATION**

*Questions about substance use are part of any family assessment and should be asked in a routine manner. If a family member is willing to respond, basic questions could include:*

1. Please identify what substances you currently use.
2. How recent, how much, and how often do you use?
3. What happens when you use? Are there negative consequences? Do you feel guilty or angry with yourself?
4. Why do you think you continue to use?
5. Have you ever thought that you have a problem with using alcohol or other drugs?
6. Have you ever stopped using or tried to stop using? If so, why? What happened?
7. Do you think your use of alcohol or drugs has affected your relationship with your children or your ability to parent? If so, how?

## **IDENTIFYING MENTAL HEALTH ISSUES**

### ***General Mental Health***

There may be cultural and gender differences in the way mental disorders are described and experienced. The following behaviors may indicate that an individual is experiencing mental health issues:

- Secrecy or avoiding contact; difficult to engage; not answering the door when home
- Missed appointments or absenteeism from work or school
- Decline in work performance or in children's school performance
- Messy or disorganized home environment
- Poor personal hygiene
- Changed behaviors with regard to socializing, childcare, or schedules (e.g. frequently sleeping in)
- Increased isolation from family and friends
- Mood swings; excessively elevated mood; pervasive sadness; irritability; paranoia; confusion; defensiveness, pressured speech, agitation, which may include pacing up and down
- Change in sleep patterns, appetite, or mood
- Increased fatigue, worry, or anxious feelings
- Caretaking behavior by children in the home

### ***Depression***

While more common in women, depression also occurs in men, but the signs and symptoms may not be as obvious. Symptoms include:

- Feelings of sadness most of the time
- Lack of enjoyment from doing things previously found pleasurable, including interacting with family and friends
- Oversleeping (difficulty getting out of bed) or difficulty sleeping well at night
- Feelings of fatigue
- Reduced sexual energy

- Loss of appetite or feeling like eating all the time
- Difficulty focusing and being forgetful
- Increased aches and pains that persist
- Feeling bad about oneself most of the time
- Feeling anxious and upset but not sure why
- Feeling depressed, irritated
- Thoughts of death including thoughts of suicide
- Worrying about things even when there is no reason to
- Feeling physically tense or feeling tension in the body much of the time
- Having panic attacks (heart racing, dizziness, difficulty breathing, tingling)
- Having nightmares and flashbacks to past traumas (e.g., a sexual assault)
- Washing hands repeatedly, being obsessed with germs, overly concerned about checking locks, or leaving the stove on when leaving the house

## ***Thinking Disorders***

Mental health issues such as schizophrenia are relatively rare. In addition to the general symptoms listed above, most people know when they encounter an individual who has a thought disorder because of the unusual way the person presents him/herself. Psychotic symptoms may be caused by substance abuse or by certain physical conditions. Some other signs include:

- The person exhibits unusual thoughts and speech patterns; has trouble focusing on a topic; expresses loose or bizarre associations with his/her ideas; and/or talks rapidly with a flood of thoughts
- The person is not oriented to time, person, or place, e.g., he or she might believe in time travel, alien beings, or that their home is actually on another planet
- The person expresses or exhibits hallucinations (i.e., hearing things and seeing things that aren't there) or delusions (imagining things or holding strong personal convictions that are not true)
- There have been dramatic changes in behavior, including social isolation or withdrawal

## **INVOLVING THE FAMILY IN THE ASSESSMENT OF SAFETY**

The assessment of safety is an ongoing process throughout our work with a family. All child welfare workers, regardless of role, must be able to assess safety, and child protective specialists are usually the worker in position to take the first action to provide for children's safety.

There are many reasons why it is important to involve the family in the process of assessing safety:

### ***Increased Family Awareness of Safety Issues***

Some families are unaware of safety issues, such as tying a baby in a crib to prevent unsupervised wandering or leaving a 5-year-old unattended. Sometimes providing information can rectify the problem.

### ***Recognition of Family Members as Experts***

Whatever their struggles, family members are experts on their own lives, including the problems they have experienced and the solutions they have attempted. They are also experts on their network of informal resources. The family's knowledge is key to casework assessment and intervention.

### ***Respect for the Family's Rights***

Families have a right to be involved in the decisions made and actions taken that pertain to their members. We have a responsibility to help them do so to the extent they are willing and able.

### ***Reasonable Efforts***

Law and regulation, grounded in the principles of good practice, dictate that *reasonable efforts* must be made to avoid placement of children.

The family is the key resource for determining what alternatives to removal can promote the safety of the children.

When children are removed from the care and custody of their caretakers, information must be provided that explains whether reasonable efforts to prevent or eliminate the need for removal were made. If reasonable efforts were not made, then justification to family court is required.

*Caveat. In some situations, action must be taken to protect a child from immediate or impending danger of serious harm or substantial risk of harm without the involvement of the family. If the parent/person legally responsible for the child is unavailable, incapacitated, or unwilling to take action to protect the child, the state has a responsibility to intervene.*

### ***Influencing Change-Readiness in the Family***

Most families, given opportunity and assistance, are the best source of long-term solutions to their own difficulties. Genuine efforts on the part of the child welfare worker to involve the family in assessing safety will increase their sense of discomfort with the present situation, help them internalize responsibility for it, give them a sense of efficacy that they can make positive choices on behalf of their children, and help them begin to see a future where their children's needs for safety and emotional security are met.

### ***Reduction in the Risk of Violence/Increasing Worker Safety***

Many of us have a natural tendency to avoid raising difficult issues because of a fear of hostility. The risk of violence in what is often a tense situation can be reduced if family members feel they have the opportunity to speak and if the listener uses interpersonal skills that communicate a genuine interest in hearing and understanding the family's point of view.

### ***Recognition of Progress***

Workers need to be aware of when a child formerly in immediate danger of serious harm situation has become safe. The family is an excellent source of information about **what** has changed, **how** it changed, and **who or what** can maintain the change, key factors in determining modifications to the plan of intervention and in helping the worker decide if a child can return home, whether services can be decreased, must be increased, or if no progress has been made, is likely to be made for the foreseeable future, an alternative permanency planning goal may need to be pursued.



**TUS REFLECTIVE PRACTICE  
FOR QUALITY SUPERVISION**

**Performance  
Management, Clear  
Expectations,  
Monitoring and  
Feedback**

## **TUS REFLECTIVE PRACTICE FOR QUALITY SUPERVISION**

### Section One: Month One

#### Assessing My Skill and Emphasis On **PERFORMANCE MANAGEMENT, CLEAR EXPECTATIONS, MONITORING AND FEEDBACK**

*The assessment at the end of this chapter turns to a focus on your capacity to manage the performance of your staff. Contemplate what more you need or want to do going forward - for you or to better train the new CPS. Dedicate some time to contemplate the following questions and statements. Feel free to use additional paper (or a journal) to fully think through your responses. Revisit your responses from time to time to witness your own growth or as gentle reminders of what your intentions were at the time you wrote them.*

1. What did you see that made you confident that the CPS could demonstrate the abilities that you were teaching?
  
  
  
  
  
  
  
  
  
  
2. What did you do best during Case Based Supervision? With particular individuals?
  
  
  
  
  
  
  
  
  
  
3. What do you want to do more of during Month Two the 90 Days of OJT?
  
  
  
  
  
  
  
  
  
  
4. What do you need in order to accomplish this and how will you get what you need?

Take a few minutes to thoughtfully assess your skill on *managing the performance* of staff. Are you seeing the quality of results in the development of the new CPS that you intended?



### ASSESSING MY SKILL AND EMPHASIS ON *PERFORMANCE MANAGEMENT CYCLE*

**Date of Assessment:** \_\_\_\_\_

A. Use the following measurable indicators to assess how well you CURRENTLY incorporate the supervisory principle of *Performance Management Cycle* into your daily work.

Rarely	Occasionally	Consistently	Indicator
			I communicate detailed job descriptions and program standards.
			I am confident that staff and I have a mutual understanding of all components of expectations.
			I provide clear expectations for staff members.
			I refer to staff job description to clarify expectations for performance.
			I articulate regulations and legislative mandates.
			I regularly share relevant information from senior management.
			I monitor timeliness and quality of staff's work on a regular basis.
			I monitor staff assessment and individualized service-planning skills.
			I provide feedback in an open climate, trusting relationship, with confidentiality.
			I provide feedback that is specific, behavioral, useful, and well timed.
			I provide feedback that is developmental and promotes growth.
			I meet individually with staff to provide feedback on individual performance-based data, expectations, and observations.
			I meet regularly with staff to provide feedback on unit performance.

B. Summarize your current strengths and area(s) for development regarding the principle of *Performance Management Cycle*. In what way is this principle important, or how are you already achieving aspects of it?

C. Where would you like to see your skill development and emphasis in the next three months?

D. Plan for Desired Future:

Use the table to list tasks related to *Performance Management Cycle* that you would like to achieve in the future. Questions to consider when developing a plan for your desired future include the following:

- What expectations do you communicate to staff?
- What do you monitor to ensure that expectations are being achieved?
- What positive feedback can you provide to your unit regarding meeting of the expectations?
- What are the areas of development you can identify with your staff?

Task	Who can support me?	Estimated completion date



# **SECTION TWO**

## **MONTH Two**

During this month, the new CPS will continue to accumulate cases, so it is important to pay close attention to the case flow, ensuring that cases are being determined and transferred/closed appropriately. Also during this month, the first SPrA report is due.

### **MONTH TWO TASKS**

- Continue to assess the CPS' understanding of NYC – Children's Services policies/procedures/protocols
- Assist the CPS in accessing appropriate supports for their assigned cases
- Assign five new cases (including two HP)
- Continue to promote/utilize strength-based feedback and guidance through field visits / in-office participation in actual case work practice with workers
- Gang Seminar by NYPD
- Review CPG (complete) and Child Safety Alerts (any remaining Alerts)
- First SPrA is due between weeks 5-7
- Continue individual, reflective, task-oriented and Case Based Group Supervision (Session #3 – Working with Family Structures and Supports, #4 – Risk Assessment)
- Continue to support CPS to self-evaluate their readiness for self-reliance in completing all case work expectations and ongoing safety and risk assessments in accordance with the specific timeframes and requirements in agency's protocols
- Review and give feedback on documentation

*Note: For purposes of this Guide, FASP is included in Month Three. However, depending on case circumstances, CPS' may need to complete a FASP prior to that. Please refer to Month Three for those related abilities and materials.*

As before, the *Practice Domains* remain constant yet the *Abilities* are requiring more demonstrated skill by the CPS. Because you are asked to report on their skill progress this month, you will want to be particularly observant and ask yourself critical questions on their development.

**PRACTICE DOMAINS AND ABILITIES  
MONTH TWO: 90 DAYS OF OJT**

<b>PRACTICE DOMAIN</b>	<b>ABILITIES</b> <i>The new CPS staff will demonstrate their competence through the following knowledge (Cognitive), skills (Operative), and/or values (Affective)</i>
<p><b>CPS INVESTIGATION</b></p> <p><i>CASE FLOW AND CASE MANAGEMENT</i></p> <p><i>CRITICAL THINKING</i></p> <p><i>CPG</i></p>	<p><b>Use of Resource Materials</b></p> <p><input type="checkbox"/> Be able to use Casework Practice Guide (CPG) as a resource to support investigations and required case practice (O)</p> <p><b>Family Team Conferences and Family Team Meetings</b></p> <p><input type="checkbox"/> Describe the purposes and timing of Child Safety Conferences (C)</p> <p><input type="checkbox"/> Appreciate the need for team decision-making related to children’s safety, permanency, and well-being (A)</p> <p><b>Incorporate the Risk Assessment Profile (RAP)</b></p> <p><input type="checkbox"/> Utilize the Risk Assessment Profile (RAP) in a timely and accurate manner (O)</p> <p><b>Begin to Make Determinations</b></p> <p><input type="checkbox"/> Describe the criteria for determining whether to indicate or unfound reports of abuse/maltreatment (C)</p> <p><input type="checkbox"/> Apply criteria to determine if a report should be indicated or unfounded (O)</p>
<p><b>ASSESSING FOR AND MANAGING SAFETY THROUGHOUT THE LIFE OF THE INVESTIGATION</b></p> <p><i>FOCUSING ON CHILD SAFETY</i></p>	<p><b>Assessing for Safety</b></p> <p><input type="checkbox"/> Demonstrate that safety is being assessed, changed or modified if necessary, at every interaction with the family and as new information is gathered and analyzed (O)</p> <p><b>When the Safety Decision is or May Be Removal #4</b></p> <p><input type="checkbox"/> Explain the various types of removals available under Article 10 of the Family Court Act (C)</p> <p><input type="checkbox"/> Describe the kinship placement process (C)</p> <p><input type="checkbox"/> Describe ICWA placement preferences (C)</p>

<b>PRACTICE DOMAIN</b>	<b>ABILITIES</b> <i>The new CPS staff will demonstrate their competence through the following knowledge (Cognitive), skills (Operative), and/or values (Affective)</i>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Explain the role of the Child Safety Conferences in the decision to remove, as well as the role of the CPS and Child Evaluation Specialist at the conference (C)</li> <li><input type="checkbox"/> Value the need to place children with their siblings and within their community, whenever possible (A)</li> <li><input type="checkbox"/> Determine the most appropriate type of placement based on case circumstances (O)</li> </ul>
<b>CASEWORK RELATIONSHIP</b>  <i>ENGAGEMENT AND COLLABORATION</i>	<p><b>Casework Relationships When Removal is Necessary</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Appreciate how the trauma of a removal affects all members of the family, as well as the Child Protective Specialist (A)</li> <li><input type="checkbox"/> Use a variety of methods for effectively managing authority while conducting the CPS investigation (O)</li> <li><input type="checkbox"/> Develop strategies for minimizing children’s experience of trauma during a removal (O)</li> </ul> <p><b>Casework Relationships during Assessment Process</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Value the need to examine the underlying conditions leading to or sustaining behavior when performing an assessment (A)</li> <li><input type="checkbox"/> Use different forms of confrontation with parents and collaterals as part of the CPS investigation (O)</li> <li><input type="checkbox"/> Create strategies for managing authority and reducing resistance (O)</li> <li><input type="checkbox"/> Strategically plan to communicate with children of different developmental stages in order to engage with them and obtain from them the important information necessary to make major child welfare decisions (O)</li> </ul>
<b>ASSESSMENTS/ INTERVIEWS</b>	<p><b>Looking Beyond the Surface</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Conduct an assessment which addresses the relationship between behavior, needs, and underlying conditions leading to or sustaining the behavior (O)</li> </ul>



<p><b>PRACTICE DOMAIN</b></p>	<p style="text-align: center;"><b>ABILITIES</b></p> <p style="text-align: center;"><i>The new CPS staff will demonstrate their competence through the following knowledge (<b>C</b>ognitive), skills (<b>O</b>perative), and/or values (<b>A</b>ffective)</i></p>
	<p><b>Deeper Understanding of How Culture Affects Case Planning</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Appreciate the influence of culture when conducting the CPS response (A)</li> <li><input type="checkbox"/> Value the assessment of cultural strengths as part of the CPS response (A)</li> <li><input type="checkbox"/> Explain how the cultural identities of workers and families impacts the worker’s ability to conduct a thorough CPS response (C)</li> <li><input type="checkbox"/> Recognize special needs of parents and children who are immigrants (C)</li> <li><input type="checkbox"/> Identify means of serving undocumented immigrant families (C)</li> <li><input type="checkbox"/> Explain how to access and use the services of a translator (C)</li> </ul> <p><b>Assessing and Interviewing Youth and Children</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Differentiate stages of child and youth development (C)</li> <li><input type="checkbox"/> Recognize the signs of a developmental lag (C)</li> <li><input type="checkbox"/> Describe the cycle of attachment (C)</li> <li><input type="checkbox"/> Explain the impact of trauma on child development (C)</li> <li><input type="checkbox"/> Assess child and youth development (O)</li> <li><input type="checkbox"/> Be able to interview children of all ages/stages to obtain the information necessary to make decisions (C/O)</li> </ul> <p><b>Assessing Parental Role Functioning</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assess parental role functioning in support of an effective safety and risk assessment during the CPS investigation. (O)</li> <li><input type="checkbox"/> Employ knowledge of child and adult development to assess the ability of the parent to respond to the safety and well-being needs of the child/youth (O)</li> <li><input type="checkbox"/> Assess how cultural identity impacts parenting practices (O)</li> <li><input type="checkbox"/> Use identified strategies to assess the presence of strengths in families (O)</li> </ul>

<b>PRACTICE DOMAIN</b>	<p style="text-align: center;"><b>ABILITIES</b></p> <p style="text-align: center;"><i>The new CPS staff will demonstrate their competence through the following knowledge (<b>C</b>ognitive), skills (<b>O</b>perative), and/or values (<b>A</b>ffective)</i></p>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Assess how characteristics of systems manifest in family interactions (O)</li> </ul> <p><b>Continuing to Employ the Risk Assessment Profile (RAP)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Define Risk and the purpose of risk assessment within the CPS Investigation (C)</li> <li><input type="checkbox"/> Identify the elements of the RAP (C)</li> <li><input type="checkbox"/> Utilize the Risk Assessment Profile (RAP) including assessment information gathered on underlying conditions and contributing factors that lead to future risk of abuse/maltreatment (O)</li> </ul>
<b>DOCUMENTATION</b>	<p><b>Becoming More Proficient in Documentation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Document the determination, substantiating or un-substantiating allegations of abuse and maltreatment (O)</li> <li><input type="checkbox"/> Document the RAP accurately in CNNX (O)</li> </ul>
<b>REFLECTIVE/ DEVELOPMENTAL PRACTICE</b>	<p><b>Self Reflection: Culture</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identify the possible effects of the CPS’ cultural beliefs and experiences, including family-of-origin experience, on the CPS Response (C)</li> <li><input type="checkbox"/> Describe ways to minimize any personal biases CPS’ have in their work with families (C)</li> <li><input type="checkbox"/> Utilize the Cues of Cultural Competence Assessment Tool (O)</li> <li><input type="checkbox"/> Reflect on lessons learned and document those reflections after each individual and each group supervision (O)</li> <li><input type="checkbox"/> Explore strategies to maintain CPS’ safety during an investigation (C/O)</li> </ul>

At this stage, TUS should be looking for how well the new CPS is now actually initiating and conducting investigations and how well relevant information is being gathered and analyzed. CPS' should be demonstrating how engaged and inclusive they are with the families, regardless of cultural differences or personal preferences.

By now you can expect to see the CPS beginning to make determinations and moving their cases either to indicated or unfounded and documenting their decisions and conclusions in CNNX. The material presented in Month Two serves to deepen their thoughts and actions within identified practice domains while providing continued opportunity for supervisory feedback and developmental support.

# ACTIVITIES

## ASSESSMENT

To understand what a family is contending with aside from the obviously presenting issues, one must look deeper at how and if basic needs are being met. Additionally, the CPS has to learn to look for patterns that have developed over time which work as reinforcers of the absence of basic needs.

To facilitate the change necessary to resolve any problems in the family and meet the safety and other basic needs of children, child protective specialists must be able to understand and conduct full and comprehensive assessments as part of their CPS investigation. To do this we must make 4 basic, yet critical decisions:

1. Is this a family we should serve?
  - Is (are) the child(ren) safe?
  - Is (are) the child(ren) being maltreated?
  - Is there risk of harm?
  - Is there risk of foster care?
  - Is there risk of safety, permanency, or child well-being not being attained?
  
2. Is change necessary?
  
3. How should the family be served?
  - What kinds of support does the family need?
  - What kinds of support does the child need?
  - What actions are needed to influence change where change is necessary?
  - Are current services/supports resulting in the behavioral changes needed to keep children safe and reduce risk of future harm?
  - What informal family and community supports can be engaged to assist the family?
  - Should services/supports be intensified? Changed?
  - Can services/supports be stepped down?
  - Should the goal be changed?
  
4. When do we end our involvement?

*Note: Pay attention to the ways in which the CPS reaches conclusions about each of these sets of questions. Notice their critical thinking patterns, the hypotheses that they put forward, what those hypotheses are based on and the types of decisions that they reach. Continually challenge the CPS to be clear about why they have reached their conclusions, inviting them to think critically. Employ the “Five Why Questions”. Ask them, after each answer they give-“Why did you reach that conclusion?” five times until you are confident that they have thoroughly thought through their responses.*

A Comprehensive Assessment addresses the following (for additional information, see *A Comprehensive Assessment Includes in Supplemental Material at the end of Month Two*):

## **Primary Needs, Underlying Conditions and Contributing Factors**

**Definition:** A need is defined as a physical or psychological drive or instinct leading to or sustaining behavior designed to satisfy itself.

Needs occur in and across the following categories:

**Growth:** the drive to evolve physically, emotionally, socially, intellectually, morally, and spiritually.

**Autonomy:** the drive to act independently and to govern oneself.

**Self-esteem:** the drive to feel loveable, worthwhile, capable, and responsible.

**Affiliation/Love:** the drive to love, to be loved, and to associate with others.

**Security:** the drive to psychologically and physically experience safety within oneself and in relation to one’s environment.

**Survival:** the drive to satisfy basic physical demands for oxygen, food, shelter, clothing, sex.

### **Underlying Conditions Are...**

Patterns in individuals that arise from their history, evolve over time, and influence behavior.

- Perceptions
- Self-concept
- Capability
- Beliefs

- Experience                      Values
- Emotions                        Development
- Family System                Culture

**Contributing Factors Are...**

Physical, psychological, sociological, and/or environmental circumstances that may contain strengths or undermine a family's ability to meet its members' needs

**Examples of Contributing Factors**

- Mental Illness/Health Status
- Substance Use
- Domestic Violence
- Developmental Capacity
- Physical Capacity
- Environment
  - -- Housing
  - -- Income
  - -- Social Relations
- Other

***Supervisory Debrief Questions  
Assessing Needs, Underlying Conditions and  
Contributing Factors***

*Note: One of the benefits of reflective practice is looking beyond what is presenting as most obvious in our thinking. Integrate discussions about reflection within this debrief on underlying conditions.*

*How might one go about uncovering personal needs/conditions and factors which are impacting ability to perform effectively?*

1. How might needs impact underlying conditions?
2. How might contributing factors impact needs?
3. What important information do you gain by looking at all three in combination?
4. How do you tease out which, of these three, may be having the biggest impact on a family?
5. What is your strategy for addressing competing needs?
6. How do you determine which is the most pressing to be resolved?
7. How do you know when an underlying issue is impacting *your* decision making and effectiveness?

## **THE FAMILY TEAM CONFERENCE CONTINUUM**

The effort to engage families directly in their comprehensive assessments results in more effective family planning. Each attempt to bring the children and families in dialogue about their situations, involving them in decision making about services and plans for their future ultimately, strengthens the family's ability to positively shape their own lives. Everyone benefits from these types of engaged discussion.

### **Children/Families Benefits**

- They are a part of the decision-making process
- It harnesses the family's power
- Meaningful for families...helps them to be more willing to follow through with plans and goals
- Respectful of family culture
- Promotes independence for families with resources and other services
- Provides support
- Family focused/less traumatic
- Best Practice
- 

### **Community Benefits**

- Image change from negative
- Empower community with insights into family community members
- Coordinates services
- Prevents duplication of services
- Sense of community responsibility
- Increase community income/services...might be eligible for outside funding/grants
- Increases awareness of community services
- Emotional reality "Brings it home"
- Reduce distancing of the problems of others
- Become aware of decision-making responsibility of removal
- Assessment-goals-justification for actions of child welfare practice
- Educate legal code to community-legal realism
- 

### **Staff/Agency Benefits**

- Decrease in number of reports on open cases
- Caseworkers have more options



- Family buys into the plan—decrease hostility/see more success
- Shared responsibility for decisions
- Agency and staff seen more positively by community and families
- System of checks and balances...clarify for families that power is with family and community to make decisions
- Even when petition is filed the treatment plan has begun to be implemented with the family and family has a better understanding
- Agency and community more integrated...on the same page

*\*Source: NYC Children's Services*

Family Team Meetings is the umbrella name under which DCP covers all the conferences that we hold. One of them, the meeting where the risk is not eminent and where the CPS team prepares a service plan that will address those risk elements if the danger is not eminent, is called "Family Meetings". Family Meetings can escalate to a child safety conference if, while at the meeting, further information is discovered resulting in an assessment of immediate safety concerns, in which case a CSC is called for to be held as soon as possible.

The following represents a variety of ways a CPS can meet with a family:

- **Division of Child Protection (DCP) – Child Safety Conference (CSC)**
  - Initial Child Safety Conference (when removal is imminent)
  - Follow Up Child Safety Conference (20 days after initial)
- **Division of Family Permanency Services (FPS)**
  - Placement Preservation Conference
  - Reunification/Pre-Discharge Conference
  - Goal Change Conference
  - Quarterly Permanency Conference (regularly held review/planning conferences)
- **Division of Family Support Services (FSS)**
  - Preventive services planning conferences/6-month review conferences
  - Elevated Risk Conferences: FSS will facilitate these upon request of the PPRS agencies when there is an indication of heightened risk to children and/or there is a need to re-engage the family in services.

### **Child Safety Conferences (CSC)**

Child Safety Conferences are triggered when there is a possibility of removal, to strategize for ways to keep the children safe while addressing the safety issues if possible and/or, if placement is necessary. The CSC involves the family in the decision making process so that effective safety planning or placement can be made for the child(ren) and, so that the parent/caretakers understands what changes must be made for the child to be safely returned home if placement is necessary. Family (including youth over 10 years old), extended family members, professionals and community representatives are invited to attend to support and strategize with the family and child protection. A trained *facilitator* conducts the CSC.

### **Family Meetings**

When working with children, youth, and families, at times it is necessary to sit and meet to talk about safety concerns and elements related to possible risk that does not warrant a “placement focused” discussion. In these cases, CPS’ will conduct a *Family Meeting* rather than a *Child Safety Conference (CSC)*. To clarify, Family Meetings are scheduled and conducted by Child Protective Specialists and/or their supervisor under the following circumstances:

- ✓ The Child Protective Specialist and CPSS II are attempting to resolve the safety and/or risk issues with the family and other supports when placement is not necessary.
- ✓ Removal and/or court action *is not* being contemplated while the case is still open in a protective unit in DCP and under investigation.
- ✓ The goal of the meeting is to engage the family in reducing risk and/or to develop or revise a service plan.

Family Meetings provide the opportunity for the CPS team to develop a plan to address the identified risk factors, although currently they do not present immediate or impending danger of serious harm to the child(ren) and court intervention is not being considered.

If during the Family Meeting immediate or impending danger is assessed and it appears that a removal may be necessary, the CPS team will ask for an immediate CSC. Ideally, efforts should be made to have the CSC convened immediately upon request while all parties are present.

### ***Supervisory Debrief Questions The Family Team Meeting Continuum***

*Note: Check to see if the CPS has had the opportunity to observe a Child Safety Conference or a Family Meeting. If there are any in your unit who have not had this opportunity, schedule this activity for them with a seasoned worker.*

1. What's the difference between a Family Meeting, and a Child Safety Conference?
2. What will you look for to decide which is the most appropriate intervention?
3. Discuss an observed Child Safety Conference or Family Team Meeting and note what was effective in (a) surfacing safety and risk concerns; (b) in finding solutions to safety and risk concerns.
4. What did you notice about the CPS role and effectiveness in meeting the goals of the conference?

## RISK ASSESSMENT PROCESS

During the safety assessment and planning process, Child Protective Specialists amass information that extends beyond an understanding of the immediate safety of a child. In New York State, during the child protective investigation stage, risk of future

Risk assessment is a process of information gathering and analysis that examines the inter-relatedness of risk elements affecting family functioning and documents them in the form, manner and time prescribed by OCFS.

abuse/maltreatment is assessed by collecting and analyzing information related to 15 preliminary risk elements and 8 elevated elements. These elements are articulated in the New York State Risk Assessment Profile (RAP). The number and severity of elements of risk operating in a given family will influence the likelihood that children in the family may be at risk of future harm, even when a worker concludes that the children are safe and/or the current situation does not meet the legal definitions of abuse or maltreatment. Therefore, the CPS investigation extends to assessing the risk of future abuse and maltreatment and identifying services to reduce this risk, if necessary.

The following steps are proscribed by OCFS for the worker to determine *risk*:

1. Gathers information
2. Accurately determines the presence *or* absence of each discrete risk element
3. Uses the calculated risk rating
4. Determines the need for services
5. Develops a service plan

Included in Chapter 8 of the OJT guide are the *Common Errors using the RAP (trainer's guide)* so that you are familiar with the content from the Academy. What follows is the process for completing the Risk Assessment for your review with the CPS.

### **About Completing the Risk Assessment Profile (RAP)**

- ✓ The worker should identify the existence of a specific behavior, condition, or set of circumstances. Once completed, the RAP provides the analysis and calculation of the level of risk.
- ✓ Each RAP element should be assessed on the full range of possible indicators and not interpreted narrowly.

- ✓ The worker should not attempt to assess how much or to what level a particular condition may contribute to the likelihood of future abuse or neglect. The interaction of conditions and the weighted values assigned to each element are what raises or lowers risk of future maltreatment.
- ✓ Treatment of a condition does not negate the existence of that condition.
- ✓ After all the RAP elements are assessed, and the risk level is calculated, the worker must decide whether it is necessary to open the case in order to provide services that will minimize future risk. If the risk level is high or very high, and the decision is made not to open the case for services, the worker must justify why it is not essential to continue services to the family.

### ***Supervisory Debrief Questions Risk Assessment***

*Note: During Group Supervision, you could construct an interactive activity where the group has to identify the 15 preliminary risk elements and 8 elevated elements during a role play or case review.*

*Use the questions during the activity to illuminate the elements as they are presented.*

1. What is the purpose of the RAP?
2. Name five common errors in assessing risk.
3. Differentiate between maltreatment, abuse and neglect.
4. Can you be too cautious about assessing risk? Why or why not?
5. What steps do you take when you have concerns about future risk?
6. How can you use professional collegial relationships when assessing for risk?
7. What is the range of services that you might recommend for a family where there is high risk indicated?

## DETERMINATION

One of the key tasks of the CPS investigation is the *determination decision*. This decision must be made within 60 days of receipt of the report.

As a result of conducting the CPS investigation, the CPS will either substantiate or un-substantiate each of the allegations contained in a report as well as any that were uncovered during the investigation.

By issuing a determination, the CPS must formally notify the family and the New York State Central Register (SCR) indicating whether there is some credible evidence that the allegations should be *indicated* (found to be true) or *unfounded* (meaning there is no credible evidence to document for the record that the allegation is true).

If one or more of the allegations are substantiated the report is *indicated*. If none of the allegations are substantiated, then the report is *unfounded*.

If the report is indicated, a record of that will be maintained by the SCR and be available to prospective employers who are required to do SCR database checks on potential new hires, such as day care centers and other businesses, where there is substantial contact with children.

Child protective specialists must be able to determine if a report alleging abuse or maltreatment should be indicated or unfounded and provide specific evidence or clear statements of the lack of evidence for their decision on each allegation in support of their determination.

To indicate a report there must be “some credible evidence” of:

- Subject = biological parent or other person “legally responsible” over 18; child must be a minor;
- Child impaired or imminent danger of impairment;
- Failure to meet minimum care caused impairment or danger of impairment;
- Subject’s action/lack of action caused harm or risk of harm.

*Remember: To adjudicate a finding in family court there must be a “fair preponderance of the evidence”.*

### ***Supervisory Debrief Questions Determination***

*Note: Discuss the nuances of indicated and unfounded. Help the CPS identify the logic behind the decisions which are made.*

1. In Child Welfare what do the terms: redact, seal and adjudicate mean?
2. What is the time frame for delivering Notification(s) in an Indicated case?
3. When is the Law Guardian brought into the case?
4. Describe the role of the SCR.

**REMOVAL** (See *Approaching Removals* in the *Supplemental Materials* section at the end of Month Two)

To secure the safety of children, some circumstances require children to be placed outside of their homes. However, removing children from their families and homes is inherently a difficult and traumatic experience and as mentioned before, what happens in one part of a system is felt in other parts. The transition from one state of being to another is always felt as a loss, regardless of circumstance. Families and children experience this loss frequently as grief. This is a cyclical process and affected individuals may experience more than one stage at a time.

#### ***General Considerations when Conducting Removals:***

- ❖ Removals are almost always traumatic for both parents and children.
- ❖ Often a child has to be removed on an emergency basis and is placed in an emergency foster care setting; a more planned placement that accommodates the child's needs is then sought as soon as possible.
- ❖ Public removals (e.g., at the hospital or at a school) require careful attention to the family's needs for confidentiality.

- ❖ Neighbors, family, or friends are also sometimes present and can affect the level of stress that is involved with the removal. Workers need to be sensitive to the family’s need to “save face” and refrain from placing blame.
- ❖ Not placing blame is also important when speaking with foster parents, in order to facilitate a successful working relationship between foster parents and birth parents.
- ❖ Some of the persons witnessing a removal may be useful resources to support the parents and help them meet their emotional needs and possibly in formulating a plan to return the child. This includes kin and non-kinship foster parents.

### ***Kinship Care***

A kinship foster home according to New York State regulatory definitions as it applies to foster parent licensing/approval NYSRR 443.1, and 443.7 includes a relative within the second or third degree of the parent or stepparent of a child whose relatives are related to the parents or stepparent through blood or marriage either in the first, second, or third degree in kinship.

A relative in the second or third degree of the parent includes grandparents of the child; great-grandparents of the child; aunts and uncles of the child, including spouses of the aunts and uncles; siblings of the child; great-aunts and great-uncles of the child, including spouses of the great-aunts and great-uncles; first cousins of the child including spouses of first cousins; great-grandparents of the child; an unrelated person where placement with such a person allows half-siblings to remain together in an approved foster home and the parents or stepparents of one of the half-siblings is related to such a person in the second or third degree.

Trauma is...  
the multidimensional result of  
events or experiences that are  
shocking, terrifying, and  
overwhelming to an individual  
and in which the person’s  
ordinary coping mechanisms are  
no longer useful.



 **Exercise**

**Impact of Removal**

*Note: Used during Case Based Group Supervision, the following questions can support the CPS to be thorough and thoughtful when faced with removing children from their families and homes.*

1. What were the circumstances that warranted the removal? Describe how you engaged the family and utilized other professional relationships to make your decisions.
2. What were the parent/caretaker reactions?
3. What specific skills and strategies did you observe that assisted the parents /caretakers and child(ren) in dealing with their situation?
4. What information was obtained about the child? (health history including allergies, current medications/treatment, dietary requirements, daily routines, etc.)?
5. How was a placement located? What steps were taken to identify a relative resource?
6. How was the child prepared for the removal and placement? What did you do to lessen the impact of removing the child from the home?
7. What personal belongings did the child take with him/her to the placement as comfort?
8. Describe the child's behavioral and emotional response to removal and placement.
9. Describe any specific needs (emotional, health, educational) the child had and how those needs were identified for the caregiver.
10. What supporting information was provided to the caregiver in the new placement?
11. What arrangements were made to ensure continuity of relationships with family, friends and community for the child(ren)?
12. What were the most effective questions that you asked during the removal process?
13. Describe your behavioral and emotional response to the removal. What did you do to process this event and to take care of yourself?

## **THE INDIAN CHILD WELFARE ACT (1978): ICWA**

Federal law requires that child welfare agencies proceed in a very specific manner with regard to Native American children. The following excerpts are from the federal Indian Child Welfare Act of 1978.

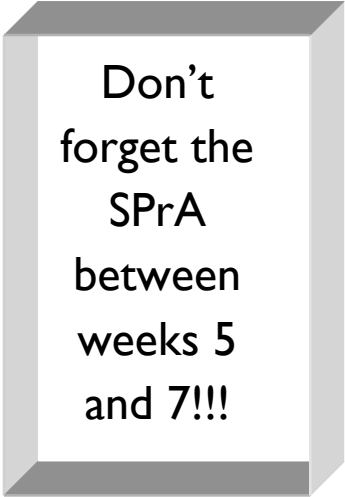
### **§ 1902. Congressional declaration of policy**

The Congress hereby declares that it is the policy of this Nation to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children from their families and the placement of such children in foster or adoptive homes which will reflect the unique values of Indian culture, and by providing for assistance to Indian tribes in the operation of child and family service programs.

### **§ 1911. Indian tribe jurisdiction over Indian child custody proceedings**

#### *(a) Exclusive jurisdiction*

An Indian tribe shall have jurisdiction exclusive as to any State over any child custody proceeding involving an Indian child who resides or is domiciled within the reservation of such tribe, except where such jurisdiction is otherwise vested in the State by existing Federal law. Where an Indian child is a ward of a tribal court, the Indian tribe shall retain exclusive jurisdiction, notwithstanding the residence or domicile of the child.



Don't  
forget the  
SPrA  
between  
weeks 5  
and 7!!!

#### *(b) Transfer of proceedings; declination by tribal court*

In any State court proceeding for the foster care placement of, or termination of parental rights to, an Indian child not domiciled or residing within the reservation of the Indian child's tribe, the court, in the absence of good cause to the contrary, shall transfer such proceeding to the jurisdiction of the tribe, absent objection by either parent, upon the petition of either parent or the Indian custodian or the Indian child's tribe: Provided, That such transfer shall be subject to declination by the tribal court of such tribe.

#### *(c) State court proceedings; intervention*

In any State court proceeding for the foster care placement of, or termination of parental rights to, an Indian child, the Indian custodian of the child and the Indian child's tribe shall have a right to intervene at any point in the proceeding.

*(d) Full faith and credit to public acts, records, and judicial proceedings of Indian tribes*  
The United States, every State, every territory or possession of the United States, and every Indian tribe shall give full faith and credit to the public acts, records, and judicial proceedings of any Indian tribe applicable to Indian child custody proceedings to the same extent that such entities give full faith and credit to the public acts, records, and judicial proceedings of any other entity.

Each state has its own policy and procedure for serving Native American children and families. The following fact sheet for New York State comes from National Indian Child Welfare Association (NICWA) where additional information on the ICWA can be found. [www.nicwa.org](http://www.nicwa.org)

### ***Supervisory Debrief Questions Indian Child Welfare Act***

*Note: Working with tribal families may happen infrequently however workers must balance the rules for that potential engagement with the need for child safety. Helping the CPS understand the history of and need for ICWA is paramount to achieving this balance.*

1. What is the Indian Child Welfare Act, when was it established and for what purpose?
2. What are the most important components of ICWA?
3. How will you know if you have a family or child who should be protected under ICWA?
4. Are there special ICWA provisions enacted in the state of New York and what are they?
5. What professional collegial relationships do you need to cultivate in order to appropriately work with tribal families?

## ***American Indian/Alaska Native Fact Sheet for the State Of New York***

### **Overview**

According to the 2000 U.S. Census there are 4.1 million American Indian/Alaska Natives (AI/AN) residing in the United States (alone or in combination with another race). While 4 out of 10 Indians live in western states, every state in the nation has a measurable AI/AN population. There are currently 563 federally recognized Indian tribes and approximately 245 tribes currently petitioning for federal recognition. Each of these tribes is a distinct sovereign nation that determines its own membership (citizenship) and exercises the powers of government. The Urban Indian Health Institute estimates that 66% of the AI/AN population live in metropolitan areas (over 2.7 million). The Indian Health Service contracts with 34 Urban Indian Health Clinic.

The U.S. Constitution (Article 1 Section 8) sets the foundation for the federal governments trust responsibility to Indian nations, which has been reinforced over the years through various treaties, laws, and court rulings. Despite this, AI/AN people continue to be underserved due to a lack of adequate federal funding. The Indian Health Service appropriation meets less than 60% of the need and of that Behavioral Health typically represents about 1% of their total budget. The Bureau of Indian Affairs continues to eliminate or cut programs due to decreased funding.

Since Indian people are also citizens of the states in which they reside, local government agencies and entities have the responsibility to serve AI/AN populations that reside in their cities, counties, or states. In states that have federally or state recognized tribes, government-to-government relationships should be fostered in ways that promote the principle of tribal self-determination. In other states, efforts should be made to reach out to Urban Indian organizations or other community based AI/AN organizations. Cities should seek partnerships and offer contracts to Urban Indian organizations. The National Indian Child Welfare Association is available to provide assistance to cities, counties, and states seeking to develop partnerships with AI/AN communities.

### **Demographics (2000 U.S. Census)**

- Total AI/AN population (alone or in any combination) – 176,348
- Total AI/AN population under age 19 (alone or in any combination) – 58,951

- Number of AI/AN on all NY reservations except Oil Spring and Oneida (AI/AN race alone or in combination with one or more races) – 15,032
- Urban Indian population in New York, Queens, Bronx, Richmond, Kings, and Nassau counties – 43,401
- Urban Indian population in Syracuse metropolitan service area (MSA) – 9,715
- Urban Indian population in Albany, Schenectady, Troy, NY (MSA) – 6,333

***Disclaimer*** – Census data may have some inaccuracies related to the population on reservations. Contact tribe for the official tribal statistics.<sup>2</sup>

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<sup>2</sup> *The American Indian and Alaska Native Population: 2000 Census Brief. Issued February 2002 U.S. Census Bureau; Urban Indian Health Issue Brief. By Ralph Forquera for the Henry J. Kaiser Foundation. November 2001; Level of Need Funded Study by the LNF Work Group Report II, December 1999 Indian Health Service Data current as of 5/20/2005.*

## Contact Information for Tribes

There are seven federally recognized tribes in the state of New York and two state-recognized tribes

Contact Information for Tribes	
<p><b>Cayuga Nation of Indians</b>                      Vernon Isaac, Chief                      P.O. Box 11                      Versailles, NY 14168                      Phone: (716) 532-4847                      Fax: (716) 532-5417</p>	<p><b>Oneida Indian Nation</b>                      Ray Halbritter, Representative                      223 Genessee Street, Ames Plaza                      Oneida, NY 13421                      Phone: (315) 361-6300                      Fax: (315) 361-6333  <a href="http://www.oneida-nation.net">http://www.oneida-nation.net</a></p>
<p><b>Onondaga Nation</b>                      Irving Powless, Jr., Chief                      RR 1, Box 319-B                      Nedrow, NY 13120                      Phone: (315) 498-9950  <a href="http://www.onondagation.org">http://www.onondagation.org</a></p>	<p><b>St. Regis Mohawk Tribe</b>                      James W. Ransom, Chief                      412 Sate Route 37                      Akwesasne, NY 13655                      Phone: (518) 358-2272                      Fax: (518) 358-3203  <a href="http://fasprint.com/srmt/home.html">http://fasprint.com/srmt/home.html</a></p>
<p><b>Seneca Nation of Indians</b>                      Rickey L. Armstrong, Sr. President                      P.O. Box 231                      Salamanca, NY 14779-14013                      Phone: (716) 945-1790                      Fax: (716) 945-1565  <a href="http://www.sni.org">http://www.sni.org</a></p>	<p><b>Tonawanda Band of Senecas</b>                      Emerson Webster, Chief                      7027 Meadville Rd.                      Basom, NY                      Phone: (716) 542-4244                      Fax: (716) 542-4244</p>
<p><b>Tuscarora Nation</b>                      Leo R. Henry, Chief                      2006 Mt. Hope Road                      Lewiston, NY 14092                      Phone: (716) 622-7061                      Fax: (716) 297-7355</p>	<p><b>Shinnecock Tribe                      (State-Recognized Tribe)</b>                      Randy King, Chairman                      Shinnecock Indian Reservation                      P.O. Box 5006                      Southampton, NY 11969  <a href="http://www.shinnecocknation.com">http://www.shinnecocknation.com</a></p>

Contact Information for Tribes

**Kim M. Thomas, Native American Affairs Specialist NY**

State Office of Children and Family Services (OCFS)

Native American Services

295 Main Street, Suite 545, Buffalo, New York 14203

Phone: (716) 847-3123 Fax: (716) 847-3812

Email: Kim.Thomas@DFA.STATE.NY.US

<http://www.ocfs.state.ny.us/main/nas>

**Nashville Area Indian Health Service**

*(Health services for American Indians and Alaska Natives  
in the Southern and Eastern United States)*

Richie Grinnell, Director

711 Stewarts Ferry Pike, Nashville, TN 37214-2634

Phone: (615) 467-1500 Fax: (615) 467-1501

<http://www.ihs.gov/FacilitiesServices/AreaOffices/Nashville/>

**Bureau of Indian Affairs Eastern Agency**

711 Stewart Ferry Pike

Nashville, TN 37214

Phone: (615) 467-1700

Fax: (615) 467-1701

For contact information on urban Indian health programs and other Indian organizations, refer to *A Proud Heritage: Native American Services in New York State*, found at the following website:

<http://www.ocfs.state.ny.us/main/publications/Pub4629ProudHeritage.pdf>

For more information, contact the National Indian Child Welfare Association at (503) 222-4044 or visit our website at [www.nicwa.org](http://www.nicwa.org)

### ***Supervisory Debrief Questions Removal***

*Note: For the new CPS, removal of children from their families is a traumatic yet required action. Consider how to support their learning about this necessary action while recognizing the difficulty that it presents for the new worker. Their confidence and emotional health going forward will rest on how well prepared they are to tackle this topic.*

1. How will you prepare yourself for the stress that *you* may feel during and after a removal?
2. What is post- traumatic stress and what is your plan to take care of yourself?
3. Considering Children’s Services placement principles, which is the preferred type of removal to use whenever possible?
4. What is the role Child Safety Conferences play in the removal process?
5. How might culture affect the family’s response to a removal?
6. How do you support the emergency placement of a child?
7. How will you support families and children who will experience this type of stress as a result of interacting with the system?



## CASEWORK RELATIONSHIPS

Child protective specialists enter the lives of families to promote change, provide for children’s safety and achieve other child welfare outcomes. CPS’ very involvement in the lives of families is likely to create resistance as they have been vested with certain authority by the laws of the State of New York. The power inherent in this authority can sometimes be seen as being at odds with the need to build a professional casework relationship with families. Helping the new CPS to skillfully manage resistance, as well as their authority, is one of the challenges of the TUS while working with the CPS as they strive to protect children while maintaining and strengthening the relationship with their families. (See *Managing your Authority in the Supplemental Materials section at the end of Month Two.*)

Following are some additional activities from the CPSPC that you might be able to use with the new CPS. One is a tool called *Resistance is*; the second, a discussion on *Confrontation*. Discussion around these tools can take place during Case Based Group Supervision.

### ***Resistance Is....***

*Check whether you think the following items are True or False:*

1. Resistance is any feeling or behavior of a parent or worker that interferes with or reduces the likelihood of a successful outcome. T\_\_\_\_ F\_\_\_\_
2. Resistance is a by-product and a property of the professional casework relationship. T\_\_\_\_ F\_\_\_\_
3. Efforts to promote change are often complicated by the presence of resistance in the professional casework relationship. T\_\_\_\_ F\_\_\_\_
4. Resistance common in efforts towards change and often comes from an underlying feeling associated with vulnerability and loss of control. T\_\_\_\_ F\_\_\_\_
5. Resistance is an effort to protect the individual or family from some perceived threat or risk. T\_\_\_\_ F\_\_\_\_

## **Confrontation**

### **What should occur prior to *Confrontation*?**

1. Determine the purpose of the confrontation, e.g., to examine the effects of a parental behavior on the child's well-being.
2. Consider these three conditions:
  - a. Confronter: own feelings towards parent, time necessary to deal with content of confrontation, etc.
  - b. Confrontee: is reasonably open to and trusting of worker; is hostile, severely depressed; etc.
  - c. Environment: who is present, level of interference, etc.

*Note: Since human behavior and environment are complex interactions and continuously changing, workers need to exercise their judgment in individual confrontation situations. Adjustments or modifications in worker's behavior will have to be made in conjunction with the three conditions. For example, you may be wise to avoid an extremely hostile parent or someone who is hysterical; as the confronter, you may postpone a confrontation if you are angry, upset, do not have ample time, etc.*

### **What to Confront?**

**Strengths** - defined as the resources, capabilities, skills, talents, hopes, values, beliefs, and competencies of the parent that could help solve problems

**Facts and Information** - defined as misinformation or lack of understanding that creates barriers or incongruence in the development or implementation of service plans.

**Capacity for Action** - defined as the parent's ability to pursue new courses of action or attempt changes.

**Incongruence** - defined as discrepancies between the parent's words, words and actions, or behaviors (actions) and variations in behavior observed at different times.

**Limitations** - defined as the parent's lack of resources or capability to successfully implement some or all of the changes necessary to achieve the child welfare outcomes.

## **Assessing and Interviewing Children**

(See *Interviewing Children in Supplemental Materials at the end of Month Two.*)

Being able to communicate effectively with children and youth is an essential skill for child protective specialists. In order to develop an understanding of what a child or youth has experienced, including any abuse/maltreatment, and to assess safety and risk, workers must convey empathy, build trust, and use effective communication strategies. Additionally, some of the information workers need to communicate to children and youth may be difficult for them to comprehend and/or may disrupt their lives. It is important that child protective specialists consider the stage of development of a given child and use verbal and nonverbal communication to help children accurately give and receive information.

Children are our primary clients. In order to show the dedication necessary to fulfill this commitment to children, all child protective specialists must become skilled interviewers of children. Without this competency, you will have difficulty engaging children in the process necessary to gather the information to know whether the child is safe, has been abused or maltreated, is at risk, and what help, if any, the child and family needs. This activity will build on your existing strengths in this critical area of your job.

## **Assessing Parental Role Functioning**

(For additional information see *Questions to Ask to Assess Parental Functioning in Materials section at the end of Month Two.*)

When we begin our work with parents, we are expected to assess how well they are meeting their children's needs. When they are not satisfying society's standards related to safety and well-being, we would likely assess children to be in immediate or impending danger of serious harm, determine abuse or maltreatment, and/or assess risk of future harm.

Assessing parental role functioning can support us in fulfilling our responsibility related to the assessment, the investigation, and service planning. A great deal of information can be obtained from an interview with a parent in 10 to 15 minutes if you understand what you are looking for *and* you have gathered other information from the children and collaterals, as well as from more than one interview with the parent.

Viewing the parent through the lens of *role functioning* may help the child protective specialist produce a more accurate assessment and participate more effectively in developing a service plan that is better targeted for change compatible with children's needs for safety and well-being.

## **Strengths**

Strengths are an individual's or a family's characteristics and external resources that help them to meet the challenges of their lives, respond effectively to stressful situations, adapt and grow in the face of adversity, and achieve child welfare outcomes. Parent strengths are often overlooked as workers focus on assessing the problems or deficits of individuals and families on their caseloads that place children in immediate or impending danger of serious harm. Specific strategies exist that workers can use to develop an understanding of the family's strengths so that they may be evaluated to decide whether they can be used now or in the future to keep their children safe or reduce the risk of future harm.

The graph that follows reflects the multiple areas in which we can discover our strengths which may or may not be readily apparent. Helping the new CPS identify and develop *their* strengths will promote their capacity to help children and families discover the strengths which are within themselves and their family systems. This is a point which can not be emphasized enough: the more strengths focused, confident, reflective and supported the new CPS feels her/himself to be, the more they will seek and develop these characteristics in the families they serve.

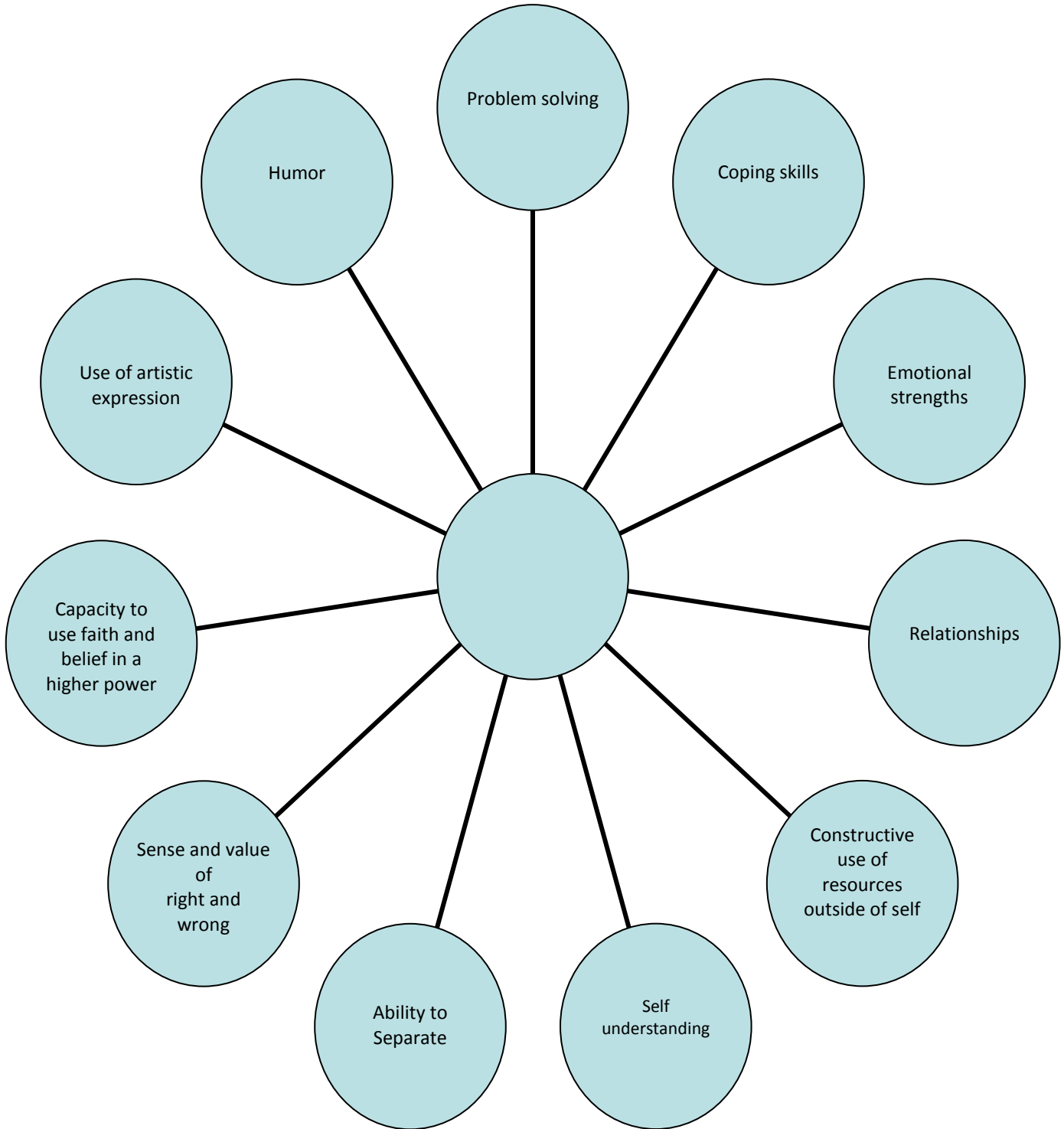
 **Exercise**

**Identifying and Developing Strengths**

*Note: As a precursor to the topic "Probing for Strengths"; ask the CPS' to pause and reflect on each of the bubbles in the following diagram and relate each to themselves.*

1. Where do they gather strength? Through faith activities? Partner or family relationships? Through artistic expression?
2. Ask the CPS' to reflect on what their lives would be like if any of the strength areas they identified were missing. What are some of the things they might do to fill that space? Are they all positive? If not, ask them to really think about the positive ways they could fill the space.
3. If, as the group goes through this exercise, they discover that there are "bubbles" for which they have no response or have not considered the quality to be related to their prior definition of strength; invite them to take some time to identify what they could begin to do to better create a holistic and balanced view of strength? Who might help and support them? How might they start to develop themselves in this way?

## Categories of Strengths



## ***Probing for Strengths: Tools for Child Protective Specialists***

Each of the following questions is intended to stimulate a discussion that leads to identifying the positive attributes or qualities that were active during the event being described. In most situations, once the positive qualities have been described, they should be linked to an effort to meet needs or to unmet needs that they signify.

### **Miracle Questions**

“Imagine that while you were sleeping, you won a lottery that wasn’t about money. It was about everything being exactly the way you want it in your family. Everything’s perfect. When you wake up, what’s the first thing you’ll notice that’s different? What’s the first thing your (significant other, child, etc.) will notice that’s different? What will you each do now that things are perfect?”

Example of link to needs: “From your answer, I hear that you have a need for more time spent sharing thoughts and feelings with others in your family. It sounds like you value close communication and want and need more closeness and affection.”

### **Exception-Finding Questions**

“Can you describe a time when you didn’t have this problem, for example, a time when Robert wasn’t talking back to you? What was different then? What was happening in your life when things were going better, and you weren’t always fighting?”

Example of link to needs: “Oh, so when you two were getting along, you were feeling good about the way you were parenting Robert and you were feeling important and loved by him.” (Need: improved self-concept.)

### **Scaling Questions**

“On a scale of 0 to 10, with 0 being the lowest score, rank how you felt when I, in my role as a Children’s Services child protective specialist, first became involved with your family. How would you rank yourself now? What’s changed? How do you feel about the changes?”

Example of link to needs: “When I first met you, you felt that you had very little control over the events happening in your life, either within yourself or within your family. But now, you have found a safe place to live, and you’ve started to get help for your substance-abuse problem. You’re using your capabilities to problem-solve

and to find effective coping mechanisms to help you meet your needs for security and self-respect. And you've done it all in a very short period of time."

### **Coping Questions**

"How have you managed to keep going? What beliefs or feelings or thoughts do you have that help you get up every morning and do the things that need to be done?"

Example of link to needs: "You have strong motivation to take care of the baby, no matter what else happens. It's important to your sense of who you are to be a competent mother. (Needs: self-concept variables of being loveable, worthwhile, and responsible.)"

### **Wide-Angle Approach Questions**

Looking for examples of strengths from the categories of Family/Friends, Groups, Health, Religion/Values, Leisure Activities, and Work:

- ✓ What do you do for fun?
- ✓ Who's important to you? When you have a need, who do you turn to for support, a shoulder to cry on, or a sounding board?
- ✓ Do you belong to any groups or clubs? What do you do with/for them?
- ✓ What would you do with your time if you didn't have children?
- ✓ What do you care about (in the neighborhood, in the family, in the school—this invites discussing values)?
- ✓ What kinds of things do you like to do to support yourself?

Example of links to needs in response:

- "You have a close friend on whom you can always count. That's wonderful and it shows how you meet your need for caring, committed relationships."
- "It's fun for you to listen to music. It's relaxing and helps you put your problems in perspective. You have a need for 'timeout' like this to put you in touch with what's important."
- "Your choir is a place where you contribute something special to a group and it meets the needs you have for belonging and for expressing your spiritual side."
- "If you didn't have kids, you might be climbing mountains or jumping out of airplanes...seems like you have a need for adventure and excitement!"
- "It's very important to you to make the neighborhood watch group into an effective presence on your block. This shows how you're meeting your



needs both for safety and to do something that actively engages your values.”

### ***Supervisory Debrief Questions Probing For Strengths***

*Note: It is human nature to be more willing and able to be problem focused and to search out those areas which are deficient or perceived as wrong. Use the group supervision time to begin to reinforce solution focused work that builds on the strength of the CPS.*

1. Think back to when we did family mapping. What are some potential family system problems that may make it difficult to engage with families? With children?
2. What are some categories of strengths that you should be looking for?
3. What are some things that could be going on for *you* that would prohibit confrontation? What will you do if these conditions surface for you?
4. What is a “miracle question”?
5. What is so important about having a casework relationship when you already have the state’s authority to intervene in families’ lives?



# **CHAPTER FIVE**

## **SECTION TWO –**

### **SUPPLEMENTAL MATERIALS**

- The Comprehensive Assessment
- Approaching Removals
- Managing Your Authority
- Interviewing Children
- Questions to Ask to Assess Parental Functioning

## **THE COMPREHENSIVE ASSESSMENT**

### ***Three Major Decisions/Responsibilities***

1. *Assess safety*

Necessary knowledge and skills: definition of safety, safety factors, safety criteria, mitigating strengths and resources, safety decisions and related time frames, documenting the safety assessment, safety interventions, engaging families and others in safety assessments, and assessing ongoing safety.

2. *Identify Abuse/Maltreatment*

Necessary knowledge and skills: definitions of abuse and maltreatment, minimum degree of care, indicators, and how to interview families and others when indicators are present.

3. *Assess risk*

Necessary knowledge and skills: definition of risk, conducting the initial risk assessment and completing the Risk Assessment Profile, assess the information necessary to complete the Initial Strengths, Needs, and Risk Scales that are a part of the Family Assessment and Service Plan (FASP)

### ***Methods for Deepening the Assessment with Families***

- Assess underlying conditions (e.g., beliefs, perceptions, values, experiences, strengths, culture, adult and child development)
- Assess contributing factors (e.g., mental health status, substance use, domestic relations, developmental levels)
- Assess change-readiness

## **APPROACHING REMOVALS**

### ***General Considerations when Conducting Removals:***

- Removals are almost always traumatic for both parents and children.
- Often a child has to be removed on an emergency basis and is placed in an emergency foster care setting; a more planned placement that accommodates the child's needs is then sought as soon as possible.
- Public removals (e.g., at the hospital or at a school) require careful attention to the families' needs for confidentiality.
- Neighbors, family, or friends are also sometimes present and can affect the level of stress that is involved with the removal. Workers need to be sensitive to the family's need to "save face" and refrain from placing blame.
- Not placing blame is also important when speaking with foster parents, in order to facilitate a successful working relationship between foster parents and birth parents.
- Some of the persons witnessing a removal may be useful resources to support the parents and help them meet their emotional needs and possibly in formulating a plan to return the child. This includes kin and non-kinship foster parents.

### ***Minimizing Trauma for Children Experiencing Removal***

- Anticipate that your ability to convey empathy and concern to the child is essential to how "well" that child handles the trauma of a removal.
- Expect the child to have strong feelings such as fear, guilt, anger and sadness. Remember that children will convey these feeling in different ways (e.g., one child may scream and cry, while another withdraws).
- Encourage children to express their feelings. Reflection and helping the child find an outlet, such as drawing pictures, talking, writing, physical activity, or even crying are good strategies to assist the child in this area.
- Explain that the removal is not the child's fault and that the separation is not a punishment.
- Describe to the child in concrete and age-appropriate terms why he or she has been removed from their home.

- Facilitate phone contact between the child and parents and visitation as soon as possible.
- Understand that the child is probably angry about everything and everyone related to this huge disruption in his or her life. Remember not to personalize what expressions seem directed at you. Remind yourself that the child is trying to manage and discharge painful feelings.
- Acknowledge that self-destructive behaviors such as cutting, pulling out hair, head banging, as well as destructive behaviors towards others and objects is an effort to manage and discharge painful feelings.
- Provide information and invite the child to ask questions. Answer all questions as truthfully, concretely, and completely as possible, considering what is developmentally appropriate. Often workers are reluctant to share information with the child because the information seems so out of context with childhood. Be mindful that these children are extremely familiar with the behaviors of their parents, even though they may not understand the impact those behaviors had on their well-being. The children are also the ones being displaced. They deserve to have information about what is happening to them, who they will encounter during the placement process, and what those people do as well as how it relates to the child.
- Be sensitive to the child's sense of time. During the removal process, time may seem to go very slowly for a child, even though the pace seems hectic to the worker. Be patient with the child.
- Encourage the child to identify important (both in necessity and significance to the child) objects to take with them.
- Never use a garbage bag to transport the child's belongings. Imagine the message that would send to the child.
- Keep the child in the same school and community, if at all possible.
- If this is not a first placement, encourage the child to discuss his or her feelings and concerns related to the last time he or she was in care.
- Determine what the child likes and dislikes and convey an intention to try and find a placement for the child that will accommodate his or her needs.
- As much as possible, provide foster parents with information they can use to ease the child's transition into their home, including how to meet the child's needs during the grieving process.

- Spend time helping the child get to know their new foster home environment (e.g., where the bathroom is, where light switches are located, where they will sleep). Have the foster parents give you and the child a detailed tour of their home.
- Explain to the child that you will contact the child the next day. Follow through so the child begins to understand he or she will not be forgotten. Remember, if this is not a kinship home, you have just dropped a child off at a stranger's home to live.
- Keep the number of different strangers the child must talk to, the number of places the child must go, and the number of times the child is asked to share the same information to a minimum, whenever possible.

### ***Helping Parents Cope with Removal***

- Understand that this type of experience tends to precipitate a crisis in the family and do everything possible to de-escalate the trauma to the parent(s).
- Expect the parent(s) to have strong feelings. Be prepared to listen to thoughts and feelings that you may be uncomfortable with. Remember not to personalize what expressions seem directed at you. Remind yourself that the parent is trying to manage and discharge painful feelings.
- Refrain from minimizing the parent's feelings of loss (e.g., fear, anger, sense of failure) associated with the removal.
- Explain why the removal is in the child's best interests and is the only way, at this time, to provide for the child's safety.
- Convey that removal *may* be a *temporary* fix until the parent(s) can make the changes needed to safely return the child.
- Use 'straight talk' by explaining to the parents the consequences of failing to make necessary changes, including the possibility of losing their parental rights.
- Empathize with the parent(s) about the situation without compromising your authority or reversing the decision that the child is in immediate or impending danger of serious harm or substantial threat of injury.
- Emphasize how critical the parents' active involvement in both planning and implementing plans is to timely reunifications.
- Provide as much information as possible to the parent(s) to reduce anxiety, allay fears about what will happen to the child, and explain where the child is going,

(e.g., an agency certified foster home, but not the name and address of foster family at the time of removal.)

- Be aware that many parents were themselves in care and have negative connotations about foster care due to their own experience.
- Explore kinship placements with the parents. Often, while determining if there are any appropriate relatives who could provide temporary placement for the child and going through the process of ruling out relatives who are not appropriate placement resources, parents come to believe that the worker really does care about them and their family and they become more amenable to the process.<sup>3</sup>
- Explore if the parent is able to accompany you and the child for the medical exam (if necessary and appropriate).
- Invite the parent to participate in helping the child get ready by, for example, providing a transitional object such as a favorite “blankie” or toy.
- Engage the parent(s) in a discussion about the child’s likes and dislikes, bed time routines, any medications the child needs or allergies the may experience. Involving the parent in this manner provides information on how to meet the child’s needs, communicates the acknowledgement of the parent’s paramount role in the life of his/her child, and bolsters the parent’s self concept.
- Encourage the parent(s) to convey the permission message that it is okay for the child to go to this new, temporary placement.
- Caution the parent not to emphasize the need for the child to “be good” in foster care. The child may interpret “being good” as a means of getting home and may assume responsibility for the situation (e.g. “I was bad, so I had to leave my parents) that rightly belongs with the parent.
- Explore if the parent(s) can accompany the child to the placement if the removal is based on Section 1021 or 1022 and the parents are emotionally capable of participating without further traumatizing the child or compromising the safety of anyone involved in the placement.
- Determine if there’s a community resource that can help the parent(s), e.g., a counselor or pastor who can help ease the parents’ anxiety.

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<sup>3</sup>This is supported in statute. Family Court Act, 1017 directs LDSS Commissioner to conduct an immediate investigation to locate any non-respondent parent of the child, relatives of the child, including the child grandparents, all suitable relatives identified by the parent or non-respondent parent or child over the age of five as a relative who plays or has played a significant positive role in his or her life and inform them of the pendency of the proceeding and of the opportunity for becoming foster parents for seeking custody or care of the child and that the child may be adopted by foster parents if attempts at reunification with the birth parent are not required or are unsuccessful.



- Seek assistance from your supervisor, the IRT Coordinator, or police if there is any indication that a parent's behavior will be violent or is escalating toward violence during the interview.
- Acknowledge that if the parent(s)/caretaker(s) are intoxicated or under the influence of drugs, there are limits as to how much mutual understanding can be reached at the point of an emergency removal. Exercise diligence in reaching mutual understanding when the parent is more able to do so.
- Understand that the stress of the removal may make it difficult for parents to fully absorb information or reach mutual understanding at the time of removal. Repeat information periodically throughout and after the removal process. Invite questions.
- Recount the elements of initial disclosure to the parent(s).

## **MANAGING YOUR AUTHORITY**

It is important for you to feel comfortable with and confident in the use of your authority. Many people have been bullied or intimidated by those in authority and may have negative expectations of how you will manage your own authority. The following tips for managing your authority are linked to the stages of relationship and emphasize the work that you and the families you work with are doing together to provide safety and permanence for their children.

### ***Stage 1: Anticipation***

- Recognize that the parent may have had prior experiences with Children's Services either directly or as a member of someone else's extended network and ask him or her to share feelings and concerns based on this past. Listen without becoming defensive.
- Accept that the parent may have many negative feelings or experiences. Let the parent know that you hope for a new relationship, based not on whatever has happened in his or her past but on what you and he or she are able to accomplish in the present.
- Convey your belief that good things can be accomplished by communicating clearly with each other and working together.
- Explain your specific role with this family and check for mutual understanding.

### ***Stage 2: Engagement***

- Emphasize your concern for the well-being of the person and the family as often as possible, even when you must undertake an action such as removing a child as a safety intervention or advocating for continued Children's Services involvement through Family Court.
- Listen patiently while the parent learns how to relate to you ("I'm not accusing you, nor am I blaming you...I'm asking you to work with me, and I want to hear your thoughts and feelings about this").
- Convey explicit messages about your intended uses and the limits of your authority ("Sometimes children are in such danger that I don't feel I can leave them in the situation. When that happens, Children's Services must intervene to promote their safety, sometimes through out-of-home placement...but I want to stress that this is a temporary solution, and I want to work with you to get them home safely as quickly as possible.

- Also, I don't have ultimate decision-making power over what happens here—you, the Family Court judge, my supervisor, your child's law guardian, and your attorney [if you have one] all have a voice, too").
- Treat the person with respect, even while challenging his or her behavior ("I'm sorry that you feel this way, because I'm not trying to create more problems. I just want to help you understand the reality of this situation...when babies are left alone, bad things can happen to them. That's why it is necessary for us to create a safety plan so that the baby is never left alone again").

### ***Stage 3: Mutual Understanding***

- Convey desire to understand ("I can understand that you may be afraid to tell me how it happened, but I really need to understand in order to be helpful").
- Acknowledge that it might be difficult for the parent to trust you ("I know you don't know me very well, and I understand why you might not trust me").
- Offer feedback in a way that is neutral and objective ("Here are the options, what do you think?").
- Be sure that you and the parent *really* understand the situation in the same way ("Here's what I think I hear you saying: [paraphrase parent's interpretation]; this is what I think: [explain your understanding]. Do I understand you? What do you hear me saying?").

### ***Stage 4: Taking Action***

- Offer assistance that is supportive and helpful ("Let me describe some ideas I have. There are services that Children's Services could help you obtain that could really make it easier for you to provide a safe, permanent home for your kids").
- Whenever possible, to respect the authority of the parents elicit their input into decisions related to achieving child welfare outcomes.
- Promote responsibility for completing necessary activities by checking in with the parent in a supportive and consistent manner ("You planned to visit Raul on Thursday. Did you go? What did you do when you got there?").
- Build on strengths ("I see that you're working hard to give Grace the care he needs by attending to the hazardous conditions in your home that threatened her need for safety").

### ***Stage 5: Deciding to Continue***

- Discuss the future in terms that include the parent’s decision to continue (or not) to work with you as well as potential consequences (“You’ve accomplished some but not all the things that we agreed were necessary in order to keep Romney safe in your home...what are your thoughts and feelings about where Romeny can live until it is safe for him to come home?”).
- Be honest about the challenges you have faced together (“It has not been easy for us to work together. I wasn’t sure you were ready to really make the changes necessary to keep Enrique and Sylvia home...and I think you weren’t sure I could help you with anything. But here we are. Now, I would really like to hear what you think about continuing to work with me and Children’s Services”).

## INTERVIEWING CHILDREN

Interviews with children during a CPS investigation proceed in stages. The material below describes the steps in each of these stages, reviews how to formulate questions, and highlights some issues that are specific to communicating with children.

### ***Stage 1: Build Rapport***

1. **Greet the child.** It is important to describe your role in a manner that helps a child of any age feel safe with you. The first time you meet, tell the child your name and where you're from. Then offer a nontechnical explanation of your role.

*Example:*

- “Somebody cares about you so much they made a phone call to have me see if you need anything and how you are. You're not in any trouble.”
  - “I like to know if people are safe and have everything they need, and I find out by asking questions. Can you help me do this?”
  - “We're sort of like the fire department—whenever they hear the bell, they go out, and they never know until they get there if it's a false alarm or a mistake or maybe someone needs help. A phone call was made by someone who cares about you, and I need your help to find out how things are.”
  - “I talk to lots of people about what they like and don't like, and offer help if they need it.”
2. **Engage the child.** Children may have had many negative experiences with adult authority figures that could lead them to be fearful of or to reject efforts at engagement, at least initially. To counter this, workers need to be patient and convey genuine warmth, interest, and respect. Remember, it will take time and experience to learn how to quickly build rapport and trust with children and to be able to understand their unique ways of communicating. Also, when engaging children to build rapport, you must always be mindful of the child's developmental status. Young children may be better able to relate to an adult if the adult comes down to speak to the child at eye level. This may mean kneeling, sitting on the floor or at a table/desk with the child.

You must take the time to learn how the child you are interviewing prefers to communicate and then be prepared to alter your interview strategy to communicate with the child through those means. Some children prefer to be engaged in an interview while they are drawing a picture. Others prefer to write to you or use nonverbal gestures. These styles should not in any way diminish the child's credibility.

*Example:*

- If you're meeting the child in school, sit at a desk beside him or her and ask about his or her favorite class, activity, friend, or teacher.
- If you're meeting at the child's home, ask the child to give you a tour of his or her room and talk about favorite stuffed animals, games, television shows, etc.
- An 11-year-old child with an anxiety disorder is afraid to verbally name the person in her home who is allegedly abusing her. She is willing, though, to write the name down on a piece of paper for the worker.

- 3. Reassure the child that he or she hasn't done anything wrong.** Children will typically blame themselves if they perceive there is "trouble" in their family. As parents may also blame children for the involvement of child welfare (particularly if a child's disclosure led to the report), it is imperative that you reassure the child that he or she has not done anything wrong.

*Example:*

- "I try to help children and their families. I want you to know that you didn't do anything wrong, and you're not in any trouble with me."

- 4. Give the child as much control as possible.** CPS' interviews are probably one of the most difficult conversations children may have in their short lives. They need to maintain as much control over how they share information with you.

*Example:*

- Hold up your hand and tell the child, "If you want to stop for awhile, use the bathroom, or just don't want to talk about something, hold up your hand like this and we'll stop for awhile. I won't be mad if you do that."

- 5. Attend to family systems.** If you can convey to the child that he or she has parental permission to discuss the situation—if this is in fact the case—this may be important to do.

*Example:*

- "Your mom agrees its okay for you to tell me everything you remember about last night."

## **Stage 2: Build Mutual Understanding**

One goal of your interview is to establish (as much as possible) mutual understanding with the child about his or her experience, including information that would indicate whether any abuse or maltreatment has occurred, the safety status of the child, as well as information about future risk of harm.

### **1. Begin with a broad approach.** Invite the child to establish the topic.

*Example:*

- “I talk with lots of kids about lots of things. Do you know why you are talking with me today?”

The child may bring up the child welfare concern right away; if not, use more explicit statements.

*Example:*

- “I want to make sure that you are safe and do not have to worry about things that grown-ups should take care of. Is it okay if I ask you some questions about \_\_\_\_\_?”

### **2. Give the child the opportunity to provide his or her own version of events.** If the allegation is of a single incident, invite the child to tell you what happened.

*Example:*

- “Tell me everything you remember from the beginning.”

Do not interrupt unless the child stops and seems to need prompting to continue. Then simply invite the child back into his or her narrative.

*Example:*

- “What happened then?”

### **3. Ask about other incidents.** If the child discloses multiple instances of abuse/maltreatment or if the report or the collateral sources had indicated more than one instance, invite the child to share anything he or she remembers about another time something similar happened. Be careful that you don’t ask leading questions, though.

*Example:*

- “Raymond, you said that your dad has hit you before with a belt. Did this ever happen before? (Child responds ‘yes’) Can you tell me when this happened?”

### **4. After the child has finished telling his or her story in his or her own words, follow up with open questions.** This gives the child the opportunity to share everything.

*Example:*

- “Is there anything else about you and Mommy’s friend that you can tell me?”
- “Is there anything else you would like me to know?”

### **Stage 3: End and Exit with a Plan**

1. **Invite questions.** Allow and/or encourage the child to ask questions about this talk and about your role and purpose in being involved with the child and his or her family.

*Example:*

- “Jordayn, I want you to know that sometimes after kids talk to me, they have a lot of questions ...about what we talked about or about what I do with the information you told me about. I wonder whether you have any questions you’d like to ask me now.”

2. **Describe next steps.** Children will want to know “*what happens now?*” If they have been relieved to finally be able to tell someone about their situation or if they have even enjoyed talking with you, they will want to know if they will see you again. If they have “told” on a parent, they will be concerned about what’s going to happen to that parent. Tell them the truth, including being honest about not knowing exactly what’s going to happen next.

*Example:*

- “Carly, I know you said that even though what you told me was scary, it made you feel better. I want you to know that I am going to come to visit you again soon so we can talk more about what happens to you and your brothers when your mom doesn’t take her medication and gets sick again. Will that be okay if we talk some more on another day?”
- “Selena, lots of teens I’ve worked with feel guilty about telling me what was really happening in their families. Talking about sexual abuse is really difficult and it was very courageous of you. As I mentioned before, I have to share this information with my agency and with the police. I don’t know what will happen to your stepfather then. But whatever happens, I will be here for you to talk to if you need to, okay?”

3. **Thank the child for speaking with you. Make sure the child has a place and space to regain his/her composure.** Discuss what the child will be doing immediately after you leave and make sure he or she will be in a comfortable “space” emotionally. If you interview the child at school, see if he or she can sit for awhile in a private place—such



as the nurses' office or guidance office—if he or she needs to regain composure. Make sure the child has information about who to talk to if the child has more feelings about what he or she just shared with you.

*Example:*

- “Pedro, you said you have science next, right? I know it is hard for lots of kids I talk to at school to go back and focus on things like science. We’ve talked about some pretty tough things today, so the nurse said it would be okay for you to rest here until you are ready to go back to class.”
- “Matt, I want you to know that you may have more feelings later today or even later in the week about what we talked about. You’re always welcome to call me if you want to talk more. Here is my number. I also want to give you the number for this kids’ hotline, so if you can’t reach me or if you just want to talk to someone else, you can call them and talk to someone there, any time, day or night.

## ***Other Considerations when Interviewing Children***

### **Relating to Children**

- 1. Recognize difference between yourself and the child (age, authority, culture, class, gender).** Be sensitive to all the variables that make you different and possibly even scary to a child. Age, authority, culture, class, and gender differences can be particularly intimidating for children.

*Example:*

- “Huessin, I know you and I have a lot of differences. I’m an adult, and you’re a kid. You were born in Iran and I was born right here in the Bronx. You’re a boy and I’m a woman. I wonder whether some of these differences make it harder for you to talk to me. What do you think?”

- 2. Attend to the child’s emotions.** If the child becomes distressed during the interview, acknowledge his or her feelings and see if he or she wants to take a break or talk about something else. Give the child the chance to regain his/her composure before returning to the issues.

*Example:*

- “Sandra, I’ve notice that you started to cry just now when we talked about what your mom did to you last night. That’s okay and a very normal response to talking about such tough things. If you want to take a break and get up for

a bit, we can. Or you could tell me about your drill team . . . I noticed your boots and uniform when you showed me your room earlier.”

- 3. Praise the child’s efforts, not the content of the interview.** Children are acutely aware of being evaluated by adults; praise helps them feel supported and safe in talking with you. However, praise their efforts, not what they say.

*Example:*

- “I know it’s hard to talk about this, but you’re doing a great job of helping me understand.”

- 4. Speak to the child directly, not about the child, when another person is present.** Don’t refer to the child in the third person when he or she is present.

*Example:*

- Instead of saying to Jason’s mom in front of him: “*So how’s Jason doing?*”  
Rather, ask Jason: “*How are you doing?*”

- 5. Be mindful of the child’s attention span.** It is essential that you are mindful of and patient with the child’s attention span during the entire interview process. Some children may be able to be interviewed for shorter or longer periods of time than others. Frequent interviews may need to be scheduled in order to gather all the information that is needed.

*Example:*

- “Mark, I’ve noticed that you seem a bit tired. We’ve talked about a lot of things today and I’m wondering if you need to take a break to get your lunch and then we can continue talking some more.”

## QUESTIONS TO ASK TO ASSESS PARENTAL FUNCTIONING

### ***Experiences Related to Parenting***

Questions for assessment:

- What did you experience (see, hear, and feel) growing up that helped you learn how to parent?
- Did your parents raise you differently than the way you are raising your child(ren)? In what ways?
- Have you ever attempted to broaden your knowledge about parenting by reading? Attending courses? Seeking outside support from agencies or counselors? Watching television programs on the topics of children or parenting?
- How would your own parents evaluate you as a parent?

### ***Beliefs about parenting***

Questions for assessment:

- What is the job of a parent?
- How should children be treated? Does this change over time?
- What are your wishes for your children?
- What should children be able to do for themselves?
- What do you think parents should do *for* their children?
- What do you think parents should do *with* their children?
- What do you see as the tasks of a child's primary caregiver?
- Who is responsible for attending to these tasks in your home?
- What do your children need?
- Who is responsible for meeting their needs?

### ***Willingness to parent and related needs***

Questions for assessment:

- Were you adequately prepared to be a parent?
- What do you like about being a parent?
- What do you dislike about being a parent?
- Is parenting what you thought it would be?
- If parenting is not what you thought it would be, what has been different?

- What is your favorite time of the day with your children? Why?
- On a scale of 1 to 10 (1 = unrewarding, 10 = rewarding), how would you rate being a parent?
- What was your biggest surprise about being a parent?
- What do you need out of life for yourself? Is this in conflict with your role as a parent?
- What would you do with your time if you were not a parent?

### **Parental performance**

Questions for assessment:

- Do you have any problems with your children? If yes, what are they? How do you handle these problems?
- What are your strengths as a parent?
- How do you handle conflicts between what you need and what your children want or need from you?
- What do you do when you feel “stuck”?
- What do your children need at this age?
- Who helps you with the tasks of being a parent?
- Who helps you feel emotionally supported as a parent?
- What supports (e.g., programs at a community center) are in your community that make the job of parenting easier or more rewarding?
- What are some of the things that your children do that you find challenging? What do you do when you face these challenges?
- How are your children doing in school (where appropriate)? What do you do to support your children’s education?
- What do you expect of your children as students?
- Given that you want “\_\_\_\_\_” for your children, how are they doing?
- Do you do anything to help them achieve what you want for them?
- What other supports or assistance would help you with the job of parenting?
- Do you have feelings or thoughts that you don’t want/can’t control? Please describe.

*Caution:* Identifying mental health issues should be approached very cautiously. Raise such issues only within the context of a trusting relationship and be prepared to explain *why* you have brought this up, e.g., “You’ve said you think you’re going crazy. I’m trying to understand what you mean by that.”

**TUS REFLECTIVE PRACTICE  
FOR QUALITY SUPERVISION**

**Strength Based  
Practice**

## **TUS REFLECTIVE PRACTICE FOR QUALITY SUPERVISION**

### Section Two: Month Two

#### Assessing My Skill and Emphasis On **STRENGTH BASED PRACTICE**

*The assessment at the end of this chapter turns to a focus on your ability to help staff continuously develop a strength based practice-starting with themselves. Contemplate what more you need or want to do going forward- for you own strength based practice or to better train the new CPS. Dedicate some time to contemplate the following questions and statements. Feel free to use additional paper (or a journal) to fully think through your responses. Revisit your responses from time to time to witness your own growth or as gentle reminders of what your intentions were at the time you wrote them.*

1. What did you see that made you confident that the CPS could demonstrate the abilities that you were teaching? What were you looking for in their journals?
2. What did you do best during Case Based Group Supervision this month? With particular individuals?
3. What do you want to do more of during Month Three of The 90 Days of OJT? What do you need in order to accomplish this?
4. What are you doing to develop your own strength based practice?

Take a few minutes to thoughtfully assess your skill on *developing a strength based practice* of staff. Are you seeing the quality of results in the development of the new CPS that you intended?



### ASSESSING MY SKILL AND EMPHASIS ON *STRENGTH-BASED PRACTICE*

**Date of Assessment:**

\_\_\_\_\_

A. Use the following measurable indicators to assess how well you CURRENTLY incorporate the supervisory principle of *Strength-Based Practice* into your daily work.

Rarely	Occasionally	Consistently	Indicator
			I recognize and acknowledge staff strengths in working with children/families/communities.
			I work with staff to identify strategies that foster strength-based practice.
			I review staff's documentation of identified client strengths.
			I coach staff to use client strengths as the foundation for case planning.
			I assist staff in reaching mutual understanding of client strengths and finding ways to use these to achieve desired outcomes.
			I model a strengths-based approach during supervision by recognizing staff's strengths and using his or her strengths in professional development.

B. Summarize your current strengths and area(s) for development regarding the principle of *Strength-Based Practice*. In what way is this principle important to you, or how are you already achieving aspects of it?

C. Where would you like to see your skill and emphasis in the next three months?

D. Plan for Desired Future:

Use the table to list tasks related to *Strength-Based Practice* that you would like to achieve in the future.

Questions to consider when developing a plan for your desired future include the following:

- What expectation do you communicate to staff about their work with a strength-based approach?
- Identify ways you are successful in coaching staff to relate a strength-based approach in daily practice.
- What do you monitor to promote that a strength-based approach is being applied with each family?
- What positive feedback can you provide your unit regarding application of a strength-based approach?
- What are the areas of development you can identify with your staff?

Task	Who can support me?	Estimated completion date





# **SECTION THREE**

## **MONTH THREE**

In this final month, you, the CPS and the permanent Unit Supervisor should be getting ready for the new CPS to join their regular unit. The CPS continues to receive case assignments. With your support they should be moving their caseloads to determination so that as they join their regular units they have the appropriate number of cases. All assessments are due this month and the Transfer Conference is scheduled.

### **MONTH THREE TASKS**

- Continue to support CPS efforts to implement the agency's policies/procedures/best practices with assigned cases, and in compliance with expected timeframes
- Assign six new cases (including two HP)
- Continue to emphasize/focus on individual, reflective, task oriented and group supervision (#5- Engage Family in Service Planning, #6- Cultural Competence, #7- Making Case Determinations, #8- Using the Legal System to Protect Children) and support CPS efforts to determine cases
- Focus on moving assigned caseloads toward determinations, closely managing caseload flow
- Assessing how close CPS' are to reaching the goal of having 6-8 active cases on the day of transfer to the PD Unit
- Continue to guide and evaluate CPS' abilities to successfully handle a regular caseload in preparation for regular supervision in a normal pending rotation
- Second SPRA due week 10; Quarterly Evaluation due Week 12
- Schedule a meeting between TUS and Permanent Unit Supervisor and Managers
- Schedule the Transfer Conference

This month is your final opportunity to reinforce skills taught at the Academy and to have the CPS demonstrate their *ability* to perform in the *practice domains*. Now is the time to notice any behaviors, that in your estimation as the TUS, the CPS needs additional development as well as areas in which the CPS shines.

**PRACTICE DOMAINS AND ABILITIES  
MONTH THREE: 90 DAYS OF OJT**

PRACTICE DOMAIN	<p style="text-align: center;"><b>ABILITIES</b></p> <p style="text-align: center;"><i>The new CPS staff will demonstrate their competence through the following knowledge (Cognitive), skills (Operative), and/or values (Affective)</i></p>
<p><b>CPS INVESTIGATION</b></p> <p><i>CASE FLOW AND CASE MANAGEMENT</i></p> <p><i>CRITICAL THINKING</i></p> <p><i>CPG</i></p>	<p><b>Conduct a Quality Investigation Using Multiple Skills and Resources</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Utilize the Child Protection Casework Practice Guide (CPG) as a resource to support investigations and required case practice (O)</li> <li><input type="checkbox"/> Complete FASP with timeliness, accuracy and quality (O)</li> <li><input type="checkbox"/> Complete the Investigation Conclusion and Case Transfer (O)</li> <li><input type="checkbox"/> Continue to apply critical thinking skills throughout the Risk Assessment and Determination/Conclusion of the case (O)</li> </ul>
<p><b>ASSESSING FOR AND MANAGING SAFETY THROUGHOUT THE LIFE OF THE INVESTIGATION</b></p>	<p><b>Pay Attention to the Life of the Case and Promote Safety Throughout</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Modify and update safety assessments, decisions and safety plans as new information is gathered and/or conditions change in the family.</li> </ul>
<p><b>CASEWORK RELATIONSHIP</b></p> <p><i>ENGAGEMENT AND COLLABORATION</i></p>	<p><b>Including the Family in Case Planning</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Value the inclusion of family members in the creation of the assessment analysis and service plan (A)</li> <li><input type="checkbox"/> Appreciate that the strength based perspective empowers the family (A)</li> <li><input type="checkbox"/> Explain the link among client involvement, empowerment, and effective service plan outcomes (C)</li> <li><input type="checkbox"/> Engage and involve family members in a NYC Children’s Services Child Safety-Family Team Conference if removal is warranted (O)</li> <li><input type="checkbox"/> Include the family in assessment of risk (O)</li> <li><input type="checkbox"/> Clarify negotiable vs. non-negotiable issues with the family during the service planning process (O) Strategically plan to communicate with children of different developmental stages in order to engage with them and obtain from them the important information necessary</li> </ul>

<b>PRACTICE DOMAIN</b>	<p style="text-align: center;"><b>ABILITIES</b></p> <p style="text-align: center;"><i>The new CPS staff will demonstrate their competence through the following knowledge (<b>C</b>ognitive), skills (<b>O</b>perative), and/or values (<b>A</b>ffective)</i></p>
	<p style="text-align: center;">to make major child welfare decisions (O)</p>
<b>ASSESSMENTS/ INTERVIEWS</b>	<p><b>Crisis Intervention</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Describe the goals of crisis intervention in child protective services (C)</li> <li><input type="checkbox"/> Explain effective techniques for crisis intervention (C)</li> <li><input type="checkbox"/> Identify Children’s Services and community resources for crisis intervention assistance (C)</li> <li><input type="checkbox"/> Develop appropriate responses to families in crisis (O)</li> </ul> <p><b>Risk Assessment Analysis/FASP</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Apply the Strengths, Needs and Risk Assessment Scales for entry into the FASP (O)</li> <li><input type="checkbox"/> Include the family in assessment of risk (O)</li> <li><input type="checkbox"/> Cooperate with PPRS liaisons, Housing Unit, Educational Unit (O)</li> <li><input type="checkbox"/> Develop an Assessment Analysis for entry into the FASP(O)</li> <li><input type="checkbox"/> Formulate effective statements of problem/concern (O)</li> <li><input type="checkbox"/> Formulate effective outcomes and activities (O)</li> </ul>
<b>DOCUMENTATION</b>	<p><b>Professional Case Notes and Documentation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Document all sections of the FASP on a timely basis, with accuracy and sufficient information (O)</li> </ul>
<b>REFLECTIVE/ DEVELOPMENTAL PRACTICE</b>	<p><b>Continuous CPS Development</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Explore strategies to maintain worker safety during the CPS Investigation (C)</li> <li><input type="checkbox"/> Discuss SPrA with Training Unit and P/D Supervisor (O)</li> <li><input type="checkbox"/> Formulate a plan for continued CPS development (O)</li> </ul>

# ACTIVITIES

## FAMILY MEETING FOR SERVICE PLANNING

Last month, we discussed the differences between FM and CSC/FTC. In this month, it is critical for the CPS to involve the family in the service planning process so that both the CPS and the family understand the link between client involvement and how well service plans are implemented. Not only must the family be involved in the development of the service plans but also in the evaluation of how well the plan is going, what additional needs may have come up by following the plan and, any changes to the plan that need to be made as a result of changes in family dynamics.

- ✓ *Family Team Conferences*, called *Child Safety Conferences* in DCP, are triggered by safety issues, possible removals and a request for court intervention i.e.; Court Ordered Supervision, and have specifically identified facilitators. Family Team Conferences in DCP are facilitated by Child Evaluation Specialists (CES).
- ✓ However, as part of our ongoing practice, CPS' and supervisors often meet with families in a less formal way – these are called *Family Meetings*.

The Family Meeting is a sharing of information about, and with the family, that relates to developing a service plan in order to provide for the protection of the children and reduces risk.

- ✓ The goal of the Family Meeting is to reach consensus about what needs to change and to develop an initial plan that protects the children and addresses the changes that the family needs to make. In a Family Meeting, you and your supervisor, with the family, will decide which type of meeting will be effective at a particular point in time for a particular purpose. In those instances, you or your supervisor will facilitate the meeting.

The time of Service Planning is often a good opportunity for a family meetings. Two documents are included in the *Supplemental Materials* at the close of this month which will be helpful as you work with the CPS: *Family Meetings vs. Family Team Conferences* and *Engaging Families in Services Planning*. Use these with CPS' as they work with cases which are in this stage.

Remember: the benefits of having a family meeting are felt by all---family and CPS' and Supervisors. Having team members, identified by the family, working collaboratively with them and Children's Services representatives is likely to result in more tangible benefits and behavioral changes that the family can implement and sustain once our services are no longer in place for them.

### ***Child Safety Family Team Conferences vs. Family Meetings***

When working with children, youth, and families it is necessary at times to sit and meet to talk about safety concerns and elements related to possible risk that does not warrant a "placement focused" discussion. In these cases, the CPS can conduct a Family Meeting rather than a Child Safety Conference (CSC), which is triggered by possible removal. To clarify, Family Meetings are scheduled and conducted by the CPS under the following circumstance:

- ✓ The CPS and CPSSII are attempting to resolve the safety and/or risk issues with the family. Removal and/or court action is not being contemplated while the case is still open in a protective unit in DCP, under investigation.
- ✓ The goal of the meeting is to engage the family and address safety and risk issues and/or develop or modify a service plan.

Family Meetings provide the opportunity for the CPS team to develop a plan to address the identified risk factors, although at present they do not present immediate or impending danger of serious harm to the child(ren), and court intervention is not being considered.

If during the Family Meeting, immediate or impending danger is assessed and it appears that a removal may be necessary, the CPS team will ask for an immediate CSC. Ideally, efforts should be made to have the CSC convened immediately upon request while all parties are present.

The Children Services Division of Family Support Services (FSS) will facilitate Elevated Risk Conferences (when the case is no longer open with DCP) upon the request of the PPRS agencies when risk escalates and there is a need to re-engage the family in services, adjust the service plan and identify strategies to reduce the risk to children".

### ***Supervisory Debrief Questions Family Meeting for Service Planning***

*Note: Case Base Supervision offers a great opportunity to have the CPS share experiences of Family Meetings that may have occurred during shadowing or that they may have had as a result of observing or pulling together a CSC or FM. While for some the experience is still theoretical, for others it may reflect an actual meeting that occurred.*

1. What are some of the benefits to having a Family Meeting?
2. How did you use a Family Meeting? What was your goal for the meeting? What was the family's goal? Were either or both goals accomplished?
3. How did you engage your supervisor?
4. How did it feel to be working with a mutuality agreed upon team and process?
5. What is one big lesson for you as a result of being involved in a Family Meeting?

## INVESTIGATION CONCLUSION AND CASE TRANSFER

(See *Service Plan and Service Plans Review* in the *Supplemental Materials* section at end of Month Three)

One of the important tasks of the CPS investigation is to make the determination decision. This decision must be made within 60 days of receipt of the report. As a result of conducting the CPS investigation, you will either substantiate or un-substantiate each of the allegations contained in a report as well as any that were uncovered during the investigation.

Cases may only be closed when there are no longer any protective concerns, or there is no legal basis for providing oversight. Once child protective concerns are resolved, or there are no court-ordered services and Family Court interventions are not warranted, the case may be closed to the SCR.

The documentation of case closing must explain why the case is being closed. The family should be engaged in the case closing decision. If the case is being indicated and closed with no services, make sure to document the justification. If the RAP resulted in High or Very High Risk rating, the reason for closing must also be documented in the Investigation Conclusion window in CNNX. Consider all staff assigned a role in the Investigation and their need to complete documentation prior to the closing stage. All cases referred for ongoing services must have an open Family Services Stage (FSS) (*CHILDREN'S SERVICES CPRT Section XI. Closing or Transfer*).

Chapter XIII of the CPG, entitled *Closing a Case*, has the reasons and requirements for closing a case and is included in the Resource Chapter of the OJT guide.

### **Exercise**

#### **Resource Review**

Review the Case Practice Guide (CPG) and Case Practice Recording Template (CPRT) thoroughly with the CPS paying attention, at this point, to case transferring and closing. In reviewing their cases, make sure to use these two documents to walk the CPS through the closing/transfer process so that they can see the application of each of the categories.



### **Supervisory Debrief Questions Closing a Case**

*Note: At this point, the CPS should be able to describe their rationale for all the steps, thought processes, actions, decisions, etc that they have made up to the point of closing the case. Ideally, the CPS has enough confidence in you and their peers to raise any questions or concerns that arise during their case deliberations and are willing to hear constructive feedback. Use the following questions as a means to gather information individually or with the group to provide supportive and educational supervision.*

1. What was your experience when you went through the process of closing your first case? How did you feel about the family? Your efforts?
2. If you could name one thing that you did absolutely correctly, what would it be?
3. Name one thing that you felt unsure about and will seek to understand in the next week or two.
4. How do you know that a case is ready to be closed? What do you look for as indicators?
5. How might you involve the family in the Case closing process?
6. If multiple staff have been involved with the case, how do you make sure that all have completed the required documentation?

## USE OF CNNX AND FASP

### ***Purpose of the Family Assessment and Service Plan (FASP)***

The purpose of the Family Assessment and Service Plan is to:

- ✓ To update the safety plan if needed;
- ✓ To document foster care issues when foster care is a needed safety intervention, especially as issues relate to achievement of safety, permanency, and child well-being;
- ✓ To capture an assessment of risk of future abuse or maltreatment;
- ✓ To document an assessment of family functioning;
- ✓ To document the current service plan that has been developed with the family; and
- ✓ To reduce any identified risk.

When your investigation is complete, you will either close the case completely because Children’s Services no longer needs to be involved with the family or does not have permission or authority to remain involved with the family, or you will open a case for services by using a process in CNNX to “stage progress” it to the family services stage (FSS).

The CNNX electronic case recording system has a format to help inform and organize what goes into a service plan.

It is important to remember that recording is the last part of service planning, which is preceded by a thorough analysis of the family’s needs and critical thinking about the family’s strengths and weaknesses. *Documentation can assist in organizing the thought process.*

The electronic format for service plans is:

- ✓ A group of documented service plan blocks that address prioritized concerns and, whenever possible, address concerns the worker and family have agreed to work on during the current FASP period;

- ✓ A list of the needed services; and
- ✓ Documentation of the family's involvement in the development of the plan.

In New York State, the collaboration between workers and families must result in a service plan that contains statements of problems/concerns, outcomes, family strengths to be utilized, and activities

If one does not already exist, create a services case record. This stage progression occurs when a case is opened by CPS' for services – preventive, foster care, etc.

When the investigation stage in CNNX is closed or progressed, whether at the time of determination or up to 7 days later, it is essential that you properly document your decision to either close the case or to open it for services.

The way you do that is to use “closing codes” in the CNNX Investigation stage.

Remember, in CNNX, cases are composed of stages, which are distinct blocks of work that come together to form a whole case history. As a child protective specialist, you work in the Investigation stage.

You need to close that stage regardless of whether the case is progressed and the family transitioned to services or not.

It is very important that you complete this task accurately. How you code the closing of the investigation impacts whether caseworkers providing ongoing services to the family have a focus on safety and risk reduction or whether their focus is on supportive family services without a formal protective focus.

If you and your supervisor determine that protective concerns continue to exist in a family with an indicated report and that protective monitoring is needed, you must select the closing codes and the Family Services Stage program choices that will provide the ongoing services worker with the Safety Assessment and the Risk Assessment Profile as part of their Family Assessment and Services Plan.



## **Exercise**

### **Family Assessment and Services Plan**

In the resource chapter, we have included the mock FASP from the CPSPC for the Valdez Family. Review this with the CPS as a demonstration of how complete a FASP should be as you close a case. Use all the tools that you have at your disposal to create a full picture of the family with whom you are working (family mapping, safety assessment, information gleaned from visits, the Family Assessment Scales, the assorted protocols, etc).

### **Supervisory Debrief Questions Case Transferring and Closing**

*Note: Use these questions in group supervision so that everyone gets to think together about the way to close a case. Help the CPS think critically about the work that they have done with a family on a case and what they did really well and what they, in retrospect, wish they had done more of.*

1. What is the process for making sure that cases referred for ongoing service have a FSS? Who do you contact to ensure this?
2. Pick a case that you have been working on. Compare your FASP to the Valdez model. Are there things that you missed or should have included?
3. What are you feeling as you close cases? Confident? Sad? During individual supervision, talk about the feelings that a CPS may be having.

## **ASSESSMENT ANALYSIS**

(See *Content of Assessment Analysis* in the *Supplemental Materials* section at end of Month Three)

The New York State Office of Children and Family Services developed several assessment protocols in order to support your work:

- ✓ to protect children from future maltreatment;
- ✓ to identify the factors that have contributed to maltreatment and therefore may create a risk of future abuse/maltreatment;
- ✓ to identify the factors that have been found to contribute to youth's behaviors that put them at risk of not achieving child welfare outcomes; and
- ✓ to target those behaviors and conditions for change.

These assessment protocols are intended to guide you in gathering and analyzing information to make decisions and to plan for change-promoting activities.

It is here that all of the information gathered during the assessment process is synthesized in order to decide what needs to change and identify the levers (strengths) for facilitating change.

### ***Statements of Problem and Concern***

A problem statement begins to separate the analysis—into smaller and more finite segments.

Though family issues are always entwined, you should identify problems in a discrete fashion - one problem in a statement - so that the family can take action and be successful in addressing each problem identified.

The next step is to then identify what underlying conditions and contributing factors seem to be most significant in influencing that problem behavior or condition.

It's important to keep the FASP timeframe in mind when writing a service plan. The FASP is a six month reassessment, and not all problems/concerns can or should be included in initial/subsequent FASPs. It would be unreasonable to expect a family to address all of their problems/concerns simultaneously and resolve them within six months. The statements of problems/concerns in each FASP should be based on what can actually be accomplished within the time frame.

The effectiveness of the service plan can be demonstrated by the fact that some problems/concerns are addressed and resolved within the time frame, some will persist and require continued intervention, and some will occur in between each FASP cycle and thus will appear as new statements of problem/concern in each cycle.

While all behaviors, underlying conditions, and contributing factors that are harming the children or placing them at risk of harm should be identified and prioritized in the analysis, it is not realistic to address all of them in the service plan at the same time. Often our work with families necessitates a separation and prioritization of issues to be addressed in order to develop realistic plans that don't overwhelm families. The service plan is intended to address those outcomes and activities that will be completed or initiated during the tenure of the period before the next assessment and service plan is due. Thus, the development of statements of problems/concerns with a more limited scope would be more manageable to both the family and the worker.

You will find the *Criteria for Effective Statements of Problems/Concerns* in the set of Supplemental Materials at the end of this month.

### **Supervisory Debrief Questions Assessments, Problems and Concerns**

*Note: Assessments are, by their nature, subjective. This section presents you with the opportunity to model how to be compassionate even when taking a firm line with a family. Develop and use role plays which give the CPS practice in speaking their concerns to families and colleagues.*

1. How would you frame an effective statement that expresses your concerns about a child's needs not being met due to substance abuse by a caretaker/parent?
2. How might you identify what behaviors/conditions need to change in a family which has Domestic Violence as your concern?
3. What if the client declines participation in a scheduled Family Team Meeting and that is the only piece that you feel is left to complete?
4. What has been your experience using CNNX so far? What do you need and from who in order to better use the system?

## ***Outcomes and Activities***

The service plan outcome describes the behavioral change that, if accomplished, will resolve the child welfare problem/concern that has been identified. For each problem/concern, there will be one outcome which describes “what will be different and how will we know.”

Keep the FASP timeline/cycle in mind when writing outcome statements. The outcome statement, as well as the activities supporting its achievement, should describe what change is expected within the time period that the plan represents.

Relative to the concept of change, we know that often in order to effect long-term change, we need to understand and deal with those needs, underlying conditions, and contributing factors that create or sustain problematic behavior. This should be clearly identified as part of the outcome.

### **Remember:**

- Outcomes and activities can be looked at as a road map, with the outcome being your destination and the activities being the most effective route to get there. Outcomes must be: “verifiable”, “measurable” and “observable”.
- Remind participants that many outcomes and related activities cannot honor all the criteria. However, remind them that they should be working to meet as many of the criteria as possible, particularly in providing that the outcome and activities are stated in verifiable, behavioral terms.



# **CHAPTER FIVE**

## **SECTION THREE –**

### **SUPPLEMENTAL MATERIALS**

- Child Safety Conferences vs. Family Meetings
- Engaging Families in Service Planning
- Service Plan and Service Plan Reviews
- Content of Assessment Analysis
- Task Strategy: Family Assessment Analysis
- Criteria for Effective Statements of Problems / Concerns



## **CHILD SAFETY CONFERENCES VS. FAMILY MEETINGS**

When working with children, youth, and families it is necessary at times to sit and meet to talk about safety concerns and elements related to possible risk that does not warrant a “placement focused” discussion. In these cases, CPS’ can conduct a Family Meeting rather than a Child Safety Conference (CSC), which is triggered by possible removal. To clarify, Family Meetings are scheduled and conducted by the CPS under the following circumstance:

- ✓ The CPS and CPSS II are attempting to resolve safety and/or risk with the family when a CSC is not required. Removal and/or court action is not being contemplated while the case is still open in a protective unit in DCP, under investigation.
- ✓ The goal of the meeting is to engage the family and address any safety and/or risk issues and/or develop or modify a service plan.

Family Meetings provide the opportunity for the CPS team to develop a plan to address the identified safety and/or risk factors, although at present they do not present immediate or impending danger of serious harm to the child(ren), and court intervention is not being considered.

If during the Family Meeting, imminent danger is assessed and it appears that a removal may be necessary, the CPS team will ask for an immediate CSC. Ideally, efforts should be made to have the CSC convened immediately upon request while all parties are present.

The Children Services Division of Family Support Services (FSS) will facilitate Elevated Risk Conferences (when the case is no longer open with DCP) upon the request of the PPRS agencies when risk escalates and there is a need to re-engage the family in services, adjust the service plan and identify strategies to reduce the risk to children”.

## ENGAGING FAMILIES IN SERVICE PLANNING

Engage the client in understanding the reason a change must occur. (“You feel remorseful and upset by the results of the discipline that you have used with your children that has placed them in danger of serious harm. Changing your behavior with the children will benefit both you and them.”)

Amplify discrepancy between what the client wants for the children versus what is actually happening to the children. (“You’ve told me you want the children to have more opportunities than you’ve had, yet they’re missing so much school they’re in danger of failing.”)

Acknowledge the positive intent behind the behavior, if possible or applicable. (“I appreciate that you thought tying the baby in the crib will keep her from getting out and getting hurt and that’s important to you. Let’s figure out how to accomplish that without tying the baby in the crib.”)

Communicate to families they are wanted and needed in the service planning process. (“Your efforts to help your son avoid dangerous situations, like parties where there is drugs and drinking, are *extremely* important. We need to work together to keep him from being hurt in the process.”)

Acknowledge their expertise about their own family. (“You know more than anyone about your family. You also know all the different things you’ve tried and how each has worked. I need to learn about that from you.”)

Continue to attend to the interpersonal helping skills that were used in building a relationship with the family. The process of mutuality—begun by engaging the family during the assessment process—now gets pulled forward into the service planning stage. (“Together, we have a lot of information about your family, and now it’s time to figure out how some of those strengths and resources we’ve identified can help you in caring for your children.”)

Acknowledge the mutuality so far in actions already taken. (“Together we came up with a plan to keep the kids safe; now let’s figure out how we can make those changes lasting.”)

## ***Skills and Core Conditions to Engage Families in Service***

### ***Planning:***

- ✓ Reflection – (You're angry that we're involved with your family.)
- ✓ Questioning – ("Rosa, could you tell me more about some of the things you've tried to get Sammy to listen to you?")
- ✓ Communicating Respect – ("I'm impressed with how much you've been able to manage as a single parent with two children.")
- ✓ Acknowledging Strengths – ("Mr. Santana, you've been working since you were 17. It's been very important to you to support your family.")
- ✓ Using Solution-Focused Questions – ("Yvette, how did you cope with stress during the time when you weren't using drugs?")
- ✓ Using Concrete Language – ("You say that Sammy is a 'typical teen-ager.' What does that mean to you? How does a typical teen-ager look or sound?")
- ✓ Summarizing – ("So you're saying that you've tried rewarding him, threatening him, grounding him and nothing worked. Did I hear that correctly?")
- ✓ Empathizing – ("I'm trying to imagine what it's like for you to be out of work when you've worked so hard to provide for your family.")
- ✓ Exploring Differences – ("I grew up in a family where children were to be seen but not heard. What was your experience?")
- ✓ Attending – (Listening, body language, eye contact, minimal encouragers)
- ✓ Honesty/Genuineness – ("I am concerned about your feelings when we get into court and my agency requests a continuation of foster care for your daughter for the next six months.")

## **SERVICE PLAN AND SERVICE PLAN REVIEWS**

When a child is removed from home, a child-specific, focused assessment is required to be done no later than 30 days from removal AND at the same time the service plan must be developed or updated and the visiting plan must be developed.

At 90 days from removal, a Service Plan Update is required.

Conducting a Service Plan Review (SPR) meeting with an independent third party reviewer is required no earlier than 60 days, but no later than 90 days, from the date the child was removed from his or her home OR where the child is placed in foster care pursuant to PINS/JD – FCA Article 7 or 3, conducting an SPR meeting with an independent third party reviewer is required no earlier than 60 days, but no later than 90 days, from the date of placement in foster care. (A recent amendment allows this requirement to be met by the Permanency Hearing itself, as long as it is held and completed within 6 months of the previous SPR.)

An SPR is required for children placed in the direct custody of a relative or other suitable person.

Conducting a Case Consultation is required to be done no earlier than 60 days before the “date certain” for the Permanency Hearing and prior to the due date of the Permanency Hearing Report to prepare for the Permanency Hearing.

A Case Consultation is a meeting of all necessary participants, whenever practicable, but at least an in-person meeting with the parents, children, foster parents/relatives with whom the child lives, and the appropriate district/agency staff.

A Case Consultation is required for children placed in the direct custody of a relative or other suitable person under Article 10 of the Family Court Act.

The Permanency Hearing Report is prepared using the most current information available from the SPR/Case Consultation, and any other recent casework activities, and filed with the court and mailed to the required parties 14 days prior to the “date certain.”

## CONTENT OF ASSESSMENT OF ANALYSIS

### *Assessment Analysis – Family View*

#### **Guided narrative prompt in the CNNX electronic case recording system:**

What's the family's view of the situation at this time? What do they see as the most pressing needs and concerns? What does the family believe needs to happen in order for them to meet the needs of their children for safety, permanency, and well-being? What do they want from child welfare or other services at this time?

#### **Family View Narrative:**

- Is dependent upon worker's ability to engage the family in an assessment of their situation.
- Provides an opportunity for the family to voice their view and for it to be part of the record. Telling the family that this is an important part of the official record shows them respect and helps to further engage them. The family may view things differently than the workers, and this is their chance to define their perceptions of the situation.
- Is a few sentences that capture how the family sees their situation, their needs, and what they want or don't want relative to these needs.
- For reassessments, it captures the family's sense of their progress, and their view of the services that have been provided and arranged.
- Clarifies the family's change readiness.
  - ✓ Does the family want help or services?
  - ✓ If so, can they articulate what they want from services?
  - ✓ Does the family view the situation as a problem?
  - ✓ Is the family reluctantly cooperating?
  - ✓ Are they aware that the workers have concerns regarding the children's safety, well-being, and permanency?
  - ✓ What do they think about the workers' concerns?
- Helps supervisors to determine the workers' efforts to establish the professional helping relationship, as well as assess its quality. The Narrative also helps supervisors coach workers in developing an effective service plan.

## ***Assessment Analysis – Behaviors/Contributing Factors***

### **Guided narrative prompt in the CNNX electronic case recording system:**

Based on your assessment of safety, risk, and family functioning, what factors and underlying conditions interact to sustain the behaviors or conditions that warrant child welfare intervention?

### **Behaviors/Contributing Factors Narrative:**

- Captures what is really driving the problem that caused child welfare involvement with this family.
- Conveys how the problem behavior /condition fits together with the information gathered about family member's self-concept, use of interpersonal skills, ability to cope and solve problems, manage resources, and their perceptions relative to the parenting role, and how they view themselves, their children, and you through the lens of their culture.
- Conveys how contributing factors such as substance abuse, domestic violence, or mental illness are impacting the children's needs being met.
- Helps to integrate the assessment information so conclusions can be drawn about what's driving the problem.
- Is developed, to the extent possible, with the family. If the family can recognize themselves in this analysis and have the opportunity to contribute to it, the more likely they will successfully engage in problem solving and change-oriented services.
- Is based on the information in your progress notes, the RAP, and the SNR scales.
- Is a concise statement that you share with the family that says, "This is what we think is contributing to the problems and the behaviors that have brought us together."
- For reassessments, document what has changed.
  - ✓ Have the dynamics in the family changed? If so, how?
  - ✓ Have perceptions changed? If so, how?
  - ✓ Is the family using different behaviors to meet their needs?



## ***Assessment Analysis – Strengths***

### **Guided narrative prompt in the CNNX electronic case recording system:**

What individual, family, and community strengths, resources, and supports can be used to meet the family's pressing needs and support their ability to meet the child's needs for safety, permanency, and well-being?

### **Strengths Narrative:**

- Captures what works in this family.
- Records strengths that can be recognized, reframed, coached, and used to meet needs in a way that keeps children safe and cared for. The SNR scales help to identify some strengths. However, there may be other strengths that can be used to support improved functioning. These include coping skills, sense of humor, spirituality, a wide range of abilities from interpersonal skills, to problem solving to asking for help, etc. Strengths help people meet their needs.
- Identifies what can be tapped into to create change.
- Do they feel discomfort about the current situation?
  - Can the family envision a better future?
  - Can the parents feel empathy for their children?
  - Can the parents come to see the children's lives through their eyes?
- Provides another opportunity to engage parents by letting them know you need to understand, document, and build their strengths, and not just focus on the child welfare problem.
- For reassessments, captures what strengths have emerged, grown, or been useful in meeting needs. This is an opportunity to recognize progress and the positive dimensions of families which are more likely to keep them engaged than just a list of what they still do poorly.

## ***Assessment Analysis – Needed Improvements/Changes***

### **Guided narrative prompt in the CNNX electronic case recording system:**

State specifically what improvements/changes need to be made in family functioning, behavior, and/or living conditions to achieve the identified permanency planning goal and provide for child(ren)'s safety, permanency, and well-being.

### **Needed Improvement/Changes List:**

- Is a list of what needs to change. This list should be written in full sentences, and document as many areas that need to improve or change as is reasonable, in order to have a positive and lasting impact on the problem. By lasting, we mean that the change is likely to endure after we have closed the case. We want more than compliance.
- Will be carried over into the Service Plan so that workers have the items from the list on the screen as the service plan is being documented.
- Is based on conclusions drawn with the family, if at all possible, about what they are doing that needs to be strengthened/ improved and what changes in which aspect of their functioning will likely lead to the adoption of, or more consistent use of, positive behavior(s) and the cessation of harmful behavior(s).
- Targets the underlying conditions and the factors that are contributing to the risk of abuse/maltreatment, PINS behavior, or the conditions that are placing children at risk of foster care.
- Focuses on changing how needs can be met in a more positive way; takes into account competing needs (parent needs vs. child needs).
- Statements should be written in a respectful, genuine, empathetic, affirmative, non-judgmental, perceptive, and clear manner. They should also be reflective of the input the family gave you.
- Statements should convey unwavering commitment to children's safety, permanency, and well being.

## TASK STRATEGY: FAMILY ASSESSMENT ANALYSIS

Tasks	Child Welfare Worker Strategies
<p>Describe the behaviors/conditions/dynamics that justify child welfare involvement.</p> <p>Describe how the needs, underlying conditions, and contributing factors interact to sustain or create the behaviors/conditions.</p> <p>Identify strengths that can be used to resolve the child welfare issues.</p>	<p>Interpersonal helping skills</p> <p>Use of the relationship</p>
Tasks	Child Welfare Worker Strategies
<p>Assess/strengthen change readiness.</p> <p>Assess the perspective of family members about their situation.</p> <p>Assess how the family views the perspective of the child welfare worker.</p>	<p>Managing authority</p> <p>Core conditions</p>

## **CRITERIA FOR EFFECTIVE STATEMENTS OF PROBLEMS / CONCERNS**

- Identifies the behaviors or conditions that lead to the needs of children not being met such that child welfare intervention is necessary.
- Identifies what needs to change relative to the behavior or conditions that lead to the needs of children not being met such that child welfare intervention is necessary.
- Problems/Concerns are broken into finite segments from the “Needed Improvements/Changes” section identified in the Assessment Analysis.
- Problems/Concerns are specific to a person or to a group of persons.
- Represents the client’s input to the extent possible.
- Conveys respect.
- Is written in clear language that the family is able to understand.

**TUS REFLECTIVE PRACTICE  
FOR QUALITY SUPERVISION**

**Professional  
Development**

## **TUS REFLECTIVE PRACTICE FOR QUALITY SUPERVISION**

### Section Three: Month Three

#### Assessing My Skill and Emphasis On **PROFESSIONAL DEVELOPMENT**

*The assessment at the end of this chapter turns to a focus on your ability to attend to the professional development of the CPS and to consider how you have approached this work over the entirety of the OJT experience. Dedicate some time to contemplate the following questions and statements. Feel free to use additional paper (or a journal) to fully think through your responses. Revisit your responses from time to time to witness your own growth or as gentle reminders of what your intentions were at the time you wrote them.*

1. What specific things have you accomplished over the life of the OJT that has served to develop the new CPS for the work that they are taking on?
  
  
  
  
  
  
  
  
  
  
2. What did you do best with this group? With particular individuals? What is your aspiration for each of the new CPS?
  
  
  
  
  
  
  
  
  
  
3. What do you want to do more of with the next set of new CPS that comes to your unit?
  
  
  
  
  
  
  
  
  
  
4. What do you need in order to accomplish this and how will you get what you need?

Thoughtfully assess your skill on *supporting the professional development* of staff. Are you seeing the quality of results in the development of the new CPS that you intended?



### ASSESSING MY SKILL AND EMPHASIS ON *PROFESSIONAL DEVELOPMENT*

**Date of Assessment:** \_\_\_\_\_

- A. Use the following measurable indicators to assess how well you CURRENTLY incorporate the supervisory principle of *Professional Development* into your daily work.

Rarely	Occasionally	Consistently	Indicator
			I discuss with staff their strengths, needs, and developmental goals.
			I coach staff to identify activities that will help them meet their developmental goals.
			I engage and inspire staff to identify activities to assist in meeting their specific and measurable developmental goals.
			I develop targeted actions plans with staff.
			I seek input and feedback from staff.
			I develop a system for staff to share information on training sessions.
			I ensure that staff are trained and have opportunities for practice and feedback as they work towards their goals.
			I observe and strengthen staff's professional helping relationship with families.
			I provide developmental feedback to staff members.
			I create a learning environment in which staff members support one another.

- B. Summarize your current strengths and area(s) for development regarding the principle of *Professional Development*. In what way is this principle important to you, how are you already achieving aspects of it?

- C. Where would you like to see your skill and emphasis?

- D. Plan for Desired Future:

Use the table to list tasks related to *Professional Development* that you would like to achieve in the future.

Questions to consider when developing a plan for your desired future include the following:

- What expectations do you communicate to staff about their professional growth?
- What do you monitor about staff's ability to have successful professional helping relationships with families?
- What positive feedback can you provide your unit regarding their application of successful professional helping relationships?
- What are the areas of development you can identify with your staff?

Task	Who can support me?	Estimated completion date





**CHAPTER SIX**  
*Professional Development  
Plan, OJT Assessment Tools  
and the Transfer Conference*

## **CHAPTER OVERVIEW**

Chapter Six outlines the details of the assessment steps and documentation necessary to support the transfer of learning of a new Child Protective Specialist (CPS) from the classroom to the Child Protective practice. The overarching professional development plan is a mechanism used to formulate a work agreement between the new staff and his/her training supervisor (while in the classroom or the field). The steps of this contract are effectuated during the on-the-job training period. One of the primary methods to develop staff used by the NYC Children’s Services is the Skills Progress Assessment (SPrA) process. The Skill Progress Assessment (SPrA) process is an ongoing mechanism of support for new CPS to develop the skills and competencies necessary for effective child protective practice.

The worker and the supervisor work on deepening the workers’ skill through an ongoing process of feedback related to the worker’s performance of his/her duties with families regarding the safety of their children, and by building on related competences. From the beginning of their tenure in the agency the new CPS employee is considered a partner in this important process.

Hence, this chapter includes how managers and supervisors involved in the development process are expected to pay attention to their own readiness to support the new CPS. Chapter Six is organized into three main areas: 1) The Professional Development Planning Process, 2) Skill Development Assessment Process and Recording Tools that support development actions, and finally, 3) The Transfer Process from Training to the Protective Diagnostic (PD) Practice.

## **THE PROFESSIONAL DEVELOPMENT PLANNING PROCESS**

Professional Development planning begins during the classroom training period when the new CPS is assigned to a specific trainer for their early development, continues through the 90 Days of OJT and carries on into the PD Unit assignment. The most prominent areas included in the plan are the skills to be developed and tasks expected to be performed. The plan goals and objectives are captured in a two page form called the Professional Development Plan (PDP) that organizes the important agreed upon elements, which is then signed by the trainee and the Supervisor/Mentor. The concrete steps that the CPS and Training Supervisors are committed to take along with the identification of specific areas of learning which the CPS is interested in developing are included in the development plan as well. The agreement made by the CPS and the supervisor is referred to and reflected on through the development process as they move forward through the training period. As the TUS, you are expected to model the knowledge, skills and values that you believe are critical for new CPS to demonstrate as they continue to develop. The TUS Feedback Form supports you in the interventions/discussions you will have with the new worker on behaviorally specific observations. The opinions that you will form of their capabilities and qualities are crucial to their further development within NYC Children’s Services.

It is recommended that the Professional Development Plan be treated as a signed contract between the individuals involved in support of the commitments and conditions they have set for the development process, with specific actions and skills and to ensure success.

The following is a copy of the current Professional Development Plan form.

**WORKSHEET**

**PROFESSIONAL DEVELOPMENT PLAN**

Name: \_\_\_\_\_ Date \_\_\_\_\_

The skills and tasks I performed effectively:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

The first skill or task that I would like to perform better on:

---

Concrete steps I will take to enhance my performance with this skill:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Concrete steps my training unit supervisor, mentor or others will take to assist me:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The second skill or task that I would like to perform better on:

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Concrete steps I will take to enhance my performance with this skill:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Concrete steps my training unit supervisor, mentor or others will take to assist me:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**WORKSHEET**

**PROFESSIONAL DEVELOPMENT PLAN**

The third skill or task that I would like to perform better on:

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Concrete steps I will take to enhance my performance with this skill:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Concrete steps my training unit supervisor, mentor or others will take to assist me:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The area of knowledge I want to enhance:

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Concrete steps I will take to enhance my knowledge:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Concrete steps my training unit supervisor, mentor or others will take to assist me:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Additional Comments:

Print

Signature

CPS Trainee: \_\_\_\_\_

\_\_\_\_\_

Academy Trainer: \_\_\_\_\_

\_\_\_\_\_

OJT Supervisor: \_\_\_\_\_

\_\_\_\_\_

PD Unit Supervisor: \_\_\_\_\_

\_\_\_\_\_

## **SKILL DEVELOPMENT ASSESSMENT PROCESS AND RECORDING TOOLS (SPRA)**

The Skill Development Assessment Process organizes the evaluative activities that support the professional development of the Child Protective Specialist. Specifically, the Skill Progress Assessment (SPRA) relates to the actions utilized by supervisors and trainees in a strength based feedback training process and documentation of demonstrated skills. Because this process is used equally as a self assessment and an evaluation tool, it is an effective mechanism to encourage discussion about performance between supervisors and workers. There are several varieties of tools included in this chapter. These tools are designed to assess CPS' professional development. We have included the tools as a way for the CPS to reflect on their own experiences, and for you as a TUS, to collect your thoughts and observations about the new CPS. The tools included are:

- a. Journal Notations
- b. The Professional Development Plan
- c. Skill Progress Assessment (SPRA) and
- d. TUS Feedback Form.

### ***A. Journal Notations***

This is an opportunity for guided written reflections by the CPS during the First and Second Five Days of OJT. Encourage the CPS to use their journals regularly to record their observations and learning reactions as they complete field visits and shadowing experiences. These notations are designed to capture information related to the activities that took place at specific times. Ask the new CPS to reflect on their feelings during those first and second five days of OJT (i.e. application of Core conditions, Shadowing a Seasoned Worker, Family Mapping, Safety and Risk Assessment, etc.) Using the Journal also guides the new CPS in paying attention to their own growth and development by posing questions which cause them to take stock of themselves. The following are suggestions of questions for the CPS as they make journal entries and, for you to use in supervisory sessions.

#### **Feelings and Understanding of New Position**

Respond to the following questions:

- What, at this point, is your understanding of Children's Services and what is expected of you as a Child Protection Specialist?

- How is your current understanding different from when you were first hired?
- What has happened in this period of time that has made you feel successful, i.e. that you can become a skilled CPS?

### **Applying Core Conditions & Interpersonal Skills**

Respond to the following questions:

- How have you improved your interpersonal skills today/during this time period?
- How has interviewing clients helped you to understand the importance of skills needed to engage and work with clients? Which skills seem most important to you?
- What do you wish you could have done that you did not?
- What skills did you see demonstrated by experienced workers that you hope you will be able to demonstrate?
- What questions do you have for which you are seeking answers as you progress through OJT? As you progress into your regular unit?

### **Family Mapping and Family Systems**

Respond to the following questions:

- How do you see yourself using family mapping in your day-to-day work?
- How does family mapping support a quality Investigation?

### **Safety and Risk Assessment**

Respond to the following questions:

- How competent do you feel that you are in doing an Initial Safety Assessment?
- Are you able to complete the Assessment within the first five days as required?
- How do you assess your competency to go after information that you need to assess safety factors and make good safety decisions?
- How successful have you been in involving the family in the safety assessment and planning? What do you want to do better?
- How is risk assessment critical to risk reduction?
- What skills did you apply in gathering information and communicating with families and other collaterals around safety and risk assessment?
- What was one challenge in doing a Risk Assessment Profile?
- How has Risk Assessment Profile helped you in assessing the family?
- How did you feel about doing an assessment analysis?
- Assess your strengths and needs in completing a FASP

### **Family Assessment and Service Plan**

Answer the following questions:

- How did you feel about documenting information in the Family Assessment and Service Plan?
- How effective are you in accurately capturing the Family View?
- How did you feel about conducting a service plan interview with the family?
- How did you feel about developing a service plan with the family?

### **Continual Development of Skills**

Answer the following questions:

- What skills are your greatest strengths?
- What skills are you able to emphasize or use the most?
- What skills do you need to improve upon?

## ***B. The Professional Development Plan***

The professional development plan was described earlier in this chapter in some detail. Nonetheless, it is important to restate here the two main objectives of this process:

- a. Identification of the desired skills/competencies to be developed and,
- b. The actions/mechanisms to be used to accomplish them. Equally important is that all expected skills and competencies are documented in a signed written form. *(Please refer to the form introduced above.)*

## **C. Skill Progress Assessment (SPrA)**

### ***CPS Practice Core: New Worker's Self Assessment***

#### **Introduction**

The Skills Progress Assessment helps you as a new worker to become more skillful and professionally competent child protective specialists. It does so by identifying (1) what you need to do to move to the next level of skill on critical *CPS tasks*, some of which were introduced at the Academy and (2) areas of strength you have already demonstrated related to that improvement. This self assessment, and feedback provided by your training unit supervisor, will deepen your ability to provide feedback to families regarding the safety of their children by building on related strengths.

### **Directions, Part I**

Assess your skillfulness on all CPS tasks by completing three steps for each.

- Step 1: Write under “Strengths demonstrated” the strengths you’ve demonstrated in the training unit related to the task;
- Step 2: Write under “Next level of effectiveness“ at least one thing you need to do to become more effective and how you will use the strengths you’ve identified to do so;
- Step 3: Circle a numerical rating at the bottom of each task summarizing your skill at this stage in the training, using the following scale:
  - 1 – Not demonstrated during the training;*
  - 2 – Demonstrated less effectively than expected*
  - 3 – Demonstrated about as effectively as expected*
  - 4 – Demonstrated more effectively than expected*
  - 5 – Demonstrated exceptionally effectively*

By the time the SPrA is prepared, you will have had an opportunity to demonstrate every CPS skill through small group discussions and role plays, individual and Case Based Group Supervision and, supervised and unsupervised interactions with families. Please hand in the completed SPrA to your training unit supervisor by the due date. This SPrA is an important part of your on-going professional development. Thank you for taking the time to carefully complete it.

### **Directions, Part 2**

Assess your attitudes.

### **Directions, Part 3**

Summarize your performance and attitudes. Highlight areas where you currently are performing well and areas you need to work on to be more effective. Add other observations as necessary bearing on your ability to practice in child welfare.



## **Descriptions of CPS Tasks**

Please use following descriptions of the CPS tasks to assess the effective use of your skills on the SPRA form.

### *Identifying and Addressing Safety Factors:*

Home visits are conducted within times frames; all allegations reported were addressed; all children were seen and interviewed; all alleged subjects, parents and unrelated household members were interviewed; sources and collaterals were interviewed, including face-to-face contact with school and medical providers were contacted; reviewed prior history; followed protocols (e.g. D.V., IRT, Sub. Abuse) for special types of cases and ongoing assessment of safety throughout the case.

### *Making a Safety Decision:*

Obtained all pertinent information during investigation; considered all the information gathered from the investigation; addressed each allegation and made an appropriate decision; mitigating strengths and resources were identified and appropriately utilized; multi-disciplinary conference was held; and family court legal service proceedings completed according to protocol.

### *Developing and Implementing Safety Interventions:*

Mutual understanding was reached between the family and the CPS about the safety decision; if the child was in immediate danger; identified informal; formal and societal resources and arranged for the appropriate safety interventions to protect the child.

### *Identifying and Addressing RAP and Risk Elements:*

Accurately completed risk assessment profile; assessed the level of risk for each child; incorporate review of prior history with current report; ongoing assessment of risk throughout the case.

### *Developing a Service Plan:*

Identified appropriate services that will reduce or eliminate the risk of maltreatment/abuse to the child; develop a service plan with the family that builds on its strengths and provides clear direction and guidance for changing the behaviors or conditions that contribute to the risk of maltreatment/abuse; obtained all documentation needed to open a service case and all family team conferences were referred to CES and all “attempts” were made for them to occur at their appropriate times in the case.

### *Caseload Management*

Submission of Safety Assessments; FASP's; RAP's; inv. conclusions and determinations within required time frames; progress notes are accurate; thorough and up to date; able to navigate CNNX; followed the CPS protocols for case closing unfounded/indicated cases.

## SPrA Form

### Skill Progress Assessment (Part I)

Worker: \_\_\_\_\_ Training Unit Supervisor: \_\_\_\_\_

*Directions: Comment on how well you demonstrated each casework task in the unit.*

#### PART I: ASSESS YOUR SKILL DEVELOPMENT

##### **Task One: Engaging Families, Thinking Critically, Forming Multiple Hypotheses and Other Casework Practice Skills**

Strengths Demonstrated – related to achieving the task:

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Next Level of Effectiveness – what you need to do to become more effective:

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Assess Your Skill – indicate the level at which you performed the task in the training unit (circle one):

Not Demonstrated	Demonstrated less effectively than expected	Demonstrated as effectively as expected	Demonstrated more effectively than expected	Demonstrated exceptionally effectively
1	2    2.5	3    3.5	4    4.5	5

##### **Task Two: Identifying and Addressing Safety Factors**

(through engaging families, thinking critically, forming multiple hypotheses and other core skills)

Strengths Demonstrated – related to achieving the task:

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Next Level of Effectiveness – what you need to do to become more effective:

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Assess Your Skill – indicate the level at which you performed the task in the training unit (circle one):

Not Demonstrated	Demonstrated less effectively than expected	Demonstrated as effectively as expected	Demonstrated more effectively than expected	Demonstrated exceptionally effectively
1	2 2.5	3 3.5	4 4.5	5

---

### Task Three: Making a Safety Decision

(through engaging families, thinking critically, forming multiple hypotheses and other core skills)

Strengths Demonstrated – related to achieving the task:

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Next Level of Effectiveness – what you need to do to become more effective:

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Assess Your Skill – indicate the level at which you performed the task in the training unit (circle one):

Not Demonstrated	Demonstrated less effectively than expected	Demonstrated as effectively as expected	Demonstrated more effectively than expected	Demonstrated exceptionally effectively
1	2 2.5	3 3.5	4 4.5	5

---

### Task Four: Developing and Implementing Safety Interventions

(through engaging families, thinking critically, forming multiple hypotheses and other core skills)

Strengths Demonstrated – related to achieving the task:

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Next Level of Effectiveness – what you need to do to become more effective:

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Assess Your Skill – indicate the level at which you performed the task in the training unit (circle one):

Not Demonstrated	Demonstrated less effectively than expected	Demonstrated as effectively as expected	Demonstrated more effectively than expected	Demonstrated exceptionally effectively
1	2 2.5	3 3.5	4 4.5	5

---

**Task Five: Identifying and Addressing RAP and Risk Elements**

(through engaging families, thinking critically, forming multiple hypotheses and other core skills)

Strengths Demonstrated – related to achieving the task:

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Next Level of Effectiveness – what you need to do to become more effective:

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Assess Your Skill – indicate the level at which you performed the task in the training unit (circle one):

Not Demonstrated	Demonstrated less effectively than expected	Demonstrated as effectively as expected	Demonstrated more effectively than expected	Demonstrated exceptionally effectively
1	2 2.5	3 3.5	4 4.5	5

---

**Task Six: Developing a Service Plan**

(through engaging families, thinking critically, forming multiple hypotheses and other core skills)

Strengths Demonstrated – related to achieving the task:

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Next Level of Effectiveness – what you need to do to become more effective:

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Assess Your Skill – indicate the level at which you performed the task in the training unit (circle one):

Not Demonstrated	Demonstrated less effectively than expected	Demonstrated as effectively as expected	Demonstrated more effectively than expected	Demonstrated exceptionally effectively
1	2 2.5	3 3.5	4 4.5	5

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**Task Seven: Identifying Resources – Formal/Informal/Societal**

(through engaging families, thinking critically, forming multiple hypotheses and other core skills)

Strengths Demonstrated – related to achieving the task:

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Next Level of Effectiveness – what you need to do to become more effective:

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Assess Your Skill – indicate the level at which you performed the task in the training unit (circle one):

Not Demonstrated	Demonstrated less effectively than expected	Demonstrated as effectively as expected	Demonstrated more effectively than expected	Demonstrated exceptionally effectively
1	2 2.5	3 3.5	4 4.5	5

---

## SPrA Form

### Skill Progress Assessment (Part II)

Worker: \_\_\_\_\_

Training Unit Supervisor: \_\_\_\_\_

#### PART II: ASSESS YOUR ATTITUDES

*Directions: In the space provided, please write a number from 1-7 reflecting the level at which you assess yourself on each of the topics listed below. Non-specific language has been used to encourage you to provide overall impressions about each. Please prepare written comments on the next page to support all ratings below 4.*

---

#### Your Level of Competence:

1	2	3	4	5	6	7
Lowest	Very Low	Low	Moderate	High	Very High	Highest

---

#### Topics:

1. Empathy; concern for the welfare of children \_\_\_\_\_
2. Knowledge of content \_\_\_\_\_
3. Attentiveness \_\_\_\_\_
4. Initiative \_\_\_\_\_
5. Respect for the Training Unit Supervisor \_\_\_\_\_
6. Respect for colleagues (e.g. tolerance of differences) \_\_\_\_\_
7. Professionalism \_\_\_\_\_
8. Participation in learning activities \_\_\_\_\_
9. Completion of work \_\_\_\_\_
10. Appropriate dress \_\_\_\_\_



### ***D. Training Unit Supervisor (TUS) Feedback Form***

The Training Unit Supervisor Feedback Form provides the opportunity for you to candidly and honestly rate the performance of the CPS as they have participated in the OJT experience. You have had the most up-close view of the CPS as they have learned new skill sets, examined their personal attitudes and beliefs, and taken in the knowledge required to serve in their role with families. Many of the indicators that you are being asked to rate are subjective ones and will have required your observation in varied situations.



## TUS FEEDBACK FORM

*Instructions: Rate each CPS on each of the following attributes. Consider how effectively you have seen them demonstrate each indicator separately and then as a whole. In other words, how well have you seen the CPS demonstrate #1-6 under Empathy? Taken all together, how effective do you believe the CPS is in employing empathy?*

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### ***Empathy***

1. Communicates understanding of, and compassion for, interviewee's experience
2. Recognizes nonverbal cues
3. Shows a desire to comprehend
4. Discusses what is important to the interviewee
5. Refers to interviewee's feelings
6. Reflects implicit messages

1	2	3	4
Not Effective	Somewhat effective	Effective	Very Effective

---

### ***Genuineness***

1. Is honest and open
2. Reduces emotional distance between self and interviewee
3. Helps interviewee recognize the caseworker's humanity
4. Exhibits congruent verbal and nonverbal behavior
5. Acts spontaneously and non-defensively
6. Uses self-disclosure appropriately

1	2	3	4
Not Effective	Somewhat effective	Effective	Very Effective

---

### ***Respect***

1. Exhibits respect for interviewee's feelings, experience, and potential
2. Communicates warmth

3. Values interviewee simply because they are human beings
4. Reinforces interviewee's strengths
5. Suspends critical judgment

1	2	3	4
Not Effective	Somewhat effective	Effective	Very Effective

---

### ***Attending***

1. Recognizes level of congruence among interviewee's verbal, nonverbal and paraverbal behavior
2. Uses verbal following and minimal encouragers
3. Suspends critical judgment
4. Conveys respect for, acceptance of, and interest in the interviewee
5. Creates a comfortable environment by removing physical barriers and minimizing distractions
6. Demonstrates effective use of body, including eye contact, posture, gestures, facial expressions, voice quality, spacing of words, and paraverbal behavior
7. Attends to interviewee's nonverbal and paraverbal behaviors

1	2	3	4
Not Effective	Somewhat effective	Effective	Very Effective

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### ***Questions***

1. Encourages the interviewee to share information that deepens worker and interviewee understanding
2. Uses open-ended questions that invite interviewee to talk
3. Asks questions in a warm, concerned manner
4. Maintains effective eye contact, voice tone, and facial expressions
5. Uses closed questions to focus on specific information
6. Uses indirect questions that imply, but do not directly ask, a question
7. Uses scaling questions that ask interviewees to rank-order or rate something

- Asks circular questions to expand the field of inquiry to include the feedback obtained by the interviewee from others
- Uses solution based questions to build interviewee’s self-concept

1	2	3	4
Not Effective	Somewhat effective	Effective	Very Effective

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### **Reflections**

- Communicates understanding of interviewee’s feelings, behaviors, values, beliefs, needs, and self-concept
- Listens to words and feelings in the message
- Observes nonverbal cues
- Matches feeling in the interviewee’s message
- Represents the content in the interviewee’s message
- Matches the interviewee’s sensory words
- Considers nonverbal cues
- Focuses attention on the interviewee’s message

1	2	3	4
Not Effective	Somewhat effective	Effective	Very Effective

---

### **Concreteness**

- Checks interviewee’s perceptions
- Helps the interviewee be specific about feelings, experiences, and behavior
- Clarifies vague or unfamiliar terms
- Explores the basis for conclusions
- Helps interviewee personalize statements
- Elicits specific feelings
- Elicits details
- Focuses on the here-and-now
- Models concreteness in responding to interviewee

1	2	3	4
Not Effective	Somewhat effective	Effective	Very Effective

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**Summarization**

1. Synthesizes facts and feelings communicated during interviews
2. Checks caseworker and interviewee understanding
3. Uses brief summarizations
4. Structures the interview
5. Focuses discussion
6. Makes transitions
7. Summarizes during breaks in interview or when interviewee deviates from major issues
8. Conveys acceptance of interviewee’s perspectives and experience
9. Checks for accuracy with the interviewee

1	2	3	4
Not Effective	Somewhat effective	Effective	Very Effective

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**Comments**

Please make additional comments below describing your observation of the worker’s performance on these attributes.

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## FROM TRAINING TO PROTECTIVE DIAGNOSTIC PRACTICE

### ***Transferring Conference, Preparation and Follow Up***

The process for moving the new CPS from the OJT training into the regular Protective Diagnostic (PD) unit is commonly known as the *transfer conference*. This process is a partnership involving both OJT and PD managers as well as supervisors in support of the new child protective specialist and includes a sequence of preparatory steps (see *outline below*). Included in this section are details for getting the new CPS ready for this transition as well as how to successfully prepare the PD unit to receive the new CPS.

From the beginning of their tenure in the borough office, the new CPS employee is considered a partner in preparation for transfer to their regular unit. S/he should be acquainted with all of the steps, expectations and documents that are involved in the development process (Journal notations, Professional Development Plan, SPrA, etc.).

Transferring to a regular PD unit is a milestone event in the development of a new CPS caseworker. In preparation for this occasion the new worker has overcome many developmental challenges and learned from many experiences. Everyone involved should work closely and collaboratively in developing the CPS' skills and competence for the job (which is to be recorded in a development plan). Close attention must be paid to the demonstration of skill, knowledge and attitude readiness as the time for transferring to the regular PD unit approaches.

Together with each individual trainee, the training supervisor will prepare the “Skills Progress Assessment” (SPrA) form. The SPrA begins when the trainee is initially assigned to the Training Unit, involves consistent dialogue, observation and feedback that begins during the first week of OJT, and continues throughout the 90 Days of OJT period. During this process the training supervisor uses a strength based approach to discuss with the new worker his/her strong work qualities, and identify the areas of performance that need additional attention. In preparation for the transferring conference, the SPrA form is to be completed around the **45<sup>th</sup> day** and again, updated by the **90<sup>th</sup> day**. The completed forms are expected to be submitted to *local management staff* and to the *Academy (45<sup>th</sup> day only)* promptly. In addition, *Children's Services' 90 day performance evaluation* for the new employee is expected to be completed and include strong points and concerns about the new caseworker's performance.

The steps of the Transfer Process are as follows.

1. In preparation for the “transfer conference” on/about day 45-50 of OJT, the Borough Director will meet with the Deputy Directors to decide on the zone distribution/PD Unit assignment of the new CPS in a particular cohort. For this discussion, the Borough Director and Deputy Directors will have received the completed SPrA forms, and performance evaluation (for the training period) from the Training Supervisors informing them of the “performance” and “development plan” for each individual to be transferred to regular PD duties.
2. On or about day 50-85 of OJT, the Deputy Directors will meet with the training and PD CPMs to inform them of decisions reached about the new workers and their PD Units assignments. Special attention will be paid to the level of readiness that each individual has shown for PD duties as documented in the SPrA form. At this time, Deputy Directors/CPMS would have a folder containing the SPrA prepared by the training supervisor with recommendations from the Borough Director’s meeting as to where the trainee should be assigned as a new caseworker.
3. Around day 75-85, and, as a follow-up to the meeting with the DD, the training CPM will arrange a meeting with the PD CPM and the Supervisor to discuss the transfer plan. They will arrange for a “Transfer Conference” (30-45 minute meetings each) involving the CPMs and Supervisors from the training unit and PD unit with each new caseworker. The transferring conferences should take place during the week when the participants have completed their 90th day in the training unit. *(To accommodate more than one conference in any given day, it is recommended that the transfer conferences be organized in sequence, and based on a particular training unit, and/or PD unit supervisor thus, the conferences would take place one after the other on the same day.)*
4. During the first month after transferring to the PD unit, new caseworkers will be invited by JSA Assessment and Evaluation to participate in **focus groups** to discuss their experience as new employees of the agency and as a CPS. The outcome of these focus groups will be used to determine the successful experiences/techniques/approaches that have made a difference in their individual decision to stay with the agency (measuring issues of retention and transfer of learning). Further this information is used to identify issues of concern

for proper follow-up in the improvement of the agency’s training process and practice.

The following is a graphic representation of the transfer process just presented:

## The Transfer Process

### STEP # 1 (Day 45-50)

In preparation for the Transferring action at the end of the OJT period, for each cohort of new case-workers, on or about the 45<sup>th</sup> day of OJT, the Borough Director will meet with the Deputy Directors (Zone Directors) to decide the new caseworkers’ distribution / assignment in the PD Units.

In-turn, the Deputy Directors will meet with the CPMs to inform them of the plan and begin the preparation for the transferring conference.

From day 50-75<sup>th</sup> the Deputy Directors will receive from the Training Supervisors the “Skills Progress Assessment” (SPrA) form & the agency’s 90 day Performance evaluation (including a “development plan”).

### STEP # 2 (Day 50-85)

From day 50-75 of the OJT, the Deputy Directors will meet with the CPMs to inform them of the transfer plan. In-turn, the CPM will meet with his/her PD & Training Unit Supp IIs to discuss the transferring workers.

At this time the Training Supervisor will have the complete the SPrA for each of her assigned new caseworker and submit a copy to the Academy.

Around day 75, the DD and the TUS will begin to arrange for the “Transfer Conferences”.

Also part of this plan, the unit supervisors will have the Pre-transferring meeting with each new worker to discuss their strengths and needs and any development issues they deem important to prepare for the actual transfer conference.

### STEP # 3 (Day 85-90)

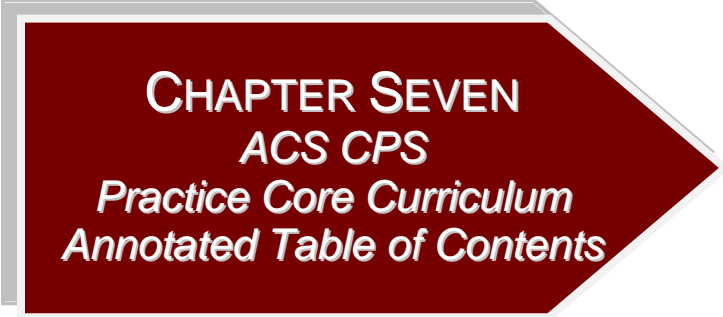
On, or about the 90<sup>th</sup> day, an individual Transferring Conference will take place with the PD Unit CPM, PD Sup II, Training Unit CPM, Training Unit Sup II and the new caseworker.

In this meeting, the 90-days Development plan in the SPrA and the 90 days ACS Performance Evaluation will be discussed, (information that the new caseworker has already received privately from his/her training unit supervisor). Each conference should be about 45 minutes.

*(To accommodate more than one conference in any given day, it is recommended that the conferences be organized by particular supervisors so that all of the new workers coming to him/her could be discussed the same day).*







**CHAPTER SEVEN**  
**ACS CPS**  
*Practice Core Curriculum*  
*Annotated Table of Contents*

## **CHAPTER OVERVIEW**

Chapter Seven contains the Annotated Table of Contents from the ACS CPS Practice Core Curriculum.

# **ACS CPS PRACTICE CORE CURRICULUM**

## **ANNOTATED TABLE OF CONTENTS**

### ***Introduction***

#### **Welcome to Children’s Services**

Trainees identify the responsibilities of child protective specialists; explain Children’s Services Four Commitments and related outcomes of child welfare practice; describe the Children’s Services mission, core principles, and standards of practice; value the experience of children and their families involved with Children’s Services; and value the expertise and support of the entire child protective team in helping child protective specialists conduct thorough investigations.

## **MODULE ONE**

### ***Unit A: The Child Protective Services Investigation***

#### **1. Introducing the Child Protective Services Investigation in New York City**

Trainees define *safety, risk, abuse/maltreatment, determination, investigation, and assessment*; explain the four major decisions in child protective services; describe investigative expectations for child protective specialists at Children’s Services; describe the characteristics of effective progress notes; describe documentation requirements related to CPS investigations; explain how progress notes are used; describe the components of good progress notes; describe the roles and responsibilities of their supervisor; and appreciate the tools and expectations that support their work while conducting the CPS investigation.

#### **2. The Role of Critical Thinking in Child Protective Services**

Trainees differentiate *critical thinking* from *intuitive thinking*; explain the concept of multiple hypotheses; identify the skills of a critical thinker in child protective services; identify common errors in reasoning in child protective services; describe the phases of critical thinking in child protective services; value the importance of the critical thinking process used in CPS cases; value the need to develop multiple hypotheses as part of informed reasoning; and demonstrate the ability to apply the critical thinking process used in child protective services.

### **3. Introducing Safety**

Trainees describe the purpose of a safety assessment; define the primary criteria used in determining whether a child is safe or in immediate or impending danger of serious harm; explain each of the safety factors used in New York State to assess safety in protective cases; explain non-CPS safety issues; describe individual family and community strengths that protect children, family, and community members from non-CPS safety issues; explain the five safety decisions; value the importance of accurately evaluating safety factors, safety criteria, and other variables impacting children's needs in order to conduct a comprehensive safety assessment and make an informed safety decision; value the importance of assessing safety throughout the case at all points of contact; determine the presence or absence of safety factors in case situations; determine whether safety factors in case situations place children in immediate or impending danger of serious harm; determine whether child safety factors and criteria interact to create a situation of immediate or impending danger of serious harm requiring protective intervention; make informed safety decisions; and assess the presence of any non-CPS safety issues in case situations; determine whether any presenting non-CPS safety issues result from parental actions or inactions that could correspond to abuse or maltreatment.

### **4. Introducing Child Abuse and Maltreatment**

Trainees define *child maltreatment* and *child abuse* according to New York State Law; explain the terms *Subject of a Report* and *Person Legally Responsible*; articulate the basis for state intervention with families identified as having possibly or actually abused or neglected a child; describe how the interaction of parents' and children's behaviors can create the conditions for abuse and maltreatment to occur in families; and appreciate the feelings and needs of parents who are alleged to have abused or maltreated their children; value, when working with parents, that no child should be left alone to suffer abuse and neglect.

### **5. Identifying Child Maltreatment**

Trainees describe the concepts of *minimum degree of care*, *medical neglect*, *lack of supervision*, *inadequate guardianship*, *excessive corporal punishment*, *educational neglect*, *emotional maltreatment*, and *chronic neglect*; identify possible physical, behavioral, and environmental indicators of child maltreatment; explain how indicators of maltreatment can pose an immediate or impending danger of serious harm; identify criteria for determining whether a situation constitutes maltreatment; appreciate the challenge of deciding whether children's needs are being met in a way that satisfies the legal term *minimum degree of care*; appreciate the importance of separating one's personal standards regarding minimum degree of care from what the law requires of parents; and determine standards for satisfying the legal term *minimum degree of care* and how failure to meet these standards can result in actual or potential harm to children; and assess whether minimum degree of care concerns and indicators of maltreatment are present in a case and, if so, what the resulting actual or potential harm is to children.

## **6. Identifying Child Abuse**

Trainees identify possible physical and behavioral indicators of child abuse; explain how indicators of abuse can pose an immediate or impending danger of serious harm; identify criteria for determining whether a situation constitutes abuse; describe the types of cases that require the Instant Response Teams protocol; appreciate the effects of abuse on children; value the use of critical thinking skills in helping workers manage emotional/intuitive reactions they may have when investigating child abuse; and use the critical thinking process in assessing factors related to injuries to determine whether they were accidental or inflicted.

# ***Unit B: Managing the Professional Casework Relationship in Child Protective Services***

## **1. Promoting Professional Casework Relationships in Child Protective Services**

Trainees define the characteristics of professional casework relationships; describe the six primary-need categories; define underlying conditions; describe how underlying conditions influence relationships; explain the stages of the professional relationship; describe the signs of successful and ineffective professional relationships during the CPS investigation; appreciate the need to develop professional casework relationships with all involved in the investigation; appreciate the importance of managing one's own needs and underlying conditions when conducting the CPS investigation; appreciate how parents and others' needs and

underlying conditions influence their willingness and ability to provide the information necessary to successfully complete the investigation; and determine the signs of success or ineffectiveness in professional relationships.

## **2. The Core Conditions**

Trainees define *respect*; distinguish behaviors that communicate respect; define *empathy*; define facilitative genuineness; and appreciate the need to convey respect, empathy, and genuineness to parents, children, and all others involved in the CPS investigation.

## **3. Introducing the Role of Effective Communication in Conducting the CPS Investigation**

Trainees define the term effective communication; explain the role of effective communication with parents, children, and others in gathering and assessing information on child safety, abuse and maltreatment, risk of future harm, and determining what interventions, if any, a family might need to keep their children safe; identify barriers to effective communication, including difficulties in accurately sending and receiving messages; explain the functions and characteristics of effective attending behaviors; describe the elements of nonverbal communication; define the term strategic use of skills; define the term *probing*; identify strategies to communicate concretely; appreciate the value that effective communication has in building the relationships and gathering the information that are necessary to successfully conduct the CPS investigation; appreciate the complexity of communication; and value the importance of attending to nonverbal communication from children, parents, and others involved in the investigation.

## **4. Using Effective Questions to Conduct the CPS Investigation**

Trainees describe the purpose for and construction of open, closed, indirect, circular, solution based, and scaling questions; explain the difference between effective and ineffective questions; appreciate how a variety of questions support conducting the CPS investigation; and demonstrate purposeful use of questions.

## **5. Using Reflections and Summarization**

Trainees identify the main components of human feelings; define reflection of content and reflection of feeling; define the components of reflecting; distinguish between effective and ineffective reflections; describe the six purposes of summarization; appreciate the value of reflections in forming and maintaining professional casework relationships with parents, children, and others involved in the

CPS investigation; value summarization as an important tool for advancing interviews as part of the CPS investigation; use reflections of content and feeling in interactions with families and others to reach mutual understanding and acquire the information necessary to conduct the CPS investigation; and develop summary statements.

#### **6. Use of Confrontation in the CPS Investigation**

Trainees define confrontation; describe the process of confrontation; distinguish the types of confrontation that can be used in the CPS investigation; feel comfortable using confrontation as a part of the CPS investigation; value the use of confrontation in conducting the CPS investigation; formulate confrontations in the five areas of content targeted by confrontation; and confront parents and children as part of the CPS investigation.

#### **7. Minimizing Resistance and Managing Authority while Conducting the CPS Investigation**

Trainees define resistance; explain the relationship between change and resistance; describe methods for effectively managing their authority while conducting the CPS investigation; describe the elements of disclosure discussions; appreciate why resistance exists in professional casework relationships and how it can impact the CPS investigation; value the use of disclosure discussions for promoting the professional casework relationship; appreciate the need for managing authority in order to reduce resistance; and create strategies for managing authority and reducing resistance.

#### **8. Integrating the Interpersonal Skills Necessary to Conduct the CPS Investigation**

Trainees value the importance of the interpersonal skills in building the professional casework relationships necessary to conduct the CPS investigation; and demonstrate the core conditions and interpersonal skills.

### ***Unit C: Initiating the CPS Investigation***

#### **1. Gathering Information for the CPS Investigation**

Trainees describe the three types of sources for gathering information needed to successfully conduct the CPS investigation; explain the benefits and challenges of collecting information from each type of source; describe the principles and casework responsibilities attending confidentiality; explain how confidentiality and

disclosure are impacted by multiple child welfare workers having access to case information; value the family's entire formal and informal networks as potential resources for information; and appreciate the family's right to privacy and respect, while thoroughly gathering information to assess the safety of the children and preserving the integrity of the investigation.

## **2. Planning the CPS Investigation**

Trainees explain the requirements for initiating the CPS investigation within 24 hours; describe the preferred means to initiate the CPS investigation (i.e., unscheduled, face-to-face contact with the child and family); identify what they need from their supervisors related to initiating the CPS investigation; describe the information contained in an SCR report; identify high priority factors that may be present in CPS cases; explain the rationale for checking prior history and clearances; identify patterns that may emerge from reviewing multiple prior reports; determine necessary information to gather and from whom as they begin to plan their CPS investigation; describe how anticipation of the other can affect the tasks of the CPS investigation; explain how to review a case file to begin to assess personal safety needs; appreciate the importance of unannounced initial interviews; appreciate the need to be able to ask for specific help from supervision during the initiation of the CPS investigation; value the importance of prior reports as having potential key information that may show patterns of behavior; appreciate the use of critical thinking skills, including the development of multiple hypotheses, to advance their conceptualization of a case; and formulate multiple hypotheses, using the information contained in an case scenario intake report and prior histories.

## **3. Interviewing the Source of the SCR Report**

Trainees determine what information can be obtained from the source of a report and its relevance to child safety; describe how interpersonal skills can be utilized to interview the source; appreciate the information that the source of a report can provide about the family in regards to making decisions related to safety, risk, and abuse/maltreatment; develop effective questions for the source; utilize the core conditions and interpersonal skills to interview the source of the report in order to begin assessing children's safety and gather information about the other major CPS decisions; and effectively document contact with the source that meets practice standards.

## **MODULE TWO**

### ***Unit A: Assessment in Child Protective Services***

#### **1. Conducting Assessments During the CPS Investigation**

Trainees explain the components necessary for conducting a full assessment, and value the need for a full and comprehensive assessment in order to gather the information necessary to conduct the CPS investigation and influence change in families.

#### **2. Assessing Change-Readiness During the CPS Investigation: Phase I**

Trainees define the five variables that influence change-readiness; explain how to assess Phase One of the change-readiness process; and value the need for change to occur in families that are involved with CPS.

#### **3. Assessing Behavior and the Factors Affecting It**

Trainees describe how underlying conditions lead to and/or sustain behavior; define the elements of contributing factors that lead to and/or sustain behavior; explain the relationships among needs, the elements that comprise the underlying conditions, contributing factors, and the behavior that expresses them; explain the impact of the factors of difference on the CPS investigation; choose to examine the underlying conditions and contributing factors leading to or sustaining behavior when performing an assessment; and assess the relationship between behavior, needs, and underlying conditions and contributing factors leading to or sustaining the behavior.

#### **4. Understanding Strengths**

Trainees define individual strengths as they apply to parents and children involved with Children's Services; explain the strategies used to identify strengths and how to use them; value the utility of the strengths perspective during the CPS investigation; and use identified strategies to assess the presence of strengths in families.

#### **5. The Role of Culture in Conducting the CPS Investigation**

Trainees explain how the cultural identities of workers and families impacts the worker's ability to conduct a thorough CPS investigation; explain the relationship between human needs and culture; describe the benefits of identifying and utilizing cultural strengths during CPS contacts; recognize special needs of parents and children who are immigrants; identify means of serving undocumented immigrant families; explain how to access and use the services of a translator; appreciate the

influence of culture when conducting the CPS investigation; value the assessment of cultural strengths as part of the CPS investigation; respect the importance of cultural competence in child protection; and assess how cultural identity impacts parenting practices.

## ***Unit B: Working with Children and Families***

### **1. Considering Personal Viewpoint While Understanding and Engaging the Family System**

Trainees identify the possible effects of their personal beliefs and experiences, including family-of-origin experience, on the CPS investigation; describe ways to minimize any personal biases they have in their work with families; explain how all families function as systems that attempt to maintain homeostasis; articulate how the CPS investigation will impact all family members; describe the technique of joining with a family; explain how to utilize the gate-keeping behaviors of eliciting, blocking, and tagging; respect the connection between their own family experience and their current beliefs about family life as it intersects the CPS investigation; appreciate that a child protective specialist's attention to one member of a family system will always have an impact on other members of the system; assess how characteristics of systems manifest in family interactions; and assess how a family's attempt to maintain homeostasis has contributed to child welfare-related problems.

### **2. Understanding Child Development and Other Factors that Affect Child Well-Being**

Trainees differentiate stages of child and youth development; recognize developmental concerns and signs of developmental delay that impact child well-being; describe the cycle of attachment; explain the impact of trauma on child development; respect the importance of adults attending to and supporting the developmental progress of children; appreciate the experience of children who have been abused and neglected; assess children and youth in the five domains of development; and determine the presence of developmental delays or other developmental issues/concerns affecting the well-being of child(ren).

### **3. Communicating with Our Primary Clients: Children and Youth**

Trainees explain how the application of interpersonal skills supports effective communication with children during the CPS investigation; differentiate the use of interpersonal skills based on children's developmental status; describe communication strategies that can enhance their ability to assess children's safety,



determine abuse/maltreatment, assess risk, and assess the need for ongoing services; appreciate the impact of effective techniques in facilitating communication and forming relationships with children during the CPS investigation; strategically plan to communicate with children of different developmental stages in order to engage with and obtain from them the important information necessary to make major child welfare decisions.

#### **4. Assessing Parents' Ability to Meet Their Children's Needs**

Trainees explain how being able to assess parental role functioning supports child protective specialists' effectiveness in assessing safety and risk during the CPS investigation; describe questions to use in assessing the parent's perspective on and ability to parent; explain the relationship among adult development, role functioning, and the adult's capacity to parent; identify the needs, underlying conditions, and social, cultural, and environmental factors that sustain parenting behaviors; appreciate the complexity of experience, thoughts, and feelings that become expressed in parenting behaviors; employ knowledge of child and adult development to assess the ability of the parent to respond to the safety and well-being needs of the child/youth; and discern the needs and underlying conditions that sustain parenting.

### ***Unit C: Family Issues***

#### **1. Working with Families in Crisis**

Trainees identify the characteristics of a crisis; describe the goals of crisis intervention in child protective services; explain effective techniques for crisis intervention; identify Children's Services and community resources for crisis intervention assistance; describe strategies to maintain worker safety during the CPS investigation; appreciate how being "in crisis" influences parents' behavior and coping abilities; value the need to maintain objectivity during crisis intervention with families; and respect their own need for safety while responding to families during the CPS investigation.

#### **2. Identifying and Responding to Domestic Violence**

Trainees identify commonalities among the contributing factors of domestic violence, substance abuse, and mental illness; describe the social definition of domestic violence; explain the different forms of domestic violence; identify behaviors and tactics used by abusive partners to control their partners; identify the effects of domestic violence on adult survivors and their children; explain why survivors stay in

abusive relationships; describe the needs of domestic violence survivors; identify characteristics of abusive partners in abusive relationships; describe Children's Services guiding principles related to domestic violence cases; explain the use of the domestic violence screening and the domestic violence protocol; describe information included in a basic safety plan for the adult survivor; value the experience of adult and child survivors of domestic violence; appreciate the need to engage the abusive partner in assessment while holding him or her accountable for the violence in the home; value the diversity among survivors' experiences of domestic violence; appreciate how any of their own previous experiences with domestic violence (personally or professionally) may impact their work with families; utilize interpersonal skills, core conditions, and crisis intervention techniques when responding to families in which domestic violence is present; utilize the Domestic Violence Screening Tool and Domestic Violence Protocol for assessing the presence and impact of domestic violence on adult family members during the CPS Response; apply the questions in the heart of intimate abuse model to help elicit adult survivors' experience of their relationship with their children and the abusive partner; and be able to access the clinical consultation team for information and assistance with assessing for DV and working with families where there is DV.

### **3. Working with Families Affected by Mental Illness and/or Chemical Dependency/Use**

Trainees define mental illness; describe cognitive, affective, and behavioral signs or symptoms of mental illness; describe cognitive, affective, and behavioral signs of chemical dependency/use; understand that substance abuse is a biologically based brain disorder; appreciate the influence that mental illness and chemical dependency/use may have on families' ability to meet their children's needs; value the importance of reporting concerns regarding mental illness or chemical dependency/use to supervisors and clinical consultants; appreciate that workers' own biases, fears, and history with mental illness and/or substance use disorders will influence how they conduct the *CPS Investigation*; appreciate that societal stigma may interfere with persons/families seeking treatment for mental illness and chemical dependency/use; assess how parents' behavior in the areas of mental illness and/or chemical dependency/use and/or mental illness impacts their ability to provide for their children's safety and well-being; determine when they must consult with clinical and medical consultants regarding their observations of signs and behaviors related to possible mental illness and chemical dependency/use; and strategically utilize interpersonal skills when conducting the *CPS Investigation* with families affected by mental illness and/or chemical dependency/use.

## ***Unit D: Safety, Risk, and the Determination Decision***

### **1. Structuring the Safety Assessment Process**

Trainees define safety; explain the safety criteria, safety factors, and the safety assessment process; describe the five safety decisions.

### **2. Engaging Families to Gather Information for the Safety Assessment**

Trainees explain the rationale for engaging the family in an assessment of strengths and needs relative to the child's safety; define reasonable efforts; identify what materials to take out into the borough with them; describe the tasks of initial interviews with parents/caretakers; explain how to prepare for an interview with family members; respect the family's involvement in the assessment of safety; value the need to prepare for and critically think about family interviews; appreciate that gathering the assessment criteria included within formal protocols supports the development of comprehensive, consistent assessments; value the need for early identification of a family's Native American heritage during the assessment process; utilize critical thinking skills during the safety assessment process in order to gather information from pertinent sources to make a sound safety decision; use assessment protocols to gather information about child safety as well as a family's strengths and needs; utilize core conditions and interpersonal skills to successfully engage a family in a safety assessment in order to make decisions about child safety; determine the family's ability to provide for child safety using their own identified resources; communicate to family members a recognition of family strengths and beliefs relative to child safety.

### **3. Developing Safety Plans That Protect Children**

Trainees describe safety interventions that control for identified safety factors; differentiate safety vs. risk reduction interventions; explain the benefit of considering all potential options when working with a family to promote the safety of children; describe the reasons for identifying children who are members of an Indian tribe/nation or eligible to be enrolled in an Indian tribe/nation prior to implementing safety interventions whenever possible; identify all pertinent collaterals and information to obtain from them in order to make a sound safety assessment; describe the tasks of the initial interviews with collaterals; explain how to prepare for an interview with collaterals; value the importance of collaborating with family members and collaterals in order to develop safety plans that protect children and utilize family resources when possible; appreciate tribal/nation resources that protect children and prevent placement; value the need to prepare for and critically think about collateral interviews; develop safety plans that protect children from immediate

or impending danger of serious harm; involve the family and utilize resources in the plan to the extent this is possible; utilize core conditions and interpersonal skills to successfully engage collaterals in the ongoing safety assessment in order to make decisions about child safety and involve them (when necessary) in safety planning; and document the safety assessment and related protocols according to best practice standards.

#### **4. Removal and Kinship Foster Care Placement**

Trainees define *trauma*; describe the stages of grief; explain the tasks of separation; identify strategies to minimize trauma and help children and families cope with removals; describe the purposes of Family Team Conferences; define the roles of the child protective specialist, supervisor II, and child evaluation specialist at the safety conference; distinguish the current and new models of family team conferences; describe Children's Services placement principles; explain the various types of removals available under Article 10 of the Family Court Act; describe emergency placement procedures; define a kinship placement; explain the benefits of placing children with extended family or others who have a significant relationship with the child; describe the kinship placement process; identify the information needed to expedite approval of a kinship foster home; describe ICWA placement preferences; appreciate how the trauma of a removal affects all members of the family, as well as the child protective specialist; value the strategic use of interpersonal skills and core conditions to effectively minimize trauma when conducting removals; appreciate the need for team decision-making related to children's safety, permanency, and well-being; value the need to place children with their siblings and within their community, whenever possible; determine the most appropriate type of placement based on case circumstances; and develop strategies for minimizing children's experience of trauma during a removal.

#### **5. Overview of the Risk Assessment Profile**

Trainees define *risk*; describe the purpose of risk assessment within the context of the CPS investigation; identify the elements of the Risk Assessment Profile (RAP); describe how the design and content of the RAP support risk assessment and informed decision-making; describe the relationship between behavior and the needs, underlying conditions, and contributing factors creating or sustaining behavior that leads to risk of future abuse or maltreatment; value how attending to the influence of underlying conditions and contributing factors supports the efficacy of the risk assessment; and utilize the Risk Assessment Profile to document risk related case information.

## **6. Making the Determination**

Trainees describe the criteria for determining whether to indicate or unfound reports of abuse/maltreatment; describe the requirements to be followed in giving notifications to subjects and other persons named in reports when indicating and unfounding reports; apply criteria to determine if a report should be indicated or unfounded; and document the final decision substantiating or un-substantiating allegations of abuse and maltreatment.

# **MODULE THREE**

## ***Unit A: Assessment and Service Planning***

### **1. Risk Assessment: Strengths, Needs and Risk Scales and the Family Assessment Analysis**

Trainees articulate the purpose of a full family assessment (risk); explain the rationale for including family members in developing an Assessment Analysis; explain how the process of assessing strengths can be used to begin the process of positive family change; value the process of assessing the relationship between behavior and the needs leading to or sustaining behavior; value the importance of synthesizing assessment data in order to develop change mechanisms that promote safety and reduce risk; value the importance of communicating nonnegotiable child welfare expectations; assess and document important areas of family functioning; and develop an Assessment Analysis for entry into the FASP that identifies a direction and rationale for a path to positive change.

### **2. Service Planning**

Trainees define a statement of problem/concern; explain the purpose of a statement of problem/concern; identify the criteria of effective statements of problem/concern; define outcomes; identify how family strengths can be utilized to support achievement of outcomes; identify criteria for effective outcomes and activities; recognize importance of involving the family when developing the service plan; value the creation of behaviorally based statements of problems/concerns that provide the family with a clear sense of what needs to change; value the creation of effective outcomes and activities; formulate effective statements of problem/concern; and formulate effective outcomes and activities.

### **3. Practicing a Family Team meeting for Service Planning with Families**

Trainees describe how a Family Team Meeting can effectively be used for service planning; explain the link among client involvement and effective service plan outcomes; identify strategies and interpersonal helping skills utilized to engage families in service planning; describe criteria for evaluating the effectiveness of the family service plan; value the inclusion and input of family members in the creation of the plan; appreciate that the strengths based perspective allows the family to utilize their strengths, abilities, and resources to create change, making it more likely that the change will be long lasting; demonstrate the ability to engage family members in an ACS Family Team Meeting; clarify negotiable vs. non-negotiable safety issues with the family during the service planning process; demonstrate the ability to acknowledge and address the client's feelings while continuing to advance work on the service plan; demonstrate use of the interpersonal casework skills during the service planning meeting with the family; and link family strengths to each workable service plan block.

#### **4. Making Referrals**

Trainees identify a range of services and community supports commonly used by CPS workers; describe tasks necessary to promote adequate preparation of clients, community supports and service providers; understand the need and requirements of casework documentation; value the benefits of tribal resources for Native American children affected by ICWA, to provide linkages to culturally-specific services; value extended family resources and community resources as important supports to the family; cooperate with PPRS liaisons, Housing Unit, Educational Unit; and utilize clinical consultants to identify resources.

#### **5. Closing/Transferring the Case**

Trainees identify the range of reasons for case closing; describe tasks necessary to close and transfer a case; and understand the need and requirements of casework documentation.



**CHAPTER EIGHT**  
*Resources*

## **CHAPTER OVERVIEW**

Chapter 8 includes important resource materials deemed useful for OJT training activities.

Chapter 8 is divided into the following four sections:

- Part 1 – Child Protective Specialist Instructions
- Part 2 – Feedback Instruments & Casework Protocols
- Part 3 – Casework Practice Materials
- Part 4 – CPS Practice Core Posters

A full list of all the resources listed in Chapter 8 can be found at the beginning of this guide in the Table of Contents.





# **CHAPTER EIGHT**

## **PART ONE –**

# **CHILD PROTECTIVE SPECIALIST**

## **INSTRUCTIONS**

- Our Five Key Commitments
- Compendium of Social Work Tools: A Guide to Planning Interviews in Caseworker Practice
- Casework Letters
- Critical Thinking
- Components of Communicating Expectation
- E-Bulletin From Acting Deputy Commissioner for Administration Belinda M. Conway Discontinued Use of Quick Pads
- Timeframes for CONNECTIONS
- Special E-Bulletin – Interpretation Services for Deaf & Hearing Impaired Children and Family Members
- Special E-Bulletin – Announcing Important Changes to the Early Intervention Referral Process
- Commissioner’s Memo – recognition of Legal Same Sex Marriages
- General Email Etiquette

- Special e-Bulletin Deputy Commissioner Julie Friesen –  
Appropriate Attire for the Workplace

## OUR *Five* KEY COMMITMENTS

AS A CHILD CARING AGENCY ARE:

1

*No child we come into contact with will be left to struggle alone with abuse or neglect.*

2

*No family who needs and wants help to keep their children safe will be without the help it needs.*

3

*Every child we come into contact with will get the help she/he needs to be healthy and achieve her/his, full educational and developmental potential.*

4

*No child in our care will leave us without a caring, committed, permanent family:*

5

*Every team member at Children's Services and each of our partner agencies can expect guidance, respect and emotional support to achieve our goals. Every child, family, community member and foster parent we come into contact with will be treated with concern and respect.*

## COMPENDIUM OF SOCIAL WORK TOOLS: A GUIDE FOR PLANNING INTERVIEWS IN CASEWORKER PRACTICE

There is a body of skills, behaviors, and knowledge that constitute the steadfast tools of the social work profession. We use these tools to facilitate interviews—the **how** of the casework contact. The challenge to the caseworker is to determine, while planning or in the midst of an interview, the appropriate skill, behavior, or knowledge to apply for the situation in the moment or the particular client family.

This compendium of the social work tools has been compiled to assist you in your planning and to support you in your learning. As you plan interviews—in training and in the initial stage of your job—we recommend that you carefully decide what tools will help you accomplish your interview tasks. Over time, the abilities represented by these tools will become internalized, as you move towards an “unconsciously skilled” state of competence. Until that time, please use this guide to remind you of the abilities available to you and to reinforce your confidence in applying them.

Under each heading, you will find two subheadings: Prompts and resources.

- ↓ “Prompts” are questions intended to recall prior learning, to stimulate your thinking, and to help you decide the knowledge, skill, or behavior that would be most useful to you in achieving a particular task.
- ↓ The “Resources” subheading directs you to the module and handout or reading in which this knowledge, skill, or behavior was introduced during your Common Core Training, should you want to review the tool further.

### ***Interpersonal Helping Skills***

#### **Attending**

- ↓ Prompts: Do my words and actions show that I am interested in this family? That I am following their words? Am concerned about understanding their feelings? Are my nonverbals and verbals congruent?
- ↓ Resources: Module 1: handouts, DECODING NONVERBALS; NONVERBAL MODES OF COMMUNICATION; ATTENDING TO ATTENDING; reading, “*Attending*,” by Elizabeth W. Lindsey.

#### **Communication**

- ↓ Prompts: When I choose my words, am I concerned not just with how I send a message, but how the listener will receive it? Do I try to minimize factors that will

create ‘noise in the channel,’ for the listener and me? Do I frequently check whether the listener has understood my message as I intended it? When I am talking with a child or youth, how should I adjust my communication and the environment to encourage the youth to talk with me?

- ↓ Resources: Module 1: handout, *PATHWAY OF COMMUNICATION*; Module 2: handouts, *THE DEVELOPMENT OF LANGUAGE AND COGNITION IN CHILDREN*; *COMMUNICATION STRATEGIES FOR CASEWORKERS*; reading, “*Elements of Complete Communication*,” by Robert Scott.

### **Effective Questions**

- ↓ Prompts: What can I ask that will help me as well as the family learn and understand more? What questions will help me achieve the tasks of this interview? Am I predisposed to use a certain style of questioning? What style of questioning is most effective with this family? What other types of questions do I need to use with this family?
- ↓ Resources: Module 1: handout, *THE STRUCTURE OF QUESTIONS*; Module 2: handout, *FAMILY-ORIENTED QUESTIONS*; reading, “*Questions*,” by Elizabeth W. Lindsey.

### **Reflection**

- ↓ Prompts: Am I reflecting both content and feelings? Do my reflections show this family my understanding—or my efforts to understand—what they’ve been sharing with me? Am I keeping the focus on the speaker(s), not on myself?
- ↓ Resources: Module 1: handout, *DO’S AND DON’TS OF REFLECTIVE LISTENING*; reading, “*Reflections*,” by Elizabeth W. Lindsey.

### **Concrete Communication**

- ↓ Prompts: Am I using clear, specific language? Am I determining the client’s understanding of what I’ve said? Am I guiding the client to be clear and specific in his/her expression? Are we each using enough detail to arrive at a clear, mutual understanding?
- ↓ Resources: Module 1: handouts, *GUIDELINES FOR PROMOTING CONCRETE COMMUNICATION*; *ELEMENTS OF GOOD CASE DOCUMENTATION*; reading, “*Concreteness*,” by Elizabeth W. Lindsey.

### **Summarization**

- ↓ Prompts: Do I need to focus this discussion more? Would it be helpful to this client to summarize frequently throughout the interview? Am I “on the same

page” as the client? Have I confirmed that? What points do I need to recapitulate at the end of this interview?

- ↓ Resources: Module 1: handout, SUMMARIZING SUMMARIZATION; reading, “*Summarization*,” by Elizabeth W. Lindsey.

### **Use of the Relationship**

- ↓ Prompts: Given the stage of our relationship, what behaviors and skills would be most helpful in encouraging this family to talk and plan with me? Do I need to focus on engaging—or reengaging—this family? What skills or behaviors do I need to use to manage differences and to progress in the relationship? Given the stage of the casework process, what tasks do we need to be focusing on? What skills will help us do that?

- ↓ Resources: Module 1: handout, STAGES OF RELATIONSHIPS; Module 2: handout, JOINING; reading, “*The Social Work Interview*,” by Robert Scott; “*The Helping Relationship*,” by Elizabeth W. Lindsey.

### **Managing Authority**

- ↓ Prompts: How can I manage my authority to help the family ensure the safety of the children? How can I manage my authority to build an effective relationship with this family? Have I been clear and specific about the nonnegotiable issues related to the welfare of the children? Does my discomfort with this family or my authority lead me to over- or under-compensate in some way? What’s my plan for dealing with my discomfort?

- ↓ Resources: Module 1: reading, “Partnerships in Parenting: A Framework for Services to Children and Their Families,” by Thomas D. Morton; Integrating Casework and Protective Authority by Judy Rycus and Ronald Hughes.

## **Core Conditions**

### **Genuineness**

- ↓ Prompts: Am I being nonjudgmental? Are my verbals and nonverbals congruent? Within professional boundaries, am I sharing my real thoughts and feelings?

- ↓ Resources: Module 1: handout, GENUINENESS; reading, “*Genuineness*,” by Elizabeth W. Lindsey.

### **Empathy**

- ↓ Prompts: Am I trying to understand what this person is expressing about his/her

thoughts, experiences and feelings? Am I communicating to him/her—through listening, questions, and attending behaviors—that it is important for me to try to understand?

- ↓ Resources: Module 1: handout, EMPATHY: A TWO-STAGE PROCESS; reading, “*Empathy*,” by Elizabeth W. Lindsey.

### **Respect**

- ↓ Prompts: Do my words and actions demonstrate to this family my regard for them as individuals and as a unit? Do I seek permission for certain actions, such as entering their home, speaking to the children, where I may sit? Do I genuinely seek the family’s involvement in assessment and service planning?
- ↓ If I must express a challenge to what a family member has done, do I try with my words and actions to demonstrate consideration for who he/she is?
- ↓ Resources: Module 1: handout, COMMUNICATING RESPECT; reading, “*Developing Rapport with Clients*,” by Robert Scott; “*Respect*,” by Elizabeth W. Lindsey.

### **Strengths**

- ↓ Prompts: What are the strengths in this family? How do these strengths relate to the safety and well being of the children? What successes has this family experienced?
- ↓ Resources: Module 2: handouts, Categories of Strengths, Problem vs. Strength Orientation, Digging for Strengths: Tools for Prospectors; Assessing Client Strengths by Sharon McQuaide, and John Ehrenreich.

## ***Family Focus***

### **Family Systems Perspective**

- ↓ Prompts: What are the rules in this family? What are the roles? What are the subsystems? Who has the power? How do boundaries work in this family? Which members want things to stay the same? Which members want things to be different? Who is a resource in the extend family?
- ↓ Resources: Module 2: handout, CHILD WELFARE-RELATED EXAMPLES OF FAMILY SYSTEMS CONCEPTS; reading, “*Overview of Family Systems*,” by John Alderson.

### **Using Interpersonal Skills with a Family Group**

- ↓ Prompts: How can I engage all the members of this family? What joining behaviors can I use with each member? How can I encourage interaction among family members? How can I use gate-keeping skills to ensure that all members

feel involved in the discussion?

- ↓ Resources: Module 2: handouts, Family-Oriented Questions, Joining, Gate-keeping.

## ***Underlying Conditions***

### **Needs**

- ↓ Prompts: Am I trying to learn more about the needs underlying the behavior of family members? Am I exploring factors and conditions within the family and between the family and their environment that influence their behavior? What are the essential connections of this family? What needs do they meet for members?
- ↓ Resources: Module 1: handout, PRIMARY NEEDS; Module 2: handout, DRIVING BEHAVIOR.

### **Culture**

- ↓ Prompts: How are likenesses or differences in culture between me and this family influencing our professional relationship? How does the culture of this family influence the ways in which they protect and care for their children and meet their needs? What can this family teach me about their culture that will support our mutual efforts to ensure the well-being of the children?
- ↓ Resources: Module 2: handout, CROSS-CULTURAL CASEWORK COMPETENCIES AND ME; reading, *“Achieving Cultural Competence in Cross-Cultural Practice,”* by Scott, Bayless, Corrie, Love, and Velasco-Nunez.

### **Perceptions**

- ↓ Prompts: How does this family perceive their situation in relation to the safety and well-being of the children? How do they perceive me? What is their view of life? Do family members perceive themselves as capable of resolving the child welfare issues in the family independent of others?
- ↓ Resources: Module 2: handout, DRIVING BEHAVIOR.

### **Beliefs**

- ↓ Prompts: What are the beliefs in this family around parenting and standards of care for the children? What has or is influencing those beliefs? How firmly does the parent hold those beliefs?
- ↓ Resources: Module 2, handouts: Driving Behavior, Questions to Ask to Assess Parental Functioning.



## **Values**

- ↓ Prompts: What are the values in this family around the care of the children? What values do the parents have around autonomy and solving their problems independently? Interdependence with family, friends? What do they value that I can use as a strength to build on for change?
- ↓ Resources: Module 2: handout, DRIVING BEHAVIOR.

## **Emotions**

- ↓ Prompts: How do feelings in this family influence behavior? How do the behaviors in this family influence feelings? What rules exist in this family around the expression of feelings? How can understanding the feelings of this parent help me feel better able to work with his or her behavior? How can attending to the feelings of this parent advance our relationship?
- ↓ Resources: Module 1: handout, THE SIGNALS; Module 2, handout, DRIVING BEHAVIOR.

## **Capabilities**

### **Child Development**

- ↓ Prompts: What range of development is typical for a child of this chronological age? How does the developmental capability of this child intersect with safety issues? What are the caregivers doing to support the continuing development of this child?
- ↓ Resources: Module 2: handout, CHILD DEVELOPMENT GUIDE; reading, “*Overview of Human Growth and Development*,” by David Kurtz.

### **Adult Development**

- ↓ Prompts: What developmental issues is this parent working on? How does his or her working on those issues intersect his/her ability to parent? What development needs does this parent have? How can they be met in ways that promote the well-being of the children? What are parent’s beliefs and experiences about parenting? How does his/her beliefs and experience shape parenting behaviors? How do these influence my casework practice?
- ↓ Resources: Module 2: handouts, ADULT DEVELOPMENT, QUESTIONS TO ASK TO ASSESS PARENTAL FUNCTIONING; reading, “*Overview of Human Growth and Development*,” by David Kurtz.

### **Experience**

- ↓ Prompts: What experiences has this family had that have influenced the care of

the children? How have their experiences influenced their beliefs, values, abilities, and behavior? How will their historical experiences with child welfare influence our relationship?

↓ Resources: Module 2: handout, DRIVING BEHAVIOR.

### **Self-Concept**

↓ Prompts: What is the self-concept of the parents and children? Does the parent feel worthwhile and capable around parenting? Is taking responsibility for parenting self-initiated? How does self-concept influence behavior of the parents and children? Based on the parent's and children's self-concept, how should my engagement strategies be influenced?

↓ Resources: Module 2: handout, DRIVING BEHAVIOR.

## ***Contributing Factors***

↓ How do any, some, or all of the following factors impact the family system; their capabilities, emotions, beliefs, values, and perceptions; and how they behave to meet their needs:

- ✓ Mental illness
- ✓ Substance abuse
- ✓ Domestic violence
- ✓ Developmental disabilities
- ✓ Physical impairment
- ✓ Inadequate housing
- ✓ Inadequate income
- ✓ Social isolation

### **Conditions for Change**

↓ Prompts: In this family, what is the state of the five variables influencing change-readiness? What do I need to do to create the conditions that influence change? What strengths in this family could help influence change? What actions on my part could lessen resistance? How do the stages of our relationship and the stage of the casework process influence my reactions or actions regarding the family's capacity to change?

↓ Resources: Module 2: handouts, VARIABLES INFLUENCING EMOTIONAL SECURITY, ASSESSING AND INFLUENCING CHANGE-READINESS, INFORMING FOR CHANGE; reading, "Resistance," by Ruby M. Johnston and Marsha K. Salus; "Coaching," by Linda Bayless and Dan Corrie.

## CASEWORK LETTERS<sup>4</sup>

### ***Assessment***

Dear Caseworker,

In order to support you in the assessment process, we have provided an article and a summary on this subject which will enable you to describe the purpose of assessment and to identify its component parts.

Please read “Summary: A Framework for Assessment in Child Welfare,” and the following case scenario regarding a family who has come to the attention of the child welfare system. Answer the questions at the end of the case scenario based on your experience and the information provided in the assessment article.

Anita has four children: Sarah (age 11), and Melinda (age 15), from her marriage to Jason, who died nine years ago of complications from excessive alcohol use. Following his death, Anita met Frank, the father of her third child, Robert (age 8). Frank and Anita never married. Frank is employed as a maintenance worker at a local fast food restaurant chain, pays minimal child support, and sees Robert every Sunday. Currently, Anita lives with George, the father of her youngest child, Jordan (age 3). George recently lost his job. He spends his days hanging out with a few other men at a local bar and often comes home intoxicated. Though George relates well to Sarah and Melinda, he and Robert have never gotten along. When Frank comes to pick up Robert, Frank and Anita’s playful joking irritates George. George is quick to discipline Robert. When he has been drinking, this ‘discipline’ often involves a belt or a broken pool cue that he keeps nearby. Anita was beaten by an alcoholic stepfather when she was a child. Twice she intervened to protect Robert only to have George warn her to back off or she was “going to get the same thing,” and once he swung at her with the belt and bruised her face. When Robert explained to his father how he got the bruises on his back and shoulders, Frank told Anita that if George ever laid a hand or stick on his son again he would shoot him. Though terrified of the consequences, Anita relayed the message; George responded by telling her that whenever Robert needs discipline, he would beat her instead. Anita is now fearful and depressed and spends a lot of time crying. She has stopped seeing her mother or going to bingo with her sister. She told her sister that “if it weren’t for

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<sup>4</sup>Letters adapted from SUNNY Research Foundation / CDHS – 2001

the kids, I would kill my self. I have nothing to live for I can't do anything right, and I always hook up with these alcoholic losers.” Four weeks ago, Melinda was caught with marijuana in her school locker. Because of the schools zero tolerance policy, she was expelled for the remainder of the year and the school notified the police. She is now involved with the PINS Diversion Program, and required to attend mandatory drug counseling. Anita does not work, instead relying for income on Social Security Survivor's Benefits for her daughters from her deceased ex-husband, Jason, child support payments from Frank for Robert, and food stamps. George receives unemployment checks, which are usually spent at the local bar; he does not contribute financially to the household.

1. What factors affect the current behaviors of family members?
2. What behaviors need to be addressed in order to reduce the risk of harm and ensure safety for the family members?
3. What implications does the interaction of contributing factors and underlying conditions in the family have for the development of a service plan?

## **Culture**

Dear Caseworker,

In your casework practice, it is essential for you to become competent in working with clients from different cultures. Please read the enclosed article, *Bringing Cultural Competence to Casework Practice*, which will help you recognize what it takes to achieve this desired cross-cultural competence.

The article discusses culture in terms of the sum total of devices established and accepted by societies to solve problems and meet needs. It shows how, though those devices differ from society to society, certain universals determine the basic categories in which the devices fall.

The article will help you understand how application of the knowledge and skills basic to the helping relationship, and adherence to established social work guidelines, constitute the most important strategies for working with clients whose customs and beliefs are different from one's own.

## ***Child Development***

Dear Caseworker,

Knowledge of child development is essential to your ability to assess if a child is safe, at risk of harm, and achieving normal developmental milestones. Knowledge of child development will guide your choice of casework interventions and supports.

We have provided for you a ‘Child Development Guide.’ Please review the guide and familiarize yourself with the areas of development and indicators of developmental lag. Discuss with your supervisor a plan for using the guide.

## ***Communicating with Children***

Dear Caseworker,

Your casework practice requires that you be able to engage and talk with children using particular skills.

Please complete the worksheet, 'Talking with Kids' with a worker who's been identified as being good with kids and discuss the results with your supervisor.

## ***Family Systems***

Dear Caseworker,

In order to assist you to successfully work within a family-systems practice, we ask that you read the enclosed brief overview of family-systems, which explains the utility of family-systems work in child welfare, and the application of this theory to practice.

Please read the material on family-systems. It will be discussed in the classroom.

Discuss with your supervisor four benefits of working within a family-systems framework.



## ***Family Maps***

Dear Caseworker,

Given the family-systems perspective you will use when working with the family, it is helpful to have a visual tool, such as a family map, that delineates the patterns that exist within the family.

We have provided material for you on family maps which describes what a family map is, the benefits and purposes of using such a tool with families, the components of the tool, and the procedure for using it.

After reading the article on family maps, please create a map of your own family, either current or when growing up, or of a family you feel you know well. Your map will not be used during the training; the activity is intended to enhance your ability to develop and fully utilize family maps. You will use the knowledge presented here in the upcoming training session.

## **Change**

Dear Caseworker,

As an agent of change, you must be aware of the conditions necessary for change, how change occurs, and how you can influence its occurrence.

Please read the enclosed article which describes the elements of change. It will enable you to recognize when change is more likely to occur and help you in your work of helping families make changes in their lives. You will be applying the concepts you learn here to cases in the upcoming training session.

When you have completed the reading, think of a major change you have made in the last two or three years and then answer the following questions:

1. Did your own recognition that a change was necessary prompt you to make this change, or did others play a part in helping you recognize the need for change?
2. If others were involved, what did they do or say that helped you recognize the need for change?
3. Did you find yourself engaging in any of the psychological strategies that allow us to avoid confronting our anxieties (i.e., denial, rationalization, projection, aggression)? Explain.
4. Pick two of the five elements of change and describe how they influenced your efforts to make and sustain the change. (Examples: Anxiety about my inability to use the computer to complete work in a timely basis prompted me to sign up for a course in computer skills [present discomfort]; thinking about the desire to live a healthy life after my retirement prompted me to quit smoking [preferred alternative future].)

## ***Crisis***

Dear Caseworker,

Many of the families you will deal with come into the social services system in a state of crisis and may also experience crisis at various points during our involvement with them.

We have provided an article that examines the probability of crisis, the characteristics of families and individuals during crisis, and the severity levels of crisis situations. It also includes effective intervention techniques.

Please read the summary of the article and respond to the questions contained therein.

With your supervisor, please identify a recent child welfare related crisis on your caseload or on a case of someone in your unit to ascertain the outcome and to complete the pre-training worksheet. Discuss your findings with your supervisor. Be prepared to discuss the article in the classroom.

## ***Dynamics of Child Maltreatment***

Dear Caseworker,

There is extensive research which indicates that maltreatment is multi-causal and is best explained by looking at several interactive contributing variables.

We have provided an article for you that examines four contributing variables almost always present in families in which there is abuse/neglect. Please read the article and be prepared to discuss it in the classroom.

## ***Family Court Act - Article 10***

Dear Caseworker,

Your casework responsibilities may include child protective proceedings covered by Article 10 of the Family Court Act.

We have provided a complete copy of this section of the law, which defines abuse and neglect of children and describes mandated reporting procedures. In a discussion with your supervisor, ascertain the distribution of local abuse cases and neglect cases and compare them to statewide distribution.

Be prepared to discuss the definitions as well as other portions of Article 10 in the classroom training.

## ***Case Studies***

Dear Caseworker,

An important part of your job is performing safety assessments. In order to prepare you for classroom activities related to this task, we have provided one case study.

Please read the Valdez case studies and familiarize yourself with the fact patterns. You will be performing tasks with these families during the training program.

## ***Developing an Effective Safety Plan***

Dear Caseworker,

Your primary focus in the life of your case is always on safety, continually assessing whether or not any child is in immediate or impending danger of serious harm. If you determine that a child is in danger of serious harm, a safety plan must immediately be developed that protects that child.

A safety plan is comprised of a set of actions and controlling interventions that are intended to address each safety factor that is identified as placing a child in immediate or impending danger of serious harm. The plan needs to be able to be implemented immediately, maximize the use of family supports and resources, avert the need for placement if at all possible, and be regularly and accurately evaluated to make sure it continues to protect the child from serious harm for as long as any factors pose immediate or impending danger of serious harm.

Just as it is necessary to engage the family in the safety assessment process, it is also necessary to engage them in the development of a safety plan. The family's active participation in the safety planning process is the best way to discover and evaluate a range of interventions.

With your supervisor/mentor, select a case currently being served by someone in your unit. Review the process the worker used with the family in the development of the safety plan.





## **CRITICAL THINKING (CONCEPTS & TOOLS)**

The following excerpt is taken from Critical Thinking: Local Strategies & Methods, developed by Cornell University for the New York State Office for Children and Family Services, under a subcontract with SUC Buffalo<sup>5</sup>. The excerpt contains the document's Introduction, Table of Contents, and selections from Chapter One.

### ***Practices to Support Critical Thinking in Children and Family Services Work***

#### **Introduction**

Critical thinking is explicitly linked to problem solving and decision making and is integral to good case practice. The following methods and promising practices represent ways that managers, supervisors and caseworkers in local districts have approached the work to achieve better outcomes for children and families. *Special thanks to Louise Skolnik, Bonnie Engelbrecht, Kristen Monroe, Chris Allen, Norma Loughan, Bonnie Favreau, Dana LePage, Darcy Sutherland and Jan Flory.*

### ***A Facilitated Approach to Support Focused Information Gathering and Critical Thinking in Child Protective Services***

Bonnie Engelbrecht from the OCFS Syracuse Regional Office (SRO) developed a method for systematically working with local child protective services units to help caseworkers and supervisors think critically while engaged in focused information gathering, analysis and decision-making during the CPS investigation. Through facilitated group discussions, activities and coaching/training, this approach uses real cases in the context of the day-to-day work.

This method can be followed in its entirety to comprehensively review/improve case practice, implement local training/coaching and develop protocols. It can be used as a practical supplement to CPS Response Training. Another option is to utilize components of the material based on particular needs in a local district, selecting a point in the investigative process or a specific activity to apply the concept of focused information gathering and critical thinking to support decision making.

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<sup>5</sup>Developed by Bonnie Engelbrecht; Courtesy of Syracuse Regional Office, OCFS.

Following is a summary of the approach, including examples of critical questions to help focus the child protective process during specific points in time during the investigation.

### **Intended Outcomes**

CPS Staff will be able to . . .

- Apply a series of critical and significant questions to focus their information gathering activities and decision making process
- Recognize potential sources of information as they apply to any investigation
- Identify investigation-specific individuals and agencies likely to possess needed information about family members and the family's circumstances
- Develop a case plan/agenda to gather needed information
- Engage family members and others in a participatory process toward resolution/solution
- Validate accuracy of gathered information and resolve conflicting information
- Analyze the information to form an accurate understanding of the family's circumstances
- Anticipate the necessary time frame for completing information gathering activities and taking necessary action
- Use focused information gathering and critical thinking skills during facilitated peer case review sessions

### **Overview of the Process**

1. Meet with administration and supervisors to lay the groundwork for the initiative and describe the process
2. Provide opportunities for supervisors to practice focused information gathering
3. Develop a plan with supervisors for sustainability by training/coaching them to facilitate the process
4. Meet with supervisors and caseworkers to introduce the process and set expectations
5. Build a foundation for effective practice by delivering training on safety/risk, the concept of critical thinking, the purpose of focused information gathering and agenda planning
6. Facilitate a series of meetings with caseworker-supervisor pairs to practice agenda planning with actual cases and introduce that critical questions that support a purposeful, focused inquiry designed to elicit relevant information
7. Facilitate a series of group sessions with caseworkers/supervisors, discussing and practicing focused information gathering and critical thinking throughout the life of a case

### **Groundwork/Laying the Foundation**

- Determine the purpose and scope of the project
- Enlist commitment from administration, including investment in specific outcomes, required staff time and a sustainability plan
- Learn the agency culture and examine the organizational constructs that support certain behaviors/practice - good ones and those needing improvement
- Engage supervisory staff in the endeavor
  - To participate in a parallel process with the supervisors and apply focused information gathering and critical thinking to the supervisory process
  - To discuss cases and practice
  - To learn to apply critical questions to the steps of the CPS investigation
  - To look at common mistakes in critical thinking and information gathering
  - To be coached, and to coach the caseworkers
  - To become the ongoing leaders for sustainability of the work
- Meet with the caseworkers (with support/participation of administrative and supervisory staff) to involve them in the process, including intended outcomes and what is needed from them

### **Classroom Training**

- Safety and risk - focus on the inquiry process and critical thinking vs. documenting the assessment information
- Agenda planning - relevant to every part of the work [Note: SRO provides this training during Supervising Concurrent Planning training]
  - Plan the purpose for the upcoming contact
    - What information do I have?
    - What information do I need?
    - When and how do I need to get it?
    - What core skills will I use?
  - Assess whether the purpose was achieved

### **Facilitated Case Conferences: Introduction to Focused Information Gathering (facilitator, supervisor and a caseworker)**

- Supervisor uses agenda planning and the critical thinking questions to help the caseworker plan an actual investigation from the point of receiving the CPS report
- Facilitator models critically thinking about the investigation and focused information gathering process and assists as needed

### **Group Discussions: Refining the Investigative Process (facilitator, supervisors and caseworkers)**

- Discuss the need for critical thinking and analysis to support decision making throughout the investigation
- Discuss and reach agreement about the critical activities/steps of the CPS investigation
- Discuss a series of critical questions that can support a purposeful, focused investigative inquiry
- Discuss and identify the potential universe of sources who are likely to possess relevant information about a family
- Discuss the core skills (e.g. engagement) and tools (e.g. genograms, ecomaps) that help caseworkers effectively gather information
- Discuss the need to critically assess the credibility of gathered information and resolve conflicting information as part of the decision making process.
- Discuss the need to gather sufficient information to make certain the family is viewed in more than one context.

### **Facilitated Group Supervision Sessions**

- *Case Presentation and Discussion*
  - Facilitator leads discussion to review the critical questions that support a purposeful, focused investigative inquiry
  - Facilitator reads/becomes familiar with a case and presents it in stages, sharing the established facts and current understanding of relevant family circumstances in the open investigation
  - Caseworkers and supervisors discuss and critically review the relevance of the information gathered in the presented case and how it supports or does not support decision making
  - Caseworkers and supervisors discuss the critical questions and agree upon the needed next steps and timeframe for completing the investigation
  - Agreed upon investigation plan is recorded for implementation
- *Peer Partners Activity*
  - Facilitator leads discussion to review the critical questions and how they relate to a purposeful, focused investigative inquiry
  - Pair partners discuss and assess the relevance of the information gathered and the adequacy of decision making in each partner's investigation

- Pair partners discuss and agree upon the needed next steps in the investigation and the necessary timeframe for completing the partner's investigation
  - Supervisors support the process, move around the room to the various pairs, assist with facilitation, and participate in large group discussion.
  - Facilitator helps the pair partners present the plans to the group for discussion
  - Agreed upon investigation plan is recorded for implementation
- *Peer Case Review*
    - Facilitator briefly reviews the focused information process as it relates to the cases chosen for the presentation
    - Caseworker presents open case, describing established facts/understanding of relevant family circumstances and status of investigative activities
    - Group discusses and assesses the relevance of the information gathered and the adequacy of decision making
    - Group discusses and agrees upon the needed next steps in the investigation and the necessary timeframe for completing the investigation
    - Facilitator and supervisors' role during the presentation is to reflect the information in the context of the critical questions to help the caseworker focus on the purpose of the investigative inquiry
    - Agreed upon investigation plan is recorded for implementation

**Peer Case Review Facilitated by the Supervisor (initially supported by the Facilitator)**

*Note: During this process, supervisors worked to enhance their focused information gathering skills and critical thinking skills. Additionally, they improved their ability to help caseworkers form and articulate (and revise as needed) judgments as they gathered and interpreted information relevant to the investigation. From the beginning, supervisors were encouraged to practice these skills and abilities during case conversations/conferences. This process concludes with the supervisor assuming responsibility for facilitating the peer case review sessions.*

- The supervisor identifies a caseworker who will present a case to his/her peer reviewers. The presenter participates in the review after outlining the case and acts to clarify case information as needed.

- The supervisor is familiar with the status of the case and uses the applicable critical questions to support the discussion and to help the presenter and peer case reviewers stay focused on the process.
- The peer reviewers' role is to focus on the content of the gathered information and the significance of that content for the case. Additionally, peer reviewers analyze the adequacy of the gathered information and the decisions made or anticipated. If additional tasks/contacts are needed, the peer reviewers develop and document the case plan (including a timeframe for completion of the plan) before concluding the case discussion.
- The supervisor's role as facilitator is to support the analytical process and help the peer reviewers use focused information gathering skills and critical thinking to bring the discussion to a successful conclusion.
- The supervisor also uses a Review Guide to make notes about his/her thoughts and conclusions as he/she listens to the peer reviewers discuss the case. These guided notes are used during the debriefing session with the facilitator. The notes can also be used as a reference during subsequent case conferences and before approving the investigation.
- The facilitator helps the supervisor learn to support the peer case review process and to avoid taking on the role of a peer reviewer.
- The facilitator acts as the timekeeper and debriefs the peer case review experience with the group, including a brief report out of the case decisions made during the peer review.
- The facilitator meets with the supervisor following the peer case review session to debrief the facilitating experience, including a brief report out of the supervisor's guided notes (taken during the case discussion).

### **Questions to Facilitate Critical Thinking**

The following are examples of questions that were developed to support the process of critical thinking at particular points in time in the investigative process. Also included are examples of questions to help facilitate the peer partners review process described above.

## ***Evaluating the Intake Report: Focused Information Gathering to Support Decision Making***

- What is alleged in the Intake Report, i.e. what and who are we investigating?
- What information is known from the IRI?
- Is this family otherwise known to the agency?
- Does the Intake Report allege present danger to any child?
- Can I determine from the Intake Report whether there is a vulnerable (not capable of self protection) child in the household?
- Does the Intake Report allege the subject has access to children?
- What information in the Intake Report must I immediately verify as true and accurate?
- Is there information I need from agency files before contact?
- Do I need to make a referral to law enforcement?
- What additional information do I need from the source?
- How quickly should my investigative contacts begin?
- Do I need assistance from other staff?
- What is my plan for information gathering, i.e. what is my order of contacts that is most likely to produce needed information while keeping the children safe?

## ***Evaluating Initial Contacts: Focused Information Gathering to Support Decision Making***

- What did I or others learn from the initial contacts?
- Is any of the gathered information contradictory?
  - If yes, how can I resolve contradictory information?
- Do I agree with the assessment of immediate danger?
  - Is there a vulnerable child?
  - Is there present danger to any child?
  - Is there a protecting parent/adult caretaker?
    - ♦ If yes, can I engage/continue to engage this individual to keep child safe?
- What additional information is needed to reach a decision about safety?
  - Which family members, other individuals or other agencies are likely to possess relevant and needed information about the care of the children?
- Do controlling interventions for safety appear to be needed?
  - If yes, what interventions will keep the child safe and how quickly must I intervene?
- What is my plan for next contacts?
  - What is my immediate next step?
  - How quickly should the next contact occur?
- Do I need assistance from other caseworkers, law enforcement and/or legal?
- What is my plan to remain informed and monitor the child's safety during the investigation?
- What is my anticipated timeframe for completing the contacts?



## ***Peer Partners Review: Focused Information Gathering to Support Decision Making***

Listen to partner and be clear about the established facts and status of the investigation. Keeping in mind the focused information gathering process, consider these critical questions and outline the plan for continuing and/or completing the investigation.

- What information has been gathered about the children and home environment?
- What information has been gathered about the family's circumstances and family interactions?
- What is the current assessment and decision concerning safety?
- Are needed controlling interventions to support safety in place?
- What is the current assessment and decision concerning risk?
- Are needed service interventions to support the reduction of risk planned/in place?
- What is the current assessment and decision concerning any child or parent service needs?
- Has the family been offered needed services?
- To complete the investigation, what additional information must be gathered/verified about:
  - Safety?
  - Risk?
  - Home conditions/environment?
  - Occurrence of abuse/maltreatment?
  - Service needs?
  - Any other case specific dynamic/factor?
- What are the necessary next steps and by when should each be accomplished (be specific)?
- What is the plan to remain informed about safety and the level of risk until completion of the investigation?

## ***Peer Review Discussion Guide for Supervisors: Focused Information Gathering to Support Decision Making***

Use this guide to help you support the peer review process and to make notes as you listen to the peer reviewers discuss the case. Your guide notes will be reviewed during the debriefing session with the facilitator. You may find your notes of benefit in subsequent conferences concerning the case and they can be used as a reference when approving the investigation.

- *Is the gathered information adequate and significant so that it supports judgments and decision-making?*

Consider the following:

- A sufficient number of sources with relevant information have (have not) been interviewed.
  - Critical information is (is not) missing.
  - The reliability of the information has (has not) been assessed.
  - Conflicting information has (has not) been resolved.
  - The information is (is not) credible.
  - Evidence (photos/affidavits/reports/progress notes) has (has not) been preserved
- 
- 

- *Does the gathered information support the conclusions reached and/or actions taken by the caseworker concerning the occurrence of abuse/maltreatment, child safety, and the risk of future abuse/maltreatment?*

Consider the following:

- Abuse/maltreatment of a child is (is not) present.
  - The child is provisionally or unconditionally safe.
  - Necessary interventions/actions to support safety are (are not) implemented.
  - The child's safety is (is not) monitored.
  - There is (is not) a significant risk of future abuse/maltreatment.
  - Necessary services/actions to reduce risk are (are not) implemented.
  - The risk level is (is not) monitored.
-

- *Does the gathered information adequately support the conclusions reached/actions taken by the caseworker concerning adult and child service needs?*

Consider the following:

- Service needs do (or do not) exist.
  - The family has (or has not) requested help in receiving services.
  - Needed services are (or are not) implemented.
  - There is (or is not) a service plan.
  - Service provision is (or is not) managed and monitored.
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- *Can the investigation be closed?*

Consider the following:

- Required investigative actions/contacts are (are not) complete.
  - Judgments should (should not) be revised because of new information/new perspective concerning the case.
  - All children will (or will not) be safe without controlling interventions.
  - Risk has (or has not) been reduced to an acceptable level to support closing.
  - The parents have (have not) accepted recommended services.
  - Family Court action is (is not) needed to protect the child.
- 
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## ***Facilitated Peer Debriefing of Child Protective Services Cases in Cortland County***

### **History**

Through our CPS process review and various discussions with Bonnie Engelbrecht of the Syracuse Regional Office (SRO) of the New York State Office of Children and Family Services (OCFS), we discovered that our workers seemed to be investigating reports by looking down narrow pathways rather than considering larger pictures and possibilities. Specifically, not enough collateral information was being gathered and large periods of time elapsed without work being done on reports. We identified an overarching failure to have a plan for each report at the beginning that promoted the exploration of many possibilities. By not having such plans, it seemed as though the work was not performed in a thoughtful efficient manner during the course of an investigation. That dynamic fed into overdue and inadequate investigations. The original idea of training workers on making collateral contacts started as a discussion regarding what the law allows and why such contacts are important. It quickly turned into something larger that we now call facilitated peer debriefing using critical thinking skills to plan for complete investigations.

### **Description**

In order to gain the buy-in of caseworkers and to make them feel as though the training time was valuable, real case situations were used for this training. Several meetings were facilitated by our SRO Representative with the CPS supervisors to gain common understandings and to establish case planning protocols that promoted critical thinking. After the supervisors had gained a comfort level with the concept of critically thinking about the entire life of an investigation from the commencement of the investigation, meetings were set with the entire CPS unit. At these meetings, real cases were presented by workers and group discussions ensued. The objective was to get the group to look at the investigation with a wide perspective, make specific plans regarding information that needed to be gathered and analyzed, and to identify steps that would need to be taken to make a determination and close the case. At the end of the meetings, workers assigned to the investigations had valuable lists of tasks to complete that would allow them to gather information sufficient to close investigations.

### **Outcomes**

Using real examples and having the workers participate as a group helps us gain consistency in perspectives and approaches to investigations. Additionally, our supervisors are participating and learning how to help workers better plan

investigations. It is apparent to us that this type of training is far more productive than theoretical training alone. The Common Core and Child Protective Institute (CPI) have value, but they alone are not adequately training our workers. Our recent Operations and Management Analysis (OMA) CPS case review by the OCFS supports this point. In June 2006, we had an OMA that identified many breakdowns in our investigations. After almost a year of this training with our SRO Representative, we had a part two of the OMA in April 2007 and the results are markedly better. Prior to June 2006, all of our workers had the Core and CPI training, but still were not performing essential investigative steps. There were other factors, such as turnover in early 2006, which undoubtedly had an impact on our first negative OMA review. However, our workers seem much more confident since participating in the facilitated peer debriefing and we believe that was a huge factor in the OMA review improvement. Specific outcomes identified by the supervisors are:

1. Investigations are completed more timely because there is a plan made immediately regarding things that need to happen at the beginning, middle and end of an investigation. Having a plan identifying the various steps that need to be taken helps a worker keep focused and moving on an investigation.
2. More meaningful information is being gathered during investigations. Early identification of information that needs to be gathered allows workers to use logic to identify meaningful collateral contacts. Workers are now identifying collateral contacts that will provide specific information needed.

## COMPONENTS OF COMMUNICATING EXPECTATIONS

The following components comprise the communication of expectations:

- Purpose of performance: why the performance must be completed.
- Outcome of performance: how much the worker must complete to achieve the purpose.
- Timeliness of performance: when the performance should begin and when it should be completed.
- Means of performance: how the task should be completed.
- Responsibility of performance: who should complete it.
- Recognition of performance: how it will be measured when it has been achieved.
- Consequence of performance: the benefit of the performance

**E-Bulletin**  
**From Acting Deputy Commissioner for**  
**Administration**  
**Belinda M. Conway**  
**September 20, 2011**

**Alert: Discontinued Use of Quick Pads**

This is to inform you that Quick Pads are no longer authorized for use by any ACS staff. The continued use of Quick Pads is prohibited. These devices were distributed during 2002-2003 by the NYS Office of Children & Family Services (OCFS) to ACS CPS workers to document casework activities. These devices are now obsolete and no longer serve any practical use. The information on these devices cannot be encrypted and as such they are not in compliance with OCFS confidential information security requirements.

All units must be returned to ACS MIS for data deletion and eventual return to OCFS. If you have any Quick Pads in your possession or are aware of any Quick Pads in your office, please contact the desktop support technician assigned to your location or submit a ticket to the MIS helpdesk, [IT Service Desk](#), to arrange for their return.

Thank you.

**Special e-Bulletin from  
Commissioner John B. Mattingly  
Monday, July 26, 2010**

Please be advised that the Children's Services Policy and Procedure Unit in conjunction with Division Representatives of the Policy and Procedures Committee are issuing a new policy entitled, "**Interpretation Services for Deaf and Hearing Impaired Children and Family Members**" (for the entire policy see below on how to access).

This policy supports Children's Services expectations for the arrangement of sign language interpretation services by Children's Services staff when interacting with a child or family member who is deaf or hearing impaired.

**A person may not be denied services due to his or her inability to communicate with Children's Services staff.**

This policy is effective immediately and applies to all Children's Services staff. Please ensure the immediate distribution of this document to all staff within your division.

This document is available via Children's Services DocuShare via the following path: DPP Child Welfare Policies & Procedures » Foster Care » Commissioner's Memorandums.

This document can also be accessed at the following link: [Interpretation Services for Deaf and Hearing Impaired Children and Family Members](#)

Former DJJ staff is not affected by the contents of this document and should comply with current internal policies and procedures as it pertains to accessing interpretation services for deaf and hearing impaired children and family members until further notice.



**Special e-Bulletin from  
Commissioner John B. Mattingly  
Monday, November 01, 2010**

**Announcing Important Changes to the Early Intervention Referral  
Process**

**NEW EI REFERRAL HOTLINE 1-  
877-885-5439 (KIDZ)**

The Early Intervention (EI) Program provides services to infants and children ages birth to three with developmental delays and disabilities. It also provides developmental monitoring to at-risk children.

**Beginning immediately, all referrals to Early Intervention from a Children's Services, preventive or foster care agency employee must be called into the [new EI referral hotline: 1-877-885-5439 \(KIDZ\)](tel:1-877-885-5439). The new hotline replaces the current paper referral process.**

**This hotline will be staffed weekdays between the hours of 9:00AM to 5:00 PM** and referrals **must** be made during those hours.

Child Protective Services personnel are required to refer all children between birth and three years of age who have been the subject of an indicated abuse or neglect report to the Early Intervention program.

In addition, child protective, preventive services, and foster care agency staff are expected to refer children between birth and three years of age to the Early Intervention Program whenever a child 1) shows signs of developmental delay or disability; or 2) is believed to be at risk of developmental delay or disability due to social or biological factors.

All calls to the Early Intervention referral hotline will be handled by a live Developmental Monitoring Specialist. Based on the information provided during the telephone conversation, a Developmental Monitoring Specialist will determine if a child should be appropriately routed to either: 1) the *Developmental Monitoring Unit* for ongoing screening using a standardized questionnaire to measure whether or not the child has reached developmental milestones; **OR** 2) the *Early Intervention Program*

where the child will receive a multidisciplinary evaluation to determine EI eligibility.

Any Children’s Services employee calling the EI referral hotline **must** provide the following information:

1. Child’s Name;
2. Child’s Date of Birth;
3. Child’s Address;
4. Reason for Referral (including any areas of concern);
5. Race and Ethnicity of Child;
6. Parent/ Guardian/ Foster Parent Name;
7. Parent/ Guardian/ Foster Parent Telephone Number;
8. Case Worker Name;
9. Case Worker Telephone Number; and
10. Birth Information (with parental consent).

If you have questions about the Early Intervention referral process or would like to request in-depth training, please contact the Children’s Services Education Unit by going to:

[www.nyc.gov/html/acs/education](http://www.nyc.gov/html/acs/education)

**Special From  
Commissioner John B. Mattingly  
Monday, July 07, 2010**

**Recognition of Legal Same Sex Marriages**

**From the Policy and Procedures Unit, Division of Policy and Planning:**

Children’s Services is issuing the attached memorandum and Office of Child and Family Services (OCFS) Administrative Directive (ADM) entitled - ***Recognition of Legal Same Sex Marriages***, to inform Children’s Services staff that they are required to recognize legal same-sex marriages when relevant in our dealings with staff, clients, families and others; and to provide staff with guidance on how to ensure compliance. These guidelines are effective immediately and are expected to be utilized when working with couples who describe themselves as married and have the documentation to prove it.

This document is available via Children’s Services DocuShare via the following path(s):  
Policies & Procedures » DPP Child Welfare Policies & Procedures » General Child Welfare Services »  
Commissioner Memorandum

## General Email Etiquette (1of 2)



**ADMINISTRATION FOR CHILDREN'S SERVICES**  
150 WILLIAM STREET, 18<sup>TH</sup> FLOOR  
NEW YORK, NY 10038

JOHN B. MATTINGLY, Ph.D., M.S.W.  
*Commissioner*

### MEMORANDUM

**DATE:** May 6, 2005  
**TO:** All ACS Staff  
**FROM:** John B. Mattingly  
**RE:** General Email Etiquette

I am writing to you regarding something we all use daily and have come to rely upon. We may make it pages or a mere sentence. We may send it to a hundred people or one. Sometimes we edit it carefully; when we are in a rush we may dash it off quickly. Without thinking, we forward it to our friends or colleagues. It fills our inbox; we fill other people's inboxes. We use it to make decisions, by getting feedback from others. No matter how we feel about it, or how we use it, it is a regular part of our work routine. There's nothing else like this useful communication tool: e-mail.

Due to its frequent use, employees may make the mistake of thinking of e-mail as a casual method of communication. Too often, without realizing that their words can leave a lasting imprint, employees write e-mail as cavalierly as they make comments in conversations. This may create an impression that reflects badly upon staff and may cause the distribution of incorrect or incomplete information, which may be extremely damaging in any lawsuit that concerns the subject of the communication. E-mail which is relevant to a particular issue has been and will continue to be obtained in discovery by parties suing the City and then used at trial against us. E-mail can also be obtained by a Freedom of Information Law request. As many of you probably know, e-mail has surfaced in certain well-publicized lawsuits to the great disadvantage of one of the parties.

E-mail is also problematic in that it is sometimes mistakenly forwarded to unintended recipients, whether due to human or computer error. Recently, at another organization, a computer breakdown and subsequent restoration of e-mail access caused several personal files of e-mail to be sent to an entire office. Given these facts, when writing any e-mail, it is important to avoid writing anything that you would not include in a carefully considered memorandum. Similar care should be taken when voice mail messages are left, as these too could be the subject of discovery in lawsuits. While useful exchanges are always encouraged, all employees should be thoughtful when they write an e-mail and consider the possible consequences of a carelessly worded message. Please keep in mind that there is no right of privacy while using the City's office and technology resources, for either business or personal purposes. By using City resources, employees consent to the monitoring and recording of any use including, but not limited to, records of access to the Internet and e-mail usage.

## General Email Etiquette (2 of 2)

I take this opportunity to remind all staff that Children's Services' current policy regarding personal use of the New York City's office and technology resources is that such use is permissible but limited, as long as the use is not prohibited by any Children's Services policy, does not interfere with or otherwise impede the City's operations or employee productivity, and involves no more than a minimal additional expense to the City. Children's Services employees may engage in the personal use of the City's office and technology resources only at times that do not conflict with the employee's official duties and responsibilities and the employee is not required to perform services for the City.

Unauthorized personal use of the City's office and technology resources which are prohibited include: personal use that congests or disrupts service to any of the City's office and technology resources; use as a platform to gain unauthorized access to other systems or for unauthorized computer use; mass mailings; activities that are inappropriate to the workplace or are prohibited by applicable law or policy; transmission of any sexually explicit or obscene material; hate speech; threatening or defamatory speech; speech known to be fraudulent; speech which ridicules others on the basis of race, creed, religion, color, gender, disability, national origin, or sexual orientation; use for the furtherance of a non-City business or non-City employment; fund-raising; posting Children's Services or other City information to external newsgroups, chat rooms, bulletin boards or other forums without explicit authorization; transmission of confidential information; unauthorized modification of the City's office and technology resources; any personal use of City office supplies, including, but not limited to, paper, pens and postage, other than a minimal use of supplies incident to the limited use of photocopiers, computers, telephones and facsimile machines allowed by this Policy. Thank you for your attention to this important matter.

**Special e-Bulletin from  
Deputy Commissioner Julie A. Friesen  
Friday, July 16, 2010**

***Appropriate Attire for the Workplace***

With summer upon us and the unusually hot weather, it's time for a reminder of the ACS Code of Conduct for Employees which provides specific guidance concerning appropriate attire for the workplace.

ACS Code of Conduct, part III. Standards of Conduct requirements are as follows:

*To promote efficiency, professionalism and effectiveness of government operations and to prevent disruptions, employees must be appropriately dressed and properly groomed during the workday. Employee dress and grooming should be consistent with standards of comparable public and private organizations, and appropriate both to persons representing a service activity of the City and to the particular duties performed by the employee. Inappropriate attire may result in formal disciplinary action, the employee's early dismissal without pay and/or the employee's dismissal without pay for a time period necessary to change clothing and return to work.*

All ACS employees are expected to wear proper attire at all times while at work, when appearing in court or when conducting field investigations. **Items that should not be worn include:** hats while indoors, collar-less shirts/sweatshirts except those shirts with band collars (for women, blouses are acceptable even if they do not have a collar), any apparel with written messages, shorts, tank tops, extremely short skirts, and tops which expose the midriff.

Your continued cooperation is both anticipated and appreciated.

# **CHAPTER EIGHT**

## **PART TWO –**

### **FEEDBACK INSTRUCTIONS & CASEWORK PROTOCOLS**

- Core Conditions / Interpersonal Helping Skills Observe / Mentor Feedback Forms
- Child Safety Conference Observer/Mentor Feedback Form
- Family Interview – Family Map Observer / Mentor Feedback Forms
- Clinical Consultant Observer / Mentor Feedback Forms
- Interviewer Feedback Form – Risk and Safety Assessment
- Child Safety Conference Observer / Mentor Feedback Form
- A Checklist for Evaluating the Family Safety Plan
- Evaluating the Safety Plan Interview
- Journal Notation





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## **CORE CONDITIONS**

### **OBSERVER / MENTOR FEEDBACK FORM**

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#### ***Empathy***

1. Communicates understanding of, and compassion for, interviewee's experience
2. Recognizes nonverbal cues
3. Shows a desire to comprehend
4. Discusses what is important to the interviewee
5. Refers to interviewee's feelings
6. Reflects implicit messages

1	2	3	4
Not Effective	Somewhat effective	Effective	Very Effective

---

#### ***Genuineness***

1. Is honest and open
2. Reduces emotional distance between self and interviewee
3. Helps interviewee recognize the caseworker's humanity
4. Exhibits congruent verbal and nonverbal behavior
5. Acts spontaneously and non-defensively
6. Uses self-disclosure appropriately

1	2	3	4
Not Effective	Somewhat effective	Effective	Very Effective

---

#### ***Respect***

1. Exhibits respect for interviewee's feelings, experience, and potential
2. Communicates warmth
3. Values interviewee simply because they are human beings
4. Reinforces interviewee's strengths
5. Suspends critical judgment

1	2	3	4
Not Effective	Somewhat effective	Effective	Very Effective

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## **INTERPERSONAL HELPING SKILLS OBSERVER / MENTOR FEEDBACK FORM (page 1)**

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### ***Attending***

1. Recognizes level of congruence among interviewee's verbal, nonverbal and paraverbal behavior
2. Uses verbal following and minimal encouragers
3. Suspends critical judgment
4. Conveys respect for, acceptance of, and interest in the interviewee
5. Creates a comfortable environment by removing physical barriers and minimizing distractions
6. Demonstrates effective use of body, including eye contact, posture, gestures, facial expressions, voice quality, spacing of words, and paraverbal behavior
7. Attends to interviewee's nonverbal and paraverbal behaviors

1	2	3	4
Not Effective	Somewhat effective	Effective	Very Effective

---

### ***Questions***

1. Encourages the interviewee to share information that deepens worker and interviewee understanding
2. Uses open-ended questions that invite interviewee to talk
3. Asks questions in a warm, concerned manner
4. Maintains effective eye contact, voice tone, and facial expressions
5. Uses closed questions to focus on specific information
6. Uses indirect questions that imply, but do not directly ask, a question
7. Uses scaling questions that ask interviewees to rank-order or rate something
8. Asks circular questions to expand the field of inquiry to include the feedback obtained by the interviewee from others
9. Uses solution based questions to build interviewee's self-concept

1	2	3	4
Not Effective	Somewhat effective	Effective	Very Effective

## **INTERPERSONAL HELPING SKILLS OBSERVER / MENTOR FEEDBACK FORM (page 2)**

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### ***Reflections***

1. Communicates understanding of interviewee's feelings, behaviors, values, beliefs, needs, and self-concept
2. Listens to words and feelings in the message
3. Observes nonverbal cues
4. Matches feeling in the interviewee's message
5. Represents the content in the interviewee's message
6. Matches the interviewee's sensory words
7. Considers nonverbal cues
8. Focuses attention on the interviewee's message

1	2	3	4
Not Effective	Somewhat effective	Effective	Very Effective

---

### ***Concreteness***

1. Checks interviewee's perceptions
2. Helps the interviewee be specific about feelings, experiences, and behavior
3. Clarifies vague or unfamiliar terms
4. Explores the basis for conclusions
5. Helps interviewee personalize statements
6. Elicits specific feelings
7. Elicits details
8. Focuses on the here-and-now
9. Models concreteness in responding to interviewee

1	2	3	4
Not Effective	Somewhat effective	Effective	Very Effective

---

## **INTERPERSONAL HELPING SKILLS OBSERVER / MENTOR FEEDBACK FORM (page 3)**

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### ***Summarization***

1. Synthesizes facts and feelings communicated during interviews
2. Checks caseworker and interviewee understanding
3. Uses brief summarizations
4. Structures the interview
5. Focuses discussion
6. Makes transitions
7. Summarizes during breaks in interview or when interviewee deviates from major issues
8. Conveys acceptance of interviewee's perspectives and experience
9. Checks for accuracy with the interviewee

1	2	3	4
Not Effective	Somewhat effective	Effective	Very Effective

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### ***Comments***

Please make additional comments below describing your observation of the worker's performance on these attributes.

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## **CHILD SAFETY CONFERENCE OBSERVER FEEDBACK FORM**

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*Instructions: The trainees will use this feedback form to document what he/she observe of the experienced caseworker at the Child Safety Conference.*

- Did the worker effectively outline the safety concerns in clear and direct language?
- Did worker come organized to present a summary of the situation and was prepared with ideas and recommendations while receptive to the opinions and ideas of the others?
- What skills or behaviors did the worker use to encourage the family to participate in the conference?
- Was the worker clear on the goal of developing a decision with the assistance of the family and others that would keep the child safe?
- Did the worker maintain a focus on safety and permanency throughout the conference?
- Did the worker remain able to identify strengths of the family and work towards reaching agreement with the family about the needs of their children?
- Did the worker keep the group focused, productive and invite others to share their perspective, information and opinion?
- Was the worker on time and assist with transportation needs of the family?
- At the end of the conference did the facilitator summarize the meeting, and check for the family's understanding of all agreements and prescribed tasks?

## **FAMILY INTERVIEW / FAMILY MAP OBSERVER / MENTOR FEEDBACK FORM**

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**How well did you the caseworker:**

- Encourage interaction among family members?
  - Sanction the expression of feelings between/among family members?
  - Draw silent family members into the interview?
  - Demonstrate the skill of gate-keeping?
  - Demonstrate cultural competence?
- 

**How well did the family map identify the following components of family functioning?**

- Power
- Boundaries
- Closeness/Distance

## **CLINICAL CONSULTANT OBSERVER / MENTOR FEEDBACK FORM**

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*Instructions: When using this feedback form the supervisor/mentor can refer to the trainee.*

- Did the trainee effectively clarify the purpose of the interview with the Clinical Consultation Program in a clear and direct language?
- Was the trainee able to- provide an engaging atmosphere for the Clinical Consultation Program interviewee to have an environment with open communication, sharing decisions of regarding the work of the program?
- What skills or behaviors did the trainee use to encourage the participation of the Clinical Consultation Program during the interview?
- Did the trainee help the Clinical Consultation program interviewee understand the need for the importance of this interview?
- What skills or behaviors did the trainee use during the interview to maintain the Clinical Consultation Program interviewee's involvement?
- What efforts were made by the trainee to explore with the Clinical Consultation Program interviewee the resources that exist in the community that could be used to help the family keep the children safe?
- At the end of the interview what did the trainee do to summarize the meeting?

## **INTERVIEWER FEEDBACK FORM RISK & SAFETY ASSESMENT**

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- What were your **thoughts** during the interview (e.g., “I really felt like I knew where I was going during this interview”; “I can’t keep all this in my head”; “Help!”)?
- What were your **feelings** during this interview (e.g., confident, anxious, frustrated)?
- How much of your task-plan for the interview did you achieve?
- What is your safety decision and what factors do you believe justify your decision?
- Do you think you have a viable safety plan?
- What parts of the task-plan were not completed? Why do you think this happened? What were the reason(s) (e.g., “We ran out of time”; “I forgot some things”; “The family members wouldn’t cooperate”)?
- What skills did you use during this interview?
- How closely does the list in question 6 on the previous page parallel what you had planned in your “Strategy” planning column?
- What would you identify as the best thing you did in this interview?
- What moment of this interview would you like to take back? What would you do differently next time?



## **A CHECKLIST FOR EVALUATING THE FAMILY SAFETY PLAN (page 1)**

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*Instructions: Rate each item according to the following scales:*

*1=not satisfactory*

*2=acceptable*

*3=excellent*

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- |   | Rating: |
|---|---------|
| 1. The plan is congruent with the information gathered during the assessment process, captured in the assessment protocols, and synthesized during the analysis.              | _____   |
| 2. The plan addresses/continues to address the safety concerns.   | _____   |
| 3. The plan identifies risk reduction activities and services.  | _____   |
| 4. The plan supports the family in achieving their outcomes.  | _____   |
| 5. The plan includes ways of influencing change readiness.  | _____   |
| 6. The plan reflects the strengths and resources within the family or its environment.  | _____   |
| 7. The plan reflects an understanding or exploration of the family's uniqueness, including culture.   | _____   |
| 8. The plan shows evidence of mutuality in the assessment and safety planning processes.  | _____   |
| 9. The planned outcomes and activities are relevant to the targeted behaviors or to the needs/underlying conditions/contributing factors creating/sustaining those behaviors. | _____   |
| 10. The family understands the outcomes and their role in achieving them.   | _____   |

## **A CHECKLIST FOR EVALUATING THE FAMILY SAFETY PLAN (page 2)**

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- |   | Rating: |
|---|---------|
| 11. The plan strengthens parental functioning.  | _____   |
| 12. The worker's/service provider's activities support outcome achievement clearly and specifically.  | _____   |
| 13. The amount of work planned for both family and service providers during this service period is realistic.   | _____   |
| 14. The parties will be able to verify when/whether outcomes/activities are achieved.   | _____   |
| 15. If children are in foster care, the plan and case record includes evidence of discussion of timelines for plan achievement, other permanency options if plan is not achieved, and involvement of the foster parents in the service plan review process. | _____   |

## EVALUATING THE SAFETY PLAN INTERVIEW (page 1)

1. (The worker) (I) made efforts to join with family members.	Yes__ No__
2. (The worker) (I) used skills of engagement.	Yes__ No__
3. (The worker) (I) demonstrated interpersonal helping skills.	Yes__ No__
4. (The worker) (I) made a clear statement about the purpose of the meeting.	Yes__ No__
5. (The worker) (I) clarified the function of a safety plan.	Yes__ No__
6. (The worker) (I) clarified the PPG toward which they are working.	Yes__ No__
7. (The worker) (I) communicated the importance of mutuality in the planning process.	Yes__ No__
8. (The worker) (I) explored the feelings of family members about the planning process.	Yes__ No__
9. (The worker) (I) clearly reviewed the non-negotiable issues.	Yes__ No__
10. (The worker) (I) reviewed (his or her) (my) understanding of the family's needs, underlying conditions, contributing factors, strengths, and resources identified during the assessment process and encouraged the family to state their perspective on the matter.	Yes__ No__
11. Based on the analysis developed with the family, (the worker) (I) defined "change" in behavioral terms, i.e., behaviors that need to start or stop in order to meet the family's needs in a way that would ensure the safety and well-being of the children.	Yes__ No__
12. (The worker) (I) sought to determine the family understands of the agreement or disagreement with the worker's perceptions of what needs to change.	Yes__ No__

## **EVALUATING THE SAFETY PLAN INTERVIEW (page 2)**

13. (The worker) (I) sought ideas from family members as to what else could be tried to bring about these changes.	Yes__ No__
14. (The worker) (I) offered feedback to the family about these ideas.	Yes__ No__
15. (The worker) (I) offered additional ideas as to how changes could be made.	Yes__ No__
16. (The worker) (I) sought feedback from the family about these additional ideas.	Yes__ No__
17. (The worker) (I) sought clarity about the family's agreement/ disagreement with the outcomes and activities they discussed.	Yes__ No__
18. (The worker) (I) summarized the meeting at the end and tested for mutual comprehension.	Yes__ No__
19. (The worker) (I) acknowledged the family's efforts in participating in the development of their plan.	Yes__ No__

## **JOURNAL NOTATION**

### ***Feelings of New Position***

*Answer the following questions:*

- What are your first impressions of ACS?
- What new things did you learn about ACS?
- What happened today that you are glad happened?

### ***Applying Core Conditions & Interpersonal Helping Skills***

*Answer the following questions:*

- How have you improved your interpersonal helping skills today?
- How has interviewing clients helped you to understand the importance of skills introduced in the classroom training?
- What do you wish you could have done that you did not?
- What skills did you see demonstrated by the experienced worker that you hope you will be able to demonstrate?
- What did you like?
- What questions do you have that you want to see answered as you progress through OJT?

### ***Mapping***

*Answer the following questions:*

- How do you see yourself using “mapping” in your day-to-day work?
- How does “mapping” make your work easier?

### ***Safety and Risk Assessment***

*Answer the following questions:*

- How is risk assessment critical to risk protection?
- What skills did you learn?
- What was the challenge in doing a Risk Assessment Profile?
- How has it helped you in assessing the family?
- How did you feel about doing an assessment analysis?
- What things did you learn from doing this activity?

### ***Family Assessment and Service Plan***

*Answer the following questions:*

- How did you feel about documenting information in the Family Assessment and Service Plan?
- How did you feel about conducting a service plan interview with the family?
- How did you feel about developing a service plan with the family?

### ***Continual Development of Skills***

*Answer the following questions:*

- What skills are your greatest strengths?
- What skills are you able to emphasize or use the most?
- What skills do you need to improve upon?

# **CHAPTER EIGHT**

## **PART THREE –**

### **CASEWORK PRACTICE MATERIALS**

- Readings from Classroom Trainings
- Child Safety Alerts
- Definitions (“Confidentiality” & “Strength Talk”)
- Safety & Risk Flow Chart Format in CNNX
- Foundation & Core Phase II Courses
- Sample CPS Case
- Valdez Family – FASP Family Assessment & Service Plan
- Acronyms





## READINGS FROM CLASSROOM TRAININGS

The following is a list of the readings assigned to the caseworker in the CPS PC:

- “Assessing Client Strengths”
- “Respecting Respect”
- “Critical Thinking Skills for CPS”
- “Managing Your Authority”
- “Personal Reflections on Permanency Planning and Cultural Competency”
- “Cues of Cultural Competence”
- “Child Development Guide”
- “Family Systems Definitions” and “Overview of Family Systems”
- “Worksheet: “Talking with Kids”
- “Dynamics of Child Maltreatment “
- “Helping Children with the Experience of Loss”

The following is a list of Legal Part 1 readings assigned to the caseworker in the CPS PC:

- FCA Article 10, Sections 1011-1013, 10a, 1022, 1024, Social Services Law Title VI Protective Services
- Basic Principles for Seeking Court Action
- Basic Hearings
- Court Flowchart
- “Assessing, Bonding, Attachment and Loss”
- Legal Part II – “Child Welfare Law: A Manual for Caseworkers”

## **CHILD SAFETY ALERTS**

- Child Safety Alert # 1 – Neglect
- Child Safety Alert # 2 – Assistance from ACS Child Welfare Specialists and Supervisors
- Child Safety Alert # 3 – Experienced Children’s Services Staff Take on Key Leadership Roles in Child Protection
- Child Safety Alert # 4 – Update Procedures for Warrants and Entry Orders
- Child Safety Alert # 5 – Case Recording and Documentation
- Child Safety Alert # 6 – Strengthening Our Partnerships to Better Protect Children
- Child Safety Alert # 7 – Improvements in Service, Resources and Expertise
- Child Safety Alert # 8 – CPS Investigations
- Child Safety Alert #9 – ACS Encourages Case Be Taken When Relative Custody is Being Recommended
- Child Safety Alert # 10 – Home Care Services Now Easier to Access, Benefit Families
- Child Safety Alert # 11 – Strengthened Preventive Services Now Available for At-Risk Teens and Babies Born with a Positive Toxicology
- Child Safety Alert #12 – Working with Parents Experiencing Domestic Violence: Child Safety Depends on Careful Assessment and Intervention
- Child Safety Alert #13 – Instant Response Team Protocol
- Child Safety Alert #14 – Safety Planning for Newborns Whose Siblings are in Foster Care
- Child Safety Alert #15 – Children’s Services’ Policy Regarding Kinship Care
- Child Safety Alert #16 – Additional Information Received from the SCR on Open Cases: The Need for Close Attention and Assessment
- Child Safety Alert # 17 – Gathering and Assessment of Information from Medical Providers During a Child Protective Investigation

- Child Safety Alert #18 – Investigation Allegations of Educational Neglect and Coordinating with DOE During CPS Investigations
- Child Safety Alert # 19 – Protecting Children of Young People Living in Foster Care
- Child Safety Alert # 20 – Initiating an Investigation: The First Interview with the Subject
- Child Safety Alert # 21- Going Out in Pairs When Conducting CPS Investigations
- Child Safety Alert # 22 – New Guidelines for Mandated Reporters
- Child Safety Alert # 23 – Interviewing Neighbors and Superintendents as part of a Child Protective Services Investigation
- Child Safety Alert # 24 – Guidelines for Filing Court-Ordered Supervision
- Child Safety Alert #25 – Minimizing harm to Children During the Removal and Placement Process
- Child Safety Alert # 26 – Domestic incident Report
- Child Safety Alert #27 – Locating Victims of Abuse and Neglect
- Child Safety Alert #28 – Screening for Foster/Adoptive Parents
- Child Safety Alert #29 – Additional Safeguards in Case Involving Infants and Young Children with Serious Injuries
- Child Safety Alert #30 – Conducting Emergency Removals of Children
- Child Safety Alert #31 - from the SCR on Open Cases: The Need for Close Attention and Assessment
- Child Safety Alert #32 - Responding to Heightened Safety Concerns in Preventive Services Cases

## **DEFINITIONS**

### ***Definition of Confidentiality***

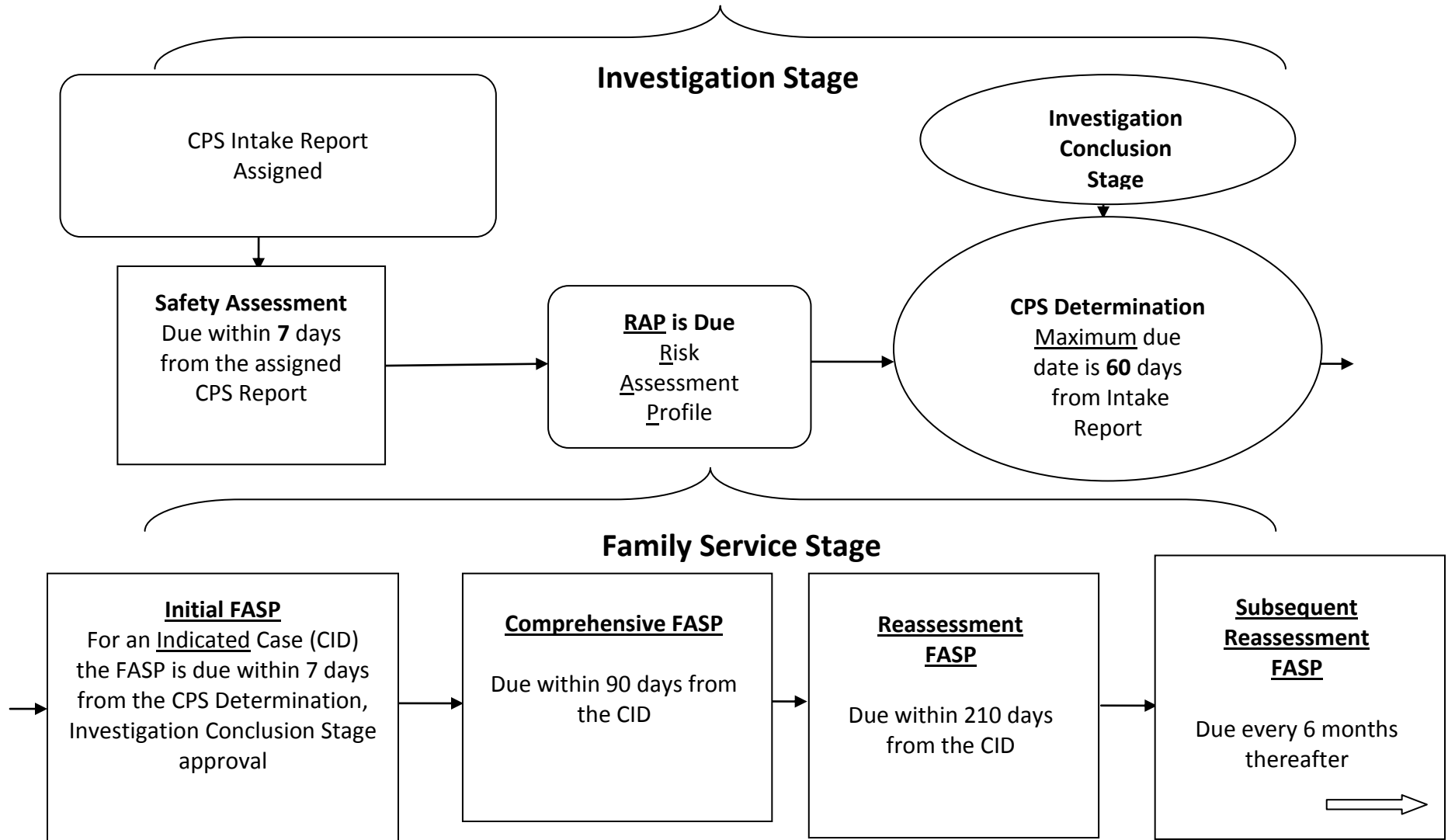
Confidentiality is the limitation on the disclosure of protected information concerning the parent and child that is acquired by the CPS during the course of the investigation. These limitations are set forth in statutes and regulations.

### ***Definition of Straight Talk***

“Straight Talk is about treating people with respect when they need to hear something unpleasant. No one wants to hear that they are not doing right by their children. But when it comes to working with families who are hurting their children, straight talk means speaking the truth to parents about the behavior that is causing the hurt. It means being respectfully direct and clear about what it is that they are doing-or-not doing in neglect situations-that is hurting their children – and about how their behavior needs to change for their children’s sake.

We all want to do right by our children. No one wants to hear that we are not. But in child welfare we must use straight talk with parents so they understand what’s wrong and what needs to change. We have to speak out for children who cannot speak or themselves. Birth parents who have gone through the system will often say that they turned around their lives when someone was courageous enough to tell them the truth about how their children were being harmed. If we fail to confront parents with the truth – no matter how hard – then we have not given them the help they need and deserve.”

# Safety and Risk Flow Chart Format in Connections



## **FOUNDATION & CORE PHASE II COURSES TIMETABLE FOR COMPLETION**

As customary, at the end of the CPS Practice Core and Sup Core (Foundation Course), the new CPS caseworker will be expected to attend a list of courses in subjects of importance to the child welfare practice. These courses are classified as “Phase II courses” because they follow the foundation course CPSPC. The information workers receive in the Phase II courses (i.e., Mental Health, Domestic Violence, Substance Abuse, Medical issues) is key to the service they offer to families. Among the cases they will serve an array of different types of abuse and maltreatment situations will be present, including educational neglect, physical or sexual abuse. Each case will require an assessment to determine the safety and risk factors to children. Therefore, the sooner workers develop field skills, the better equipped they will be to handle the CPS job and be confident in what they do.

The Core Phase II courses are essential to the development of quality services expected by the agency. Consequently, the Academy integrates these courses in the structure of training that the new workers are expected to complete within the first 18 months of employment. A specific sequence for attending these courses is highly recommended, i.e., first Domestic Violence, then Substance Abuse, Medical Issues, Legal, Mental Health & Development Disabilities. Other important training should also follow, i.e., Sex Abuse, Immigration & Cultural and others. New CPS are encouraged to take responsibility for their development, and for working with their supervisors in support of completing these courses. Training supervisors are expected to monitor the new workers compliance with this expectation and to assist them in integrating the learned skills /information in their practice with families and children.

The attached chart provides important information about the courses that are included in the Core Foundation courses and the Phase II courses list, and the timeframe within which they are to be completed. It could be used to keep track of new CPS completion of it.

<p><b>Foundation Courses</b></p> <p>CPS Practice Core (<i>CPSPC</i>) Required Pre-service (<i>To be completed during the first 12 weeks of employment</i>)</p> <p><b>STAGE I</b></p>	<ul style="list-style-type: none"> <li>• <b>CPS Practice Core</b></li> <li>• <b>Core Essentials for Experienced Caseworkers</b></li> </ul>	<ul style="list-style-type: none"> <li>• 4 weeks Classroom &amp; 2 weeks On-the-Job Training</li> <li>• 9 days classroom (Special On-the-Job Training assignments in between classroom days)</li> </ul>	<p>Mandated Foundation Courses for all new Direct Practice employees</p> <p>Mandated Foundation Courses for all Direct Practice experienced caseworkers</p>
	<ul style="list-style-type: none"> <li>• <b>Supervisors Common Core</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Supervisory Core Group I (G1) - 11 day classroom</b></li> <li>• <b>Supervisory Core Group II (G2) - 6 day classroom</b></li> </ul>	<p>Mandated Foundation Courses for all Direct Practice Supervisors</p> <p>Mandated Foundation Courses for all Direct Practice experienced Sups &amp; Managers</p>
	<ul style="list-style-type: none"> <li>• <b>Preventive Specialty</b></li> </ul>	<ul style="list-style-type: none"> <li>• 4 days classroom</li> </ul>	<p>Mandated Foundation Courses for all New/(assigned) Direct Practice employees</p>
	<ul style="list-style-type: none"> <li>• <b>Foster Care/Permanency Planning Specialty</b></li> </ul>	<ul style="list-style-type: none"> <li>• 6 days classroom</li> </ul>	<p>Mandated Foundation Courses for all New/(assigned) Direct Practice employees</p>
	<ul style="list-style-type: none"> <li>• <b>Independent Living Specialty</b></li> </ul>	<ul style="list-style-type: none"> <li>• 5 days classroom</li> </ul>	<p>Mandated Foundation Courses for all New/(assigned) Direct Practice employees</p>
	<ul style="list-style-type: none"> <li>• <b>Adoption Specialty</b></li> </ul>	<ul style="list-style-type: none"> <li>• 5 days classroom</li> </ul>	<p>Mandated Foundation Courses for all New/(assigned) Direct Practice employees</p>
	<ul style="list-style-type: none"> <li>• <b>CONNECTIONS (Introduction)</b></li> </ul>	<ul style="list-style-type: none"> <li>• 4 Days</li> </ul>	<p>Mandated for all new direct practice employees</p>

<p><b>STAGE I</b></p> <p><i>within</i> { <b>Phase II - Foundation Courses</b> <i>(To be completed</i>  <i>nine (9) months after completion of classroom training )</i></p> <p><small>* (Core Phase II courses will begin in the third month of the 90-Day OJT training)</small></p>	<ul style="list-style-type: none"> <li>• <b>Legal Issues (CPS)</b></li> <li>• <b>Medical Issues</b></li> <li>• <b>Domestic Violence</b></li> <li>• <b>Substance Abuse</b></li> <li>• <b>Mental Health</b></li> <li>• <b>Developmental Disability</b></li> <li>• <b>Sexual Abuse Investigation</b></li> </ul>	<ul style="list-style-type: none"> <li>• 3 Day</li> <li>• 2 Days</li> <li>• 3 Days</li> <li>• 2 Days</li> <li>• 2 Days</li> <li>• 1 days</li> <li>• 3 Days</li> </ul>	<ul style="list-style-type: none"> <li>• Supervisors' approval must be obtained for registration</li> <li>• Registration will be coordinated through the Academy.</li> <li>• Mental Health &amp; Develop Disability will be offered in the same grouping</li> </ul>
<p><b>STAGE II</b></p> <p><i>within</i> { <b>Continuing Professional Development</b>  <b>Required Professional Enhancement Courses</b> <i>(To be completed</i>  <i>14 months after completion of classroom training )</i></p>	<ul style="list-style-type: none"> <li>• <b>Immigration Issues</b></li> <li>• <b>Culture</b></li> <li>• <b>HIV/AIDS</b></li> <li>• <b>Gay &amp; Lesbian Issues</b></li> </ul>	<ul style="list-style-type: none"> <li>• 1 Days</li> <li>• 2 Day</li> <li>• 2 Days</li> <li>• 1 Days</li> </ul>	<ul style="list-style-type: none"> <li>• Supervisors' approval must be obtained for registration</li> <li>• Registration will be coordinated through the Academy.</li> <li>• Immigration &amp; Culture will be offered in the same grouping</li> </ul>



<p><b>STAGE III</b></p> <p><b>Continuing Professional Development</b></p> <p><i>(To be completed within 18 months after completion of the Specialty training)</i></p>	<ul style="list-style-type: none"> <li>• <b>Other Elective Courses</b></li> </ul>		<ul style="list-style-type: none"> <li>• Supervisors' approval must be obtained for registration</li> <li>• Registration will be coordinated through the Academy.</li> </ul>
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*\* Courses Offered periodically and/or by special request*

## **SAMPLE CPS CASE**

(For use with practice in Safety and RAP Assessments in OJT)

### ***Introduction***

The supervisor can use the following case scenario to ensure the practice of skills learned and evaluate caseworker if:

1. Supervisor needs to complete Skills Progress Assessment on the caseworker
2. Caseworker is not able to interview a family or shadow an experienced worker
3. Supervisor feels caseworker needs more opportunity to practice skills before actually interacting with a family

### ***The Bechani Family (Sample CPS Case)***

Case was called in to State Central Register on Friday, 6/11/04, at 2:00pm by P.S. 208, the school of the 12 year old, Geneva Bechani, due to 60 days of absences in the second half of the school year, as well as her non-attendance at summer school. The case was received by the field office around 3:00pm and assigned to a caseworker to make contact prior to the weekend. No prior reports were listed in the intake, but the system was unavailable to check against due to computer problems.

*Note: Case summaries that are included here are not written as case notes. They are written in more of a storytelling/conversational tone in order for the caseworkers to be able to extract the necessary questions or information from, or to get a sense of what the interview was like. OBT's or Supervisors may also initiate a discussion about effective case documentation.*

#### **First Contact with Bechani Family: FACE TO FACE, Friday, 6/11/04 4:30PM**

Worker was unable to reach the school, as they had closed for the day, so the supervisor encouraged her to make contact with the grandmother in person, prior to the weekend.

Maternal Great Grandmother answered the door, appearing to have been awakened from a nap. She was resistant to allowing the worker to enter the apartment, but eventually let her in, "if we can make it brief". She stated she had a bad headache and needed to rest; her great granddaughter, Geneva, was in the bedroom watching TV. The apartment was a small, neat one bedroom, with a great deal of furniture (two couches and two armchairs with several small lamp

tables, coffee table and wall unit.) One of the couches was a fold-out couch used by Geneva to sleep at night. Adequate food was found in refrigerator and cabinets.

In response to the allegations, the Maternal Great Grandmother, Ms. Pilar, stated there was no problem. She had already spoken to the school, and reported that the school counselor had said that her great-granddaughter needed to attend summer school this year. Ms. Pilar stated Geneva's parents were separated and that the father no longer has contact with the mother or her children. Geneva currently lives with MGGM because her home is so close to the girl's school, and MGGM states that Geneva's mother is currently out of town, unable to be reached, as she has no phone. An appointment was set up for Monday morning, 6/14/04 at 10:00AM. The MGGM stated she is responsible for Geneva, but the girl's mother is quite active and involved. MGGM stated she would also inform the girl's mother to be at the appt. on Monday when she calls over the weekend.

OFFICE OF CHILDREN AND FAMILY SERVICES  
CHILD PROTECTIVE SERVICES  
INTAKE REPORT

CASE NAME: Suhari Bechani  
ITAKE CASE ID: 3391

## SUMMARY

DATE REPORTED: 06/11/04                      PRIMARY WORKER            : Devora Lambert  
TIME REPORTED: 02:05 PM                    COUNTY/ZONE                : Manhattan  
CLASSIFICATION: CPS – Familial            SECONDARY WORKER        :  
INTAKE TYPE:                                  Initial                            COUNTY/ZONE                :  
WORKER TAKING INTAKE: 2056

Worker Safety: N                              Sensitive Issues: N                              Special Handling: N

## LIST OF PRINCIPALS

<u>LINE</u>	<u>ADDR</u>	<u>NAME</u>	<u>AKA</u>	<u>RELATIONSHIP</u>	<u>ROLE</u>	<u>SEX</u>	<u>DOB(AGE)</u>	<u>PERS ID</u>	<u>LANG</u>
01	P01	Suhari Bechani		Mother	No Role	F	11/01/66(38)	24242424	EN
		ETHNICITY/RACE: East Indian							
02	P01	Geneva Bechani		Daughter	Ed Neglect	F	06/15/91(12)	24242425	EN
		ETHNICITY/RACE: East Indian							
03	P01	Maria Pilar		Mat. Grt Grandmo	Algd Sub	F	05/10/32(72)	24242428	EN
		ETHNICITY/RACE: East Indian							

## REPORTED ADDRESS INFORMATION

<u>ADDR #</u>	<u>STREET</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>CNTY</u>	<u>CD</u>	<u>PHONE</u>	<u>EXT</u>
01	132-03 Billet Street APT 1A	BKLYN	NY	11557	BKLYN	08	(718) 529 –	

## ALLEGATION DETAIL

<u>LINE</u>	<u>MALTREATED/ABUSED CHILDREN</u>	<u>ALLEGATIONS</u>	<u>LINE</u>	<u>ALLEGED SUBJECT(S)</u>
02	Geneva	Educational Neglect	04	Maria Pilar

## REPORTER INFORMATION

NAME: M. Jones                      RELATIONSHIP: Guidance Counselor                      AGENCY: P.S. 208                      FINDINGS: Y  
ADDR: 1050-08 Barrick Ave.                      Brooklyn                      NY                      11558-0383                      BROOKLYN                      BS

OFFICE OF CHILDREN AND FAMILY SERVICES  
CHILD PROTECTIVE SERVICES  
INTAKE REPORT

CASE NAME: Suhari Bechani  
ITAKE CASE ID: 3391

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## **SAFETY FACTORS**

CARETAKER UNABLE TO PROVIDE ADEQUATE SUPERVISION  
Other (Specify in narrative)

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### Call Narrative

#### Narrative:

DAUGHTER GENEVA HAS MISSED 60 DAYS OF SCHOOL, APPROXIMATELY 70% OF THE SPRING SEMESTER, AND WILL BE REQUIRED TO ATTEND SUMMER SCHOOL IN ORDER TO MOVE TO NEXT GRADE. GENEVA CURRENTLY LIVES WITH 72-YEAR OLD GREAT GRANDMOTHER, WHO STATES THAT SHE DOES NOT SEE THE CHILD'S ABSENCES AS A PROBLEM AND GENEVA WILL BE BACK IN SCHOOL AS USUAL IN SEPTEMBER.

#### Miscellaneous Information:

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## ***The Bechani Family (continued)***

### **Additional Information from subsequent report called in over the weekend: Sunday, 6/13/04**

The following report was called in to SCR on Sunday evening around 8:00PM by police who investigated a 911 call from a local store. The report was investigated by ECS and an oral report was called in to the field office early Monday morning.

### **Supervisors**

Try to set up an individual or group discussion during the OJT in which the new workers will have to come up with what are the first steps to be taken in an investigation. The SAMPLE CASE provided will offer several opportunities to assess how the worker has integrated the Common Core material, as well as how much they have begun to understand their role as CPS Caseworkers. Prior to the CPS Specialty training, they will not yet have received many of the ACS/PD-specific protocols (unless they have been addressed in their early weeks of OJT during the Common Core); however, this would be a useful exercise for getting them to start integrating some of these processes into their learning experience, or further applying what you may have done with them already. In an initial supervisory consultation with the Bechani case, the worker and supervisor identify the needs for several issues to be addressed, which might include any or all of the following:

- a) Preparation for a safety assessment that would include gaining enough information to make a safety decision;
- b) Exploring any need for a safety plan or safety interventions;
- c) Family history of Domestic Violence and previous actions taken or any current safety plans that might be in place with the DV Shelter (administering of DV Protocol);
- d) Getting information about the current DV Shelter in which the mother is residing with her son & getting mother to sign release of information forms;
- e) Status of the father's involvement and contact with his children & identification of any existing orders of protection;
- f) Information relating to absences in school and any actions taken that might indicate Mat. Great grandmother's ability to adequately supervise her granddaughter and address her needs;
- g) All of the above, in addition to addressing allegations, gaining basic family history, mother's employment, immunizations of children, etc.

OFFICE OF CHILDREN AND FAMILY SERVICES  
CHILD PROTECTIVE SERVICES  
INTAKE REPORT

CASE NAME: Suhari Bechani  
ITAKE CASE ID: 3391

**SUMMARY**

DATE REPORTED: 06/13/04                      PRIMARY WORKER            : Devora Lambert  
TIME REPORTED: 08:07 PM                    COUNTY/ZONE                : Manhattan  
CLASSIFICATION: CPS – Familial            SECONDARY WORKER        :  
INTAKE TYPE:            Initial                            COUNTY/ZONE                :  
WORKER TAKING INTAKE: 2056

Worker Safety: N                      Sensitive Issues: N                      Special Handling: N

**LIST OF PRINCIPALS**

<u>LINE</u>	<u>ADDR</u>	<u>NAME</u>	<u>AKA</u>	<u>RELATIONSHIP</u>	<u>ROLE</u>	<u>SEX</u>	<u>DOB(AGE)</u>	<u>PERS ID</u>	<u>LANG</u>
01	P01	Suhari Bechani		Mother	No Role	F	11/01/60(38)	24242424	EN
		ETHNICITY/RACE: East Indian							
02	P01	Geneva Bechani		Daughter	Mal Child	F	06/15/91(12)	24242425	EN
		ETHNICITY/RACE: East Indian							
03	P01	Steven Bechani		Son	No Role	M	12/28/69(29)	24242426	EN
		ETHNICITY/RACE: EastIndian							
04		Jamar Bechani		BioFather	Aldd Sub	M	11/28/69(29)	24242427	EN
		ETHNICITY/RACE: East Indian							
04		Maria Pilar		Mat. Grt Grandmo	No Role	F	05/10/32(72)	24242428	EN
		ETHNICITY/RACE: East Indian							

**REPORTED ADDRESS INFORMATION**

<u>ADDR #</u>	<u>STREET</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>CNTY</u>	<u>CD</u>	<u>PHONE</u>	<u>EXT</u>
01	132-03 Billet Street APT 1A	BKLYN	NY	11557	BKLYN	08	(718) 529 –	
02	155 Morgan Street	JAMAICA	NY	10562	QUEENS	12	(718) 238 –	

**ALLEGATION DETAIL**

<u>Line</u>	<u>MALTREATED/ABUSED CHILDREN</u>	<u>ALLEGATIONS</u>	<u>Line</u>	<u>ALLEGED SUBJECT(S)</u>
02	Geneva	Inadequate Guardianship Domestic Violence	04 04	Jamar Bechani Jamar Bechani

**REPORTER INFORMATION**

NAME: Elliot Williams            RELATIONSHIP: Law Enforcement            AGENCY: 32<sup>nd</sup> PRECINCT            FINDINGS: Y  
ADDR: 1050-08 Jones Street            Brooklyn            NY            11558-0383            BROOKLYN            BS

OFFICE OF CHILDREN AND FAMILY SERVICES  
CHILD PROTECTIVE SERVICES  
INTAKE REPORT

CASE NAME: Suhari Bechani  
ITAKE CASE ID: 3391

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## **SAFETY FACTORS**

- 4. Child has experienced physical harm as a result of Domestic Violence in the household
  - 6. Caretaker's behavior is violent and appears to be out of control
  - 9. Caretaker has caused serious physical harm or threat of harm to child
  - 18. Other (Specify in narrative)
- 

### Call Narrative

#### Narrative:

JAMAR, WHO HAS BEEN DIVORCED FROM SUHARI FOR THREE YEARS, SAW HER AND THE CHILDREN GOING INTO A K-MART TONIGHT. HE FOLLOWED THEM IN AND THEN STARTED TO ARGUE WITH SUHARI. GENEVA STEPPED IN BETWEEN THEM AND HE GRABBED HER BY THE HAIR, AND THREW HER DOWN. HE THEN FLED.

#### Miscellaneous Information:

JAMAR IS NON-DOMICILED AND POLICE HAVE LOOKED FOR HIM, BUT SO FAR HAVE NOT FOUND HIM.

6 PRIOR REPORTS: Dom Violence, AB/Maltreatment, Ed Neglect

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## **ECS REPORT, 6/13/04**

EMERGENCY CHILDREN'S SERVICES WORKER MET WITH MS. SUHARI BECHANI, GENEVA'S MOTHER AT 9:30PM AT THE GRANDMOTHER, MS. MARIA PILAR'S RESIDENCE 132-03 BILLET STREET, BKLYN. PRESENT WERE GREAT-GRANDMOTHER, MOTHER, GENEVA AND BROTHER STEVEN. SANITARY CONDITIONS. CPS/ECS OBSERVED ADEQUATE FOOD IN THE HOME AS WELL.

MOTHER WAS SHAKEN AND ANGRY THAT ACS HAD BEEN CALLED. THERE WERE NO EVIDENT SIGNS OF INJURY TO THE TWELVE YEAR OLD, GENEVA BECHANI, BUT SHE APPEARED VISIBLY UPSET AND FEARFUL. THE FOUR-YEAR OLD CHILD, STEVEN BECHANI, WAS NOT PHYSICALLY HARMED IN THE INCIDENT, BUT ALSO APPEARED VISIBLY SHAKEN AND WAS CRYING AND CLINGING TO HIS MOTHER THROUGHOUT THE INTERVIEW.

POLICE HAD STATED THAT THIS WAS THE THIRD REPORT OF A DOMESTIC VIOLENCE INCIDENT INVOLVING THE MOTHER AND HER EX-HUSBAND, BUT THE FIRST ONE IN WHICH ANY OF THE CHILDREN HAVE BEEN PHYSICALLY HARMED OR INVOLVED. IN PREVIOUS REPORTS, AS WELL AS THIS ONE, THE MOTHER HAS REFUSED TO PRESS CHARGES AGAINST MR. JAMAR BECHANI AND SHE INSISTS THAT SHE HAS TAKEN EFFORTS TO PROTECT HERSELF AND HER CHILDREN AGAINST HIM.



MS. BECHANI STATES THAT HER EX-HUSBAND HAS NO KNOWLEDGE OF HER CURRENT ADDRESS AS LISTED IN THE REPORT AND THAT SHE WILL BE SAFE RETURNING TO THAT ADDRESS TONIGHT WITH STEVEN. MS. PILAR CONFIRMED THAT THE RESIDENCE IS A DV SHELTER THAT IS CLEAN AND SAFE FOR THE YOUNGER CHILD. MS. BECHANI REQUESTED THAT THIS ADDRESS NOT BE SHARED WITH MR. BECHANI. THE MAT. GRANDMOTHER STATED THAT A MEETING IS ALREADY SCHEDULED AT 10:00AM IN THE MORNING, 6/14/04, WITH THE CASEWORKER ASSIGNED TO THE CASE FROM A PREVIOUS REPORT, AND THAT WORKER WILL FOLLOW UP ON THE INVESTIGATION. MS. BECHANI AGREED TO RETURN TO HER GRANDMOTHER'S APT FOR THIS APPT.

## ***The Bechani Family (continued)***

### **Second Contact With the Bechani Family: FACE TO FACE Monday, 6/14/04, 11:00AM**

Worker arrived late at Ms. Pilar's apartment, due to a necessary supervisory consultation when she arrived at the field office. This consultation addressed the incident that had occurred the night before, as well as the \*second intake report, which included the notes from the Emergency Children's Services worker, Ms. Jones. In this second contact, both the Mat. Great Grandmother and the Mother are present, along with the two children, Geneva and Steven. The worker expresses concern over the incident from the preceding evening, and indicates that s/he has only received a small amount of information regarding what had happened.

During the course of the interview, the worker finds out that there was a Domestic Violence incident last fall at the previous residence where the mother lived with both her children, in the same neighborhood as her grandmother. When it happened, a friend at work had referred her to a local agency that handled domestic violence situations. The agency helped her to develop a plan for getting away from her husband who had moved out the year before, but would occasionally show up at her door, demanding to be let back in. [She had previously refused to take out an order of protection against him and would never contact the police when such events occurred, but neighbors had twice reported the incidents to police due to the loud noises and shouting in the middle of the night.] The agency helped Ms. Bechani find the DV shelter where she currently resides with her 4 yr. old son, and she left her 12 year-old daughter with the girl's great grandmother, so that Geneva wouldn't have to leave her school and friends. Her ex-husband has never contacted or bothered the great grandmother. (Ms. Bechani was raised by her grandmother, Ms. Pilar, as a small child, following her own mother's death from pneumonia when she was seven.)

Problems with Geneva began around Christmas, following the move over the Thanksgiving holiday. Her mood became depressed, often keeping to herself in her room, and having frequent nightmares. In January, her great grandmother suffered a minor stroke and Geneva would often worry about leaving Ms. Pilar alone, beginning to stay home from school more frequently as the New Year began. She was not allowed to know where the DV shelter was, so she could only see her mother when her mother came to visit. Her nightmares were often

about fears of her father coming in the middle of the night to “get” her mother and then frightening her grandmother to death, even though this had never happened. No efforts have been made to address this.

Ms. Bechani stated she had gone to K-Mart the night before with her children to shop for Geneva’s upcoming birthday, hoping to cheer her up with a new outfit and shoes. Ms. Bechani reported this was the first time she had seen her husband with the children present and she could not explain how Mr. Bechani had found them there. She also stated this was the first time one of the children had ever been involved in one of the incidents between her and her husband. He had rarely ever struck the children. Last night at K-Mart, he appeared to have been drinking heavily and Ms. Bechani felt that this had a strong influence on his “loss of control”. She was angry at Geneva for trying to step in between she and her husband, as that seemed to be the thing that set him off. The K-mart manager had called the police and then confronted Mr. Bechani, which caused him to run out of the store. Ms. Bechani expressed concern for her husband’s well-being as she had “never seen him that bad off before”.

Worker addressed the large number of absences from school and the high likelihood that Geneva will have to repeat the grade she just completed, if she does not attend summer school. Ms. Pilar commented on how difficult all of these recent changes have been on Geneva and how “her head is filled with worries” about her mother & brother, as well as she herself “now that I’m having a little trouble getting around as well as I used to”. She commented on how “the counselor at school was making Genie worry more when she was scolding her for being absent”, and how “sometimes she would seem so wound up and worried in the mornings, I didn’t have the heart to make her go to school.” Geneva has also sometimes had to take on babysitting duties with her younger brother after his Day Care when mother is working and their great grandmother is not feeling well. Ms. Bechani and Ms. Pilar agreed to accompany Geneva to school and get information regarding expectations for upcoming summer school session, as well as addressing her school needs for the coming year.

**Visit to DV Shelter with Mother: 6/14/04 (following home visit to Ms. Pilar’s apt.)**

Worker accompanied Ms. Bechani back to the DV shelter to monitor current living conditions for her and her son, Steven, as well as to make contact with current monitoring caseworker there. They managed to set up a working relationship and to identify what interventions are being put in place already by

the agency to address the mother's needs, as well as to discuss a need for encouraging Ms. Bechani to consider taking out an order of protection for herself and her family. The DV caseworker commented on how resistant the mother has been up to this point to taking out an Order of Protection against her ex-husband. She also mentioned that they had to help Ms. Bechani get another job, because Mr. Bechani was showing up at her previous job after she had moved out.

There has been no filing for divorce over the past two years, no order of protection sought, and an ongoing "hope" on the part of the mother that she and her husband will "get back together somehow". Her husband has currently lost his job and his apartment and appears to be drinking heavily. No history of drugs.

DV Protocol was completed and worker still could not get any address or phone number for reaching the father. Police had stated they would call if he was picked up.

**Third Contact with Bechani Family: FACE TO FACE End of first week, 6/18/04, 2:00PM**

Interview was set up at the DV shelter with a consultation with the legal consultant there. Worker had asked them to speak to the mother about the benefits of taking out an order of protection in order to begin documentation of her husband's behavior and to provide more immediate support available from police.

Worker explored the history of the relationship in more specific detail, so as to help develop a better assessment of the family's possibility for change or getting back together. In addressing Ms. Bechani's high tolerance for the abusive treatment from her husband, it was revealed that her own father used to beat her mother. She stated that in her culture, the man was in charge of the household and needed to be obeyed. She stressed that he had never hurt her so bad that she had to be hospitalized. She reported that the bruises were usually her fault anyway because she had spoken back or interrupted him. She admits to being very confused, she doesn't think its right that she has broken up the family and has now caused him not to have a place to live and the children not to have a father, and she feels responsible for Geneva's recent problems (failure in school, loss of appetite, continued nightmares, and isolation from friends).

Worker explored mother's willingness to consider family counseling at a local preventive program. She encouraged Ms. Bechani that they could address many of the family's interrelated needs, in addition to helping them work together more as a family in deciding what the best decisions might be for their immediate future. Ms. Bechani seemed hesitant, but willing to give it a try due to her daughter's immediate needs. She also reported that the school had already scheduled Geneva into summer school and an interview would be set up after the program was complete in order to decide what might be in her best interest for next year. In addition, Ms. Bechani has been referred to a possible kindergarten Day School program for Steven in the coming year that might make it easier for her to get a more substantial job and relieve her dependency on her grandmother and daughter for childcare needs. The shelter has managed to get Ms. Bechani on a waiting list for an apartment in Queens, not far from Ms. Pilar's current neighborhood.

## **Family Assessment – Valdez’s Case**

### **FAMILY ASSESSMENT - ANALYSIS - FAMILY VIEW**

**What is the family's view of the situation at this time? What do they see as their most pressing needs and concerns? What does the family believe needs to happen in order for them to meet the needs of their children for safety, permanency and well-being? What do they want from Child Welfare or other services at this time?**

#### **CASE PLANNER SUMMARY**

Ms. Valdez and Mr. Sanchez have stated that some changes need to be made in the home. Jose believes he needs to stop drinking. Ms. Valdez admits that her mental health illness prevented her from supervising her children and caring for her children. Hector wants to obey his mother but finds it difficult to live with Jose and his drinking. Melissa is glad to have her grandmother move in to care for Jessica and help with the household chores. Rosa states she will help out her daughter in any way she can.

### **FAMILY ASSESSMENT - ANALYSIS - BEHAVIORS AND CONTRIBUTING FACTORS**

**Based on your assessment of safety, risk and family functioning, what factors and underlying conditions interact to sustain the behaviors or conditions that warrant child welfare intervention?**

#### **CASE PLANNER SUMMARY**

Currently there are several conditions that require child welfare interventions. Ms. Valdez and Mr. Sanchez appear to have difficulty in understanding and maintaining parental roles. They expect Melissa to take care of household chores as well as tend to Jessica's medical needs and supervision of Justin. Ms. Valdez's depression has contributed to her inability to care for and supervise her children. Ms. Valdez' is also dealing with feelings of uprooting her older children from their father due to domestic violence. Mr. Sanchez feels that it is Ms. Valdez's responsibility to take care of Jessica's medical needs and the educational and supervision needs of the children. His excessive use of alcohol also affects his ability to help with caretaking needs of the children. His daily drinking has led to fighting with other household members and contributes to his conflicted relationship with Hector. His anger towards Hector led to Mr. Sanchez making a threat of physical harm toward him. Mr. Sanchez will not share the responsibility for responding to Jessica's sleep apnea monitor. Ms. Valdez and Mr. Sanchez have not responded to the children's educational needs. They have expected Melissa to miss school while she helps take care of her baby sister at home. They have also allowed Hector to miss school and have no idea where he is when he is not in school. They have little experience in working with the school to change the truancy issues. When they are notified of a problem, they have made excuses as to why they can't attend school meetings to discuss the issues. It is unclear what the family's belief toward education is at this time.

### **FAMILY ASSESSMENT - ANALYSIS - STRENGTHS**

**What individual family, and community strengths, resources and supports can be used to meet the family's pressing needs and support their ability to meet the child's needs for safety, permanency and well being?**

#### **CASE PLANNER SUMMARY**

Mr. Sanchez has become aware that his excessive use of alcohol has negatively impacted his family. Rosa Valdez has moved into the home and is providing support in supervision of the children and relieving Melissa in monitoring Jessica's medical needs. She can provide active guidance, nurturing and discipline of the children. Ms. Valdez and Mr. Sanchez were involved in safety planning for their children and are willing to make changes to make the necessary changes in their home.

### **FAMILY ASSESSMENT - ANALYSIS - NEEDED IMPROVEMENTS/CHANGES**

**Based on your analysis what improvements/changes need to be made in family functioning, behavior, and/or living conditions to achieve the identified permanency planning goal and provide for child(ren)'s safety, permanency and well-being. (List changes individually).**

CASE PLANNER LIST

Ms. Valdez and Mr. Sanchez need to gain a greater understanding of Jessica's sleep apnea and improve their response to the apnea monitor and Jessica's medical needs.

Ms. Valdez and Mr. Sanchez need to improve their supervision of all the children while relieving Melissa of her parental role in caring for her siblings.

Ms. Valdez and Mr. Sanchez will communicate and work with the school staff to reduce the children's truancy.

Ms. Valdez will seek medical attention for her depression and how it affected her lack of involvement in parenting her children.

Mr. Sanchez will demonstrate alternative coping mechanisms to relieve his stressors rather than using excessive amounts of alcohol.

Hector will explore his conflictual relationship with Mr. Sanchez.

## **Family Service Plan – Valdez’s Case**

### **FAMILY SERVICE PLAN - OUTCOMES AND ACTIVITIES**

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The service plan described on this and any attached pages, represents a plan to help you meet the most important needs of your family. It is important that you read and understand this plan. It may be used to review agreed upon activities and to review progress.

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**O/A Status:** New  
**Date Created:** 07/01/2008

**Status Change Date:** 7/1/2008  
**Last Modified By:** Miller222, Jamie

#### **Problem/Concern (What Has To Change?)**

Ms. Valdez and Mr. Sanchez do not respond to Jessica's medical needs when her sleep apnea monitor goes off. They expect Melissa to respond to the alarm when she is home and especially during the night which often leaves her too tired to go to school.

#### **Outcome (Definition of Achievement)**

Ms. Valdez and Mr. Sanchez will demonstrate a greater understanding of Jessica's sleep apnea condition. They will show this by immediately responding to Jessica's needs when the sleep apnea monitor goes off.

#### **Strengths**

Ms. Valdez and Mr. Sanchez realize that it is their responsibility to respond to Jessica and her medical issues. They have the support of Rosa Valdez in making changes in their response to Jessica. The family has an established relationship with the visiting nurse agency.

#### **Family Activities**

Ms. Valdez and Mr. Sanchez will engage in a visit from the visiting nurse two times a week.

Mr. Sanchez and Rosa Valdez will be trained in the use of Jessica's monitor.

The family will keep a log of the alarms and their response to the alarm as a report for case planner, nurse and doctor. The family will show case planner and nurse their ability to respond to Jessica's apnea monitor and her current health needs. Jessica will be seen by pediatrician as needed as well as regular check-ups.

#### **Worker/Provider Activities**

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#### **Problem/Concern (What Has To Change?)**

Mr. Sanchez drinks to intoxication on a daily basis. While in this state he has verbal altercations with Ms. Valdez and the children. He recently made a physical threat of harm toward Hector.

#### **Outcome (Definition of Achievement)**

Mr. Sanchez will learn and show his ability to use alternative coping mechanisms rather than using excessive amounts of alcohol to manage his stress. Verbal altercations and physical threats toward his family will be reduced.

#### **Strengths**

Mr. Sanchez is aware that his excessive alcohol use has negatively impacted his family. Mr. Sanchez was involved in safety planning and is willing to make necessary changes in his home. Mr. Sanchez previously attended alcohol treatment and was sober for several years.

#### **Family Activities**

Mr. Sanchez will attend ABC Agency program for an alcohol evaluation. Mr. Sanchez will sign a release of information form so attendance can be confirmed by case planner. Mr. Sanchez will follow recommendations of evaluator for further services.



**Worker/Provider Activities**

Case Planner will call ABC Agency to get a copy of evaluation and attendance record for Mr. Sanchez. Case Planner will speak to Mr. Sanchez about his progress in treatment. ABC Agency will complete alcohol evaluations with Mr. Sanchez and report results to case planner.

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<b>O/A Status:</b>	New	<b>Status Change Date:</b>	7/1/2008
<b>Date Created:</b>	07/01/2008	<b>Last Modified By:</b>	Miller222, Jamie

**Problem/Concern (What Has To Change?)**

Ms. Valdez is diagnosed as having bipolar disorder, She doesn't take her medication on a regular basis. leaving her depressed and wanting to sleep all the time. She does not respond to her children's needs during these episodes.

**Outcome (Definition of Achievement)**

Ms. Valdez will address her depression and how it affects her children. She will increase her ability to care and supervise her family.

**Strengths**

Rosa Valdez is supportive of the family and willing to live in their home while issues get resolved. Ms. Valdez admits that she needs to get her medication under control so she can tend to her children.

**Family Activities**

Ms. Valdez will see her doctor on a regular basis. Ms. Valdez will fill her medication on a regular basis. She will follow the recommended schedule for taker her prescribed medications. She will ask her mother for assistance if unable to fulfill her care taking responsibilities.

**Worker/Provider Activities**

Case Planner will send for medical records of Ms. Valdez. Case Planner will assist M's. Valdez in getting medication filled on a regular basis.

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<b>O/A Status:</b>	New	<b>Status Change Date:</b>	7/1/2008
<b>Date Created:</b>	07/01/2008	<b>Last Modified By:</b>	Miller222, Jamie

**Problem/Concern (What Has To Change?)**

Melissa, Hector and Justin have numerous absences from school and are at risk of failing their current grades. Ms. Valdez and Mr. Sanchez have failed to communicate with the school regarding these issues.

**Outcome (Definition of Achievement)**

Ms. Valdez and Mr. Sanchez will communicate with school staff regarding their children's absences. They will establish a plan to discuss ongoing issues with teachers and other school personnel. The children's truancy will be reduced.

**Strengths**

Rosa Valdez has moved into the home and is able to support the parents with getting the children to school. Miguel Gonzalez wants to be involved in planning and goal attainment of Hector's educational progress. Hector and Melissa have expressed an interest in attending school on a regular basis.

**Family Activities**

Ms. Valdez and Mr. Sanchez will attend a meeting set up by case planner to discuss school issues. Ms. Valdez and Mr. Sanchez will respond to teacher's concerns by letter or phone. Rosa will care for children to enable parents to attend the meeting and plan for future issues.

**Worker/Provider Activities**

Case Planner will set up meeting to discuss communication plan with truancy/progress issues. Case Planner will

accompany Mr. Sanchez and Ms. Valdez and Mr. Gonzalez to the school meeting.

**O/A Status:** New **Status Change Date:** 7/1/2008  
**Date Created:** 07/01/2008 **Last Modified By:** Miller222, Jamie

**Problem/Concern (What Has To Change?)**

Ms. Valdez and Mr. Sanchez expect their 12 year old daughter Melissa to take care of her siblings and the household. All of the children are lacking parental supervision. Hector does not have a curfew and reportedly has been out in the neighborhood fighting, stealing and harassing neighbors.

**Outcome (Definition of Achievement)**

Ms. Valdez and Mr. Sanchez will demonstrate their knowledge of their parental roles and their children's development. They will implement and carry out a plan that includes them as supervisors and caretakers of their children and their home, while relieving Melissa's role as parent to her younger siblings.

**Strengths**

Ms. Valdez and Mr. Sanchez have the support of Rosa Valdez in the parenting of their children. Parents are willing to make changes in their home.

**Family Activities**

Ms. Valdez and Mr. Sanchez will attend Parenting Support Group at Brooklyn Family Services.

Ms. Valdez and Mr. Sanchez will sign a release information for parenting group facilitator to share information with the case planner.

Ms. Valdez and Mr. Sanchez will work with case planner to devise and use a plan for shared parental responsibilities. They will ask Rosa to assist them when they are unable to fulfill this plan. Rosa will provide child care so parents can attend groups.

**Worker/Provider Activities**

Case Planner will work with Ms. Valdez, Mr. Sanchez and Rosa Valdez to come up with supervision plan.

Case planner will review plan with family to discuss program and make changes as needed.

Case planner will speak with group facilitator regarding attendance by Mr. Sanchez and Ms. Valdez

**FAMILY SERVICE PLAN - FAMILY INVOLVEMENT**

**Describe the family's input to this service plan. Note specific family requests for services or changes to the plan. Specify which family members contributed, including children. Describe how you obtained family input. If there was limited or no family input, describe your efforts to involve family members.**

**CASE PLANNER SUMMARY**

Ms. Valdez and Mr. Sanchez are in agreement with preventive services for their other children and have voiced their concerns about what needs to change in their home. At this time, Mr. Sanchez has admitted that he needs to seek alcohol treatment and Ms. Valdez readily accepts that her mental illness has affected her parenting. Melissa has expressed a concern over her mother's ability to parent the other children in the home.

**FAMILY SERVICE PLAN - SERVICES NEEDED**

<u>Name</u>	<u>Age</u>	<u>Tracked Child</u>	<u>Service</u>	<u>Service Status</u>	<u>Initial Date</u>	<u>Date Last Modified</u>
Gonzalez, Melissa	12	Y	Case Management Services	Provided Direct	07/01/2008	07/01/2008
Gonzalez, Hector	15	Y	Case Management Services	Provided Direct	07/01/2008	07/01/2008
Sanchez, Justin	6	Y	Case Management	Provided Direct	07/01/2008	07/01/2008

Sanchez, Jessica	0	Y	Services Case Management	Provided Direct	07/01/2008	07/01/2008
Valdez, Maria	33		Services Case Management	Provided Direct	07/01/2008	07/01/2008
Valdez, Maria	33		Casework Counseling	Provided Purchased	07/01/2008	07/01/2008
Valdez, Maria	33		Mental Health Services	Provided Purchased	07/01/2008	07/01/2008
Valdez, Maria	33		Parent Training	Referred/Waitlisted	07/01/2008	07/01/2008
Sanchez, Jose	32		Case Management Services	Provided Direct	07/01/2008	07/01/2008
Sanchez, Jose	32		Alcohol Counseling/ Treatment	Provided Purchased	07/01/2008	07/01/2008
Sanchez, Jose	32		Parent Training	Referred/Waitlisted	07/01/2008	07/01/2008
Gonzalez, Hector	15	Y	Casework Counseling	Provided Purchased	07/01/2008	07/01/2008
Gonzalez, Hector	15	Y	Drug Counseling/ Treatment	Provided Purchased	07/01/2008	07/01/2008
Gonzalez, Melissa	12	Y	Casework Counseling	Provided Purchased	07/01/2008	07/01/2008
Sanchez, Justin	6	Y	Casework Counseling	Provided Purchased	07/01/2008	07/01/2008
Sanchez, Jessica	0	Y	Casework Counseling	Provided Purchased	07/01/2008	07/01/2008
Sanchez, Jessica	0	Y	Public Health Nurse	Provided Purchased	07/01/2008	07/01/2008

**FAMILY SERVICE PLAN - SIGNATURE PAGE**

<u>Name</u>	<u>Signature</u>	<u>Role</u>	<u>Date</u>
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End of the Report

## ACRONYMS

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ACD	ADJOURNMENT IN CONTEMPLATION OF DISMISSAL
ACD	ANTICIPATED COMPLETION DATE (UCR)
ACD	AGENCY FOR CHILD DEVELOPMENT (DAY CARE)
ACS	ADMINISTRATION FOR CHILDREN'S SERVICES
AF/PF	ALLEGED FATHER / PUTATIVE FATHER
AFCD /ADC	AID TO FAMILIES WITH DEPENDENT CHILDREN
ACM	ADOPTION CASE MANAGEMENT
ASA	ADULT SERVICES ADMINISTRATION
ASP /T	ASSESSMENT SERVICE PLAN TURNAROUND
BCW	BUREAU OF CHILD WELFARE (OBSOLETE NAME FOR CWA)
BICS	BENEFIT INSURANCE AND CONTROL SYSTEM
CA / N	CHILD ABUSE AND NEGLECT
CEU	CHILD ELIGIBILITY UNIT
CFS	CHILDREN AND FAMILY SPECIALISTS
CCRS	CHILD CARE REVIEW SYSTEM
CCA	CHILD CARE AGENCY (VOLUNTARY AGENCIES)
CHAP	CHILD HEALTH ASSISTANCE PROGRAM
CID	CASE INITIATION DATE
CIN	CLIENT IDENTIFICATION NUMBER
CIPS	CHANGE IN PROGRAM STATUS
CIS	CRISIS INTERVENTION SERVICES
COI	COURT ORDERED INVESTIGATION
COSRD	COURT ORDERED SUPERVISION RECORDING DOCUMENT
CPM	CHILD PROTECTIVE MANAGER
CPS	CHILD PROTECTIVE SERVICES
CSS	COMMISSIONER OF SOCIAL SERVICES
CWA	CHILD WELFARE ADMINISTRATION (OBSOLETE NAME FOR ACS)
CWRA	CHILD WELFARE REFORM ACT 1979

DAA	DATE OF APPROVAL
DAIS	DIVISION OF AIDS SERVICES INCOME SUPPORT
DAS	DIVISION ASSESSMENT SERVICES (PINS)
DFP	DIVISION OF FAMILY PERMANENCY
DFCS	DIVISION OF FOSTER CARE SERVICES
DFCS / UCIU	DFCS UNDERCARE INTAKE UNIT
DFY	NYSS DIVISION OF LEGAL SERVICES
DLS	DIVISION OF LEGAL SERVICES
DOA	DEAD ON ARRIVAL
DRC	DIAGNOSTIC RECEPTION CENTER
EAF	EMERGENCY ASSISTANCE TO FAMILIES
ECS	EMERGENCY CHILDREN'S SERVICES
EUGENE F	KINSHIP FOSTER CARE (NAME AFTER LAWSUIT)
FBH	FOSTER BOARDING HOME
FC	FOSTER CARE
FO	FIELD OFFICE (BKLYN, F.O. MANHATTAN F.O.)
FASP	FAMILY ASSESSMENT AND SERVICE PLAN
FP	FOSTER PARENT
FPP	FAMILY PRESERVATION PROGRAM
FTT	FAILURE TO THRIVE
GH	GROUP HOME
GWS	GROUP WORK SERVICES
HMS	HOMEMAKING SERVICES
HRA	HUMAN RESOURCES ADMINISTRATION
I & R	INVESTIGATION AND REPORT (GIVEN AFTER FINDING ON ARTICLE 10 CASE ONLY)
IS	INCOME SUPPORT (A.K.A. PUBLIC ASSISTANCE, WELFARE)
JSACWT	JAMES SATTERWHITE ACADEMY FOR CHILD WELFARE TRAINING
MAP	MEDICAL ASSISTANCE PROGRAM
MGM / F	MATERNAL GRANDMOTHER / FATHER
NA	NOT APPLICABLE

NR	NO RECORD
OCACM	OFFICE OF CONTRACT AGENCY CASE MANAGEMENT
OCSE	OFFICE OF CHILD AND FAMILY SERVICES
ODCFS	OFFICE OF DIRECT CHILD AND FAMILY SERVICES
OLA	OFFICE OF LEGAL AFFAIRS (OBOSLETE NAME FOR DLS)
OMH	OFFICE OF MENTAL HEALTH
OMRDD	MYS OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES
OFS	OFFICE OF FIELD SERVICES (CPM)
OPA	OFFICE OF PLACEMENT ADMINISTRATION (ALLOCATION)
OSI	OFFICE OF SPEICAL INVESTIGATION
OTI	OUT OF TOWN INQUIRY
PA	PUBLIC ASSISTANCE
PCN	PLACEMENT WITH COMMISSIONER FOR NEGLECT (C24)
P / D	PROTECIVE DIAGNOSTIC
PGM / F	PATERNAL GRANDMOTHER / FGRANDFATHER
PINS	PERSON IN NEED OF SUPERVISION
POS	PURCHASE OF SERVICES
PPRS	PURCHASE PREVENTIVE SERVICES
RCN	REMAND TO THE COMMISSIONER FOR NEGLECT (C23A)
RES – 1	REIMBURSEMENT ELIGIBILITY STUDY
RES – 1A	REIMBURSEMENT ELIGIBILITY STUDY, REDETERMINATION
RTC	RESIDENTIAL TREATMENT CENTER
RTF	RESIDENTIAL TREATMENT FACILITY
SCR	NYS CENTRAL REGISTER
SDR	SEQUENCE DETERMINATION REPORT (REPLACES DSS – 2223, 60 DAY REPORT)
SPCC	SOCIETY FOR PREVENTION OF CRULETY TO CHILDREN
SPR	SERVICE PLAN REVIEW
SCG	SYSTEMS COMPLIANCE GROUP
SSC	SPECIAL SERVICES FOR CHILD (OBOSLETE NAME FOR ACS)

SSPS	STATEWIDE SERVICES PAYMENT SYSTEM
TPC	THIRD PARTY CONFERENCE
TPR	TERMINATION OF PARENTAL RIGHTS
TPR	REVIEW (AKA SERVICE PLAN REVIEW)
UCR	UNIFORM CASE RECORD
WIC	WOMEN, INFANT, CHILDREN'S PROGRAM (NUTRITION)
WM	WELFARE MANAGEMENT SYSTEM





# **CHAPTER EIGHT**

## **PART FOUR –**

### **CPS PRACTICE CORE POSTERS**

- Interpersonal Helping Skills
- Five Elements of Change
- Core Conditions
- Four Child Welfare Outcomes
- Categories of Strengths
- Primary Needs
- Stages of the Professional Relationship
- Variables Comprising Underlying Conditions
- Contributing Factors
- Decision Points



# *interpersonal* **Helping Skills**

- *Listening*
- *Attending*
- *Non Verbal Communication*
- *Questioning*
- *Reflection*
- *Concreteness*
- *Summarization*
- *Confrontation*

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# **Five Elements of Change**

- 1. Present Discomfort**
- 2. Emotional Security**
- 3. Internalization of  
Responsibility**
- 4. Efficacy**
- 5. Preferred Alternative  
Future**

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# Core Conditions



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# **Four Child Welfare Outcomes**

- 1. Children are safe**
  - 2. Families are strengthened**
  - 3. Children & Adolescents have Permanency**
  - 4. Children & Adolescents developmental needs are met**
- 

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# **CATEGORIES OF STRENGTHS**

**Thinking Skills**

**Emotions & Feelings  
(management of)**

**Motivation**

**Ethical Values**

**Coping Skills**

**Interpersonal Skills & Resources  
(people skills & supports)**

**External Factors**

**Creativity & Humor**

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# Primary Needs

**Growth:** the drive to evolve physically, emotionally, socially, intellectually, morally, and spiritually.

**Autonomy:** the drive to independence, to govern oneself.

**Self-esteem:** the striving to feel good about oneself.

**Affiliation/Love:** the drive to love and be loved, and to associate with others.

**Security:** the need to psychologically and physically experience safety within oneself and in relation to one's environment.

**Survival:** the drive to satisfy basic physical, demands for oxygen, food, shelter, sex.



# Stages of the **PROFESSIONAL RELATIONSHIP**

1. Pre-engagement  
anticipation of the other
2. Engagement
3. Reaching for mutual  
understanding
4. Taking action
5. Decision to continue

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# **Variables Comprising Underlying Conditions**

- 
- ***Perceptions***
  - ***Beliefs***
  - ***Values***
  - ***Emotions***
  - ***Capability***
  - ***Self-concept***
  - ***Experience***
  - ***Development***
  - ***Family Systems***
  - ***Culture***

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# ***Contributing Factors***

Conditions or variables (physical, psychological, sociological, and/or environmental circumstances) that may contain strengths or undermine a family's ability to meet its members' needs and influence behavior.

- **Mental Health Status**
- **Alcohol/Substance Use**
- **Domestic Relations**
- **Developmental Capacity**
- **Physical Capacity**
- **Culture**
- **Religion**
- **Environment**
  - Income
  - Housing
  - Social Isolation/Connectedness
- **Other**

# Decision Points

- Is this a case we should serve?
  - Is (are) the child(ren) safe?
  - Is (are) the child(ren) being abused or maltreated?
  - Is there risk to harm?
  - Is there risk of foster care?
  - Is there risk of child welfare outcomes not being attained?
  
- Is change necessary?
  
- How should the family be served?
  - What actions are needed to influence change where change is necessary?
  - Should services be intensified?
  - Can services be stepped down?
  - Should the goal be changed?
  
- When do we end our involvement?

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## **TUS GUIDE TO OJT**

# **Appendices**

- Appendix A Protocols
- Appendix B All Attached Readings
- Appendix C Code of Conduct