

Child Welfare/Child Protective Services Common Core Training for Caseworkers

# Supervisor's Guide to Common Core

How to Guide New Caseworkers Through the Common Core's Preparation, Classroom, On-the-Job/Field Training, and Transfer-of-Learning Components



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**Center for Development of Human Services**

*...Transfer is the evidence that what was learned  
is actually being used on the job for which it was intended.  
J.H. Olson, Jr.*

Source: "The Evaluation and Enhancement of Training Transfer."  
International Journal of Training and Development: 2 (1), March 1998, pp. 65-71.



Research Foundation of SUNY Buffalo State College  
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# Introduction

This Guide is designed to help you prepare your new caseworkers to participate in their Core training, enable them to successfully complete all the Common Core training components, and then to transfer what they learned in the Common Core to their job in your district/agency. As the supervisor, your role in this process is seminal. You are not alone, though. Just as the team approach is essential to successful child welfare outcomes with families, it is also critical to the successful development of new child welfare caseworkers. Members of the Caseworker Development Team include the trainee, the staff developer, the senior/mentor caseworker and the CDHS trainer, in addition to you, the supervisor. The team will collaborate throughout the Common Core training process in order to provide the individualized support needed by each trainee. This ongoing, collaborative developmental process will be documented, via the Child Welfare Caseworker Job Readiness Review and the Job Readiness Self-Assessment, and discussed by the Caseworker Development Team at the mid-Core and post-Core conferences.

This Guide:

- Describes the step-by-step process of preparation for and participation in the Common Core training, including the use of computer-based training and *iLinc* components.
- Provides required on-the-job (OJT)/field training and transfer of learning (TOL) activities necessary for trainees to apply the knowledge and skills learned in the classroom on the job.
- Provides tools to evaluate trainees' progress throughout their classroom and OJT/field training experiences.

The Guide is divided into 10 sections, plus the Appendices. The sections are:

1. **Common Core Training Overview Chart** – This chart provides an overview of the structure and timeframes of the Common Core training, listings of required computer-based training components, specific responsibilities for OJT/field training tasks, and information about resource materials. It also includes assignments and responsibilities related to Child Protective Services Response Training (CPSRT) for supervisors with trainees attending that specialty course following Common Core training.
2. **Review of Pre-, Mid- and Post-Core Caseworker Development Team Conference Process** – This section includes information about the procedures related to the Caseworker Development Team conferences and agenda outlines for the pre-Core, mid-Core and post-Core conferences.
3. **Common Core Training Performance Expectations and Guidelines** – This section contains expectations and guidelines for the role of each member of the Caseworker Development Team (trainee, supervisor, staff development coordinator, and trainer).
4. **Protocol for Administering the Common Core Pre-Test** – This section describes the process for completion of the Common Core Pre-Test.

5. **Computer-Based Training Components (listed within the Common Core Training Overview Chart)** – These components include both synchronous and asynchronous activities that introduce basic child welfare case practice, legal concepts, definitions, terms, and issues relevant to child welfare work. Synchronous computer-based training components are delivered via *iLinc*, a virtual classroom where the instructor(s) and trainees are logged onto computers throughout the state at the same time. Asynchronous computer-based training components consist of automated PowerPoint presentations with narrative (like watching a brief movie on the computer). They are interactive and contain video clips, links to handouts, worksheets, and “pop-up” explanations as the trainee rolls the mouse over indicated content. The Common Core Training Overview Chart delineates the timeframes for completion of the computer-based training components. The *Training Space* asynchronous computer-based training website is accessed through this URL: [www.trainingspace.org](http://www.trainingspace.org). The *iLinc* synchronous computer-based training website is accessed through this URL: [www.ocfs.state.ny.us/iLinc/](http://www.ocfs.state.ny.us/iLinc/). See the information provided by the trainer for more details about *Training Space* and *iLinc* usage.
6. **On-the-Job/Field Training Tasks (listed within the Common Core Training Overview Chart)** – These job-related tasks will be completed at the local district/agency during the field training weeks between classroom weeks and following completion of the classroom training. The Common Core Training Overview Chart provides detailed tasks and optimal timeframes for maximizing the transfer of learning. Supervisors have the flexibility to prioritize and re-order OJT/field training tasks to meet the professional development needs of the trainee and/or the needs of the district/agency.
7. **Initial Child Welfare Caseworker Job Readiness Self-Assessment** – This is the self-assessment which the trainee will complete prior to attending classroom training. (Directions for use are included.)
8. **Interim Child Welfare Caseworker Job Readiness Self-Assessment** – This is the Self-Assessment that the trainee will update prior to the mid-Core conference for discussion during the telephone conference. (Directions for use are included.)
9. **Post-Core Child Welfare Caseworker Job Readiness Self-Assessment** – This is the Self-Assessment which the trainee will once again update prior to the post-Core conference for discussion during the on-site conference. (Directions for use are included.)
10. **Child Welfare Caseworker Job Readiness Review** – This tool is utilized by the supervisor/senior or mentor caseworker/staff developer and trainer to share an ongoing assessment of the trainee’s professional development as observed in the district/agency environment and in the classroom. (Directions for use are included.)
11. **Appendices** – This section contains an overview of the contents of the four modules of classroom training; details on learning objectives; key resource documents; information about the OBT training path; and a menu of training options to support professional development of caseworkers.

## The Structure of Common Core

The Common Core training includes the use of distance learning, computer-based training, guided job tasks to be completed on the job, and classroom-based instruction with trainer demonstrations,

individual and group activities (including role-plays), and other skills-practice opportunities. The Common Core includes 16 days of classroom training. Two of the 16 days of the classroom training are devoted to Legal Training. An additional two days of training are devoted to hands-on training on the CONNECTIONS electronic case recording system and are offered in tandem with Common Core if districts and agencies prefer their trainees to attend during their Common Core. (Attending this training in tandem with Common Core is optional. However, CONNECTIONS training is a required component. Districts/agencies that opt out of the classroom CONNECTIONS training are responsible for providing the CONNECTIONS training for their staff.)

Pre-classroom training includes:

- a pre-test;
- a trainee Initial Child Welfare Caseworker Job Readiness Self-Assessment; and
- computer-based training components (both synchronous and asynchronous).

Training begins in the district/agency, prior to attending classroom portions of training.

**It is a requirement that all participants complete all pre-classroom activities prior to attending the classroom training in order to minimize the time that the trainee will be away from the district/agency and maximize use of time in the classroom.**

Completion of each online component will be tracked in the computer system. If trainees do not complete the online components, they will not have foundation knowledge to build upon during classroom training. The staff development coordinator will be able to track the trainee's completion of pre-classroom components in the STARS program and will be able to access a report for the supervisor.

A week of OJT/field training follows each week of the classroom training. During the OJT/field training week, the worker has the opportunity to apply classroom learning to actual casework practice by completing specific tasks. You or your designee (e.g., a senior/mentor caseworker) will direct the trainee's completion of assigned tasks, based upon the worker's caseload or work assignment and the needs of the district/agency. The OJT/field training tasks are organized into a particular order and within certain timeframes so that field practice closely follows classroom instruction, thus maximizing the transfer of learning. It is important for trainees to complete all OJT/field training tasks and recommended that the practice occur within the weeks designated. If it is determined that the professional development needs of the trainee and/or the overall needs of the district/agency dictate adjustments to the focus or timing of particular OJT/field training tasks, you will have the flexibility to prioritize tasks, move practice opportunities to different weeks, or otherwise adapt the OJT/field training as necessary.

You (or your designee) will observe the worker's practice, assess the trainee's skills and knowledge, and document your assessment via the Child Welfare Caseworker Job Readiness Review. The review should be discussed during the mid-Core conference, which takes place between the second and third weeks of classroom training and is conducted via telephone. This process is meant to support you in coaching, modeling, and managing the worker's transfer of learning to the field environment. The "Supervisor's Guide to Assessing Practice" (distributed during Supervisory Core: Module One Foundations training and available online at <http://www.bsc-cdhs.org/internet/programs/child/TrainingResources.htm>) provides you with support in that supervisory role. (If you do not have a copy of the "Supervisor's Guide to Assessing Practice" and would like one, you may request one from CDHS.)

Additionally, the Appendices section of this Guide contains selected handouts from the Common Core Workbook and a summary of the Performance Management Cycle as tools to provide supervisory support. Assessment of skills is also documented in the Child Welfare Caseworker Job Readiness Review by the trainer, based on classroom observation. The trainee updates his/her self-assessment at this time via the Interim Child Welfare Caseworker Job Readiness Self-Assessment. The Child Welfare Caseworker Job Readiness Review is exchanged via e-mail or fax between the trainer and the district/agency at least one day prior to the mid-Core conference. During the mid-Core conference, everyone shares the assessment of the trainee's demonstration of skills in the classroom and in any opportunities for casework skills practice in the district/agency.

After the completion of the fourth week of classroom training, the trainee will again update his/her self-assessment via the Post-Core Child Welfare Caseworker Job Readiness Self-Assessment. The supervisor/senior or mentor caseworker/staff development coordinator and trainer also update their assessment in the Child Welfare Caseworker Job Readiness Review. The assessments are exchanged via e-mail or fax prior to the post-Core conference. This ongoing, shared assessment forms the basis for development of an individualized professional development plan during the post-Core conference to be held three to four weeks after the completion of the Common Core training for those not attending CPS Response Training (CPSRT) and two to four weeks following completion of CPSRT for those attending that specialty course. This conference will be held in person, on-site, at the district/agency and will include discussion of performance in the classroom as well as performance on OJT/field training tasks performed since the mid-Core conference.

# Common Core Training Overview Chart

Who	When	What	Time Required	Helpful Tools
<p>Caseworker Development Team (Trainee, Supervisor, Senior Caseworker, Staff Developer, CDHS Trainer)</p>	<p>At least 1 week prior to Classroom Training Module One (preferably 2 weeks prior)</p>	<p>Pre-Core conference (on-site): Conference serves as initial meeting of Caseworker Development Team; it is intended to launch ongoing collaboration necessary to support trainee's professional development throughout Core process, including Child Protective Services Response Training as required for specific trainees. Discussion of timeframes/content of training and expectations of all team members. (See <i>Supervisors' Guide to Common Core</i> for conference outline. Packets will be distributed to all members of the Caseworker Development Team by CDHS trainer and reviewed at this conference.)</p>	<p>1 1/2 - 1 3/4 hours</p>	<p>Supervisor's Guide to Common Core; Caseworker Development Team Packets; Virtual Tour of Training Space</p>
<p>Supervisor/Senior Caseworker/Staff Developer (as designated in district/agency)</p>	<p>The week before classroom training begins</p>	<p>Arrange for <i>Introduction to iLinc</i> training; provide technical and time management support to trainee to assure completion of all required tasks.</p>	<p>Varies</p>	<p>Supervisor's Guide to Common Core; Supervisor's Guide to Assessing Practice; Caseworker Development Team Packets</p>

Who	When	What	Time Required	Helpful Tools
Trainee	The week before classroom training begins	<p>Pre-Test; Initial Self-Assessment; Welcome Video/Supporting the Development of NYS Child Welfare Workers (TS CBT); Welcome to Child Welfare (TS CBT*); Child Development (Parts 1-2; TS CBT); Impact of Trauma on Children (TS CBT); Adult Development (TS CBT); Introducing Poverty (Parts 1-2; TS CBT); Understanding Parents and Children Who are Recent Immigrants (TS CBT); Identifying Native American Children (TS CBT); Ethics and Confidentiality (TS CBT); Documentation (TS CBT); Mandated Reporter (iLinc CBT; Part 1 in am and Part 2 in pm)                      {*TS=Training Space; CBT=Computer-based training}</p>	8.25 hours	<p>Adult Development Guide; Completion of <i>Introduction to iLinc</i> training; Caseworker Development Team Packet; Initial Child Welfare Caseworker Job Readiness Self-Assessment; Virtual Tour of Training Space</p>
Trainee, CDHS Trainers	Classroom Training Module One	<p>Overview of Child Welfare Practice in NYS; Introducing Critical Thinking in Child Welfare; Identifying Child Maltreatment; Identifying Child Abuse; Introducing Safety; Introducing Risk</p>	4 days	Common Core Workbook

<b>Who</b>	<b>When</b>	<b>What</b>	<b>Time Required</b>	<b>Helpful Tools</b>
<p>Supervisor/ Senior Caseworker/ Staff Developer (as designated in district/ agency)</p>	<p>OJT/Field Training Week A (the week between Classroom Training Modules One and Two)</p>	<ol style="list-style-type: none"> <li>1. Assign case(s) for trainee to observe interview(s):                             <ul style="list-style-type: none"> <li>• of parent(s).</li> <li>• of child(ren).</li> <li>• of a family.</li> </ul> </li> <li>2. Assign case record(s) for trainee to review for indicators of abuse and maltreatment.</li> <li>3. Review identified indicators of abuse and maltreatment from progress notes and photos; provide feedback and coaching.</li> <li>4. Assign interview(s) for trainee to observe and/or case record(s) for trainee to review for safety factors.</li> <li>5. Review trainee's identified safety factors and application of criteria to determine if there is immediate or impending danger of serious harm.</li> <li>6. Provide feedback and coaching regarding trainee's demonstrated knowledge of the first two steps in the assessment of safety.</li> </ol>	<p>Varies</p>	<p>Supervisor's Guide to Common Core; Supervisor's Guide to Assessing Practice. Handouts in Appendix: "New York State Framework of Child Welfare Practice"; "Child Maltreatment: The Definition"; "Child Abuse: The Definition"; "Critical Thinking Skills for Child Welfare Caseworkers"; "Defining Safety"; "Deciding on Safety"; "Expanded Safety Factors"</p>

Who	When	What	Time Required	Helpful Tools
Trainee	Mid-classroom Week A –CBT (the week between Classroom Training Modules One and Two)	Introduction to Your CONNECTIONS Workload (TS CBT); <i>Progress Notes</i> (Program Version: TS CBT*); CONNECTIONS <i>Family Services Stage</i> (TS CBT); <i>Working with Progress Notes in CONNECTIONS (iLinc CBT)</i> ; Substance Abuse (Parts 1-2: TS CBT); <i>Worker Safety</i> (TS CBT); CONNECTIONS <i>Family Services Intake</i> (TS CBT) {*TS=Training Space; CBT=Computer-based training}	6.5 hours	
Trainee	OJT/Field Training Week A (the week between Classroom Training Modules One and Two)	<ol style="list-style-type: none"> <li>1. Observe interview(s) conducted by senior/mentor caseworker(s): <ul style="list-style-type: none"> <li>• of parent(s).</li> <li>• of child(ren).</li> <li>• of a family.</li> </ul> </li> <li>2. Identify indicators of abuse and maltreatment by reviewing progress notes in CONNECTIONS Investigation Stage and any photos that are included in the case record.</li> <li>3. Following an observed interview and/or based on review of progress notes, identify safety factors and apply safety criteria to determine if there is immediate or impending danger of serious harm.</li> </ol>	Varies	Workbook handouts: "New York State Framework of Child Welfare Practice"; "Child Maltreatment: The Definition"; "Child Abuse: The Definition"; "Critical Thinking Skills for Child Welfare Caseworkers"; "Defining Safety"; "Deciding on Safety"; "Expanded Safety Factors"

Who	When	What	Time Required	Helpful Tools
<p>Trainee, CDHS Trainers</p>	<p>Classroom Training Module Two</p>	<p><i>Promoting Professional Casework Relationships in Child Welfare; The Core Conditions for Effective Professional Casework Relationships; Introducing the Role of Communication in the Casework Relationship; Using Effective Questions to Advance Child Welfare Practice; Using Reflections to Advance Child Welfare Practice; Summarizing; Using Confrontation to Create the Conditions for Change; Integrating Skills Necessary to Form and Maintain Professional Casework Relationships to Influence Change</i></p>	<p>4 days</p>	<p>Common Core Workbook</p>
<p>Supervisor/ Senior Caseworker/ Staff Developer (as designated in district/ agency)</p>	<p>OJT/Field Training Week B (the week between Classroom Training Modules Two and Three)</p>	<ol style="list-style-type: none"> <li>1. Observe interview with parent(s) or delegate observation of interview to senior/mentor caseworker.</li> <li>2. Review progress notes from observed interview; provide feedback and coaching to trainee.</li> <li>3. Following the interview, supervisor or senior/mentor caseworker provides feedback and coaching to trainee. If senior/mentor caseworker observed interview, the senior/mentor caseworker and trainee discuss interview with supervisor.</li> <li>4. Assess trainee's professional readiness by completing Child Welfare Caseworker Job Readiness Summary.</li> </ol>	<p>Varies</p>	<p>Supervisor's Guide to Common Core; Supervisor's Guide to Assessing Practice; Child Welfare Caseworker Job Readiness Review. Handouts in Appendix: "Stages of the Professional Casework Relationship in Child Welfare"; "Managing Your Authority"; "Pathway of Communication"</p>

Who	When	What	Time Required	Helpful Tools
Trainee	Mid-classroom Week B – CBT (the week between Classroom Training Modules Two and Three)	Family Systems (TS CBT*); Interviewing Families (TS CBT); Separation/Loss (Parts 1-2: TS CBT); Mental Illness (Parts 1-2: TS CBT); Understanding the Legal System and Its Relationship to Child Welfare Practice in New York State (TS CBT); Legal Issues when Children Cannot Remain in the Care and Custody of Their Parents (TS CBT); Exploring Permanency Options and Permanency Hearings (TS CBT); CONNECTIONS Family Assessment and Service Plan (TS CBT) {*TS=Training Space; CBT=computer-based training}	5 hours	
Trainee	OJT/Field Training Week B (the week between Classroom Training Modules Two and Three)	<ol style="list-style-type: none"> <li>1. Self-assess professional readiness by completing Interim Child Welfare Caseworker Job Readiness Self-Assessment.</li> <li>2. Conduct an interview or part of an interview with parent(s) in the presence of a supervisor or senior/mentor caseworker.</li> <li>3. Document observed interview(s) as progress notes in CONNECTIONS (if assigned a role in the case) or on hard copy practice form.</li> </ol>	Varies	Interim Child Welfare Caseworker Job Readiness Self-Assessment. Workbook handouts: "Stages of the Professional Casework Relationship in Child Welfare"; "Managing Your Authority"; "Pathway of Communication"

<b>Who</b>	<b>When</b>	<b>What</b>	<b>Time Required</b>	<b>Helpful Tools</b>
<p>Caseworker Development Team (Trainee, Supervisor, Senior Caseworker, Staff Developer, CDHS Trainer)</p>	<p>OJT/Field Training Week B (the week between Classroom Training Modules Two and Three)</p>	<p>Mid-Core Caseworker Development Team Conference (via phone): Conference continues ongoing collaborative process for supporting trainee's professional development. Shared assessment of progress via Child Welfare Caseworker Job Readiness Review and Interim Self-Assessment. Reinforcement of the need for trainees attending Child Protective Services Response Training following Common Core to complete pre-classroom online components prior to Week 1 classroom component of CPSRT. (See Supervisors' Guide to Common Core and Caseworker Development Team Packets for conference outline and forms.)</p>	<p>1<sup>1/2</sup>+ hours (varies, depending on trainee professional development needs)</p>	<p>Supervisor's Guide to Common Core; Caseworker Development Team Packets; Child Welfare Caseworker Job Readiness Review; Interim Child Welfare Caseworker Job Readiness Self-Assessment</p>
<p>Trainee, CDHS Trainers</p>	<p>Classroom Training Module Three</p>	<p>Conducting Assessments in Child Welfare; Strengths-Based Assessments; Assessing and Interviewing Children; Assessing Children's Need for Protection and Engaging the Family in Safety Planning; Applying Critical Thinking Skills to the Risk Assessment Profile; Understanding the Legal System and Its Relationship to Child Welfare Practice in NYS; Collaborating with Family Court to Achieve Child Welfare Outcomes; Exploring Permanency Options; Preparing Caseworkers to Testify in Court</p>	<p>4 days</p>	<p>Common Core Workbook</p>

Who	When	What	Time Required	Helpful Tools
<p>Supervisor/ Senior Caseworker/ Staff Developer (as designated in district/ agency)</p>	<p>OJT/Field Training Week C (the week between Classroom Training Modules Three and Four)</p>	<ol style="list-style-type: none"> <li>1. Observe interview of child(ren) or delegate observation of interview to senior/mentor caseworker.</li> <li>2. Following the interview, supervisor or senior/mentor caseworker provides feedback and coaching to the trainee. If senior/mentor caseworker observed interview, the senior/mentor caseworker and trainee discuss interview with supervisor.</li> <li>3. Review trainee's observation notes from family court or attorney conference.</li> <li>4. Discuss with trainee and respond to related questions.</li> <li>5. After trainee reviews "Locating Absent Fathers and Extended Family Guidance Paper," meet with trainee to review the questions he/she developed.</li> <li>6. Answer any questions; provide feedback and coaching.</li> <li>7. Meet with trainee to respond to any questions they have after reviewing "Keeping Siblings Connected: A White Paper on Siblings in Foster Care and Adoptive Placements in New York State."</li> <li>8. Assign case-related practice opportunity for trainee to use <i>A Guide for Caseworkers: Completion of the Permanency Hearing Report</i> (applied to trainee's own caseload if possible).</li> <li>9. Meet with trainee to review his/her assignment; provide feedback and coaching.</li> </ol>	<p>Varies</p>	<p>Supervisor's Guide to Common Core; Supervisor's Guide to Assessing Practice. Handouts in Appendix: "Interviewing Children"; "05- OCFS-INF-05 Locating Absent Fathers and Extended Family Guidance Paper"; "A Guide for Caseworkers: Completion of the Permanency Hearing Report"; "07-OCFS-INF-04 Keeping Siblings Connected: A White Paper on Siblings in Foster Care and Adoptive Placements in New York State"</p>

Who	When	What	Time Required	Helpful Tools
Trainee	Mid-classroom Week C – CBT (the week between Classroom Training Modules Three and Four)	<i>Domestic Violence</i> (Parts 1-3; TS CBT*); <i>Developmental Disabilities</i> (Parts 1-2; TS CBT); <i>CONNECTIONS Stage Composition Detail (iLinc CBT)</i> ; <i>CONNECTIONS Service Plan Review (iLinc CBT)</i> [*TS=Training Space; CBT=computer-based training]	6 hours	
Trainee	OJT/Field Training Week C (the week between Classroom Training Modules Three and Four)	<ol style="list-style-type: none"> <li>1. Conduct an interview or part of an interview with child (ren) in the presence of a senior/mentor caseworker.</li> <li>2. Observe family court testimony or an attorney conference as assigned by supervisor; take notes about your observations; discuss your observations and any questions with supervisor or senior mentor caseworker.</li> <li>3. Review "Locating Absent Fathers and Extended Family Guidance Paper" which is in the Common Core Legal Training Workbook in 05-OCFS-INF-05; develop questions that you might utilize related to identifying and/or locating non-custodial parents and family resources; discuss questions with your supervisor or senior/mentor caseworker.</li> <li>4. Review "Keeping Siblings Connected: A White Paper on Siblings in Foster Care and Adoptive Placements in New York State"; discuss any questions with your supervisor or senior/mentor caseworker. Search 07-OCFS-INF-04 on OCFS' website.</li> <li>5. Practice using <i>A Guide for Caseworkers: Completion of the Permanency Hearing Report</i> as assigned by supervisor; discuss with supervisor. Search "Permanency Hearing Reports" on OCFS' website.</li> </ol>	Varies	<p><i>A Guide for Caseworkers: Completion of the Permanency Hearing Report</i>;                      05-OCFS-INF-05                      Locating Absent Fathers and Extended Family Guidance Paper;                      07-OCFS-INF-04                      Keeping Siblings Connected: A White Paper on Siblings in Foster Care and Adoptive Placements in New York State                      Workbook handouts:                      "Interviewing Children"</p>

Who	When	What	Time Required	Helpful Tools
<p>Trainee, CDHS Trainers</p>	<p>Classroom Training Module Four</p>	<p><i>Using the Strengths, Needs and Risk Scales and the Assessment Analysis to Identify What Needs to Change; Developing the Service Plan; Engaging the Family in Service Planning; Summarizing and Transitioning</i></p>	<p>4 days</p>	<p>Common Core Workbook</p>
<p>Supervisor Senior Caseworker/ Staff Developer (as designated in district agency)</p>	<p>OJT/Field Training post-classroom (the weeks between Classroom Training Module Four and the post-Core conference – varies depending on whether the trainee attends CPS Response Training: see below)</p>	<ol style="list-style-type: none"> <li>1. Assign and observe safety assessment interview (or delegate observation of safety assessment to senior/mentor caseworker).</li> <li>2. Supervisor or senior/mentor caseworker reviews safety assessment process and documentation of safety assessment, and then provides feedback and coaching. (If senior/mentor caseworker observed interview, the senior/mentor caseworker and trainee discuss interview with supervisor.)</li> <li>3. Assign and observe an assessment interview (or delegate observation of the interview to senior/mentor caseworker).</li> <li>4. Supervisor or senior/mentor caseworker reviews the interview process and documentation of risk assessment and assessment of family functioning, and then provides feedback and coaching. (If senior/mentor caseworker observed interview, the senior/mentor caseworker and trainee discuss interview with supervisor.)</li> <li>5. Review documented Assessment Analysis with a focus on achievement of child welfare outcomes; provide feedback and coaching.</li> </ol>	<p>Varies</p>	<p>Supervisor's Guide to Common Core; Supervisor's Guide to Assessing Practice; Child Development Guide. Handouts in Appendix: "Forces That Drive Behavior"; "Safety Assessment Protocol"; "RAP Concepts and Risk Element Definitions"; "Questions for Assessment of Strengths, Needs and Risk"; "Contents of the Assessment Analysis"; "Criteria</p>

Who	When	What	Time Required	Helpful Tools
		<ol style="list-style-type: none"> <li>6. Assign and observe an interview focused on service planning (or delegate observation of the interview to senior/mentor caseworker).</li> <li>7. Provide feedback regarding the interview. (If senior/mentor caseworker observed interview, the senior/mentor caseworker and trainee discuss interview with supervisor.)</li> <li>8. Provide feedback and coaching regarding interview skills.</li> <li>9. Review documented service plan; provide feedback and coaching related to documentation.</li> <li>10. Discuss strategies for Minimizing Trauma for Children Experiencing Out-of-Home Placements, Helping Parents Cope with Removals, Family Visiting Principles for Children in Foster Care and Successful and Meaningful Visitation; provide feedback and coaching.</li> <li>11. Review completion of worksheets to assess trainee's understanding of the Child Development Guide; provide feedback and coaching. (A Supervisor's Key to the worksheets is included in the Supervisor's Guide.)</li> <li>12. Assign case for trainee to review.</li> </ol>		<p>for Effective Service Plans"; "Criteria for Effective Statements of Problems/Concerns"; "Criteria for Effective Outcomes and Activities"; "A Checklist for Evaluating the Family Service Plan"; "Minimizing Trauma for Children Experiencing Out-of-Home Placements"; "Helping Parents Cope with Removals"; "Family Visiting Principles for Children in Foster Care"; "Successful and Meaningful Visitation"; Supervisor's Key to worksheet on using Child Development Guide; "Managing Resources Participating in the Service Plan – OJT Tasks"</p>

Who	When	What	Time Required	Helpful Tools
		<p>13. Engage the trainee in discussion as outlined on the handout, <i>Managing Resources Participating in the Service Plan – OJT Tasks</i>, to assess trainee's understanding of managing resources.</p> <p>14. Provide feedback and coaching.</p> <p>15. Assess trainee's professional readiness by completing Child Welfare Caseworker Job Readiness Review.</p>		
<p>Supervisor/ Senior Caseworker/ Staff Developer (as designated in district/ agency)</p>	<p>Following Common Core classroom training</p>	<p><b>For trainees attending Child Protective Services Response Training:</b></p> <ul style="list-style-type: none"> <li>• Ensure trainee's completion of CBT components required prior to attending CPSRT classroom training. (See information provided via STARS at course registration.)</li> <li>• Between Classroom Weeks 1 and 2 of CPSRT – Meet with trainee (or arrange for them to meet with a CPS supervisor) to discuss how local district practice meets, exceeds or differs from the information reviewed by trainee in the CPS Program Manual.</li> <li>• Ensure trainee's completion of CBT components required between Weeks 1 and 2 of CPSRT classroom training. (See information provided via STARS at course registration.)</li> </ul>		

Who	When	What	Time Required	Helpful Tools
<p>Trainee</p>	<p>OJT/Field Training post-classroom (the weeks between Classroom Training Module Four and the post-Core conference – varies depending on whether the trainee attends CPS Response Training: see below)</p>	<ol style="list-style-type: none"> <li>1. Self-assess professional readiness by completing Post-Core Child Welfare Caseworker Job Readiness Self-Assessment.</li> <li>2. Conduct and document safety assessment, including engaging family in safety assessment and safety planning (where possible and appropriate).</li> <li>3. Conduct and document risk assessment(s) and assessment(s) of family functioning utilizing the Risk Assessment Profile (RAP) and Strengths, Needs, and Risk scales.</li> <li>4. Conduct and document an Assessment Analysis, with a focus on achievement of child welfare outcomes.</li> <li>5. Conduct an interview focused on service planning with a family, then document the service plan.</li> <li>6. Review the handouts, <i>Minimizing Trauma for Children Experiencing Out-of-Home Placements, Helping Parents Cope with Removals, Family Visiting Principles for Children in Foster Care and Successful and Meaningful Visitation</i>. Identify strategies you believe will be challenging to implement, and then discuss the strategies with your supervisor.</li> <li>7. Use the Child Development Guide to complete the worksheets of three case scenarios: Kayla, Joshua, and Brandon.</li> <li>8. Complete the tasks listed on the handout, <i>Managing Resources Participating in the Service Plan – OJT Tasks</i>.</li> </ol>	<p>Varies</p>	<p>Post-Core Child Welfare Caseworker Job Readiness Self-Assessment; Child Development Guide. Workbook handouts: “Forces That Drive Behavior”; “Safety Assessment Protocol”; “RAP Concepts and Risk Element Definitions”; “Questions for Assessment of Strengths, Needs and Risk”; “Contents of the Assessment Analysis”; “Criteria for Effective Service Plans”; “Criteria for Effective Statements of Problems/Concerns”; “Criteria for Effective Outcomes and Activities”; “A Checklist for Evaluating the Family Service Plan”;</p>

<b>Who</b>	<b>When</b>	<b>What</b>	<b>Time Required</b>	<b>Helpful Tools</b>
				Minimizing Trauma for Children Experiencing Out-of-Home Placements; "Helping Parents Cope with Removals"; Family Visiting Principles for Children in Foster Care"; "Successful and Meaningful Visitation"; Managing Resources Participating in the Service Plan—OJT Tasks"

Who	When	What	Time Required	Helpful Tools
<p>Trainee (if attending CPS Response Training)</p>	<p>Following Common Core classroom training</p>	<p><b>For trainees attending Child Protective Services Response Training:</b></p> <ul style="list-style-type: none"> <li>• Complete CBT components as assigned prior to attending classroom training. (See information provided via STARS at course registration.)</li> <li>• Between Classroom Weeks 1 and 2 of CPSRT: Review assigned sections of CPS Program Manual online; meet with a CPS supervisor to discuss how local district practice meets, exceeds or differs from the information found in the Program Manual. (CPSRT trainers to provide specific details of assignment.)</li> <li>• Complete other CBT components as assigned between Weeks 1 and 2 of CPSRT classroom training. (See information provided via STARS at course registration.)</li> </ul>		
<p>Caseworker Development Team (Trainee, Supervisor, Senior Caseworker, Staff Developer, CDHS Trainer)</p>	<p><b>Preventive/Foster Care/Adoption Workers:</b> 3-4 weeks after Classroom Training <b>CPS Workers:</b> 2-4 weeks after CPS Response Training</p>	<p>Post-Core Caseworker Development Team Conference (on-site):</p> <p>Conference continues ongoing collaborative process for supporting trainee's professional development. Shared assessment of progress via Child Welfare Caseworker Job Readiness Review and Post-Core Self-Assessment. Agreement on individualized professional development plan. (See <i>Supervisors' Guide to Common Core</i> and Caseworker Development Team Packets for conference outline and forms.)</p>	<p>1 1/2+ hours (varies, depending on trainee professional development needs)</p>	<p><i>Supervisor's Guide to Common Core;</i> Caseworker Development Team Packets; Child Welfare Caseworker Job Readiness Review; Post-Core Child Welfare Caseworker Job Readiness Self-Assessment</p>

# Review of the Pre-, Mid-, and Post-Core Caseworker Development Team Conference Process

## Introduction to Common Core Caseworker Development Team Conferences

Upon registration of a new child welfare caseworker for Common Core, you (or your staff development coordinator if your district so desires) can expect a call from the trainer who will be assigned to your new caseworker for the duration of the training. The assigned trainer will guide your worker and you through the Common Core training process.

### Pre-Core Conference

With this phone call, a *pre-Core conference* will be set up. The conference will involve the entire Caseworker Development Team: you (the supervisor), the new child welfare caseworker, the staff development coordinator, and the trainer. The purpose of the conference is to discuss expectations and the role each person will play in the training process. The conference will be conducted on-site at your district/agency and will take 1<sup>1/2</sup>-1<sup>3/4</sup> hours.

### Mid-Core Conference

At the midpoint of the training (after completion of the second week of classroom training), the trainer will once again contact you or your staff development coordinator to schedule a *mid-Core conference*. At this conference, you (the supervisor), the caseworker, the staff development coordinator, and trainer will review the child welfare caseworker strengths as demonstrated by the trainee in the classroom and on the job, as well as clarify identified learning needs. The mid-Core conference will be conducted via telephone conference call and will be an adjunct to the ongoing, shared assessment documented in the Interim Child Welfare Caseworker Job Readiness Self-Assessment and the Child Welfare Caseworker Job Readiness Review, which will be exchanged between the trainer and the district/agency via e-mail or fax at least one day prior to the conference. This conference will take 1<sup>1/2</sup> hours or more, depending upon the professional development needs of the trainee.

### Post-Core Conference

Upon completion of classroom training, the trainer will arrange a third conference with you (the supervisor), the child welfare caseworker, and the staff development coordinator. The purpose of this *post-Core conference* is to continue the review of the caseworker's strengths and needs and develop an action plan that will enable the child welfare caseworker to improve skills in specific areas (individualized professional development plan). The post-Core conference takes place in person at your district or agency and incorporates the ongoing shared assessment documented in the Post-Core Child Welfare Caseworker Job Readiness Self-Assessment and the Child Welfare Caseworker Job Readiness Review. For Foster Care, Preventive, and Adoption caseworkers who are not attending Child Protective Services Response Training (CPSRT), the post-Core Caseworker Development Team conference will take place three to four weeks after the final week of classroom training. For CPS caseworkers, the post-Core conference will be scheduled two to four weeks following the end of CPSRT. The length of this conference will be 1<sup>1/2</sup> hours or more depending upon the professional development needs of the trainee.

## Pre-Core Caseworker Development Team Conference Outline

The following is a suggested agenda outline for use in the pre-Core conference, which must be attended by the child welfare caseworker and trainer, as well as the trainee's supervisor and/or senior/mentor caseworker and/or staff development coordinator.)

- I. Overview of Common Core Training
  - A. Review of Pre-classroom Components
    1. Pre-Test (post-tests to be taken in classroom)
    2. Computer-Based Training Components (e.g., timeframes, how and when to access the *Training Space* and *iLinc* websites; availability of the *Training Space* "mirror" class for supervisor/staff developer review of computer-based training components)
    3. Initial Child Welfare Caseworker Job Readiness Self-Assessment
  - B. Review of Contents Trained in Weeks One and Two of the Common Core
  - C. Classroom Training
  - D. Review of OJT Field Training Tasks and Mid-Classroom, Computer-Based Training
    1. Transfer-of-Learning Activities
    2. Computer-Based Training Components
    3. Interim Child Welfare Caseworker Job Readiness Self-Assessment for Trainee
    4. Child Welfare Caseworker Job Readiness Review for Supervisor and Trainer
  - E. Review of Contents Trained in final two weeks of the Common Core Classroom Training (including Legal Training)
- II. Training Expectations and Guidelines
  - A. Completion of All Computer-Based Training Components (including those required for Child Protective Services Response Training, for those attending the CPRST specialty: See timeframes listed in the Common Core Training Overview Chart.)
  - B. Attendance at Classroom Training
  - C. Expectations and Standards for Participation in Classroom and Out-of-Classroom Training Activities
  - D. Completion of all OJT/Field Training Activities (including CPSRT mid-classroom assignment for those attending the CPSRT specialty) (See timeframes listed in the Common Core Training Overview Chart.)
  - E. Completion of Post-Core Child Welfare Job Readiness Self-Assessment

### III. Caseworker Development Team Process for Supporting Trainees

- A. Use of Child Welfare Caseworker Job Readiness Review Discussions
  - 1. Areas of Casework Practice to be Assessed Throughout Training (by trainee, trainer, supervisor, and/or staff development coordinator)
  - 2. Process for Sharing and Documenting the Ongoing Review
  - 3. Determination of the district/agency person (e.g., a senior worker) to be Responsible for Mentoring, Coaching, and Evaluating Worker Performance in the Field (if this role is not assumed by the supervisor)
  - 4. Exchange of E-mail Addresses and Fax Numbers among Trainee, Supervisor, Staff Development Coordinator, and Trainer,
  - 5. Clarification of Method for Exchanging Ongoing Assessment Information Throughout Training
- B. Development of Individualized Professional Development Plan
- C. Pre-, Mid-, and Post-Core Caseworker Development Team Conferences
- D. Other Agenda Items

## Mid- and Post-Core Caseworker Development Team Conferences Outline

The following is a suggested agenda outline for use in the mid- and post-Core conferences. The mid-Core conference is conducted via telephone and the post-Core conference is held on-site at your district or agency. Both conferences should be attended by the entire Caseworker Development Team: the child welfare caseworker, supervisor, senior/mentor caseworker, staff development coordinator, and trainer.

- I. Review of Trainee Performance
  - A. Attendance at Classroom Training Sessions
  - B. Participation in Training Activities (including self-assessments, skill-building activities, role-plays, peer assessments, other classroom-based practice, and computer-based training components, including *iLinc* presentations, according to the timeframes listed in the Common Core Training Overview Chart. If necessary, also some discussion of behaviors that do not illustrate professional demeanor, such as reading catalogues and texting during training, with district agency supervisors and/or SDC.)
  - C. Completion of all OJT/Field Training (including pre-classroom preparatory activities and OJT/field training practice tasks for transfer of learning)
- II. Assessment of Trainee Strengths, Needs, and Learning Experiences
  - A. Discussion of trainee strengths as identified in assessment tools (including the Initial, Interim, and Post-Core Child Welfare Caseworker Job Readiness Self-Assessment; the trainer's

assessment based on classroom performance, the supervisor's and/or staff development coordinator's assessment based on field performance, as documented via the Child Welfare Caseworker Job Readiness Review)

- B. Discussion of Trainee Needs for Ongoing Professional Development
  - 1. Needed Resources, Learning Opportunities, and/or Other Resources (as identified by the trainee via the Initial, Interim, and Post-Core Child Welfare Caseworker Job Readiness Self-Assessment)
  - 2. The Trainer's Assessment (based on classroom performance)
  - 3. The Supervisor's and/or Staff Development Coordinator's Assessment (based on field performance as documented via the Child Welfare Caseworker Job Readiness Review)
- C. Development of a Specific Plan to Support the Trainee's Ongoing Professional Development (to include identification of specific classroom or computer-based training, toolkits, technical assistance, on-the-job training practice opportunities for transfer of learning, and/or other resources to be offered, and by whom).

### III. Suggestions for Improving the Training Process

### IV. Other Agenda Items

# Common Core Training Performance Expectations and Guidelines

The following pages contain expectations and guidelines for the child welfare worker, supervisor, trainer, and staff development coordinator. These will be discussed in the pre-Core conference.

## Trainee Guidelines

As a participant in the Common Core, it is expected that you will:

1. Complete all computer-based training components in a timely manner, including those required prior to attending classroom training and CPSRT classroom training (if attending that specialty course).
2. Attend all sessions in their entirety.
3. Participate in all training activities, which will include self-assessments, skill-building activities, role-plays, and peer assessments.
4. Complete all OJT/field training tasks and document progress via the Initial, Interim and Post-Core Child Welfare Caseworker Job Readiness Self-Assessments.
5. Attend and participate in pre-, mid-, and post-Core conferences to review your progress and development as a child welfare caseworker.
6. Develop specific action plans detailing how you will apply training content on the job and discuss these plans and how the plans will be monitored.
7. Engage in an assessment of the training (e.g., complete Participant Reaction Questionnaires, discuss feedback with trainers).
8. Participate in the development of an individualized professional development plan.

## Supervisor Guidelines

**Note:** *If unable to perform the listed duties, the supervisor will designate a skilled senior caseworker who is capable of meeting supervisory expectations, including modeling, coaching, and providing feedback to develop the skills and strategies developed through Common Core and other outcome-based training programs.*

As supervisor of the employee identified, it is expected that you will:

1. Allow the trainee sufficient release time from work assignments to allow time to prepare for and attend all classroom and computer-based training sessions.
2. Attend and participate in pre-, mid-, and post-Core conferences.

3. Directly manage and monitor or arrange for the monitoring of transfer of learning activities.
4. Minimize interruptions to the training by facilitating a schedule for the trainee that prioritizes and provides time for completion of all classroom and computer-based training.
5. Review timely completion of all computer-based training components by the trainee (tracked in STARS via a report accessed by staff development coordinator).
6. Coach and/or model skills and practice strategies or provide opportunities for the trainee to observe the modeling of skills and practice strategies by senior/mentor caseworkers.
7. Provide encouragement, support, feedback, and reinforcement for the new trainee.
8. Plan for and provide specific opportunities for the trainee to practice new behaviors and skills.
9. Support completion of OJT/field training tasks by providing adequate opportunities for practice and by providing feedback, coaching, and monitoring.
10. Participate in the ongoing assessment of progress via the Child Welfare Caseworker Job Readiness Review and the development of the individualized professional development plan.

## Trainer Guidelines

As a trainer of Common Core, it is expected that you will:

1. Arrange for pre-, mid-, and post-Core training conferences.
2. Provide practice opportunities throughout the training.
3. Provide realistic OJT/field training tasks, as delineated in this Guide in the Common Core Training Overview Chart and further individualized based on mutual assessment of the trainee's needs by the trainer, supervisor, staff development coordinator, and trainee.
4. Give specific, individualized verbal and written feedback to the trainee, supervisor, and staff development coordinator about the trainee's participation and skill demonstration in the classroom environment.
5. Document ongoing assessment of progress via the Child Welfare Caseworker Job Readiness Review and discuss at mid-Core and post-Core conferences.
6. Provide job performance aids in the form of handouts and other resource materials.
7. Provide support to the trainee, supervisor, and staff development coordinator by providing ongoing feedback about trainee strengths, needs, and overall classroom performance; responding to any issues or concerns related to the training as they arise; and collaborating on a plan for the trainee's ongoing professional development.

## Staff Development Coordinator Guidelines

As SDC for the agency of the trainee and supervisor, it is expected that you will:

1. Monitor the training process and support the supervisor, trainee, and training provider as needed throughout the Common Core training.
2. Attend and participate in pre-, mid-, and post-Core training conferences.
3. Access the report in STARS that tracks the trainee's completion of computer-based training components and then provide a report to the supervisor.
4. Assist in the development of an individualized learning plan for the trainee.
5. Provide additional training opportunities (classroom training, computer-based training, specific OJT practice opportunities, technical assistance, or other), in consultation with the supervisor, as prescribed by the trainee's individualized professional development plan.

# Protocol for Administering the Common Core Pre-Test

The Common Core pre-test serves as a tool for assessing the knowledge that a trainee possesses prior to the Core training process. It identifies areas of need in terms of abilities, which are then developed throughout the training. Knowledge of the cognitive, affective, and operative learning objectives is assessed during classroom components of the training via the embedded post-tests. Comparison of pre- and post-test scores is a useful tool for measuring participants' progress and for evaluating the effectiveness of the training.

The pre-test will be administered online in the *Training Space* website. All trainees will be required to complete the test prior to beginning their work on the pre-classroom computer-based training components of the Common Core training. Securities set up within the online training delivery system will ensure that participants are unable to launch the pre-classroom components until they have finished work on the pre-test.

Trainers will review the pre-test protocol with trainees, supervisors, and staff development coordinators during the pre-Core training conference. Instructions and guidelines for taking the pre-test will be included online for trainees as they begin the testing process. Consistency of administration of the pre-test will be of utmost importance if it is to serve as an accurate measure of pre-training abilities.

The following guidelines will govern administration of the pre-test:

1. The pre-test will be given prior to any exposure to Common Core material, either online or in the classroom.
2. All confirmed participants will be given a unique sign-in, which allows them access to a brief introduction to the purpose of and process for completing the pre-test.
3. Successful completion of the pre-test will be required for further pre-classroom components to be activated.

In order for the pre-test to be a valid tool, its consistency must be promoted by all involved in supporting the new worker's professional development. Trainees will require a quiet, private place to take the test and uninterrupted time to devote to the process. The guidelines and procedure for administering the pre-test will be reviewed by the trainer during the pre-Core training conference. The pre-test establishes a baseline of knowledge that the trainee has before beginning training. Then, embedded post-tests will be given in the classroom periodically, after segments of training have been provided, to measure the trainee's growth.

Your assistance in protecting the integrity of the pre-test will help to ensure the value of a comparative analysis of pre- and post-training knowledge of the new caseworker. The post-test scores will be provided by the trainer via the Child Welfare Caseworker Job Readiness Review at both the mid-Core and post-Core conferences.

# Common Core Computer-Based Training Components

**Note:** In the list below TS=Training Space and CBT=Computer-Based Training.

## Pre-Classroom Components

*Welcome Video/Supporting the Development of New York State Child Welfare Workers (TS CBT)*

*Welcome to Child Welfare (TS CBT)*

*Child Development (Parts 1-2: TS CBT)*

*Impact of Trauma on Children (TS CBT)*

*Adult Development (TS CBT)*

*Introducing Poverty (Parts 1-2: TS CBT)*

*Understanding Parents and Children Who Are Recent Immigrants (TS CBT)*

*Identifying Native American Children (TS CBT)*

*Ethics and Confidentiality (TS CBT)*

*Documentation (TS CBT)*

*Mandated Reporter (iLinc CBT)*

## Mid-Classroom Week A Components

*Introduction to Your CONNECTIONS Workload (TS CBT)*

*Progress Notes (Program version: TS CBT)*

*CONNECTIONS Family Services Stage (TS CBT)*

*Working with Progress Notes in CONNECTIONS (iLinc CBT)*

*Substance Abuse (Parts 1-2: TS CBT)*

*Worker Safety (TS CBT)*

*CONNECTIONS Family Services Intake (TS CBT)*

## Mid-Classroom Week B Components

*Family Systems (TS CBT)*

*Interviewing Families (TS CBT);*

*Separation/Loss (Parts 1-2: TS CBT);*

*Mental Illness (Parts 1-2: TS CBT)*

*Understanding the Legal System and Its Relationship to Child Welfare Practice in New York State (TS CBT)*

*Legal Issues When Children Cannot Remain in the Care and Custody of Their Parents* (TS CBT)

*Exploring Permanency Options and Permanency Hearings* (TS CBT)

CONNECTIONS *Family Assessment and Service Plan* (TS CBT)

### **Mid-Classroom Week C Components**

*Domestic Violence* (Parts 1-3: TS CBT)

*Developmental Disabilities* (Parts 1-2: TS CBT)

CONNECTIONS *Stage Composition Detail* (iLinc CBT)

CONNECTIONS *Service Plan Review* (iLinc CBT)

# On-the-Job/Field Training Tasks

## Week A: Supervisor Tasks

1. Assign case(s) for trainee to observe interview(s):
  - of parent(s).
  - of child(ren).
  - of a family.
2. Assign case record(s) for trainee to review for indicators of abuse and maltreatment. Review identified indicators of abuse and maltreatment from progress notes and photos; provide feedback and coaching.
3. Assign interview(s) for trainee to observe and/or case record(s) for trainee to review for safety factors.
4. Review trainee's identified safety factors and application of criteria to determine if there is immediate or impending danger of serious harm.
5. Provide feedback and coaching regarding trainee's demonstrated knowledge of the first two steps in the assessment of safety.

## Week A: Trainee Tasks

1. Observe interview(s) conducted by senior/mentor caseworker(s):
  - of parent(s).
  - of child(ren).
  - of a family.
2. Identify indicators of abuse and maltreatment by reviewing progress notes in CONNECTIONS Investigation Stage and any photos that are included in the case record.
3. Following an observed interview and/or based on review of progress notes, identify safety factors and apply safety criteria to determine if there is immediate or impending danger of serious harm.

## **Week B: Supervisor Tasks**

1. Observe interview with parent(s) or delegate observation of interview to senior/mentor caseworker.
2. Review progress notes from observed interview; provide feedback and coaching to trainee.
3. Following the interview, supervisor or senior/mentor caseworker provides feedback and coaching to trainee. If senior/mentor caseworker observed interview, the senior/mentor caseworker and trainee discuss interview with supervisor.
4. Assess trainee's professional readiness by completing Child Welfare Caseworker Job Readiness Summary.

## **Week B: Trainee Tasks**

1. Self-assess professional readiness by completing Interim Child Welfare Caseworker Job Readiness Self Assessment.
2. Conduct an interview or part of an interview with parent(s) in the presence of a supervisor or senior/mentor caseworker.
3. Document observed interview(s) as progress notes in CONNECTIONS (if assigned a role in the case) or on hard copy practice form.

## Week C: Supervisor Tasks

1. Observe interview of child(ren) or delegate observation of interview to senior/mentor caseworker.
2. Following the interview, supervisor or senior/mentor caseworker provides feedback and coaching to the trainee. (If senior/mentor caseworker observed interview, the senior/mentor caseworker and trainee discuss interview with supervisor.)
3. Review trainee's observation notes from family court or attorney conference.
4. Discuss with trainee and respond to related questions.
5. After trainee reviews "Locating Absent Fathers and Extended Family Guidance Paper," meet with trainee to review the questions he/she developed.
6. Answer any questions; provide feedback and coaching.
7. Meet with trainee to respond to any questions they have after reviewing "Keeping Siblings Connected: A White Paper on Siblings in Foster Care and Adoptive Placements in New York State."
8. Assign case-related practice opportunity for trainee to use *A Guide for Caseworkers: Completion of the Permanency Hearing Report* (applied to trainee's own caseload, if possible).
9. Meet with trainee to review his/her assignment; provide feedback and coaching.

## Week C: Trainee Tasks

1. Conduct an interview or part of an interview with child(ren) in the presence of a senior/mentor caseworker.
2. Observe family court testimony or an attorney conference as assigned by supervisor; take notes about your observations; discuss your observations and any questions with supervisor/senior or mentor caseworker.
3. Review "Locating Absent Fathers and Extended Family Guidance Paper"; develop questions that you might utilize related to identifying and/or locating non-custodial parents and family resources; discuss questions with your supervisor or senior/mentor caseworker.
4. Review "Keeping Siblings Connected: A White Paper on Siblings in Foster Care and Adoptive Placements in New York State"; discuss any questions with your supervisor or senior/mentor caseworker.
5. Practice using *A Guide for Caseworkers: Completion of the Permanency Hearing Report* as assigned by supervisor; discuss with supervisor.

## Post-Classroom Tasks: Supervisor

1. Assign and observe safety assessment interview (or delegate observation of safety assessment to senior/mentor caseworker).
2. Supervisor or senior/mentor caseworker reviews safety assessment process and documentation of safety assessment and then provides feedback and coaching. (If senior/mentor caseworker observed interview, the senior/mentor caseworker and trainee discuss interview with supervisor.)
3. Assign and observe an assessment interview (or delegate observation of the interview to senior/mentor caseworker).
4. Supervisor or senior/mentor caseworker reviews the interview process and documentation of risk assessment and assessment of family functioning and then provides feedback and coaching. (If senior/mentor caseworker observed interview, the senior/mentor caseworker and trainee discuss interview with supervisor).
5. Review documented Assessment Analysis with a focus on achievement of child welfare outcomes; provide feedback and coaching.
6. Assign and observe an interview focused on service planning (or delegate observation of the interview to senior/mentor caseworker).
7. Provide feedback regarding the interview. (If senior/mentor caseworker observed interview, the senior/mentor caseworker and trainee discuss interview with supervisor.)
8. Provide feedback and coaching regarding interview skills.
9. Review documented service plan; provide feedback and coaching related to documentation.
10. Discuss strategies for Minimizing Trauma for Children Experiencing Out-of-Home Placements, Helping Parents Cope with Removals, Family Visiting Principles for Children in Foster Care and Successful and Meaningful Visitation; provide feedback and coaching.
11. Review completion of worksheets to assess trainee's understanding of the Child Development Guide; provide feedback and coaching. (A Supervisor's Key to the worksheets is included in the Supervisor's Guide.)
12. Assign case for trainee to review.
13. Engage the trainee in discussion as outlined on the handout, *Managing Resources Participating in the Service Plan – OJT Tasks*, to assess trainee's understanding of managing resources; provide feedback and coaching.
14. Assess trainee's professional readiness by completing Child Welfare Caseworker Job Readiness Review.

**For trainees attending Child Protective Services Response Training:**

- Ensure trainee's completion of computer-based training components required prior to attending CPSRT classroom training. (See information provided via STARS at course registration.)
- Between Classroom Weeks 1 and 2 of CPSRT: Meet with trainee (or arrange for him/her to meet with a CPS supervisor) to discuss how local district practice meets, exceeds, or differs from the information reviewed by trainee in the CPS Program Manual.
- Ensure trainee's completion of mid-classroom computer-based training components required between Weeks 1 and 2 of CPSRT classroom training. (See information provided via STARS at course registration.)

**Post-Classroom Tasks: Trainee**

1. Self-assessment professional readiness by completing Post-Core Child Welfare Caseworker Job Readiness Self-Assessment.
2. Conduct and document safety assessment, including engaging family in safety assessment and safety planning (where possible and appropriate).
3. Conduct and document risk assessment(s) and assessment(s) of family functioning utilizing the Risk Assessment Profile (RAP) and Strengths, Needs, and Risk scales.
4. Conduct and document an Assessment Analysis, with a focus on achievement of child welfare outcomes.
5. Conduct an interview focused on service planning with a family, and then document the service plan.
6. Review the handouts, *Minimizing Trauma for Children Experiencing Out-of-Home Placements*, *Helping Parents Cope with Removals*, *Family Visiting Principles for Children in Foster Care* and *Successful and Meaningful Visitation*. Identify strategies you believe will be challenging to implement and discuss the strategies with your supervisor.
7. Use the Child Development Guide to complete the worksheets of three case scenarios: Kayla, Joshua, and Brandon.
8. Complete the tasks listed on the handout, *Managing Resources Participating in the Service Plan – OJT Tasks*.

**If attending Child Protective Services Response Training:**

- Complete computer-based training components as assigned prior to attending classroom training. (See information provided via STARS at course registration.)

- Between Classroom Weeks 1 and 2 of CPSRT: Review assigned sections of CPS Program Manual online; meet with a CPS supervisor to discuss how local district practice meets, exceeds, or differs from the information found in the Program Manual. (CPSRT trainers to provide specific details of assignment.)
- Complete other computer-based training components as assigned between Weeks 1 and 2 of CPSRT classroom training. (See information provided via STARS at course registration.)

# Initial Child Welfare Caseworker Job Readiness Self-Assessment

*(to be completed by the trainee prior to attending Common Core classroom training)*

Throughout the Common Core training process, it is important to assess your progress toward effective performance of the job of child welfare caseworker. A key aspect of measuring your job readiness is self-assessment.

In order to begin to engage in an ongoing review of your strengths, needs and feelings about child welfare casework, you will complete this Initial Child Welfare Caseworker Job Readiness Self-Assessment to assess your job readiness *right now*. Then, after completing the second module of classroom training, you will update your self-assessment, given that you will have developed knowledge and strategies through the Common Core training, as well as on-the-job application of skills. The CDHS trainer will provide feedback based on observation of classroom-based practice. Your supervisor, senior/mentor caseworker, or staff development coordinator will provide feedback based on observation and monitoring of your on-the-job application of skills in the district/agency environment. It is recommended that your supervisor take the lead role in evaluating your performance in OJT/field training activities. It is often most realistic for supervisors to delegate a skilled senior worker to observe, coach, and mentor you during visits in the field. It is also recommended that your supervisor facilitate debriefing sessions so they are informed of your performance in the field. SDCs in many districts provide significant support to trainees and supervisors.

In addition to you updating your self-assessment, your supervisor/senior or mentor caseworker/staff development coordinator, and trainer separately document a Child Welfare Caseworker Job Readiness Review prior to the mid-Core telephone conference call. The review is sent from district/agency to CDHS and from CDHS to the district/agency via fax or e-mail at least one day before the mid-Core conference and discussed by those participating in the conference, including you. You will update your self-assessment once again after you complete Common Core training (but prior to your post-Core conference). The Child Welfare Caseworker Job Readiness Review is also completed again by your supervisor/senior or mentor caseworker/staff development coordinator, and trainer prior to the in-person, on-site, post-Core conference. Copies are shared with all members of the Caseworker Development Team at the post-Core conference. The content is discussed during the conference and helps to inform the development of an individualized plan for continuing professional development of the new child welfare caseworker.

## Part I

**Child Welfare Caseworker Name:** \_\_\_\_\_

**District/Agency:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Senior/Mentor Caseworker Name:** \_\_\_\_\_

**Staff Development Coordinator Name:** \_\_\_\_\_

**Common Core Trainer Name:** \_\_\_\_\_

**Common Core Training Site:** \_\_\_\_\_

**Common Core Training Dates:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

1. What is your understanding of the role of child welfare caseworker?

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2. What specific strengths do you bring to your job in child welfare?

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3. What knowledge, skills and abilities do you feel you need to further develop to be an effective child welfare professional?

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4. What resources, learning opportunities, or other supports do you need to further your professional development?

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5. What are your hopes and fears about participating in the Common Core training?

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**Part II**

Child welfare practice necessitates the ability to make decisions and solve problems. Please reflect on your own approach to decision-making and problem-solving as you answer the following True/False questions:

1. When faced with a problem, I generally suspend my judgment and use logic to identify solutions.

True\_\_\_ False\_\_\_

2. I tend to make decisions and stick to them, rather than constantly questioning whether or not I'm correct.

True\_\_\_ False\_\_\_

3. I usually base decisions on similar experiences or problems I've dealt with in the past.

True\_\_\_ False\_\_\_

4. I usually explore ideas and generate many possibilities for decisions.

True\_\_\_ False\_\_\_

5. I generally reconsider and revise my decisions after I receive new information.

True\_\_\_ False\_\_\_

6. I appreciate others who rely on their emotions and feelings to make important decisions.

True\_\_\_ False\_\_\_

# Interim Child Welfare Caseworker Job Readiness Self-Assessment

(to be completed by the trainee after Week Two of the Common Core classroom training)

Now that you have completed the first two weeks of Common Core classroom training, please update this self-assessment of your current job readiness. Consider your development of knowledge and strategies in the classroom setting, as well as any opportunities you have had for on-the-job application of skills since the beginning of your training, in order to assess your job readiness *right now* using the Interim Child Welfare Caseworker Job Readiness Self-Assessment.

In addition to you updating your self-assessment, your supervisor/senior or mentor caseworker/ staff development coordinator, and trainer will provide feedback by completing the Child Welfare Caseworker Job Readiness Review prior to the mid-Core telephone conference call. It is sent from district/agency to CDHS and from CDHS to district/agency via fax or e-mail at least one day before the mid-Core conference and discussed by those participating in the conference, including you. You will update your self-assessment once again after you complete Common Core training, but prior to your post-Core conference.

The Child Welfare Caseworker Job Readiness Review is also completed again by your supervisor/ senior or mentor caseworker/staff development coordinator, and trainer prior to the in-person, on-site post-Core conference. Copies are shared with all members of the Caseworker Development Team at the post-Core conference. The content is discussed during the conference and helps to inform the development of an individualized plan for continuing professional development of the new child welfare caseworker.

**Child Welfare Caseworker Name:** \_\_\_\_\_

**District/Agency:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Senior/Mentor Caseworker Name:** \_\_\_\_\_

**Staff Development Coordinator Name:** \_\_\_\_\_

**Common Core Trainer Name:** \_\_\_\_\_

**Common Core Training Site:** \_\_\_\_\_

**Common Core Training Dates:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

1. What is your current understanding of the role of child welfare caseworker, and how does it differ from when you were hired?

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2. What specific strengths have you applied to your learning process in child welfare thus far?

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3. What knowledge, skills, and abilities do you feel you need to further develop to be an effective child welfare professional?

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4. What resources, learning opportunities, or other supports do you need to further your professional development?

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5. What are your hopes and fears about performing your job as a child welfare professional?

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# Post-Core Child Welfare Caseworker Job Readiness Self-Assessment

*(to be completed by the trainee after Common Core classroom training)*

Now that you have completed Common Core training and are continuing on your outcome-based training pathway, please update this self-assessment of your current job readiness. Consider your development of knowledge and strategies in the classroom setting, as well as any opportunities you have had for on-the-job application of skills since the beginning of your training, in order to assess your job readiness right now. You will use the Post-Core Child Welfare Caseworker Job Readiness Self-Assessment to document your progress.

In addition to you updating your self-assessment, your supervisor/senior or mentor caseworker/ staff development coordinator, and trainer will provide feedback by completing the Child Welfare Caseworker Job Readiness Review prior to the in-person, on-site post-Core conference. Copies are shared with all Caseworker Development Team members at the post-Core conference. The content is discussed during the conference and helps to inform the development of an individualized plan for continuing professional development of the new child welfare caseworker.

**Child Welfare Caseworker Name:** \_\_\_\_\_

**District/Agency:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Senior/Mentor Caseworker Name:** \_\_\_\_\_

**Staff Development Coordinator Name:** \_\_\_\_\_

**Common Core Trainer Name:** \_\_\_\_\_

**Common Core Training Site:** \_\_\_\_\_

**Common Core Training Dates:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

1. What is your current understanding of the role of child welfare caseworker, and how does it differ from your understanding when you were halfway through your classroom training?

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2. What specific strengths have you applied to your learning process in child welfare thus far?

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3. What knowledge, skills, and abilities do you feel you need to further develop to be an effective child welfare professional?

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4. What resources, learning opportunities, or other supports do you need to further your professional development?

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5. What are your hopes and fears about performing your job as a child welfare professional?

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# Child Welfare Caseworker Job Readiness Review

Throughout the Common Core training process, it is important that the Caseworker Development Team assess the trainee's progress toward effective performance on the job as a child welfare caseworker. This form is used to document and communicate that progress through an ongoing, shared assessment of the trainee's strengths and needs.

The trainee assesses his/her own job readiness before he/she begins training, using the Job Readiness Self-Assessment. Then, given that trainees develop knowledge and strategies during the training program, as well as during on-the-job application of skills, trainees will update their self-assessment midway through Common Core training and again after they have completed Common Core training.

The CDHS trainer will provide feedback based on observation of classroom-based practice. It is recommended that the trainee's supervisor take the lead role in evaluating the trainee's performance in OJT/field training activities. In many districts/agencies, supervisors assign a skilled senior worker to observe, coach, and mentor the trainee during visits in the field. It is recommended that the supervisor facilitate debriefing sessions so they are informed of the trainee's performance in the field. SDCs in many districts provide significant support to trainees and supervisors.

The supervisor, senior/mentor caseworker, or staff development coordinator will provide feedback based on observation and monitoring of the worker's on-the-job application of skills in the district/agency environment. The supervisor/senior or mentor caseworker/staff development coordinator, and trainer separately document a copy of this form, the Child Welfare Caseworker Job Readiness Review, prior to the mid-Core telephone conference call. It is sent from district/agency to CDHS and from CDHS to district/agency via fax or e-mail at least one day before the mid-Core conference and discussed by those participating in the conference.

The Child Welfare Caseworker Job Readiness Review is also completed again by the supervisor/senior or mentor caseworker/staff development coordinator, and trainer prior to the in-person, on-site post-Core conference. Copies are shared with all Caseworker Development Team members at the post-Core conference. The content is discussed during the conference and helps to inform the development of an individualized plan for continuing professional development of the new child welfare caseworker.

# Job Readiness Review

## Part I: Caseworker Development Team Evaluation

Child Welfare Caseworker Name: \_\_\_\_\_

District/Agency: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Senior/Mentor Caseworker Name: \_\_\_\_\_

Staff Development Coordinator Name: \_\_\_\_\_

Common Core Trainer Name: \_\_\_\_\_

Common Core Training Site: \_\_\_\_\_

Common Core Training Dates: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

- 1. What are the specific strengths that this child welfare caseworker brings to the job?** *(If you are the supervisor, senior/mentor caseworker, or staff development coordinator, list the strengths that you have observed in this caseworker in the district/agency environment. Give specific examples of knowledge, skills, and abilities which you have observed the caseworker applying in the field. If you are the Common Core trainer, list the strengths which you have observed in this caseworker in the learning environment. Give specific examples of knowledge, skills, and abilities which you have observed the caseworker applying in the classroom.)*

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**2. What knowledge, skills, and abilities need further development in this child welfare caseworker?** *(If you are the supervisor, senior/mentor caseworker, or staff development coordinator, list specific areas where this caseworker needs to develop or improve knowledge, skills and abilities. Base this assessment on your observation of the caseworker in the district/agency environment. If you are the Common Core trainer, list specific areas where this caseworker needs to develop or improve knowledge, skills and abilities. Base this assessment on your observation of the caseworker in the learning environment.)*

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**3. What is the level of this child welfare caseworker's engagement in learning and skill development?** *(If you are the supervisor, senior/mentor caseworker, or staff development coordinator, describe the caseworker's level of participation in the training process. Base this assessment on your observation of this caseworker's engagement in learning and skill development in the district/agency environment. If you are the Common Core trainer, describe the caseworker's level of participation in classroom and computer-based training components of learning and skill development.)*

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**4. What resources, learning opportunities, or other supports are needed for this child welfare caseworker's further professional development?** (Please suggest specific trainings, practices, technical assistance, observations, readings, or other activities for further development of knowledge, skills, and abilities by the caseworker.)

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## Part II: Role-Play Observation by Trainer

**Trainer Notes for Role-Play (when applicable):** As each trainee plays the role of a child welfare caseworker during a role-play opportunity in the classroom, please use this form to record your observations of the trainee's skills and interview processes (listed on the left side of the form). Please be concrete and specific in your notetaking. You will give a copy of this form to the trainee following the role-play activity and will share copies of the form and information contained herein at the mid-Core and/or post-Core conference.

**Trainee Name:** \_\_\_\_\_ **Trainer:** \_\_\_\_\_

**Activity:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Purpose of interview clarified with "client":**

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**Task (What is the task for this interview role-play, and did trainee share this information with the client?):**

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**Strategy (What core conditions and interpersonal helping skills did the trainee use during the role-play?):**

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**Concerns (What client issues/underlying conditions did the trainee identify before the role-play, and how did the trainee address these concerns during the role-play?):**

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**Other Observations and/or Comments:**

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**You might want to think about:**

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## **Part III: Common Core Trainee Post-Test Scores**

(to be provided by the trainer and reviewed at the mid-Core and post-Core conferences)

## **Part IV: Common Core Safety Quiz**

(to be provided by the trainer and reviewed at the mid-Core conference)

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**Appendix A:  
Overview of Common Core Classroom  
Training Modules**

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## Module One

### Unit A1: Overview of Child Welfare Practice in New York State

Purpose	To develop participants' understanding of child welfare practice in New York State, including casework tasks, major decisions, and its desired outcomes.
Rationale	In order to achieve the child welfare outcomes, all caseworkers need to know how to conduct accurate assessments of abuse/maltreatment, safety, and risk. They must also determine whether safety interventions or risk reduction services are necessary, appropriate, and, ultimately, effective. Caseworkers must also demonstrate the ability to engage families at all points during child welfare service delivery. They need to understand the range of tasks related to their role, including case recording, service planning, and family court involvement. When caseworkers understand the scope of their job, they will be able to identify abuse/maltreatment, intervene to stop it, prevent it, and support children and family members to begin healing from the effects of it. Additionally, they will be able to identify and address other issues not directly related to abuse/maltreatment that nonetheless compromise the safety of children and families.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>• describe the tasks of child welfare caseworkers</li> <li>• explain the five New York State outcomes of child welfare practice*</li> <li>• define <i>abuse/maltreatment</i> in the child welfare context*</li> <li>• define <i>safety</i> in the child welfare context*</li> <li>• define <i>risk</i> in the child welfare context*</li> <li>• describe the key decision points in child welfare*</li> <li>• define the term <i>assessment</i>*</li> <li>• explain the forces that drive human behavior*</li> <li>• define individual, family, and community strengths in the context of child welfare</li> </ul>

- define the concept of *well-being*\*
- define the concept of *permanency*\*

*Affective*

- appreciate the experience of children and families who are involved with child welfare caseworkers
- value the role(s) of a caseworker in child welfare
- appreciate the impact caseworkers can have on families in the child welfare system

*Operative*

N/A

Materials

PowerPoint slides, OVERVIEW OF CHILD WELFARE PRACTICE IN NEW YORK STATE, RELATING TO THE WORK: OVERVIEW OF CHILD WELFARE, PRECLASSROOM COMPONENTS, PINS/DIVERSION CASE EXAMPLE, CHILD WELFARE OUTCOMES (slide #6), DECISION POINTS, CHILD ABUSE AND MALTREATMENT, ALL WORKERS HAVE THE RESPONSIBILITY TO..., FORCES THAT DRIVE BEHAVIOR, LISTENING TO FAMILIES IN CHILD WELFARE, STRENGTHS; PowerPoint presentation, *Child Welfare Jeopardy* (and TRAINER'S GUIDE); handouts, CHILD WELFARE GLOSSARY, NEW YORK STATE FRAMEWORK OF CHILD WELFARE PRACTICE, PERMANENCY IS..., CASES FROM SCR FLOWCHART, PINS/DIVERSION FLOWCHART, SELF-REFERRED FLOWCHART, DEFINITION OF SAFE (PROTECTIVE), DEFINITION OF SAFE (NONPROTECTIVE), ASSESSING SAFETY; BRIEF EXAMPLES, DEFINITION OF RISK, CHILD MALTREATMENT: THE DEFINITION, CHILD ABUSE: THE DEFINITION; video, *The Voices of Families*; posters, Needs, DECISION POINTS.

Time

195 minutes/3.25 hours

## Module One

### Unit A2: Introducing Critical Thinking in Child Welfare

Purpose	To introduce participants to the application of critical thinking skills throughout the child welfare continuum in order to gather and synthesize accurate information to make well-informed casework decisions.
Rationale	In order to increase caseworkers' ability to gather and evaluate information throughout the casework process, they must first understand the concept, benefit, and application of critical thinking skills.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>• define <i>critical thinking</i></li> <li>• identify the critical thinking skills utilized in child welfare</li> <li>• describe how critical thinking skills are applied in child welfare to gather, analyze, and evaluate information</li> <li>• explain common errors in reasoning</li> </ul> <p><i>Affective</i></p> <ul style="list-style-type: none"> <li>• value the awareness of personal bias and the importance of being able to manage personal bias when working with children and families</li> <li>• appreciate the identification of errors related to reasoning in order to increase informed decision-making</li> </ul> <p><i>Operative</i></p> <p>N/A</p>
Materials	PowerPoint slides, INTRODUCING CRITICAL THINKING, RELATING TO THE WORK: CRITICAL THINKING, CRITICAL THINKING, CRITICAL THINKING SKILLS FOR CHILD WELFARE CASEWORKERS, APPLYING CRITICAL THINKING IN CHILD WELFARE, A HYPOTHESIS IS..., MULTIPLE HYPOTHESIS: EXAMPLE, BENEFITS OF FORMULATING MULTIPLE HYPOTHESES ABOUT ABUSE/MALTREATMENT, APPLYING CRITICAL THINKING SKILLS: GAINING PERSPECTIVE; Multimedia Presentation, <i>Bouncing Ball</i> ; handouts, DEFINING CRITICAL THINKING,

CRITICAL THINKING SKILLS FOR CHILD WELFARE WORKERS, THE APPLICATION OF CRITICAL THINKING SKILLS IN CHILD WELFARE, KNOCK ,KNOCK—ANYBODY HOME?, RESIDENTS #1 AND #2, COMMON ERRORS IN REASONING IN CHILD WELFARE; worksheets, APPLYING CRITICAL THINKING SKILLS: CPS CASE EXAMPLE, APPLYING CRITICAL THINKING SKILLS: PREVENTIVE CASE EXAMPLE, APPLYING CRITICAL THINKING SKILLS: FOSTER CARE CASE EXAMPLE (with Trainer's Keys); wall posters, CRITICAL THINKING SKILLS FOR CHILD WELFARE CASEWORKERS, APPLYING CRITICAL THINKING IN CHILD WELFARE.

Time 105 minutes/1.75 hours

## Module One

### Unit B1: Identifying Child Maltreatment

Purpose	To develop caseworkers' ability to recognize and evaluate signs or indicators of child maltreatment as one step in the process of stopping it, preventing it, and helping families begin to heal from the effects of it.
Rationale	The role of the child welfare caseworker is to identify abuse or maltreatment, stop it, prevent it, and begin to help families heal from the effects of it. All caseworkers must be able to recognize the signs and indicators of maltreatment. Working with families in which maltreatment may have occurred can be particularly challenging due to workers' own personal values, beliefs, and experiences. To meet this challenge, it is essential that workers apply critical thinking skills throughout the casework process. Applying critical thinking skills helps reduce common errors in reasoning. Personal bias is one source of such errors. When personal bias interacts with the emotionally loaded dynamics of maltreatment, the likelihood of reasoning errors increases. The caseworker role requires workers to become conscious of personal bias so that it does not become an impediment to applying all of the critical thinking skills. This includes the open-minded development of multiple hypotheses about the conditions and behaviors in a family that may result in the maltreatment of children. It also supports gathering sufficient information from the family and child(ren) and other sources to get an understanding of what is going on in the family as well as analyzing and evaluating the information to test any hypotheses developed in the case.

Learning objectives	<p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>• define <i>maltreatment</i>*</li> <li>• describe the concept of <i>minimum degree of care</i></li> <li>• explain how poverty may contribute to maltreatment but is not equated with maltreatment*</li> <li>• identify possible physical, behavioral, and environmental indicators of child maltreatment</li> <li>• explain how parent/caretaker action or inaction can result in abuse or maltreatment</li> <li>• identify legal criteria for determining whether a situation constitutes maltreatment</li> </ul> <p><i>Affective</i></p> <ul style="list-style-type: none"> <li>• value the challenge of deciding whether children's needs are being met in a way that is consistent with the legal term <i>minimum degree of care</i></li> <li>• appreciate how the experience of maltreatment impacts children's well-being and ability to function</li> </ul> <p><i>Operative</i></p> <ul style="list-style-type: none"> <li>• demonstrate the ability to use critical thinking skills (i.e., gathering information, evaluating and analyzing data, making decisions, and minimizing bias) to determine if maltreatment likely exists in a child and family situation</li> </ul>
Materials	<p>PowerPoint slides, IDENTIFYING MALTREATMENT, RELATING TO THE WORK: IDENTIFYING MALTREATMENT, DECISION POINTS, IS THIS A FAMILY WE SHOULD SERVE?, PERSON LEGALLY RESPONSIBLE, CATEGORIES OF MALTREATMENT, MINIMUM DEGREE OF CARE, FAILURE TO EXERCISE A MINIMUM DEGREE OF CARE, IMMINENT DANGER, CORRELATION BETWEEN POVERTY AND MALTREATMENT, EXAMINING MINIMUM DEGREE OF CARE, MEDICAL NEGLECT, CONSIDERING LACK OF SUPERVISION, LACK OF SUPERVISION, INADEQUATE GUARDIANSHIP, EXCESSIVE CORPORAL PUNISHMENT, CONSIDER THIS, EDUCATIONAL NEGLECT, CONSIDERING PARENTAL SUBSTANCE MISUSE, EMOTIONAL NEGLECT, NONORGANIC FAILURE-TO-THRIVE, CHRONIC NEGLECT, USING CRITICAL THINKING SKILLS, INDICATORS OF MALTREATMENT, WELTS AND BRUISES, LEG/HIP INJURY, INDICATORS OF MALTREATMENT, ASSESSING MALTREATMENT—HANDOUTS THAT SUPPORT PRACTICE;</p>

handouts, CHILD MALTREATMENT: THE DEFINITION, PERSON LEGALLY RESPONSIBLE, PERSON LEGALLY RESPONSIBLE: EXAMPLES, CATEGORIES OF MALTREATMENT, WHO IS A MANDATED REPORTER?, CREATING STANDARDS FOR THE MINIMAL NEEDS OF CHILDREN: EXAMPLES, LACK OF SUPERVISION, INADEQUATE GUARDIANSHIP, ASSESSING CORPORAL PUNISHMENT, CASE EXAMPLE: PARENTAL SUBSTANCE MISUSE, EMOTIONAL NEGLECT, A CHILD CALLED IT: AN EXCERPT, CASE EXAMPLE: CHRONIC NEGLECT, FACTORS RELATED TO CHRONIC NEGLECT, POSSIBLE PHYSICAL INDICATORS OF MALTREATMENT, POSSIBLE BEHAVIORAL INDICATORS OF MALTREATMENT, POSSIBLE ENVIRONMENTAL INDICATORS OF MALTREATMENT; worksheets, CREATING STANDARDS FOR THE MINIMAL NEEDS OF CHILDREN, ASSESSING MALTREATMENT: BROWN FAMILY (and TRAINER'S KEY), ASSESSING MALTREATMENT: THE OSGOOD FAMILY (and TRAINER'S KEY), ASSESSING MALTREATMENT: THE EMERLING FAMILY (and TRAINER'S KEY).

Time 300 minutes/5 hours

## Module One

### Unit B2: Identifying Child Abuse

Purpose	To develop caseworkers' ability to recognize indicators of child abuse in order to stop it, prevent it from happening/happening again, and help families begin to heal from it.
Rationale	As with the identification of maltreatment, caseworkers must know the signs and indicators of abuse to stop it, prevent it from happening/happening again, to protect children from danger, and to help families reduce the risk of danger and future harm. Additionally, working with families in which abuse may have occurred can be particularly challenging due to workers' own personal values, beliefs, and experiences. To objectively identify abuse, assess danger, and manage any personal bias, workers need to continually apply the critical thinking skills.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>• describe possible physical and behavioral indicators of child abuse</li> <li>• identify the legal criteria for what constitutes child abuse.</li> </ul> <p><i>Affective</i></p> <ul style="list-style-type: none"> <li>• appreciate how the experience of abuse impacts children's well-being and ability to function</li> <li>• value the use of critical thinking skills in helping workers manage emotional/intuitive reactions they may have when working with families where alleged child abuse has occurred</li> </ul> <p><i>Operative</i></p> <ul style="list-style-type: none"> <li>• assess for indicators of child abuse</li> </ul>
Materials	PowerPoint slides, IDENTIFYING CHILD ABUSE, RELATING TO THE WORK: IDENTIFYING CHILD ABUSE, DEFINING CHILD ABUSE, PHYSICAL INDICATORS OF ABUSE, COMMON AND SUSPICIOUS AREAS OF INJURIES, BURN ON CHILD'S HAND, EYE INJURY, IDENTIFYING BEHAVIORAL INDICATORS OF ABUSE, STATISTICS RELATED TO SEXUAL ABUSE, POSSIBLE SEXUAL

ABUSE INDICATORS, HANDOUTS TO SUPPORT PRACTICE, CALHOUN FAMILY I, PRACTICE TASK: CALHOUN FAMILY II; handouts, CHILD ABUSE: THE DEFINITION, POSSIBLE PHYSICAL INDICATORS OF CHILD ABUSE, WHAT TO CONSIDER REGARDING INJURIES, POSSIBLE BEHAVIORAL INDICATORS OF CHILD ABUSE, KNOWLEDGE OF POSSIBLE SEXUAL ABUSE INDICATORS: FOSTER CARE CASE EXAMPLE, KNOWLEDGE OF POSSIBLE SEXUAL ABUSE INDICATORS: PREVENTIVE CASE EXAMPLE, KNOWLEDGE OF POSSIBLE SEXUAL ABUSE INDICATORS: ADOPTION CASE EXAMPLE, POSSIBLE PHYSICAL INDICATORS OF SEXUAL ABUSE, POSSIBLE BEHAVIORAL INDICATORS OF SEXUAL ABUSE, ANNOTATED SCRIPT: DEMONSTRATING CRITICAL THINKING SKILLS; worksheets, ASSESSING ABUSE: THE CALHOUN FAMILY I and II (and TRAINER'S KEYS); script, DEMONSTRATING CRITICAL THINKING SKILLS DURING AN INTERVIEW.

Time 150 minutes/2.5 hours

## Module One

### Unit C: Introducing Safety

**Purpose** To build participants' knowledge and skill in the identification of safety factors and the application of critical thinking skills to determine if children are in immediate and/or impending danger of serious harm, as well as to build their knowledge of the safety assessment decision-making process and options.

**Rationale** The safety of children is of paramount importance. All caseworkers must continually assess the safety of the children on their caseloads, whether the family is receiving preventive, foster care, adoption, or child protective services. In order to accomplish this, caseworkers must have a working knowledge of the specific factors that indicate whether children are safe or in immediate and/or impending danger of serious harm as well as the specific policies and practice tools that aid them in this assessment and the decision-making process.

Furthermore, all caseworkers must be able to assess any presenting safety issues, including those not created as a result of parental actions or inactions.

All workers must be able to determine what actions are needed to protect the child, family, or community in regard to safety. Both the safety decision and the safety planning process are informed by the individual, family, and community strengths that surround the family, and the entire process requires the application of critical thinking skills in order to reduce worker bias and errors in decision-making.

Finally, workers must be aware of how their own needs for physical and emotional safety may be activated during the safety assessment process with families and must learn how to address such legitimate concerns.

**Learning objectives** Participants will be able to:

*Cognitive*

- describe the purpose of a safety assessment
- define their role and responsibilities in conducting safety assessments
- explain casework responsibility for managing safety
- explain the rationale for engaging the family in the assessment of safety
- define *safety*, *immediate* and *impending danger*, *safety factor*, and *safety decision*
- explain each of the safety factors used in New York State to assess safety
- describe the criteria to be used to determine if a safety factor presents immediate or impending danger
- describe the five safety decisions
- describe individual, family, and community strengths and actions that protect children, family, and community members
- define the purpose and components of a safety plan
- list safety interventions that may be used in a safety plan
- describe possible safety threats that are not the result of parental action/inaction

*Affective*

- value the safety of children
- value the family's involvement in the assessment of safety and in developing and implementing safety plans
- value the importance of accurately evaluating safety factors, safety criteria, and strengths/resources in order to conduct a comprehensive safety assessment and make an informed safety decision
- appreciate the importance of assessing safety throughout the case at all points of contact
- appreciate the importance of collaborating with resources in protective and nonprotective cases in order to accurately assess child safety
- recognize caseworkers' need for physical and emotional safety while conducting safety assessments with families

*Operative*

- determine the presence or absence of safety factors in case situations
- determine whether child safety factors and safety criteria interact to create a situation of immediate or impending danger of serious harm requiring actions to protect
- assess the presence of any safety issues, that are not a result of parent actions or inactions, in case situations

## Materials

PowerPoint slides, INTRODUCING SAFETY, RELATING TO THE WORK: SAFETY, DECISION POINTS, FIRST DECISION POINT, DEFINING IMMEDIATE AND IMPENDING DANGER, IMMEDIATE DANGER CASE EXAMPLE, IMPENDING DANGER CASE EXAMPLE, PROTECTIVE SAFETY ASSESSMENT PROTOCOL IN CONNECTIONS, DECIDING ON SAFETY, DEFINITION OF SAFETY FACTOR, PRACTICE TASKS: SAFETY VIGNETTES, DECIDING ON SAFETY – ABBREVIATED, SAFETY CRITERIA, CONSIDER THIS SAFETY FACTOR, PRACTICE TASKS I: LOOKING AT SAFETY, PRACTICE TASKS II: LOOKING AT SAFETY, SAFETY DECISION 1, SAFETY DECISION 2, SAFETY DECISION 3, SAFETY DECISION 4, SAFETY DECISION 5, CASE EXAMPLE, THE SAFETY PLAN, SAFETY IN NONPROTECTIVE CASES, DEFINITION OF SAFE (NONPROTECTIVE), EXAMPLES OF NONPROTECTIVE SAFETY ISSUES, NONPROTECTIVE SAFETY ASSESSMENT IN CONNECTIONS; handouts, DEFINING SAFETY, PROGRAM CHOICE & PERMANENCY PLANNING GOAL SELECTION, A PROTECTIVE CASE IS . . . , DECIDING ON SAFETY, SAFETY FACTORS, EXPANDED SAFETY FACTORS, SAFETY CRITERIA, IMAGINE THIS, ADDED DETAILS, INSTEAD, FIVE SAFETY DECISIONS, SAFETY DECISION 1: EXAMPLE, SAFETY DECISION 2: EXAMPLE, SAFETY DECISION 3: EXAMPLES, EXAMPLE OF PARENT/ CARETAKER ACTIONS TO PROTECT, SAFETY PLAN: PARENT/ CARETAKER ACTIONS TO PROTECT, A SAFETY PLAN, CONTROLLING INTERVENTIONS, EXAMPLE OF A SAFETY PLAN, SMITH FAMILY SAFETY ASSESSMENT, DECISION AND PLAN, NONPROTECTIVE CASE EXAMPLES, MAIN TASKS OF A SAFETY ASSESSMENT IN A NONPROTECTIVE CASE, KEY PROTECTING FACTORS; worksheets, SAFETY VIGNETTES, LOOKING AT SAFETY (and TRAINER'S KEYS), LOOKING AT SAFETY: THE MORAN FAMILY (and TRAINER'S KEY); posters, DECIDING ON SAFETY.

## Time

375 minutes/6.25 hours

## Module One

### Unit D: Introducing Risk

Purpose	To develop caseworkers' understanding of the dynamics, behaviors, experiences, and/or conditions in families that create the risk of future abuse/maltreatment and to introduce them to a tool, the Risk Assessment Profile, that will assist them in making informed decisions related to risk.
Rationale	Identifying child abuse and maltreatment and promoting safety for children by controlling the situation until permanent change can take place are priorities of child welfare caseworkers. For foster care, preventive, and adoption caseworkers, permanency and well-being are also priorities. Safety, our top priority in child welfare, must be fully assessed and, if necessary, children must be protected from danger. Workers must also identify and understand the behaviors, needs, and conditions that create the risk of future abuse/maltreatment. Once all of these areas have been assessed, the caseworker's job is to engage families in the service planning process to reduce risk and support their efforts to achieve safety, permanency, and well-being for their children. One tool that structures the assessment of risk and helps identify the need for risk-reduction services is the Risk Assessment Profile (RAP), which participants will be introduced to in this activity.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <p>describe the role of the caseworker relative to risk</p>

articulate the purpose of risk assessment tools  
 explain the risk assessment process  
 define *primary* and *secondary caretaker*  
 describe the elements of the Risk Assessment Profile  
 explain how the risk assessment profile supports decision making and opening a case for services, as well as the level and intensity of services

*Affective*

N/A

*Operative*

assess for the presence or lack thereof, of risk elements in a case

**Materials**

PowerPoint slides, INTRODUCING RISK, RELATING TO THE WORK, DECISION POINTS, DEFINITION OF RISK, RISK ASSESSMENT IS... , RISK ASSESSMENT IS A PROCESS IN WHICH THE CASEWORKER..., RISK: RESEARCH FINDINGS, RAP IN CONNECTIONS, INITIAL NONPROTECTIVE RISK ASSESSMENT; handouts, RISK ASSESSMENT, RAP RATINGS, RAP CONCEPTS AND RISK ELEMENT DEFINITIONS, BRIEF EXAMPLES FOR RISK ELEMENT DEFINITIONS, INITIAL RAP (BLANK), ALLEN FAMILY: CASE SCENARIO, TIPS FOR COMPLETING THE RAP, INITIAL NONPROTECTIVE RISK ASSESSMENT; worksheet, RAP: ALLEN FAMILY (and KEY).

**Time**

180 minutes/3 hours

## Module Two

### Unit A1: Promoting Professional Casework Relationships in Child Welfare

Purpose	To enable participants to understand the purpose of the professional casework relationship with children and families and to recognize that the relationship is the primary tool they have for accomplishing the tasks and goals of their job.
Rationale	<p>Child welfare caseworkers need to understand that their efforts to develop positive casework relationships with families are the key factor to the success of their work. Workers need to view the interpersonal skills used to build the casework relationship as both strategic and purposeful. For example, the strategic use of interpersonal skills facilitates open communication of needed information with both families and collateral contacts that lead to efficient and accurate safety assessments and determinations, and service planning and delivery. A professional casework relationship is purposeful because it promotes a family's willingness to make needed changes to keep their children safe and/or reduce risk, and when this is not possible, to participate in planning for their children's permanency and well-being.</p> <p>The tasks, responsibilities, and results of child welfare casework are accomplished through the professional relationships caseworkers develop with the children and families on their caseload and through the relationships they develop with extended family members, other service providers, colleagues, and their supervisors. One of the challenges of forming and maintaining an effective casework relationship is understanding how a caseworker's authority, as well as his or her own personal needs, background, and viewpoints impacts the quality and effectiveness of professional relationships. In order to engage families while maintaining objectivity, workers must be conscious of these dynamics.</p>
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <p>define the characteristics of professional casework relationships</p> <p>explain the purpose and function of the professional casework relationship throughout the continuum of child welfare services</p> <p>describe a process for developing and maintaining relationships and for identifying obstacles to effective relationships</p>

- explain the stages of the professional casework relationship
  - list the factors that influence the professional casework relationship
  - describe how differences in gender, age, status, power, race, ethnicity, culture, experience, values, and beliefs can impact the caseworker's ability to establish and maintain effective working relationships with families and others
  - explain how the efforts of caseworkers and families to meet their individual needs might impact the development and maintenance of a professional casework relationship
  - describe the signs of effective and ineffective professional casework relationships
  - describe how authority influences the professional casework relationship
  - explain the roots of resistance in professional casework relationships and how it can impact the casework process
  - identify ways to minimize resistance in the professional casework relationship
  - define the purpose and elements of frank and honest discussions about rights and responsibilities
  - identify ways to minimize bias in casework with family members
- Affective*
- value the importance of each stage of the professional casework relationship
  - appreciate the importance of assessing how needs influence relationships
  - appreciate the need for workers to manage their authority in order to reduce resistance and convey willingness to develop professional casework relationships
  - value the use of full, frank, and honest discussions for promoting the professional casework relationship
  - recognize the influence of caseworkers' own needs, values, perceptions, and behaviors on their professional practice
- Operative*
- assess the signs of effectiveness or ineffectiveness in casework relationships
  - assess strategies for managing authority and minimizing resistance
  - demonstrate awareness of personal needs, values, and perceptions

that might impede the formation or maintenance of a professional casework relationship

Materials	<p>PowerPoint slides, PROMOTING PROFESSIONAL CASEWORK RELATIONSHIPS IN CHILD WELFARE, RELATING TO THE WORK, AGREE OR DISAGREE, NILDA'S CHILDREN, FORCES THAT DRIVE BEHAVIOR, FACTORS OF DIFFERENCE, STAGES OF THE PROFESSIONAL CASEWORK RELATIONSHIP, BERNADETTE, CHANGE IS..., TWO PRIMARY CONDITIONS, RESISTANCE IS..., QUESTIONS; worksheets, STAGING THE RELATIONSHIP, BERNADETTE, FACING CHANGE, CONSIDERING PERSONAL BIAS AND THE PROFESSIONAL CASEWORK RELATIONSHIP (and TRAINER'S KEY); handouts, PRIMARY NEEDS, FORCES THAT DRIVE BEHAVIOR, FACTORS OF DIFFERENCE, STAGES OF THE PROFESSIONAL CASEWORK RELATIONSHIP IN CHILD WELFARE, THE PROFESSIONAL CASEWORK RELATIONSHIP: POSITIVE INDICATORS, INDICATORS OF CONCERN, MEMORANDUM, TWO PRIMARY CONDITIONS, CONFIDENTIALITY AND YOU, CONDITIONS FOR SHARING INFORMATION, DISCUSSING RIGHTS AND RESPONSIBILITIES, CASE SCENARIO FOR DEMONSTRATION: CLARKE FAMILY, TRAINER'S SCRIPT FOR DEMONSTRATION; video, <i>Pulling It Together: Stages of the Professional Helping Relationship</i>.</p>
Time	270 minutes/4.5 hours

## Module Two

### Unit A2: The Core Conditions for Effective Professional Casework Relationships

Purpose	To develop participants' understanding of and ability to establish the core conditions of respect, empathy, and genuineness necessary to effectively form and maintain professional casework relationships in child welfare practice.
Rationale	Respect, empathy, and genuineness are identified by numerous practitioners (Rogers, Ivey, Cormier & Cormier, Egan, Carkhuff) as essential to the development of professional casework relationships. Caseworkers need to understand the role of respect, empathy, and genuineness in their contacts with parents, children, and all others involved in the life of a case (such as collaterals, extended family members, and other professionals). They need to know how to project these attributes as they intervene in the lives of families so that parents and children experience being understood and valued, as their cooperation is essential to the caseworker's ability to conduct all investigations, assessments, and to provide services. Only when caseworkers can project these attributes will children and families be willing to engage in the conversations, interviews, family meetings, and planning activities that allow caseworkers to do their job and to accomplish the goals and outcomes that are expected of them.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <p>define <i>respect</i></p> <p>distinguish behaviors that communicate respect</p> <p>define <i>empathy</i></p> <p>differentiate empathy from sympathy</p> <p>define <i>genuineness</i></p> <p>explain how respect, empathy, and genuineness influence the development of professional casework relationships</p> <p><i>Affective</i></p> <p>appreciate the need to convey respect, empathy, and genuineness to parents, children, and all others involved in the casework process</p>

*Operative*

N/A

Materials	PowerPoint slides, THE CORE CONDITIONS FOR EFFECTIVE PROFESSIONAL CASEWORK RELATIONSHIPS, RELATING TO THE WORK, THE CORE CONDITIONS: DEFINED, STATISTICS, EXAMPLES OF POOR CHOICES OF SELF-DISCLOSURE; worksheets, DISSED, GETTING IN THE DOOR: MS. WHITMIRE; handouts, THE BELIEFS AND BEHAVIORS OF RESPECT, EMPATHY, AND GENUINENESS, THE WHITMIRE FAMILY: CASE OVERVIEW, TRAINER'S ROLE DESCRIPTOR #1: PHYLLIS WHITMIRE; audio clip, <i>Respect</i> by Aretha Franklin.
Time	90 minutes/1.5 hours

## Module Two

### Unit B1: Introducing the Role of Communication in the Casework Relationship

Purpose	To develop participants' ability to use interpersonal skills to communicate effectively with parents and children.
Rationale	Being able to engage a family in the casework process in order to achieve the child welfare outcomes of safety, permanency, and well-being is heavily dependent on the ability of the caseworker to communicate with a family. Communication is effective when a variety of interpersonal skills are used to effectively establish mutual understanding. Workers must understand the individual interpersonal skills in order to synthesize and strategically use them to develop effective communication in all casework relationships. Effective communication enables accurate assessments and child-centered, family-focused, and strengths-based child welfare practice.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>define the purpose of interviewing in child welfare casework practice</li> <li>explain the role of effective communication with parents, children, and others in gathering and assessing information and determining what interventions, if any, a family might need</li> <li>identify obstacles to effective communication</li> <li>identify strategies to communicate effectively</li> <li>explain the functions and characteristics of attending behaviors</li> <li>describe the elements of nonverbal communication</li> <li>define the term <i>strategic</i> as it relates to effective communication</li> </ul> <p><i>Affective</i></p> <ul style="list-style-type: none"> <li>appreciate the value that effective communication has in building the relationships that are necessary to aid the casework process</li> <li>appreciate the complexity of communication</li> <li>value the importance of attending to one's own nonverbal communication as well as to nonverbal communication from children, parents, and others involved in the casework process</li> </ul> <p><i>Operative</i></p>

N/A

Materials	<p>PowerPoint slides, INTRODUCING THE ROLE OF EFFECTIVE COMMUNICATION IN THE CASEWORK RELATIONSHIP, RELATING TO THE WORK, INTERVIEWING, COMMUNICATION, EFFECTIVE COMMUNICATION, INTERPERSONAL SKILLS FOR EFFECTIVE COMMUNICATION, STRATEGIC USE OF SKILLS, OBSTACLES TO EFFECTIVE COMMUNICATION, WORKER AND MRS. GAINES, USE OF SPACE, ATTENDING; handouts, EXAMPLES OF USE OF SPACE, GUIDELINES FOR PROMOTING CONCRETE COMMUNICATION, PATHWAY OF COMMUNICATION, INTERPERSONAL SKILLS FOR EFFECTIVE COMMUNICATION, THE SKILLS AND BEHAVIORS OF ATTENDING, COMMUNICATING NONVERBALLY; wall posters, INTERPERSONAL SKILLS FOR EFFECTIVE COMMUNICATION, UNDERLYING CONDITIONS ARE..., EXAMPLES OF UNDERLYING CONDITIONS; worksheet, ATTENDING TO ATTENDING; videos, <i>Communicating</i> (Gaines Scene 3) and <i>Attending</i> (Gaines Scene 5).</p>
Time	90 minutes/1.5 hours

## Module Two

### Unit B2: Using Effective Questions to Advance Child Welfare Practice

Purpose	To build participants' ability to ask questions that are effective in acquiring information necessary to achieve child welfare outcomes.
Rationale	Caseworkers are responsible to gather information about the family system, its capacity to keep the children safe, and to promote their well-being in a safe, nurturing home intended to last forever. The primary vehicle caseworkers use to gather information is the use of questions.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <p>explain the difference between effective and ineffective questions  explain the purpose for and construction of open, closed, indirect, circular, solution-based, and scaling questions</p> <p><i>Affective</i></p> <p>appreciate how using a variety of questions can improve the casework relationship and lead to the discovery of valuable, case-related information</p> <p><i>Operative</i></p> <p>develop effective questions</p>
Materials	PowerPoint slides, USING EFFECTIVE QUESTIONS TO ADVANCE CHILD WELFARE PRACTICE, RELATING TO THE WORK, TYPES OF EFFECTIVE QUESTIONS, THREE TYPES OF EFFECTIVE QUESTIONS, THREE MORE TYPES OF EFFECTIVE QUESTIONS, TWO PRIMARY CONDITIONS; worksheet, QUESTIONING MS. BROWN (and ANSWER KEY); handouts, THE STRUCTURE OF QUESTIONS, THE BROWN FAMILY: CASE OVERVIEW, SAFETY FACTORS, TWO PRIMARY CONDITIONS; wall posters, CRITICAL THINKING SKILLS FOR CHILD WELFARE CASEWORKERS.
Time	150 minutes/2.5 hours

## Module Two

### Unit B3: Using Reflections to Advance Child Welfare Practice

Purpose	To build participants' ability to employ the skill of reflection in communicating with children and families.
Rationale	Demonstrating to children, youth, and parents that they are understood, valued, and respected is one of the most essential elements in establishing and maintaining effective professional casework relationships that get results. Since significant information resides with family members (and others), the better able the worker is to convey understanding and respect, the more likely an individual will be to share the needed information. Additionally, the ability to reflect family members' feelings and the content of their messages is fundamental to involving them in change-oriented activities. Reflection is a time-tested skill for accomplishing these goals.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>identify the underlying conditions that are appropriate for reflecting upon</li> <li>define reflection of content and reflection of feeling</li> <li>distinguish between feelings and content in the context of an interview</li> <li>define the components of reflecting</li> <li>distinguish between effective and ineffective reflections</li> <li>explain the types of feedback</li> <li>describe the qualities of effective feedback</li> </ul> <p><i>Affective</i></p> <ul style="list-style-type: none"> <li>appreciate the value of reflections in forming and maintaining professional casework relationships with parents, children, and others involved in the casework process</li> </ul> <p><i>Operative</i></p> <ul style="list-style-type: none"> <li>use reflections of content and feeling in interactions with families and others to reach mutual understanding and acquire necessary information related to casework decisions</li> <li>demonstrate purposeful use of questioning in an interview</li> </ul>
Materials	PowerPoint slides, USING REFLECTIONS TO ADVANCE CHILD

WELFARE PRACTICE, RELATING TO THE WORK, FOCUS ON THE PERSON, REFLECTION, WHY REFLECT?; handouts, DO'S AND DON'TS OF REFLECTION, THE STRUCTURE OF QUESTIONS, FACTS ABOUT FEEDBACK, ROLE DESCRIPTOR: MS. BROWN (SAFETY FACTOR #3); worksheets, GUIDING REFLECTIONS, INTERVIEWING MS. BROWN, OBSERVER FEEDBACK FORM: QUESTIONS AND REFLECTIONS; video, *Assessing Safety and Risk: The Williams-Gordon Family*; wall posters, FOCUS ON THE PERSON, CRITICAL THINKING SKILLS FOR CHILD WELFARE CASEWORKERS, APPLYING CRITICAL THINKING IN CHILD WELFARE, GIVING FEEDBACK, RECEIVING FEEDBACK; TRAINER'S SCRIPT: MS. MAJORS' STORY.

Time 120 minutes/2 hours

## Module Two

### Unit B4: Summarizing

Purpose	To enable participants to utilize the skill of summarizing to synthesize the contents of their interviews, communicate their clear understanding of parent/child situations and, in strategic places, to be able to use summarizing as a tool to focus, clarify, structure, or explore contradictions that arise during their contacts with parents (and others).
Rationale	The successful casework relationship requires caseworkers to listen to and synthesize a wide range of facts and feelings communicated during the course of one or more interviews. In addition to reflecting parent or child statements or gathering specific information with questions, workers must put together a wealth of information to form a whole that may be greater than the sum of all individual parts. Summarization is the skill that enables child welfare workers to communicate this “big picture” to others – including the family, other members of the child welfare team, service providers, and the court. Workers need to be aware of the importance of summarizing their own words for clients. For example, when deciding during the course of a case contact on the immediate next steps to be taken by a family or worker, the worker should end the contact by summarizing both what the family is agreeing to do and what the worker, as well as other service providers, are agreeing to do.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <p>describe the nine purposes of summarization</p> <p>explain how to use summarization at various points, within a case contact, to achieve the purposes of summarization</p> <p><i>Affective</i></p> <p>value summarization as an important tool for advancing interviews as part of the casework process</p> <p><i>Operative</i></p> <p>N/A</p>
Materials	PowerPoint slides, SUMMARIZING, RELATING TO THE WORK, PURPOSES OF SUMMARIZATION; handouts, PURPOSES OF SUMMARIZATION, SUMMARIZING SUMMARIZATION; wall posters,

CRITICAL THINKING SKILLS FOR CHILD WELFARE CASEWORKERS,  
APPLYING CRITICAL THINKING IN CHILD WELFARE.

Time 45 minutes/.75 hours

## Module Two

### Unit B5: Using Confrontation to Create the Conditions for Change

Purpose	To develop participants' understanding of and ability to use confrontation within the professional casework relationship so interviews, assessments, planning, and change-supporting activities can be effective and child, youth, and family behavior can be influenced.
Rationale	If caseworkers and families are to achieve the child welfare outcomes, the family must be engaged in the professional casework relationship in order to influence any necessary changes in their behavior. The professional casework relationship creates the conditions necessary for influencing change in the family. A particular area of concern in child welfare work is when families – parents, children, extended family members – are not able to acknowledge the behaviors or conditions that are undermining their children's needs for safety, permanency, and well-being. The information family members supply and what workers collect from other sources, including their own observations, may conflict. In these instances, the caseworker needs to be able to address conflicting and inconsistent information with parents, children, youth, and service providers. One way to do this is to use the skill of confrontation which, when done effectively, helps the family make progress and the caseworker have confidence in the decisions being made and the actions being taken.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <p>define the term <i>confrontation</i></p> <p>describe the purpose and process of confrontation</p> <p>distinguish the types of confrontation that can be used in casework practice to resolve inconsistencies, maintain an honest relationship between themselves, families, and colleagues, and influence needed change</p> <p><i>Affective</i></p> <p>feel comfortable using confrontation as a part of child welfare practice</p>

value the use of confrontation in creating the conditions for change

*Operative*

formulate statements of confrontations

demonstrate the ability to confront parents and youth to address inconsistent information or incongruent behavior, limitations, strengths, and capabilities

Materials	PowerPoint slides, USING CONFRONTATION TO CREATE THE CONDITIONS FOR CHANGE, RELATING TO THE WORK, CONFRONTATION, DECISION POINTS, NEEDS, STAGES OF THE PROFESSIONAL CASEWORK RELATIONSHIP, EXAMPLE OF CONFRONTING STRENGTHS, EXAMPLES OF CONFRONTING FACTS AND INFORMATION, EXAMPLES OF CONFRONTING CAPACITY FOR ACTION, EXAMPLES OF CONFRONTING INCONGRUENCIES, EXAMPLES OF CONFRONTING LIMITATIONS, EXAMPLE OF STRATEGIC USE OF OTHER SKILLS, WELTS AND BRUISES, WHAT TO CONFRONT; handout, A SYSTEM OF CONFRONTATION; worksheets, CONSIDERING CONFRONTATION, CONFRONTATION VIGNETTES (and TRAINER'S KEY); CONFRONTING A PARENT: TRAINER'S SCRIPT.
Time	105 minutes/1.75 hours

## Module Two

### Unit B6: Integrating the Skills Necessary to Form and Maintain Professional Casework Relationships to Influence Change

Purpose	To develop participants' ability to integrate the core conditions and interpersonal skills to advance an interview.
Rationale	In this second module, participants acquired or refined the basic interpersonal skills necessary for forming professional casework relationships, which are the vehicle for creating the change necessary to achieve child welfare outcomes with families. An interview offers participants the opportunity to practice and reinforce skills attained and highlight those needing further development, as well as to integrate the ability to manage their authority. The opportunity to offer feedback to others further develops the ability to evaluate competent use of these skills in a strategic manner.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <p>N/A</p> <p><i>Affective</i></p> <p>value the importance of the interpersonal skills in building professional casework relationships and advancing purposeful interviews</p> <p><i>Operative</i></p> <p>engage and reach mutual understanding with an interviewee while demonstrating the core conditions (i.e., respect, empathy, and genuineness) and utilizing the interpersonal skills (i.e., attending, concreteness, effective questioning, reflection, confrontation, and summarization)</p>
Materials	PowerPoint slides, INTEGRATING THE SKILLS NECESSARY TO FORM AND MAINTAIN EFFECTIVE PROFESSIONAL CASEWORK RELATIONSHIPS, RELATING TO THE WORK, STRATEGIC USE OF SKILLS, APARTMENT LIVING ROOM, PURPOSE AND PROCESS; handouts, WHITMIRE SAFETY INTERVIEW: PURPOSE, TRAINER'S ROLE DESCRIPTOR: PHYLLIS WHITMIRE, SAFETY FACTORS; worksheets, OBSERVER FEEDBACK FORM: WHITMIRE SAFETY INTERVIEW, INTERVIEWER FEEDBACK FORM: WHITMIRE SAFETY INTERVIEW; wall posters, GIVING FEEDBACK, RECEIVING FEEDBACK; MANAGING AUTHORITY: WHITMIRE SAFETY EXAMPLE

FOR TRAINER USE IN DEMO.

Time 180 minutes/3 hours

## Module Three

### Unit A1: Conducting Assessments in Child Welfare

Purpose	To develop participants' understanding of the different types of child and family strengths and needs assessments they will be expected to conduct and the basic principles they have in common.
Rationale	Protecting children, providing them with permanency, and supporting their development requires that caseworkers understand the problems, needs, and strengths of children and families. To gain this understanding, caseworkers must be able to conduct a variety of assessments, depending on their role. However, all caseworkers need to be able to conduct assessments that provide them, along with other child welfare staff, sufficient information to develop a plan of service that will be effective in meeting the needs of the children and families with whom they work.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>• list the different types of assessments caseworkers may be required to conduct</li> <li>• explain the basic principles behind all assessments</li> <li>• describe the core components of a comprehensive assessment of family strengths and needs</li> </ul> <p><i>Affective</i></p> <ul style="list-style-type: none"> <li>• choose to support the purpose of assessment in child welfare practice</li> <li>• value the role of a comprehensive assessment in revealing the level of child and family functioning, what children and families need, the gap between where families are and where they need to be, and in laying the foundation for a plan of action to meet the needs and make any necessary changes</li> <li>• appreciate the state of their professional progress</li> </ul> <p><i>Operative</i></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>
Materials	PowerPoint slides, CONDUCTING ASSESSMENTS IN CHILD WELFARE, RELATING TO THE WORK, DECISION POINTS, FIRST

DECISION POINT, SAFETY: WHAT WE KNOW AND CAN DO, SAFETY: WHAT WE KNOW AND CAN DO (CONTINUED), ABUSE/MALTREATMENT: WHAT WE KNOW AND CAN DO, RISK: WHAT WE KNOW AND CAN DO, SAFETY: WHAT WE NEED TO KNOW AND LEARN TO DO, ABUSE/ MALTREATMENT: WHAT CPS WORKERS NEED TO LEARN TO DO, ABUSE/MALTREATMENT: WHAT CPS WORKERS NEED TO LEARN TO DO (CONTINUED), RISK: WHAT WE NEED TO KNOW AND LEARN TO DO, FAMILY ASSESSMENT: WHAT WE NEED TO KNOW AND LEARN TO DO, FAMILY ASSESSMENT: WHAT WE NEED TO KNOW AND LEARN TO DO (CONTINUED), SERVICE PLANNING: WHAT WE NEED TO KNOW AND LEARN TO DO, UNDERSTANDING WHAT MAKES PEOPLE AND FAMILIES "TICK"; handout, A COMPREHENSIVE ASSESSMENT INCLUDES...; wall poster, INTERPERSONAL SKILLS FOR EFFECTIVE COMMUNICATION.

Time 20 minutes/ 1/3 hour (45 minutes/ 3/4 hour if optional material is used)

## Module Three

### Unit A2: Strengths-Based Assessments

Purpose	To develop participants' knowledge of the purpose for and components of a strengths-based assessment and to develop their ability to apply strengths-based assessment skills regardless of their assigned program area.
Rationale	Children, youth, and families become involved with the child welfare system because they, or someone else, identify problems in functioning. These identified problems or allegations provide an entry point for caseworkers. However, if accurate, they are usually symptoms of more complex conditions or factors that require attention in order to allow the family to exit the child welfare system stronger than when they entered and prevent them from re-entering. Workers are therefore required to assess more than the factors that create safety threats and more than the elements that create risk and look deeper into the family's strengths and the other factors that shape their functioning and behavior, as well as their ability to benefit from child welfare services. However, parent, child, and family strengths are at times overlooked as workers focus on assessing the problems or deficits of the individuals and families on their caseloads. Specific strategies exist that workers can use to develop an understanding of the family's strengths so that they can come to accurate conclusions about safety, risk, areas of strength and need, what families are able to do to protect children, what really needs to change in families, and how to achieve that change.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>• describe categories of strengths</li> <li>• explain the strategies used to identify individual, family, and community strengths</li> <li>• describe how to incorporate strengths-based interviewing strategies into their assessments of safety, risk, and family functioning</li> <li>• describe how individual, family, and community strengths help to address the needs of children and youth</li> </ul> <p><i>Affective</i></p>

- choose to examine the needs, underlying conditions, contributing factors, and strengths leading to or sustaining behavior when performing an assessment
- value the strengths perspective in creating the professional casework relationship, as well as in assessment, planning, and creating the conditions for change

*Operative*

- assess a family's strengths and needs through the application of strengths-based interviewing techniques that assess behavior, the conditions that underlie that behavior, and any factors that contribute to behavior that necessitates child welfare involvement
- demonstrate the ability to explore and acknowledge factors of difference between the caseworker and the family during the engagement process

**Materials**

PowerPoint slides, STRENGTHS-BASED ASSESSMENTS, RELATING TO THE WORK, BEHAVIOR, CASE EXAMPLE, CREATING CONDITIONS FOR CHANGE REQUIRES THOROUGH UNDERSTANDING, YOU'VE ALREADY LEARNED ABOUT..., WHAT IS DRIVING BEHAVIOR?, STRENGTHS IN CHILD WELFARE, A DEEPER LOOK AT STRENGTHS, LOOKING FOR STRENGTHS, CATEGORIES OF STRENGTHS, DECISION POINTS, TWO CHILD WELFARE TOOLS, SKILLFUL ENGAGEMENT REQUIRES, WORKING WITH THE WHITMIRE FAMILY, INTERVIEW PURPOSE AND TASKS: MS. WHITMIRE; handouts, FORCES THAT DRIVE BEHAVIOR, PRIMARY NEEDS, SAFETY FACTORS (and TRAINER'S GUIDE), EXPANDED CASE INFORMATION, CRITICAL THINKING SKILLS FOR CHILD WELFARE CASEWORKERS, FIVE SAFETY DECISIONS, CATEGORIES OF STRENGTHS, CORA THE EXPLORER, SAFETY ASSESSMENT PROTOCOL, INITIAL RAP (BLANK), QUESTIONS FOR ASSESSING UNDERLYING CONDITION AND CONTRIBUTING FACTORS IMPACTING SAFETY AND RISK, QUESTIONS FOR ASSESSING STRENGTHS, FINDING SOLUTIONS, AND CREATING THE CONDITIONS FOR CHANGE, WHITMIRE FAMILY: CASE OVERVIEW, WHITMIRE FAMILY: INTERVIEW UPDATE #1, ASSESSING STRENGTHS, UNDERLYING CONDITIONS AND CONTRIBUTING FACTORS WITH MS. WHITMIRE: INTERVIEW PURPOSE AND TASKS, TRAINER'S ROLE DESCRIPTOR: PHYLLIS WHITMIRE – ASSESSING STRENGTHS, UNDERLYING CONDITIONS, AND CONTRIBUTING FACTORS; worksheets, WHAT IS DRIVING BEHAVIOR? (and TRAINER'S KEY), OBSERVER FEEDBACK FORM: ASSESSING STRENGTHS, UNDERLYING CONDITIONS, AND CONTRIBUTING FACTORS WITH MS. WHITMIRE, INTERVIEWER FEEDBACK FORM: ASSESSING STRENGTHS,

UNDERLYING CONDITIONS, AND CONTRIBUTING FACTORS WITH MS. WHITMIRE; posters, UNDERLYING CONDITIONS ARE..., EXAMPLES OF UNDERLYING CONDITIONS, CONTRIBUTING FACTORS ARE..., EXAMPLES OF CONTRIBUTING FACTORS, SAFETY CRITERIA, INTERVIEW PURPOSE AND TASKS: MS. WHITMIRE, INTERPERSONAL SKILLS FOR EFFECTIVE COMMUNICATION, GIVING FEEDBACK, RECEIVING FEEDBACK, SAFETY CRITERIA, INTERVIEW PURPOSE AND TASKS: MS. WHITMIRE, CRITICAL THINKING SKILLS FOR CHILD WELFARE CASEWORKERS, APPLYING CRITICAL THINKING IN CHILD WELFARE.

Time 405 minutes/6.75 hours

## Module Three

### Unit B1: Assessing and Interviewing Children

**Purpose** To develop caseworkers' ability to assess and interview children in order to intervene effectively with families whose children are being harmed or are at risk of harm and to apply knowledge of trauma, separation, grief, and loss during interviews in a way that minimizes further trauma and attends to, and supports assessment of, the child's developmental needs.

**Rationale** One of the primary reasons for child welfare professionals to enter into a casework relationship with a family is the existence of harm or risk of harm to a child's or others' (e.g., family member, community member) physical, mental, or emotional well-being. To assess safety, determine if there is abuse/maltreatment, assess risk, and develop appropriate ongoing services, a caseworker must be able to interview children effectively, which reflects having an accurate understanding of the child's developmental status. Additionally, it is crucial for workers to understand the dynamics of grief, separation, and loss in order to strategically utilize interpersonal skills and core conditions when interviewing children so as to minimize trauma to the child while meeting their developmental needs.

**Learning objectives** Participants will be able to:

*Cognitive*

- explain the potential impact of trauma on child development
- identify strategies for minimizing trauma to children who have been placed in out-of-home care
- describe communication strategies that can facilitate interactions with children
- explain the steps for communicating with children effectively

*Affective*

- value the importance of adults attending to and supporting the developmental progress of children
- respect the experience of children who have been harmed or are at risk of being harmed

- appreciate the experience of children who are placed outside their home
- appreciate the importance of using the interpersonal skills and core conditions to interview children who have been harmed or are at risk of being harmed

*Operative*

- assess children and youth in the five domains of development
- determine the presence of developmental lag(s) in children
- assess how trauma/grief may influence children's behavior
- demonstrate the use of effective interviewing skills with children

**Materials**

PowerPoint Presentation, EFFECTIVE COMMUNICATION WITH CHILDREN; PowerPoint slides, ASSESSING AND INTERVIEWING CHILDREN, RELATING TO THE WORK, WHY FAMILIARITY WITH CHILD DEVELOPMENT IS USEFUL, REVIEWING THE IMPACT OF TRAUMA ON CHILDREN, SHAKEN BABY SYNDROME (SBS), RESILIENCY IS..., QUESTIONING THE DELAY, CONSIDERING THE TRAUMA OF PLACEMENT, SEPARATION AND LOSS, STAGES OF GRIEF, TASKS OF SEPARATION, COMMUNICATING WITH CHILDREN, IT'S IMPORTANT TO REMEMBER, OUR INVOLVEMENT AFFECTS HOW AND WHAT CHILDREN COMMUNICATE, INTERVIEWING IS A PROCESS: STEP ONE, INTERVIEWING IS A PROCESS: STEP TWO, MINIMIZING TRAUMA TO CHILDREN, THE W—H QUESTIONS, STRATEGIC USE OF SKILLS, INTERPERSONAL SKILLS FOR EFFECTIVE CASEWORK PRACTICE, SHANNON, ASSESSING DEVELOPMENT, TRAUMA IS...; handouts, EXAMPLES OF PHYSICAL AND BIOLOGICAL CAUSES FOR DEVELOPMENTAL DELAY, INTERVIEWING CHILDREN, OTHER CONSIDERATIONS REGARDING CHILD INTERVIEWS, THE WHITMIRE FAMILY: CASE OVERVIEW, TRAINER'S ROLE DESCRIPTOR: SHANNON WHITMIRE, PREPARING TO PORTRAY A YOUNG CHILD, WHITMIRE, CHILD INTERVIEW: PURPOSE, MINIMIZING TRAUMA TO CHILDREN EXPERIENCING OUT-OF-HOME PLACEMENT, HELPING PARENTS COPE WITH REMOVALS, FAMILY VISITING PRINCIPLES FOR CHILDREN IN FOSTER CARE, SUCCESSFUL AND MEANINGFUL VISITATION, EXAMPLES OF CREATIVE ALTERNATIVES FOR COMPILING LIFE BOOKS; worksheets, BABY (and TRAINER'S KEY), SUITCASE, OBSERVER FEEDBACK FORM;

WHITMIRE CHILD INTERVIEW, INTERVIEWER FEEDBACK FORM:  
WHIMIRE CHILD INTERVIEW, MICHAEL, SHANNON (and  
TRAINER'S KEYS); guide, *Child Development Guide*; wall posters,  
CRITICAL THINKING SKILLS FOR CHILD WELFARE CASEWORKERS,  
APPLYING CRITICAL THINKING IN CHILD WELFARE, GIVING  
FEEDBACK, RECEIVING FEEDBACK.

Time 300 minutes/5 hours

## Module Three

# Unit B2: Assessing Children's Need for Protection and Engaging the Family in Safety Planning

Purpose	To continue to develop caseworkers' ability to interview families to assess for the presence of safety factors and the elements that create risk, and to develop their ability to construct a sound, workable safety plan with families to control identified danger.
Rationale	The ability to interview family members to gather sufficient information to make sound safety decisions is a core child welfare competency. All caseworkers need to be able to gather information from families efficiently and that simultaneously assists them in assessing safety, risk, and family strengths and needs. Caseworkers are expected to be able to sort information rapidly and to be able to make accurate decisions about child safety and their need for protection throughout the life of a case. If a child is in danger, they need to be able to engage the family, if at all possible, in the development and implementation of a safety plan. The safety plan will be put in place while the caseworker continues to gather any additional information needed to fully assess risk, strengths, and needs.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>• describe how to use interpersonal skills such as open questions, scaling questions, and confrontation in order to gather information from a family on the presence of safety factors and to also assess parents' ability to maintain their contribution to a safety plan</li> </ul> <p><i>Affective</i></p> <ul style="list-style-type: none"> <li>• value the family's involvement in the assessment of safety and the planning of safety interventions</li> </ul> <p><i>Operative</i></p> <ul style="list-style-type: none"> <li>• employ knowledge of child and adult development to assess parents' ability to meet their children's need for safety</li> <li>• utilize confrontation, various types of questions, and management of authority to identify gaps and</li> </ul>

inconsistencies in information, as well as to gather sufficient information to assess safety and make a safety decision

- apply critical thinking skills to the safety assessment decision-making process
- determine which, if any, safety factors present in a family scenario place any child in immediate or impending danger of serious harm
- make a safety decision based on case circumstances
- determine safety interventions needed in specific case scenarios
- utilize effective strategies for communicating to a parent the need for a safety plan
- engage the parent in making decisions about child safety as well as in creating and implementing a safety plan to protect children
- document a safety assessment and safety plan, including caseworker actions that must be taken to fully protect the children in case scenarios

#### Materials

PowerPoint slides, ASSESSING CHILDREN'S NEEDS FOR PROTECTION AND ENGAGING THE FAMILY IN SAFETY PLANNING, RELATING TO THE WORK, DECIDING ON SAFETY; handouts, WHITMIRE FAMILY: INTERVIEW UPDATE #2, WHITMIRE FAMILY: INTERVIEW UPDATE #3, PURPOSE AND TASKS: CONFRONTING MS. WHITMIRE WHILE ASSESSING SAFETY, TRAINER'S ROLE DESCRIPTOR: PHYLLIS WHITMIRE – SECOND INTERVIEW, WHITMIRE FAMILY: INTERVIEW UPDATE #4, EXPANDED SAFETY FACTORS, SAFETY CRITERIA, FIVE SAFETY DECISIONS, ABOUT SAFETY PLANS, SAFETY PLAN: PARENT/CARETAKER ACTIONS TO PROTECT, CONTROLLING INTERVENTIONS, QUESTIONS TO CONSIDER WHEN CHOOSING CONTROLLING INTERVENTIONS, INTERVIEW PURPOSE: WHITMIRE SAFETY PLAN, TRAINER'S ROLE DESCRIPTOR: PHYLLIS WHITMIRE – SAFETY PLAN, WHITMIRE FAMILY: INTERVIEW UPDATE #5, WHITMIRE FAMILY SAFETY ASSESSMENT AND PLAN: ANSWER KEY; worksheets, OBSERVER FEEDBACK FORM: SECOND INTERVIEW WITH MS. WHITMIRE, WHITMIRE FAMILY: SAFETY FACTORS PRESENT, WHITMIRE FAMILY: ASSESSMENT OF IMMEDIATE AND IMPENDING DANGER OF SERIOUS HARM, OBSERVER FEEDBACK FORM: SAFETY PLANNING WITH MS. WHITMIRE, INTERVIEWER FEEDBACK FORM:

SAFETY PLANNING WITH MS. WHITMIRE, WHITMIRE FAMILY:  
SAFETY DECISION and WHITMIRE FAMILY: SAFETY PLAN; wall  
posters, INTERPERSONAL SKILLS FOR EFFECTIVE  
COMMUNICATION, GIVING FEEDBACK, RECEIVING FEEDBACK.

Time 420 minutes/7 hours

## Module Three

### Unit B3: Applying Critical Thinking Skills to the Risk Assessment Profile

Purpose	To develop caseworkers' ability to apply critical thinking skills towards the development of an accurate Risk Assessment Profile.
Rationale	Once safety has been fully assessed and, if necessary, children have been protected from danger, workers must identify and understand the behaviors, needs, and conditions that create the risk of future abuse/maltreatment. All caseworkers need to be able to gather information from families that simultaneously assists them in assessing safety, risk, and family strengths and needs. Caseworkers are expected to be able to sort information rapidly and to be able to make accurate decisions, using the Risk Assessment Profile, about risk of future abuse and maltreatment present in a family as well as the need for services. Application of critical thinking skills is necessary in order for workers to utilize the Risk Assessment Profile to accurately determine the level of risk present in a family.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>• explain how applying critical thinking skills yields accurate assessments of risk</li> </ul> <p><i>Affective</i></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul> <p><i>Operative</i></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>
Materials	PowerPoint slides, COMPLETING THE RISK ASSESSMENT PROFILE, RELATING TO THE WORK; handouts, INITIAL RAP (BLANK), RAP CONCEPTS AND RISK ELEMENT DEFINITIONS, CRITICAL THINKING SKILLS FOR CHILD WELFARE CASEWORKERS.
Time	10 minutes/ 1/6 hour

## Module Four

### Unit A: Using the Strengths, Needs, and Risk Scales and the Assessment Analysis to Identify What Needs to Change

Purpose	To strengthen participants' understanding of tools that are used to determine what needs to change in individual and family functioning (i.e., Comprehensive Risk Assessment Profile and the Strengths, Needs, and Risk Scales, as well as the Assessment Analysis of the Comprehensive Family Assessment and Service Plan) in order to engage families in services that are targeted at making those changes necessary to achieve the child welfare outcomes.
Rationale	Earlier in the course, we introduced the risk assessment process and the Initial Risk Assessment Profile. Now that workers have an understanding of the relationship between safety and behavior, including the underlying conditions, contributing factors, and strengths present in the family, they can connect this to the full assessment of strengths, needs, and risk, as well as of individual and family functioning. Workers need to familiarize themselves with how to use the Strengths, Needs, and Risk Scales to focus their interviews and organize and document relevant information related to achieving the child welfare outcomes. Although workers would have already begun to engage the family in the assessment of safety and risk, workers also need to strategically integrate interpersonal skills to engage the family in a comprehensive assessment of their strengths, needs, and risk, as well as of their individual and family functioning. Then the Comprehensive Risk Assessment Profile and the Strengths, Needs, and Risk Scales work in tandem to assist workers in determining whether there is sufficient risk to warrant maintaining an open family services case. Additionally, workers need to synthesize and analyze information that has been gathered. The Assessment Analysis guides workers through the process of sifting through information and determining what is relevant to child welfare concerns. Then, based on the Assessment Analysis, workers make decisions with the family about what needs to change. This lays the foundation for the needed changes to be prioritized, clearly articulated, and targeted in the service plan.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>• describe how the Comprehensive RAP and the Strengths, Needs, and Risk Assessment Scales support a full and complete</li> </ul>

assessment

- identify the components of the Assessment Analysis
- identify the family's perceptions and experience relative to their strengths and needs

*Affective*

- value the use of the Comprehensive RAP and the Strengths, Needs, and Risk Assessment Scales and the Assessment Analysis in organizing, synthesizing, and evaluating information that has been gathered during an assessment
- appreciate how the family's perceptions and experiences influence their ability to make needed changes

*Operative*

- develop mutual understanding with the family on the conditions and behaviors that are placing children at risk of harm and/or compromising their development
- reach mutual understanding with the family about the individual and family strengths that will support lasting change
- utilize the interpersonal skills and core conditions during an interview with the family gather information needed to complete a thorough assessment of family functioning and the Assessment Analysis

**Materials**

PowerPoint slides, USING THE STRENGTHS, NEEDS, AND RISK SCALES AND THE ASSESSMENT ANALYSIS TO IDENTIFY WHAT NEEDS TO CHANGE, RELATING TO THE WORK, INTRODUCING THE FASP –1, INTRODUCING THE FASP –2, MODEL FOR ASSESSMENT AND SERVICE PLANNING, INTRODUCING THE FASP–3, INTRODUCING THE INITIAL STRENGTHS, NEEDS, AND RISK SCALES –1, INTRODUCING THE INITIAL SNR SCALES –2, FAMILY ASSESSMENT AND SERVICE PLAN, EXAMPLES OF CONTRIBUTING FACTORS, DIGGING DEEPER, THE COMPREHENSIVE/REASSESSMENT SNR SCALES, SYNTHESIZING AND ANALYZING, INITIAL FASP COMPARED TO COMPREHENSIVE/ REASSESSMENT FASP, THE ASSESSMENT ANALYSIS, WHITMIRE SNR AND ASSESSMENT ANALYSIS INTERVIEW: DEMONSTRATION PURPOSE; handouts, MODEL FOR ASSESSMENT AND SERVICE PLANNING, PURPOSE OF THE FAMILY ASSESSMENT AND SERVICE PLAN (FASP), WHEN IS THE FASP DUE?, INITIAL STRENGTHS, NEEDS, AND RISK SCALES: WHITMIRE, COMPREHENSIVE/REASSESSMENT STRENGTHS, NEEDS, AND RISK SCALES, COMPREHENSIVE/ REASSESSMENT RAP,

COMPREHENSIVE/REASSESSMENT ELEVATED RISK ELEMENTS, CONTENTS OF THE ASSESSMENT ANALYSIS, INITIAL ASSESSMENT ANALYSIS: WHITMIRE FAMILY, WHITMIRE FAMILY: PREVENTIVE SERVICES CASE UPDATE #3, WHITMIRE FAMILY: SAFETY ASSESSMENT AND PLAN UPDATE, WHITMIRE SNR AND ASSESSMENT ANALYSIS INTERVIEW: DEMONSTRATION TASKS, QUESTIONS FOR ASSESSMENT OF STRENGTHS, NEEDS, AND RISK, ROLE DESCRIPTOR: REGGIE WHITMIRE – SNR AND ASSESSMENT ANALYSIS, ROLE DESCRIPTOR: MICHAEL WHITMIRE – SNR AND ASSESSMENT ANALYSIS, TRAINER'S ROLE DESCRIPTOR: PHYLLIS WHITMIRE – SNR AND ASSESSMENT ANALYSIS, WHITMIRE STRENGTHS, NEEDS, AND RISK AND ASSESSMENT ANALYSIS INTERVIEW: SIMULATION PURPOSE AND TASKS, WHITMIRE FAMILY: COMPREHENSIVE RAP, WHITMIRE FAMILY: COMPREHENSIVE RAP, WHITMIRE FAMILY: COMPREHENSIVE RAP ELEVATED RISK ELEMENTS, WHITMIRE FAMILY: COMPREHENSIVE/REASSESSMENT STRENGTHS, NEEDS, AND RISK SCALES, WHITMIRE FAMILY COMPREHENSIVE ASSESSMENT ANALYSIS – KEY, CASE MANAGEMENT ROLES; worksheet, INTERVIEWING THE WHITMIRE ABOUT MICHAEL'S BEHAVIOR; wall posters, GIVING FEEDBACK, RECEIVING FEEDBACK.

Time 360 minutes/6 hours

## Module Four

### Unit B1: Developing the Service Plan

Purpose	To build participants' understanding of and ability to develop the service plan.
Rationale	The assessment process should result in mutual understanding of what needs to change. A plan for achieving change must be developed and implemented. A service plan is created as a blueprint for change. This phase of the casework process is both present and future oriented. Caseworkers need to be able to develop specific strategies and identify services that will protect children, reduce risk, support children's development, and meet family needs. They need to be able to prioritize the needs of the family and to match specific strategies to the particular area that needs to change. Service plans, therefore, need to be specific to each family's circumstances, build upon family strengths, and be culturally congruent so that the family can be quickly engaged and resistance can be minimized.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>• define <i>statement of problem/concern</i></li> <li>• explain the purpose of a statement of problem/concern</li> <li>• identify the criteria of effective statements of problem/ concern</li> <li>• define <i>outcomes</i></li> <li>• identify how family strengths can be utilized to support achievement of outcomes</li> <li>• define <i>activities</i></li> <li>• identify the criteria for effective outcomes and activities</li> <li>• explain the link among parent involvement, empowerment, and effective service plan outcomes</li> </ul> <p><i>Affective</i></p> <ul style="list-style-type: none"> <li>• appreciate the functional value of the statements of problems/concerns as a bridge between the assessment and totality of the service plan</li> <li>• value the creation of effective outcomes and activities</li> </ul> <p><i>Operative</i></p> <ul style="list-style-type: none"> <li>• formulate a list of outcomes to discuss with the family</li> </ul>

Materials	PowerPoint slides, DEVELOPING THE SERVICE PLAN, RELATING TO THE WORK, CRITERIA FOR EFFECTIVE SERVICE PLANS, SERVICE PLAN OUTCOME AND ACTIVITY BLOCK, FAMILY INVOLVEMENT, CRITERIA FOR EFFECTIVE STATEMENTS OF PROBLEMS/CONCERNS, SERVICE PLAN OUTCOMES, CRITERIA FOR EFFECTIVE OUTCOMES AND ACTIVITIES; handouts, CRITERIA FOR EFFECTIVE SERVICE PLANS, WHITMIRE FAMILY: INITIAL SERVICE PLAN BLOCKS, WHITMIRE FAMILY: INITIAL SERVICE PLAN – FAMILY INVOLVEMENT, STATEMENT OF PROBLEM/CONCERN, CRITERIA FOR EFFECTIVE STATEMENTS OF PROBLEMS/CONCERNS, WHITMIRE SAMPLE STATEMENT OF PROBLEMS/CONCERNS (COMPREHENSIVE) — KEY, WHITMIRE SAMPLE PROBLEMS/CONCERNS AND OUTCOME (COMPREHENSIVE) – KEY, CRITERIA FOR EFFECTIVE OUTCOMES AND ACTIVITIES, DESCRIBING ACTIVITIES, WHITMIRE SAMPLE STRENGTHS AND ACTIVITIES (COMPREHENSIVE) – KEY, WHITMIRE FAMILY COMPREHENSIVE ASSESSMENT ANALYSIS – KEY; wall posters, APPLYING CRITICAL THINKING IN CHILD WELFARE, CRITICAL THINKING SKILLS FOR CHILD WELFARE CASEWORKERS.
Time	90 minutes

## Module Four

### Unit B2: Engaging the Family in Service Planning

Purpose	To develop participants' ability to engage families in the development of service plans.
Rationale	The service plan is both the caseworker's assessment and efforts and the family's progress towards change. This blueprint for change bridges the connection between assessment and child welfare outcomes. Caseworkers need to be able to engage families in developing specific strategies and identify services that will protect children, reduce risk, support children's development, and meet family needs. Service plan blocks guide the development of and capture this plan. The problems/concerns, outcomes to be achieved, strengths that can be utilized to achieve the outcomes, and the activities required to implement change are developed with families and documented in the CONNECTIONS case recording system.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>• describe the purpose of meeting with families to discuss service planning</li> <li>• explain criteria for evaluating the effectiveness of the family service plan</li> <li>• describe the relationship between change and service planning</li> <li>• identify the ways in which communication, collaboration, and cooperation can influence mutual planning among the child welfare team members</li> <li>• identify interpersonal skills and strategies to engage families in service planning</li> </ul> <p><i>Affective</i></p> <ul style="list-style-type: none"> <li>• appreciate the importance of case review and synthesizing relevant information to structure purposeful conversations with the family about service planning</li> <li>• value the active participation and input of the family members in the creation of the service plan</li> </ul> <p><i>Operative</i></p>

- prepare for and conduct a service planning meeting
- collaborate to reach mutual agreement with families regarding the service plan components
- plan strategies for a comprehensive service planning meeting with families in order to identify the skills and interventions that will create the condition for change
- clarify negotiable and nonnegotiable issues with families during the service planning process
- reach mutual understanding with the family about the individual and family strengths that will support lasting change
- reassess and refine strategies for creating the conditions for change
- engage and achieve mutual understanding with families, using interpersonal skills and interventions that optimize conditions for change
- design service plans with families that incorporate the criteria of effective statements of problems/concerns, outcomes, and activities, including the utilization of family strengths to support achievement of outcomes
- demonstrate the ability to acknowledge and address the parents' feelings while continuing to advance work on the service plan

#### Materials

PowerPoint slides, ENGAGING THE FAMILY IN SERVICE PLANNING, RELATING TO THE WORK, FIVE CONDITIONS FOR CREATING CHANGE, WHITMIRE SERVICE PLANING MEETING PURPOSE; handouts, FIVE CONDITIONS FOR CREATING CHANGE, QUESTIONS FOR LEARNING ABOUT PRESENT DISCOMFORT AND PREFERRED ALTERNATIVE FUTURE, QUESTIONS FOR LEARNING ABOUT EMOTIONAL SECURITY AND EFFICACY, QUESTIONS FOR LEARNING ABOUT INTERNALIZATION OF RESPONSIBILITY, CREATING THE CONDITIONS TO SUPPORT CHANGE: PRESENT DISCOMFORT AND PREFERRED ALTERNATIVE FUTURE, TIPS AND TECHNIQUES FOR CREATING CHANGE: PRESENT DISCOMFORT AND PREFERRED ALTERNATIVE FUTURE, CREATING THE CONDITIONS TO SUPPORT CHANGE: EMOTIONAL SECURITY AND EFFICACY, TIPS AND TECHNIQUES FOR CREATING CHANGE: EMOTIONAL SECURITY AND EFFICACY, CREATING THE CONDITIONS TO SUPPORT CHANGE: INTERNALIZATION OF RESPONSIBILITY, TIPS AND TECHNIQUES FOR CREATING CHANGE: INTERNALIZATION OF RESPONSIBILITY, ENGAGING FAMILIES IN SERVICE PLANNING, STRUCTURING SERVICE PLANNING TO FACILITATE CHANGE, WHITMIRE FAMILY:

PREVENTIVE SERVICES CASE UPDATE #4, ROLE DESCRIPTOR: REGGIE WHITMIRE – SERVICE PLANNING, ROLE DESCRIPTOR: MICHAEL WHITMIRE – SERVICE PLANNING, SERVICE PLANNING: MEETING TASKS, WHITMIRE FAMILY: COMPREHENSIVE SERVICE PLAN BLOCKS, WHITMIRE FAMILY: COMPREHENSIVE SERVICE PLAN – FAMILY INVOLVEMENT, COLLABORATING WITH THE TEAM TO DEVELOP THE SERVICE PLAN; worksheets, A CHECKLIST FOR EVALUATING THE FAMILY SERVICE PLAN, PLANNING FOR SERVICE PLANNING WITH THE WHITMIRE; TRAINER'S ROLE DESCRIPTOR: PHYLLIS WHITMIRE – SERVICE PLANNING; TRAINER'S GUIDE TO PROCESSING THE SERVICE PLANNING MEETING.

Time 240 minutes

## Module Four

### Unit B3: Summarizing and Transitioning

Purpose	To increase child welfare caseworkers' self-awareness of their strengths and needs regarding their job as they disengage from Common Core training and transition into the field.
Rationale	Child welfare caseworkers have the enormous task of facilitating changes in families and making decisions that conceivably affect generations. One of the most powerful tools that a child welfare caseworker possesses is him- or herself. Having the ability to examine their own job-related strengths and needs empowers the caseworker to become more skilled and effective in his/her dynamic roles. Also, since closing cases when child welfare involvement is no longer needed or warranted is one of the responsibilities of the caseworker, it is appropriate to model a process of saying "goodbye" to those with whom one has done significant work.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>• identify their strengths and needs related to job development as they transition into the field</li> <li>• describe their understanding of the relationship among child welfare outcomes, the professional casework relationship, and change</li> </ul> <p><i>Affective</i></p> <ul style="list-style-type: none"> <li>• appreciate the identification of their job-related needs in preparing for transition to the field and ongoing training</li> </ul> <p><i>Operative</i></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>
Materials	PowerPoint slides, SUMMARIZING AND TRANSITIONING, RELATING TO THE WORK, OUTCOMES, PROFESSIONAL RELATIONSHIP, AND CHANGE, THANK YOU FOR CARING AND SERVING CHILDREN AND FAMILIES; worksheets, LOOKING BACK, LOOKING AHEAD, SAYING GOODBYE.
Time	60 minutes

## Legal Training

### Unit A1: Understanding the Legal System and Its Relationship to Child Welfare Practice in NYS

Purpose	To develop caseworkers' understanding of the legal system and its impact on child welfare practice in New York State and to develop their ability to effectively utilize family court intervention, when necessary, to achieve the child welfare outcomes of safety, permanency, and well-being.
Rationale	<p>In order to achieve the child welfare outcomes, all caseworkers (regardless of their role, i.e., preventive, CPS, foster care, adoption, JD/PINS) must have a thorough knowledge of the legal system. This understanding must include knowledge of legal concepts, laws, and regulations that govern casework practice. Workers must also understand that the law requires them to involve non-custodial parents and relatives of both parent's families in planning for their children.</p> <p>Furthermore, the attention to child safety is of paramount concern to all child welfare workers. New York State's protective safety assessment protocol provides structure to guide decision-making regarding child safety. It also helps the worker identify when it is necessary to use family court intervention to protect children when they are in immediate or impending danger. It is imperative that child welfare caseworkers recognize how, when, and under what circumstances to utilize the court to promote child safety.</p>
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>• compare/contrast imminent danger from immediate/impending</li> <li>• explain reasonable efforts to prevent out of home placement of children</li> <li>• articulate a factual basis for conclusions regarding safety and imminent danger to children</li> <li>• explain how the protective safety assessment protocol supports requests for court intervention, or continuing intervention, in protecting children throughout the time child welfare is involved with the family</li> <li>• explain agency obligations to involve non-custodial parents and</li> </ul>

the relatives of both parent's families in planning for the children as part of reasonable efforts to prevent placement or as custodial resources should placement be indicated

- explain the advantages and disadvantages of placement options

*Affective*

- appreciate the role of non-custodial parents and the relatives of both parent's families in planning for their children

*Operative*

- apply information about court intervention in a case scenario
- apply placement options based on the priorities established by the law

**Materials**

PowerPoint slides, PURPOSE (slide #1), LEGAL ROLES IN CHILD WELFARE PROCEEDINGS (slide #2), SAFETY OUTCOMES (slide #3), PERMANENCY OUTCOMES (slide #4), CHILD AND FAMILY WELL-BEING OUTCOMES (slide #5), BASIC RIGHTS OF PARENTS (slides #6-7), IMMINENT DANGER FOR THE PURPOSES OF REMOVAL (slide #8), NYS COURT OF APPEALS ON IMMINENT DANGER FOR PURPOSES OF REMOVAL (slide #9), DECIDING ON SAFETY (slide #10), PRIORITIES FOR THE CHILD WHEN THE COURT IS INVOLVED... (slides #11-12), DIRECT PLACEMENT (slides#13-15), PLACEMENT WITH DSS OR AGENCY (slides #16-17), ARTICLE SIX CUSTODY OR GUARDIANSHIP (slides #18-20), ARTICLE SIX (CONTINUED) (slides #21-27), SIBLING PLACEMENT (slides #28-32), ASK ABOUT NATIVE HERITAGE (slides #33-34); handouts, GLOSSARY OF LEGAL TERMS, LEARNING OBJECTIVES: LEGAL CLASSROOM TRAINING, CHILD WELFARE LEGAL FOUNDATIONS, LEGAL PROFESSIONALS AND YOU, BROWN FAMILY: CASE OVERVIEW, BROWN FAMILY: INITIAL CPS CONTACT, ACCESS ORDERS, 04-OCFS-LCM22, BROWN FAMILY: INITIAL CPS CONTACT (CONTINUED), DILIGENT EFFORTS FOR ABSENT PARENTS, BROWN FAMILY: INITIAL CPS CONTACT – MEDICAL EVALUATION, GATHERING INFORMATION FROM MOTHERS ABOUT FATHERS, 05-INF-05, STATEMENT OF PATERNITY, REMOVAL SECTIONS, CHILD WELFARE REMOVALS, ACCESS ORDERS, AND LEGAL MANDATES: 2009, SAMPLE VOLUNTARY PLACEMENT AGREEMENT, REGARDING VOLUNTARY PLACEMENTS; worksheets, COURT INTERVENTION AND THE SAFETY OF THE BROWN CHILDREN (and TRAINER'S KEY), PLACEMENT OPTIONS FOR THE BROWN CHILDREN (and TRAINER'S KEY); posters, *Flowchart of a Case in the New York State Child Protective Services System, Immediate/Impending Definitions.*

Time 270 minutes

## Legal Training

### Unit A2: Collaborating with Family Court to Achieve Child Welfare Outcomes

Purpose	To develop caseworkers' ability to effectively collaborate with their agency attorney and interact with other legal professionals when utilizing family court to achieve the child welfare outcomes of safety, permanency, and well-being.
Rationale	In order to utilize family court to achieve child welfare outcomes, caseworkers must collaborate with their agency attorney as well as effectively interact with other legal professionals under the guidance of their attorney. This collaboration includes caseworkers and their attorneys determining what type of action/petition to file, what supporting evidence is necessary to prevail in court, and how to present case materials effectively.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>• describe the importance of developing an effective professional relationship with their agency attorney</li> <li>• explain the types of petitions that may be filed in family court</li> </ul> <p><i>Affective</i></p> <ul style="list-style-type: none"> <li>• value the collaboration between the caseworker and agency attorney in preparing the caseworker for court</li> </ul> <p><i>Operative</i></p> <ul style="list-style-type: none"> <li>• demonstrate the ability to effectively utilize agency counsel to prepare for court</li> <li>• apply a decision-making process to determine the legal grounds for filing a petition in family court</li> </ul>
Materials	PowerPoint slides, COLLABORATING WITH FAMILY COURT TO ACHIEVE CHILD WELFARE OUTCOMES, RELATING TO THE WORK; handouts, LEGAL PROFESSIONALS AND YOU, FAMILY COURT ACT 1012 DEFINITIONS, PREPARING FOR A MEETING WITH THE AGENCY ATTORNEY, BROWN FAMILY: REMOVAL, CHILD MALTREATMENT: THE DEFINITION, CHILD ABUSE: THE

DEFINITION, TRAINER'S GUIDE: PREPARING TO MEET WITH THE AGENCY ATTORNEY REGARDING THE PRELIMINARY HEARING, LAWYER'S GUIDE: MEETING WITH THE AGENCY ATTORNEY REGARDING THE BROWN PRELIMINARY HEARING.

Time 180 minutes/3 hours

## Legal Training

### Unit B1: Exploring Permanency Options

Purpose	To prepare caseworkers to effectively promote various permanency options for children.
Rationale	Caseworkers are responsible for promoting children's permanency through various options. A part of this responsibility is to participate in a permanency hearing, which is a comprehensive review of all aspects of a foster child's life. It is at the permanency hearing that stakeholders (i.e., birth parents, foster parents, the judge, law guardians, and the respondent's attorney) are provided a status report prepared by the caseworker about the progress being made toward achieving the outcomes of safety, permanency, and well-being. When return to parent is not a viable option, methods for securing permanency include surrender and termination of parental rights.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>• describe surrender with and without conditions</li> <li>• differentiate judicial from extra-judicial surrender</li> <li>• articulate the legal basis for termination of parental rights</li> <li>• describe conditions for “no reasonable efforts”</li> <li>• explain exceptions to filing petitions to terminate parental rights</li> </ul> <p><i>Affective</i></p> <ul style="list-style-type: none"> <li>• value surrender as a permanency planning instrument</li> </ul> <p><i>Operative</i></p> <p>N/A</p>
Materials	PowerPoint slides, EXPLORING PERMANENCY OPTIONS, RELATING TO THE WORK, SECTION II, PERMANENCY PLANNING. QUESTION #1, SECTION II. PERMANENCY PLANNING, QUESTION #2, SECTION V. PARENT STATUS AND SERVICES PROVIDED, CONDITIONAL SURRENDER, CONDITIONAL SURRENDERS WITH A

DESIGNATED PERSON, CONDITIONAL SURRENDERS WITHOUT A DESIGNATED PERSON; handouts, PERMANENCY HEARING REPORT: MULTIPLE CHILDREN, BROWN FAMILY: COURT INTERVENTION AND CASE UPDATE, PERMANENCY REPORT TBD, JUDICIAL VS. EXTRA-JUDICIAL SURRENDERS, SURRENDER FORM: JUDICIAL, SURRENDER FORM: EXTRA-JUDICIAL, ATTACHMENT A TO A JUDICIAL CONDITIONAL SURRENDER, ATTACHMENT A TO AN EXTRA-JUDICIAL CONDITIONAL SURRENDER, ENFORCEMENT OF SURRENDER TERMS, UNDERSTANDING THE LEGAL BASIS FOR TERMINATION OF PARENTAL RIGHTS, CIRCUMSTANCES FOR NO REASONABLE EFFORTS ORDER, UNWED FATHERS' RIGHTS, UNWED FATHERS AND CHILDREN IN FOSTER CARE.

Time 90 minutes/1.5 hours

## Legal Training

### Unit B2: Preparing Caseworkers to Testify in Court

Purpose	To prepare caseworkers to effectively testify in court.
Rationale	All child welfare caseworkers must be prepared to provide testimony in court. Collaborating with their agency attorneys is crucial to workers' effective testimony in court. Caseworkers need to know how to prepare their testimony and how to provide credible testimony to the court.
Learning objectives	<p>Participants will be able to:</p> <p><i>Cognitive</i></p> <ul style="list-style-type: none"> <li>• explain how to prepare for in-court testimony, including preparation of the case record</li> <li>• describe how to strengthen their credibility during testimony</li> <li>• articulate what to do during in-court testimony when case information cannot be recalled</li> <li>• articulate how the case record should be used in court</li> </ul> <p><i>Affective</i></p> <ul style="list-style-type: none"> <li>• value the need to adequately prepare themselves and the case record for in-court testimony</li> <li>• appreciate the role of the agency attorney in preparing them for in-court testimony</li> </ul> <p><i>Operative</i></p> <ul style="list-style-type: none"> <li>• present their credentials to the court</li> <li>• prepare testimony with the agency attorney</li> <li>• respond directly to questions asked by the judge</li> <li>• respond effectively in court appearances</li> <li>• demonstrate the caseworker's role in admitting documents, records, and items into evidence</li> <li>• demonstrate how to utilize the case record in court proceedings</li> <li>• provide effective responses in a hearing on a violation of an order of protection and an order of supervision</li> <li>• provide effective testimony in direct, cross, re-direct, and re-cross</li> </ul>

## examination

Materials	PowerPoint slides, PREPARING CASEWORKERS TO TESTIFY IN COURT, RELATING TO THE WORK, PREPARATION FOR TESTIMONY, PREPARING THE CASE RECORD, TESTIMONY, REFRESHING YOUR RECOLLECTION; handouts, TYPES OF EVIDENCE AND STANDARDS OF PROOF, ENHANCED NOTES, QUESTIONS ABOUT THE CASE RECORD IN COURT PROCEEDINGS, PROGRESS REPORT FOR COURT (AUGUST 20XX), TIPS ON TESTIFYING: A DESK REFERENCE, BROWN FAMILY: COURT INTERVENTION AND CASE UPDATE, BROWN FAMILY: INITIAL CPS CONTACT; worksheets, ASSESSING TESTIMONY CHECKLIST, PREPARING FOR COURT CHECKLIST, TRAINER'S GUIDE: IN THE COURTROOM.
Time	330 minutes/5.5 hours

# **Appendix B:** **Key Resource Documents**

## The Performance Management Cycle

The performance management cycle includes three supervisory functions: Communicating Expectations, Monitoring and Feedback. They are the critical components of SET, Supervisory Effectiveness Training. These behaviors directly impact staff performance. They clarify what is expected; provide information needed to accomplish expectations; monitor progress toward expectations so change can occur as needed; and enable information to be gathered for the purpose of providing feedback.

Supervisors who use the Performance Management Cycle in their supervisory practice enable workers to achieve higher standards of job performance. That is, supervisors who convey expectations clearly and often, who monitor performances against expectations, and who provide feedback to their workers frequently and directly, produce workers who get the job done. For those of you who are new to supervision, and for those of you who would like a reminder, the *Supervisor's Guide to Assessing Practice* has suggested language for you to use throughout the PMC, identifies different methods of monitoring, and provides indicators of performance that can facilitate your feedback.

**Communicating Expectations** involves clearly and consistently emphasizing the expectations of the job so they are understood by workers. Supervisors who emphasize this practice have clear standards of practice and communicate them so they are understood. Communication of expectations revolves around two important focal points for supervisors—clarity of expectations and sharing information. The following components will assist you in offering clarity as you communicate your expectations. If you include these components as you state your expectations, workers will have a clearer understanding of what is expected of them in their job performance:

- ↓ 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.

**Monitoring:** Monitoring is the systematic way to evaluate performance, both for the individual worker and for the unit. Monitoring requires that a supervisor has thought

through what the key measures of performance are 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. A supervisor who emphasizes this practice creates a system for tracking case activity and other delegated assignments on a case-specific level, across a worker's entire caseload and across the work of an entire unit.

**Feedback:** Monitoring should result in feedback that is based on communicated expectations, unless monitoring has occurred to form a baseline or assess caseworker performance. There are three types of feedback:

Positive feedback informs a worker of what s/he is doing well, such as: "You recorded your last progress note within 24 hours of the event and you were concrete and specific in your description of details. Keep up that good work!"

Negative: performance/behavior that should not be repeated or needs to be stopped.

Developmental Feedback suggests alternative ways of doing a job effectively: "I noticed in your last progress note you used vague language such as 'she's doing well.' Rather than using vague terms that do not offer a clear picture, I'd like you to describe what it is precisely that she's doing well-such as 'she made a new friend at school and she has attended every day for the past 3 weeks.'"

Feedback must be directly related to clearly articulated expectations (communicating expectations) as well as linked to observable results (monitoring). The climate for presenting feedback should be open, allowing for discussion. Don't "dump and jump," leaving workers to have to interpret feedback on their own. Without mutual trust and professional respect in the relationship, feedback often will not result in improved performance. Feedback should be based on credible information and facts, not on hearsay. In order for feedback to help change behavior, it should be given in a timely manner, privately and have practical value. In order to have an influence on the worker's performance, feedback should be given frequently and concretely. It should compare specific results against expectations. Vague statements such as, "great job" do not clarify performance issues.

### **Conditions for effective feedback:**

- ⇓ Give feedback in an open climate: Set the stage for giving feedback. Do not "dump" information or criticism and then leave the receiver to interpret it on his or her own.

- ⇓ Feedback is best received when it is linked to clear expectations. Be sure that when you provide any type of feedback, it is related to clear expectations of performance.
- ⇓ Feedback is best received when there is a trusting relationship. This doesn't mean that you have to be best friends with the person. It does mean that professional respect and trust exist in the relationship, so that the person receiving the feedback can hear the information and use it to improve his or her performance.
- ⇓ Feedback needs to come from a credible source. Be sure of the facts, since there are often two sides to the story.
- ⇓ Feedback should be structured appropriately. Providing feedback in a timely manner and giving it in a private moment allows the receiver to hear the information without distraction.
- ⇓ When feedback is received, the person should be able to use it. Once again the timing of feedback is often very important and relates to whether the receiver can use the new information in changing or improving his or her behavior.

### Qualities of Effective Feedback:

- ⇓ Feedback must be **useful**. Feedback is useful if the receiver can use the information to change or alter her/his behavior. It needs to be clear enough to help the receiver know that he or she has done something correctly or incorrectly.
- ⇓ Feedback needs to be **specific**. Feedback is specific when it isolates the behavior or practice that has to be changed or affirmed. Each opportunity to reinforce specific behavior helps the receiver understand how to apply it to his or her own work in the field.
- ⇓ Feedback must be **frequent** enough to sustain positive behavior and to allow the receiver to use it in a timely way to alter behavior, if needed. Research has shown that giving repeated positive feedback makes a greater impact on performance than waiting until negative feedback is necessary.
- ⇓ Feedback needs to be **well-timed**. Feedback following close upon performance is more effective than that given later. Feedback also needs to be matched to the emotional readiness both of the person receiving it and the person giving it. Giving feedback when you are angry may distort the message and defeat the purpose of the feedback. It may also result in an outcome different than you wanted. Being aware of the receiver's emotional state is also important. This does not mean you should not give the critical feedback, but consider whether the person can hear it at the time you plan to give it.
- ⇓ Feedback is **direct**. Make sure the feedback is direct and related to performance or to a behavioral issue. When a person is uncomfortable with direct feedback, he or she often will provide some general praise and then say, "but..." What does this do? It reduces the effectiveness of positive praise and reinforces

negative behavior. It also gives the receiver a mixed message. It is important to raise a specific concern rather than conduct a fishing expedition with the person. Each opportunity you use to give direct feedback provides the receiver with a model for how to conduct him- or herself with others.

- ⇓ **Helpful** feedback means that the receiver perceives the motives of the giver as constructive. If the feedback is tied to helping the receiver improve performance and is related to already established expectations, the person will be better prepared to accept the information.
- ⇓ Feedback needs to be **behavioral**. Feedback that focuses on observable behaviors directs the discussion to changing behavior, not to the person's belief system or personal values.
- ⇓ Feedback needs to be **clear**. This means you must be sure that your feedback is understood by the receiver. When we are providing feedback about changing behaviors or performance, it is always important to check with the receiver to evaluate whether he or she understands what we have said about his or her performance.

# New York State Framework of Child Welfare Practice

## OUTCOMES

Child welfare's mission is to promote safety and permanency for children. To achieve this mission, child welfare must be outcome-focused. Child welfare agencies and child welfare practice strive to achieve the following outcomes for the families and children whom they serve:

- ➔ Children are safe.
- ➔ Families are preserved.
- ➔ Children are adopted when their birth family cannot be preserved.
- ➔ Children leaving care at the age of majority will have another planned living arrangement with an adult permanency resource. The other planned living arrangement need not always take place when a child (of any age) is placed, for example, in the guardianship or legal custody of another person.
- ➔ Children and youth in the Department's care develop normally.

## THE CHILD WELFARE WORKER ROLE: AGENT OF INFLUENCE AND CHANGE

The child welfare caseworker is the primary instrument employed by the child welfare system to achieve the above outcomes. Influencing the actions of others is a primary expectation of the child welfare worker's role. Change and influence are achieved through the casework relationship and the casework process. The factors that influence change must be continually assessed and responded to throughout the casework process for change to occur and the outcome to be achieved.

## CASEWORK PRACTICE

Casework practice is founded on a combination of philosophy, values, standards, practice principles, and abilities. Our casework practice flows from our beliefs and values about what works with families. It guides decisions about whom we serve and how they should be served so that the outcome(s) are achieved as quickly and as permanently as possible. These building blocks of practice are applied within a policy and legal framework. The foundation of philosophy, values, ethical standards, and practice principles is the basis from which the casework process is conducted. Casework process requires staff to have certain key abilities and to use those abilities consistently throughout the casework process.

## FOUNDATION

### Philosophy

- ➔ Child welfare's goal is to promote meeting children's needs for safety and emotional security through permanent attachments to a family that is committed to meeting their basic needs.
- ➔ The professional casework relationship, combined with casework expertise in accessing resources needed for a family's health, safety, and functioning, is the primary instrument for achieving case goals and outcomes.
- ➔ Support of children's safety and security and of family functioning is the role of child welfare. Punishment is not the role of child welfare.

### Values

- ➔ Children's safety is our number one priority.
- ➔ Child welfare intervention does not compromise the safety of any family member.
- ➔ Children develop best in their own families.
- ➔ Family preservation and child safety are not conflicting goals. Children's development and emotional security are best served by growing up in and being nurtured by their own family. However, children's safety is never to be compromised. If preservation of the physical family unit cannot be achieved, child welfare must still honor and preserve children's connections and linkages to their family identity.
- ➔ Child welfare intervention is both a source of social support and social control. It requires use of a flexible set of strategies that can respond to the unique strengths and needs of each family and each situation. Family-centered casework includes using authority when necessary and appropriate to protect children and to engage families to take action.
- ➔ Families are the focus of child welfare: preserving families; building new families; supporting the attachments and the family functioning capability of youth.

- ➔ Families and children all have potential for change.
- ➔ Child welfare develops individual and family capabilities by building on strengths.
- ➔ Families can meet their members' needs in many ways that reflect their heritage, values, culture, and beliefs. Difference is not indicative of need or dysfunction.
- ➔ Effective child welfare casework is based on mutuality, that is, on engaging with the parent in a mutual process of assessment, goal setting, planning, and action.
- ➔ Mutuality and a developmental focus are more likely to result in self-sufficient families than do reliance on authority, compliance, and a focus on deficits.

### **Ethical Standards**

- ➔ All parents are worthy of respect.
- ➔ Confidentiality must be afforded to all parents.
- ➔ Parents have rights.
- ➔ Due process must be afforded to parents.

### **Practice Principles**

- ➔ Practice is designed to identify the behaviors and conditions that place children at risk of abuse/maltreatment or other harm, or that place a child at risk of not achieving one or more of the five child welfare outcomes. It is also designed to identify and influence the underlying conditions and needs that create or sustain the problem behaviors or conditions. To the degree possible, it targets interventions to those underlying conditions in order to effect lasting change.

The casework role actively seeks to influence and change family behaviors to meet children's needs. Child welfare caseworkers act on behalf of children to promote their safety, while working with parents to change their behavior. The child welfare worker's authority and the authority of the court are used in ways that promote safety while seeking to maintain a helping relationship with the family.

- ➔ It is the role of the child welfare caseworker, in conjunction with providers of specialized services, to use the helping relationship to identify and build on families' positive intent toward their children and their strengths to shape parents' behavior and parent-child interactions to a level of safety and minimal risk.
- ➔ Behavior is driven by people's attempts to meet their needs. Family violence, substance abuse, neglect, and other negative behavior often occur as a way of meeting a parent's need for control, for avoidance of pain, etc. While the behavior may meet the parent's need, it is done at the unacceptable expense of the child's well-being. Understanding families' needs is a key to understanding and redirecting their behaviors.
- ➔ Child welfare aims to help families meet needs in acceptable ways that keep children safe. Lasting change is more likely to occur if the parent (or child) can learn more effective, acceptable ways to meet their needs. While not always possible, child welfare actions and resources should target that which drives the problem behaviors/conditions, rather than the symptom or trigger incident.
- ➔ Contributing factors, such as poverty and mental illness, also influence behavior and therefore must be factored into the assessment and choice of intervention/change strategy.
- ➔ Practice aims to effect change so that outcomes are achieved within time frames that recognize a child's need for permanent attachments to a family. The casework relationship is proactive, focused, and time-limited. The child welfare worker strives to effect change as quickly as is realistically possible, mindful of the effect of impermanence on a child's development and emotional security.

## CASEWORK PROCESS

The casework process is the method through which practice principles are applied to achieve core outcomes. The casework process structures interaction with parents to effect change in accordance with the philosophy, values, ethical standards, and practice principles. The process is best described in terms of stages. These stages are usually described as if they occur in a linear, sequential way. However, casework is an interactive process with families that often demands moving through the stages in a flexible, nonlinear way. Interventions may need to be made by a child welfare worker at any point in the casework process. Assessment is ongoing, as is evaluation.

However, for purposes of clarity, the casework task process can best be described according to these stages:

- ➔ Engagement
- ➔ Assessment
- ➔ Planning
- ➔ Intervention
- ➔ Reassessment/Evaluation
- ➔ Case Closure

These stages of the casework process are mirrored by an interpersonal process between the child welfare worker and the parents. Every casework relationship moves through stages. The successful management of these relationship stages by child welfare caseworkers will influence the likelihood of progress toward case goals and the rate at which they can be achieved.

- ➔ Anticipation of the other
- ➔ Engagement
- ➔ Reaching for mutual understanding
- ➔ Taking action
- ➔ Deciding to continue

Child welfare caseworkers influence parents, children, substitute caregivers, and the formal and informal support network to act in the best interest of children. They use their interpersonal helping skills to influence the following factors that determine a person's willingness and ability to change:

- ➔ Sense of discomfort with the current situation
- ➔ Preferred alternative future: the ability to see a benefit from change
- ➔ Sense of emotional security or control
- ➔ Sense of efficacy or power to make changes
- ➔ Internalization of responsibility for the problem or situation

## ABILITIES

In order to be successful at the casework process, child welfare caseworkers possess and use an array of skills. These skills fall roughly into the following categories:

### Interpersonal Skills

The following interpersonal skills are essential to the formation and conduct of an effective, outcome-focused professional casework relationship:

- ➔ Communication Skills (including attending and concreteness)
- ➔ Reflections
- ➔ Questioning
- ➔ Summarization

### Core Conditions

The child welfare worker must be able to exhibit the following core conditions in order for the helping relationship to develop:

- ➔ Empathy
- ➔ Genuineness (including the appropriate use of self-disclosure)
- ➔ Respect

### Decision-Making Skills

The child welfare caseworker must be able to apply legal and policy standards and the values and skills specific to casework practice in order to make the following decisions:

#### **Is this a family we should serve?**

- ➔ Is a child safe?
- ➔ Has a child been maltreated?

- ➔ Is a child at risk of harm?
- ➔ Is a child at risk of foster care?
- ➔ Is a child at risk of not achieving the outcomes?

**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?****Influencing Strategies and Skills**

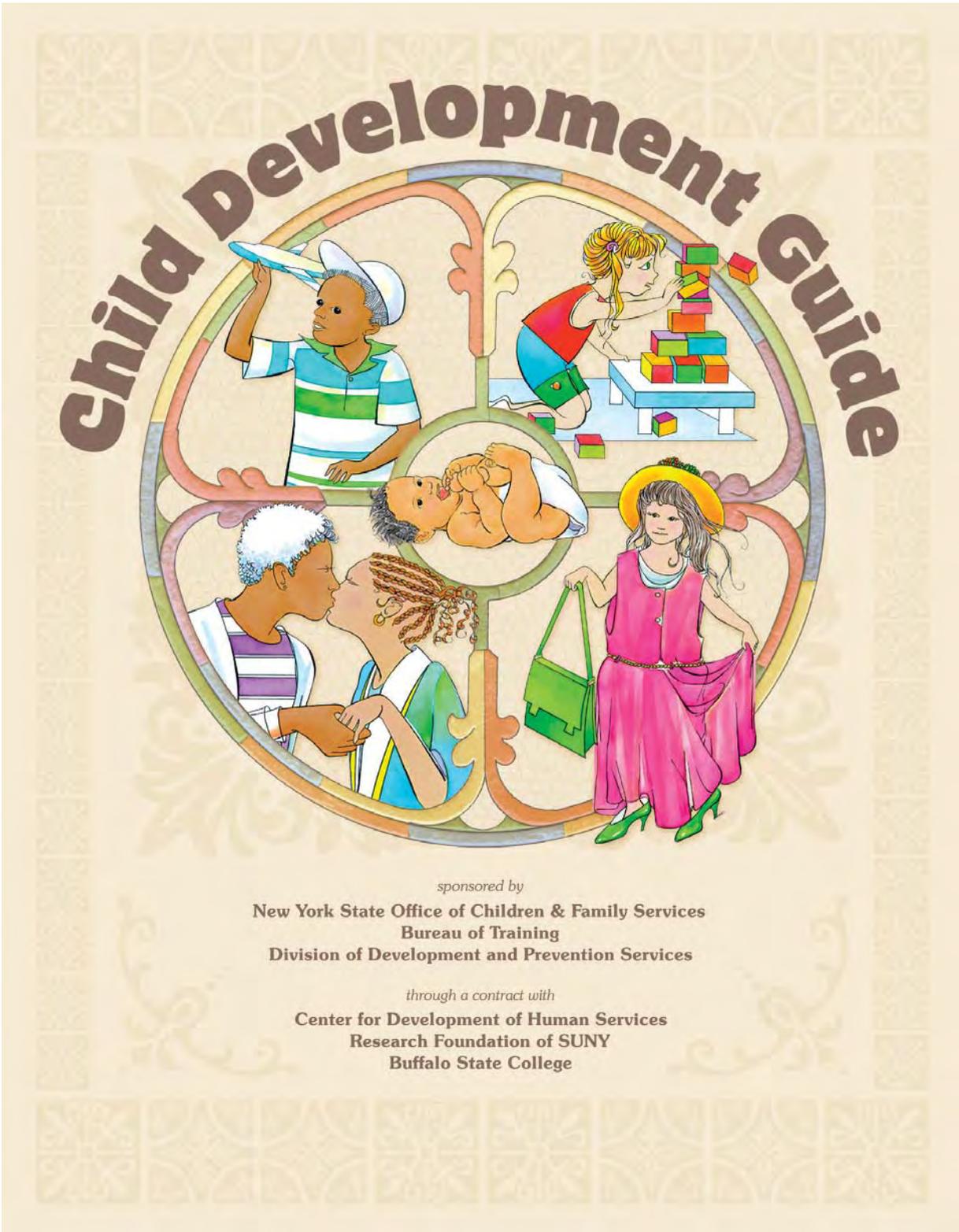
The child welfare caseworker must be able to influence the behavior of others in ways and directions that support outcome achievement. They need to possess and apply skills that enable them to do the following, either directly with parents and children or through active case management of additional service providers' efforts:

- ➔ Create/support the five conditions for change
- ➔ Identify and understand the needs, underlying conditions, and contributing factors that create or sustain maltreatment or the presenting problems
- ➔ Select and mobilize resources that can address those needs, conditions, and factors
- ➔ Identify and support parent/child and network strengths

Together, these principles of practice, values, philosophy, ethics, processes, role description, and child welfare caseworker abilities form a framework for outcome-focused child welfare practice and outcome-based child welfare training.



# Child Development Guide



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# Preface

When the *Child Development Guide* was first introduced over twenty years ago, it was originally intended to be a resource guide that child welfare caseworkers could use in their work, but its use soon spread to include a wider audience of interested parents, foster parents, and other caregivers and service providers.

This guide is divided into two separate parts: Part I, Child Development, provides an overview of how children develop, including the tasks they must accomplish and indicators of possible developmental problems or lags.

Part II, The Development of Language and Conceptual Abilities in Children, is presented in chart form. It describes (again by age group) what things the “normal” child might be expected to say or do at that age or stage and what the “normal” child can be expected to know and how the child thinks and interacts with the world, along with suggestions for caseworker and caregiver responses. Along with the previous information, appropriate cautions are also listed for each age group, as well as behaviors that may signal possible developmental problems in a child.

This guide is intended to be useful and beneficial for all caseworkers and caregivers as they strive to understand and support the development of children. We hope that it will continue to be a valuable resource for yet another generation of children and youth.

# Part I: Child Development

## Introduction

### Assessment of Child Development

When using Part I to assess child development and respond to an individual child's needs, caseworkers and caregivers need to consider the developmental tasks associated with each stage of development. They must also be alert to certain behaviors (or lack of certain behaviors) in order to determine whether a child is progressing in a way that would be considered “typical” or “normal” for a particular age or stage, or whether some factor that may signal some developmental problem(s) exists. (An example of the latter would be a child whose development lags because of fetal alcohol syndrome associated with parental substance abuse.)

### The Five Areas of Development

Arranged according to age group, the various subsections provide an overview of common behaviors that can be expected of children and youth whose developmental progress would be considered “normal” for each of the age groups. These behaviors are further divided into five separate domains, or areas of development: physical, emotional, social, mental, and moral. Each area of development includes brief descriptions of common behaviors associated with that area of development, along with suggested caregiver responses that can be used to encourage growth (and, in some cases, monitor typical but sometimes difficult behaviors).

When referring to the first two subsections of this part of the guide (Birth to Six Months and Six Months to One Year), users will notice that the fifth area of development (moral) is not included for children who are younger than one year because they are not able to distinguish between right and wrong until they progress beyond infancy.

### Variations in Child Development

The tasks and indicators listed for each age group may be more observable at certain times and/or in certain individual children. It is important to appreciate that inevitably there will be overlap among the ages and stages described here.

The information in this guide was adapted with permission from *Adoption of Children with Special Needs* (Allen 1978).

# Birth to Six Months

## Developmental Tasks

Learning to trust others and be secure in the world

Learning (at an unconscious level) how to get personal needs met



## Indicators Related to Developmental Lag

Feeding problems: rejection of breast or bottle; excessive vomiting, colic, or diarrhea that results in weight loss

Developmental regression: depression; unresponsiveness; failure to smile, show pleasure, or cuddle; rejection of others' efforts to provide comfort

Inability to see or hear

Extreme lack of sensory stimulation (touching, seeing, hearing, tasting, smelling) by caregivers, resulting in failure to thrive and possibly death (with deprivation tied directly to the quality of care)

<b>Physical</b>	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
	Develops own rhythm in feeding, sleeping, and eliminating	Adapt schedule to baby's rhythms as much as possible.
	Grows rapidly; doubles birth weight at six months	Supply adequate food.
	Gains early control of eye movement	Supply visual stimuli such as mobiles and bright colors.
	Develops motor control in orderly sequence: balances head, rolls over, pulls self to sitting position, and briefly sits up alone	Exercise baby's arms and legs during bathing and changing.
	Begins to grasp objects	Let baby grasp your finger as you pull him/her.

*Birth to Six Months*

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Emotional</b>	Shows excitement through waving arms, kicking, and wiggling; shows pleasure in anticipation of being fed or picked up	Hold child's arms and legs and help the child move; smile back to acknowledge the child's anticipation.
	Cries in different ways when cold, wet, or hungry	Learn to "read" the different cries; respond to crying consistently, and don't be afraid of "spoiling" the infant. (Crying is the only way an infant has to express needs.)
	Fears loud or unexpected noises and sudden movements; strange objects, situations, or persons; and pain	Respond to the child's fears by talking in a calm manner and by picking up and cuddling the child.

<b>Social</b>	Discriminates primary caregiver (usually mother) from others and is more responsive to that person	Do not change primary caregiver before six months.
	Imitates movements, gazes at faces, and smiles to be friendly	Play pat-a-cake and peek-a-boo with baby.
	Likes to be played with, tickled, and jostled	Bounce the child on your knees.
	Smiles at self in mirror	Provide a mirror for gazing.

<b>Mental</b>	Learns through senses (sounds of rattles, feelings of warmth, etc.)	Provide objects to see, hear, and grasp.
	Coos and vocalizes spontaneously; babbles in nonsense syllables	Talk and sing to the child a great deal, repeating many words (not just sounds).

# Six Months to One Year

## Developmental Tasks

Learning to trust others and be secure in the world

Improving muscle coordination and becoming mobile

Acquiring increased control of head, hands, fingers, legs, etc., as the nervous system continues to develop

Learning spatial concepts (up, down, near, far) and how to manipulate and move in the surrounding environment

Learning to adjust to short periods of separation from the primary caregiver



## Indicators Related to Developmental Lag

Passivity; withdrawal; lack of initiative; lack of response to stimulating people, toys, and pets

Crying frequently and easily

Learning slowly

(Note: Such problems are often interrelated: the passive child is less likely to develop the skills needed to explore the world, such as climbing and crawling, and the resulting limited experience may manifest itself in slow learning and inability to take risks.)

Six Months to One Year

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	From 8 months, begins to crawl; from 9 months, may begin to walk	Provide experiences that involve arm and leg exercise, but be sure dangerous objects are out of reach.
	Learns to let go of objects with hands	Playing at “dropping things” helps the child learn about the physical world, so be patient about picking things up and enjoy the game.
	Puts everything into his/her mouth	Provide child with opportunity to use hands and fingers (finger foods, water play, toys, etc.).
	Begins teething	Be especially patient with child's crankiness; provide things on which to chew.
	Is physically unable to control bowels	Do not attempt to potty train at this time.

<b>Emotional</b>	Needs to feel sure that someone will always take care of him/her	Consistently meet the child's needs related to hunger, cleanliness, warmth, sensory stimulation, being held, and interacting with an adult (and don't listen to those who claim you will “spoil” him/her by doing so).
	Becomes unhappy when mother or primary caregiver leaves	Expect fussiness during mother or primary caregiver's absence; provide comfort.
	Draws away from strangers	Proceed slowly in introducing the child to strangers.
	Needs to be held and cuddled with warmth and love	Generously provide physical comforts. (No baby was ever “spoiled” by too much physical contact. If you don't agree, watch puppies or kittens nestle near their mothers; they quickly become independent in caring for themselves.)

Six Months to One Year

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Social</b>	Finds mother (or primary caregiver) extremely important	Provide consistent care by one person.
	“Talks” to others, using babbling sounds	Talk to the child (using simple words), and both verbally and nonverbally acknowledge and respond to the child's efforts at communication.
	Starts to imitate behaviors of others	Model the behaviors you want the child to copy.
	Eating becomes a major source of interaction with the world	Provide a diet varied in color and texture.
	Does not “play nicely” with other infants, but will instead poke, pull, and push	Don't expect the child to play well with others, because other children merely appear as objects or toys and not as equal human beings.

<b>Mental</b>	Learns through the physical senses, especially by way of the mouth	Provide toys and games that involve and stimulate all five senses.
	Likes to put things in and take things out of mouth, cupboards, boxes, etc.	Keep toys with loose parts and other small objects away from the child.
	Likes to repeat the same behaviors, but also likes to see new things	Repeat words and favorite activities and begin to introduce the child to new activities (grocery shopping, trips to the park, etc.).
	Likes to hear objects named and begins to understand familiar words (“eat,” “ma-ma,” “bye-bye,” “doggie”)	Say the names of objects as the child sees or uses them, and begin to look at very simple picture books with the child.
	May not speak until age one or later	Don't be overly concerned when a child doesn't talk quite as soon as others.

# One to Two Years

## Developmental Tasks

Discovering and establishing a distinct sense of self through continuous exploration of the world

Developing communication skills and experiencing the responsiveness of others

Learning to use memory and acquiring the basics of self-control



## Indicators Related to Developmental Lag

Overly withdrawn, passive, and/or fearful

Obsessive head banging, finger sucking, and/or rocking

Lack of interest in objects, environment, or play

Excessive temper tantrums: hitting, biting, and hyperventilating and/or constipation or smearing of feces (stool) as an expression of anger

<b>Physical</b>	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
	Begins to walk, creep up and down stairs, climb on furniture, etc.	Provide large, safe spaces for exercising arms and legs, and teach the child how to get down from furniture, stairs, etc.
	Enjoys pushing and pulling things	Provide push-and-pull toys, which aid the child in learning to balance self and objects.
	Is able to stack two or three blocks, likes to take things apart, and likes to put things in and take things out of cupboards, mouth, boxes, etc.	Provide toys or games that can be stacked, taken apart, nested or put into each other, squeezed, pulled, etc., and which are clean and not sharp or small enough to swallow.
Takes off pull-on clothing	Allow the child to try to dress and undress him/herself.	

continued →

One to Two Years

<b>Physical</b>	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
	Begins to feed self with a spoon and can hold a cup	Allow the child to feed him/herself food that can be easily eaten (wearing a bib and with a cloth under the high chair, which should have a stable footing).
Is still unable to control bowels	Do not try to potty-train yet.	

<b>Emotional</b>	Needs the warmth, security, and attentions of a special adult	A special, caring adult should regularly look after the child.
	Is learning to trust and needs to know that someone will provide care and meet needs	Respond to the needs of the child consistently and with sensitivity.
	Sucks thumb, a behavior that peaks at around 18 months	Ignore thumb sucking, as drawing attention to it may encourage the behavior.
	May have many temper tantrums	Do not be rigid and demand compliance all the time; do not give in to the child's demands, but do not discipline, as the child is expressing him/herself the only way he/she knows how.
	Is generally in a happy mood	Enjoy the child's behavior and keep up the good work!
	May become angry when others interfere with certain activities	Accept the child's reaction as normal and healthy, and not as a threat to your authority; if necessary, modify the environment to reduce the need to interfere in the child's activities.
	May become frustrated because of an inability to put wishes into words	Be patient in trying to interpret/understand the child's wishes.

One to Two Years

<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
Enjoys interaction with familiar adults	Include the child in activities (as appropriate).
Copies adult behaviors	Be sure to be a good role model!
Begins to be demanding, assertive, and independent	Establish clear boundaries necessary to ensure child's safety; understand that boundaries help the child test limits and divide the world into manageable segments.
Still finds mother (or primary caregiver) very important	Ensure that a special person provides most of the care.
Waves "bye-bye"	Wave back.
Plays alone but does not play well with others the same age	Be sure an adult is close by to observe all the child's activities.
Is possessive of own things	Don't force the child to share, since sharing can be learned later.

**Social**

Learns through the physical senses	Provide toys and play games involving different textures, colors, and shapes (pots, pans, boxes, blocks, etc.).
Is curious, likes to explore, and pokes fingers into holes	Allow the child to explore, but first be sure the area is safe.
Is able to name some common objects	Talk to the child often, saying the names of objects seen and used and discussing activities such as bathing and getting dressed.
Uses one-word sentences ("No," "Go," "Down," "Bye-Bye"); points to and names body parts and familiar objects	Teach the names of body parts and familiar objects; tell stories, read picture books, and repeat familiar nursery rhymes.
Is able to understand simple directions	Give simple, clear directions and praise the child when the directions are followed.
Begins to enjoy simple songs and rhymes	Provide rhythmic songs that are repetitive and low in key.

**Mental**

*One to Two Years*

<b>Moral</b>	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
	Is inwardly sensitive to adult approval and disapproval despite tantrums and bursts of anger	Acknowledge behaviors that you find pleasing or acceptable; when expressing disapproval be sensitive and mild-mannered but also firm and consistent.

# Two to Three Years

## Developmental Tasks

Discovering and establishing a positive, distinct self through continuous exploration of the world

Developing communication skills and experiencing the responsiveness of others

Using memory and acquiring the basics of self-control

Learning to separate thinking from feeling through experiencing opportunities to make choices

Becoming aware of limits

Creating personal solutions to simple problems (choosing foods, clothes, activities, etc.)



## Indicators Related to Developmental Lag

Overly withdrawn, passive, and/or fearful

Obsessive head banging, finger sucking, and/or rocking

Lack of interest in objects, environment, or play

Excessive temper tantrums: uncontrollable hitting, biting, and hyperventilating and/or constipation or smearing of feces (stool) as an expression of anger

Excessive stubbornness and/or consistent overreaction to reasonable limits

Weak sense of positive, distinct self (shown as not making choices, meekly accepting the impositions of others, etc.)

Two to Three Years

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	Runs, kicks, climbs, throws a ball, jumps, pulls, pushes, etc.; enjoys rough-and-tumble play	Provide lots of room and many active experiences that promote use of arms and legs.
	Is increasingly able to manipulate small objects with hands; likes to scribble; eats easily with a spoon; helps to dress self; and can build a tower of 6 to 7 blocks	Provide activities that involve the use of fingers: playing with clay, blocks, and finger-paint; using large crayons and pickup and stacking toys; dressing self and dolls.
	Begins to control bowels, with bladder control occurring slightly later	Gradually start toilet training; consult pediatrician, nurse, or other professional if unsure how to begin.

<b>Emotional</b>	Needs to develop a sense of self and to do some things for him/herself; enjoys praise	Provide simple experiences in which the child can succeed; praise often.
	Tests his/her powers; says "No!" often; shows lots of emotion: laughs, squeals, throws temper tantrums, cries violently	Be firm in following through with your instructions, but do not discipline the child for expressing feelings and showing independence as s/he is not deliberately being "bad" but cannot control feelings until they have been expressed.
	Fears loud noises, quick moves, large animals, and departure of mother (or primary caregiver)	Avoid sudden situations involving such fears; do not force or make fun of the child.

*Two to Three Years*

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Social</b>	Still considers the mother (or primary caregiver) very important; does not like strangers	Don't force child to relate to strangers.
	Imitates and attempts to participate in adult behaviors such as washing dishes, mopping floors, applying make-up	Allow the child time to explore and begin to do things for him/herself.
	Is able to participate in activities (such as listening to a story) with others	Provide brief experiences with other children, but don't expect much equal interaction.

<b>Mental</b>	Continues to learn through senses; is still very curious	Provide sensory experiences; allow the child opportunities to explore (with limited "no-no's").
	Has a short attention span	Don't make the child do one thing for more than a few minutes.
	Uses three- to four-word sentences	Talk with the child, and provide simple explanations when questions are asked.
	Begins to sing simple songs and make rhymes	Provide low-key, rhythmic songs and rhymes to enjoy and learn.

<b>Moral</b>	Usually appears self-reliant and wants to be good but is not yet mature enough to be able to carry out most promises	Accept the child's limited ability to carry out promises; understand that noncompliance is not deliberate, just the child's way of expressing independence.
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# Three to Four Years

## Developmental Tasks

- Learning to distinguish between reality and fantasy
- Becoming comfortable with personal sexual identity
- Learning to make connections and distinctions between feelings, thoughts, and actions
- Learning to solve problems by initiating and creating

## Indicators Related to Developmental Lag

- Excessive fears (especially of strangers) and/or extreme separation anxiety
- Shyness and/or lack of interest in others; not playing
- Threatening or bullying peers
- Excessively repetitive behaviors (especially around food)
- Persistent speech problems
- Bedwetting; toileting problems



**Physical**

Normal Characteristics	Suggested Behaviors for Effective Parenting
Runs, jumps, and begins to climb ladders; may start to ride tricycles; tries anything; is very active; tends to wander away	Carefully supervise physical activities; set necessary limits.
Scribbles in circles; likes to play with mud, sand, finger paints, etc.; may begin to put together simple puzzles and construction toys	Provide materials and activities to develop coordination (sand, crayons, paint, puzzles).
Dresses him/herself fairly well, but still cannot tie shoes	Provide opportunities for child to select clothing and dress him/herself.

continued →

Three to Four Years

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	Is able to feed self with a spoon or fork	Let the child feed him/herself.
	Takes care of toilet needs more independently; stays dry all day (but perhaps not all night); becomes very interested in his/her body and how it works	Label all body parts without judgment, and answer questions about body functions simply and honestly.

<b>Emotional</b>	Is sensitive about the feelings of others toward him/herself	Develop a warm relationship with the child, and demonstrate love for and confidence in the child through words and actions.
	Is developing some independence and self-reliance	Encourage independent activities.
	May have fear of unusual people, the dark, animals, etc.	Don't make fun of the child, provide a night light, and never force the child to participate in activities which are frightening to the child.
	Is anxious to please adults and is dependent on their approval, love, and praise	Give approval through facial expressions, gestures, and verbal responses; emphasize the family's love for the child and avoid negative remarks about him/her. (Note: Some temporary regression and jealousy are common when a new baby arrives.)
	May strike out emotionally at situations or persons when having troublesome feelings	Offer love, understanding, and patience; help the child work with and understand his/her emotions.

Three to Four Years

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Social</b>	Mother (or primary caregiver) is still very important, but the child is able to leave her for short periods	Express interest in what the child has been doing while away from caregiver(s).
	Imitates adults and begins to notice differences in the ways that men and women act	Model the behaviors you want the child to copy, since at the start of gender role development the child will imitate adults.
	Starts to be more interested in others and begins group play, though groups are not well formed; likes company, but is not ready for games or competition	Provide enough toys/materials so that several children can use them together; as necessary, help the child find socially acceptable ways of relating to others.

<b>Mental</b>	Continues to learn through the physical senses	Provide many sensory experiences (sand, water, pictures).
	Uses imagination a lot; starts dramatic play and role playing; likes to play grown-up roles (Mommy, Daddy, firefighter, spaceman, Wonder Woman, etc.)	Provide props for dramatic play (old clothes, shoes, make-up).
	Begins to observe and recognize cause-and-effect relationships	Point out and explain common cause-and-effect relationships (how rain helps flowers grow, how dropping a glass makes it break, how hitting hurts a person, etc.).
	Is curious and inquisitive	Explain things in terms understandable to the child, answer questions honestly, and help the child put feelings and ideas to work.

Three to Four Years

<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
Begins to know right from wrong	Provide clear limits and enforce them consistently (but not harshly).
Finds others' opinions of him/herself to be important	Praise the child whenever you can do so honestly; focus on specific behavior(s) and offer clear, specific feedback. (Say: "You ate all the peas, and peas are good for you," or "That drawing has such wonderful, bright colors," instead of "I like that drawing.")
Is more self-controlled and less aggressive	Notice and reinforce instances of self-control (the ability to wait, to share belongings, etc.).
Uses extreme verbal threats ("I'll kill you!") without understanding the full implications	Don't take threats personally or too seriously.

**Moral**

# Four to Five Years

## Developmental Tasks

- Learning to distinguish between reality and fantasy
- Becoming comfortable with personal sexual identity
- Learning to make connections and distinctions between feelings, thoughts, and actions
- Learning to solve problems by initiating and creating

## Indicators Related to Developmental Lag

- Excessive fears (especially of strangers) and/or extreme separation anxiety
- Shyness and/or lack of interest in others; not playing
- Threatening or bullying peers
- Excessively repetitive behaviors (especially around food)
- Persistent speech problems
- Bedwetting; toileting problems



	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	Is very active, consistently “on the go,” and sometimes physically aggressive	Provide plenty of play space (both indoors and outside) and (as child tires easily) adequate rest periods.
	Has rapid muscle growth	Provide adequate nutrition (especially ample protein).

Four to Five Years

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Emotional</b>	Exhibits a great deal of name calling; can be demanding and/or threatening	Maintain a sense of humor.
	Is often bossy, demanding, and aggressive; goes to extremes (bossy, then shy); frequently whines, cries, and complains	Provide outlets for emotional expression through talking, physical activity, and creative outlets.
	Often "tests" others to see who can be controlled	Establish limits and then adhere to them.
	Is frequently boastful, especially about him/herself and family	Provide opportunities for talking about him/herself and family.
	Has growing confidence in him/herself and world	Strengthen positive self-esteem by pointing out the things child can do for him/herself.
	Is beginning to develop some feelings of insecurity	Assure the child that s/he is loved.

<b>Social</b>	Really needs to play with others; will be selective about playmates when playing in groups and often has stormy relationships	Ensure the child is involved in a preschool, playgroup, or Headstart program; if that is not possible, encourage group play, but don't be surprised by disagreements or negative behaviors toward certain playmates.
	Has good imagination and likes to imitate adult activities	Allow child to participate in adult activities that s/he can manage (dusting, simple cooking, feeding pets, etc.).
	Relies less on physical aggression and is learning to share, accept rules, and take turns	Expect the child to assume some responsibilities and follow simple rules (such as taking turns).

Four to Five Years

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Mental</b>	Has large vocabulary (1500 to 2000 words), has strong interest in language, and is fascinated by words and silly sounds	Provide interesting words and tell stories; play word games.
	Likes to shock adults with “bathroom” language	Ignore such language, since paying attention to it only reinforces it.
	Is continuously curious; talks all the time and asks lots of questions	Answer questions patiently.
	Experiences nightmares	Accept the fright as real, and try to help the child gain power over the experience (by providing a “magic” light to freeze the monsters, etc.).
	Has imaginary friends and an active fantasy life	Don't make fun of the child (or underestimate the importance of fantasy in the child's life).
<b>Moral</b>	Is becoming aware of right and wrong; usually has the desire to do right, but may blame others for personal wrongdoing(s)	Help the child learn to be responsible and discover the consequences of his/her behavior(s); be aware of your feelings and try to understand the child's perspective.

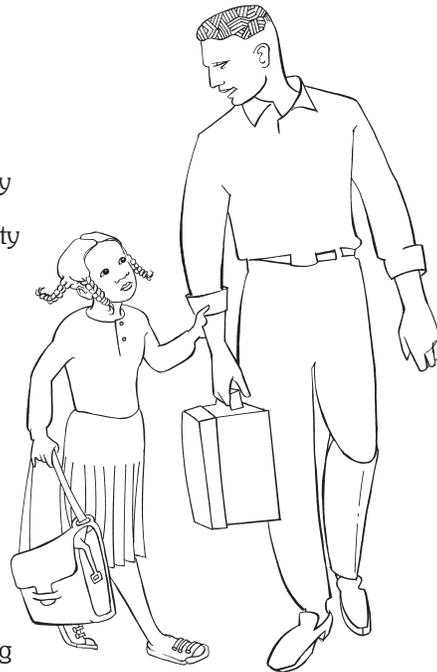
# Five to Six Years

## Developmental Tasks

- Learning to distinguish between reality and fantasy
- Becoming comfortable with personal sexual identity
- Learning to make connections and distinctions between feelings, thoughts, and actions
- Learning to solve problems by initiating and creating

## Indicators Related to Developmental Lag

- Excessive fears (especially of strangers) and/or extreme separation anxiety
- Shyness and/or lack of interest in others; not playing
- Threatening or bullying peers
- Excessively repetitive behaviors (especially around food)
- Persistent speech problems
- Bedwetting; toileting problems



	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	Is able to dress and undress him/herself	Allow independence in getting dressed/undressed.
	May be farsighted, a common condition that often causes eye/hand coordination problems	Accept awkwardness as a normal condition at this stage; if the problem persists, have the child's eyes examined.
	Is able to care for personal toilet needs independently	Encourage hygienic behaviors (washing hands, etc.).

continued →

Five to Six Years

<b>Physical</b>	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
	Prefers plain cooking but accepts wider choice of foods; may have increased appetite	Offer appealing varieties of food in adequate amounts.
May have stomachaches or vomit when asked to eat disliked foods	Don't force child to eat anything the child does not want to eat.	

<b>Social</b>	May fear the mother (or primary caregiver) won't return (with mother/primary caregiver still being the center of his/her world)	Avoid leaving until the child is prepared for the departure and later return of mother or primary caregiver.
	Copies adults and enjoys their praise	Model appropriate behaviors and provide lots of praise and reassurance.
	Plays with other boys and girls; is calm, friendly, and not too demanding in relations with others; is able to play with one child or a group of children (though prefers members of the same sex)	Rejoice and provide opportunities for group play!
	Enjoys conversation during meals	Allow and respond to child-initiated conversation.
	Knows differences between the sexes and becomes more modest	Don't shame child for interest in sexual differences or for touching him/herself.
	Is interested in where babies come from	Offer a simple, accurate explanation.
	May develop nausea and start vomiting to avoid going to school (when school is not liked)	Encourage the child to find enjoyable activities at school.
	Is experiencing an age of conformity and is critical of those who do not conform	Help the child learn tolerance and the value of individual differences.

Five to Six Years

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Emotional</b>	In general, is reliable and well-adjusted	Be grateful!
	May show some fear of dark, falling, dogs, or bodily harm (though this is not a particularly fearful age)	Don't dismiss fears as unimportant.
	If tired, nervous, or upset, may exhibit the following behaviors: nail biting, eye blinking, throat clearing, sniffing, nose twitching, and/or thumb sucking	Try not to appear overly concerned, since an increase in nervous habits is temporary and normal; deal with the cause of the tension rather than the habit exhibited (by structuring the child's time to include quiet play and rest, reading the child a story, etc.).
	Is concerned with pleasing adults	Show your love by recognizing positive behaviors.
	Is easily embarrassed	Be sensitive about situations that may be embarrassing and help the child avoid them.

<b>Mental</b>	May stutter if tired or nervous; may lisp	Do not emphasize any language disturbance, since it is probably only temporary.
	Tries only what s/he can accomplish; will follow instructions and accept supervision	Reinforce mastered skills and provide opportunities to be successful in new, simple activities.
	Knows colors, numbers, etc.; may be able to print a few letters and possibly learn to read a little independently	Encourage identification of colors and numbers, as well as printing of own name and short names of favorite people and objects.
	Can identify appearance and significance of various coins	Provide opportunities for child to make change (in restaurants, stores); give the child a piggy bank.

*Five to Six Years*

<b>Moral</b>	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
	<p>Is interested in being good, but may tell untruths or blame others for personal wrongdoings because of intense desire to please and do right</p>	<p>Help the child learn to accept responsibility for personal actions in a positive, caring manner. Do not be shocked by untruthfulness; instead gently help the child understand the importance of honesty.</p>
<p>Wants to do what s/he believes is right and avoid doing what is wrong</p>	<p>Acknowledge attempt to act in accordance with personal beliefs, and don't discipline him/her for the inability to behave properly at all times.</p>	

# Six to Seven Years

## Developmental Tasks

Learning to distinguish between reality and fantasy

Becoming comfortable with personal sexual identity

Learning to make connections and distinctions between feelings, thoughts, and actions

Learning to solve problems by initiating and creating



## Indicators Related to Developmental Lag

Excessive fears (especially of strangers) and/or extreme separation anxiety

Shyness and/or lack of interest in others; not playing

Threatening or bullying peers

Excessively repetitive behaviors (especially around food)

Persistent speech problems

Bedwetting; toileting problems

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	Is vigorous, full of energy, and generally restless (foot tapping, wiggling, inability to sit still)	Provide opportunities for a variety of physical activities.
	Has growth spurts; may be clumsy due to poor coordination and/or be in an “ugly duckling” stage	Don't point out or emphasize clumsiness or changes in appearance.
	May occasionally wet or soil him/herself when upset or excited	Accept accidents calmly and avoid embarrassing the child.

continued —▶

Six to Seven Years

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	Has marked awareness of sexual differences; may want to look at bodies of opposite sex (“playing doctor,” “playing house,” etc.); touches and plays with genitals less frequently; will accept the idea that a baby grows in the womb	Calmly give simple, honest answers to any questions.
	Has unpredictable preferences and strong refusals; often develops a passion for peanut butter	Provide balanced meals, but don't be overly concerned with child's preferences or passions.
	Eats with fingers and talks with mouth full	Don't overreact; set a good example.
	Suffers more colds, sore throats, and other illnesses (common because of exposure at school)	Be aware of disease symptoms, and remember that crankiness may precede an illness; provide plenty of rest and balanced meals.

<b>Emotional</b>	Feels insecure as a result of a drive toward independence	Provide adequate time, opportunities, and freedom to practice being independent.
	Finds it difficult to accept criticism, blame, or punishment	Be patient and understanding.
	Is center of own world and tends to be boastful	Accept apparent selfishness as common at this stage.
	Is generally rigid, negative, demanding, unadaptable, and slow to respond; exhibits violent extremes, with tantrums reappearing	Set reasonable limits, provide suitable explanations for them, and help the child keep within the limits.
	Often makes accusations that others are “cheating” (when not the winner at games, etc.)	Discourage games that designate a winner and provide alternate activities.

Six to Seven Years

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Social</b>	May blame mother for anything that goes wrong (boys identifying strongly with father)	Provide consistent, caring responses to child's blame or over-identification with any caregiver.
	Doesn't like being kissed in public (especially boys)	Be sensitive about preferences and act accordingly.
	Identifies with adults outside the family (teacher, neighbors, etc.)	Accept such identification as part of normal development.
	May have unstable friendships and be unkind to peers; is a tattletale	Provide guidance with regard to making and keeping friends.
	Must be "the winner," and may "change the rules" to fit own needs; may have no group loyalty	Help him/her to be a good loser.
	May develop problems in school if expectations are too high; has trouble concentrating; may fool around, whisper, or bother other children	Keep in touch with the school, and be alert for feelings of frustration and failure in the child.
	Mealtimes may become difficult because perpetual activity, with breakfast commonly the most difficult meal	Allow extra time for breakfast.

<b>Mental</b>	May develop stuttering, especially when under stress	Remember that language disturbances are temporary and may disappear of their own accord.
	Wants "all of everything" and finds it difficult to make choices	Provide opportunities for making decisions, but limit choices to two or three.
	Begins to have organized, continuous memories; most children learn to read and write (although some do not until after age 7)	Promote reading and writing (encourage letters to relatives and friends, provide opportunities to create stories, etc.).

Six to Seven Years

<b>Moral</b>	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
	Is very concerned with personal behavior, particularly as it affects family and friends; sometimes blames others for own wrongdoings	Teach the child to be concerned and responsible for personal behavior(s), and assure the child that everyone makes mistakes.

# Seven to Eight Years

## Developmental Tasks

Acquiring a sense of accomplishment centered on achieving greater physical strength and self-control

Increasing own ability to learn and apply skills, deal with peers, and engage in competition

Developing and testing personal values and beliefs that will guide present and future behaviors



## Indicators Related to Developmental Lag

Excessive concerns about competition and performance (especially in school)

Extreme rebellion

Physical symptoms (headaches, nervous stomach, ulcers, nervous tics, bedwetting, etc.)

Procrastination (unconcern with completion of tasks)

Overdependence on caregivers for age-appropriate tasks (combing hair, going to the store, tying shoes, finding a restroom in a restaurant, etc.)

Social isolation and lack of friends and involvements; few interests

Inappropriate relationships with "older" people (teenagers)

Stealing, pathological lying, and/or fire-setting

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	Drives self until exhausted	Assist child in changing activities to avoid complete exhaustion; be aware of the child's physical limits and teach the child to be aware of them as well.
	May frequently pout	Be patient, as the child is not necessarily unhappy or dissatisfied but is only going through a stage.

continued →

Seven to Eight Years

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	Shows well-established hand/eye coordination and is likely to be more interested in painting and drawing	Provide opportunities and materials for drawing and painting.
	May have minor accidents	Ensure a safe environment; provide reassurance while bandaging cuts and scrapes.
	Is less interested in sex play and experimentation; may be very excited about new baby in family	Encourage child-infant relationship (if applicable).
	Has fewer illnesses, but may have colds of long duration; appetite decreases	Provide rest and treatment as needed.
	May develop nervous habits or assume awkward positions (sitting upside down on couch, constant foot tapping, etc.)	Be patient with annoying habits, and don't draw attention to any awkwardness.

<b>Emotional</b>	May complain a lot ("Nobody likes me," "I'm going to run away," etc.)	Provide reasonable sympathy.
	May not respond promptly or hear directions; may forget and/or be easily distracted	Remind and check as necessary.
	May withdraw or not interact with others (in an attempt to build sense of self)	Provide personal support and reassurance.

*Seven to Eight Years*

<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
Will avoid and withdraw from adults; has strong emotional responses to teacher and may complain that teacher is unfair or mean	Show understanding and concern.
Enjoys/wants more responsibility and independence; is often concerned about "doing well"	Assign responsibilities and tasks that can be carried out successfully, and then praise child's efforts and accomplishments; help the child accept his/her own performance without negative judgment.
Participates in loosely organized group play	Encourage and provide opportunities for group activities.
Is concerned with self (may fear being late and/or having trouble on the playground) and may complain about the reactions of others ("The other kids are cheating!" or "Teacher picks on me!")	Help child evaluate his/her perceptions of the behaviors of others.
May use aggression as a means of solving problems	Attempt to prevent conflicts before they erupt.
Girls play with girls/boys play with boys	Accept such behavior as typical of this stage.

**Social**

Seven to Eight Years

<b>Mental</b>	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
	<p>Uses reflective, serious thinking and becomes able to solve increasingly complex problems, using logical thought processes; is eager for learning</p>	<p>Ask many thought-provoking questions; stimulate thinking with open-ended stories, riddles, and thinking games; provide opportunities for discussions about decision making and selecting what he/she would do in particular situations.</p>
	<p>Enjoys hobbies and skills-based activities; likes to collect things and talk about personal projects, writings, and drawings</p>	<p>Encourage the pursuit of hobbies and interests.</p>
	<p>Favors reality over fantasy</p>	<p>Provide biographies to read, and suggest other books with realistic characters, plots, and settings.</p>
<p>Likes to be challenged, to work hard, and to take time completing a task</p>	<p>Provide challenges appropriate for age and ability level; allow plenty of time to accomplish tasks.</p>	

<b>Moral</b>	<p>May experience guilt and shame</p>	<p>Acknowledge and support the child's standards, discuss the reasonableness of personal expectations, and encourage self-forgiveness; if/when negative behaviors occur, work on changing the behavior but focus on the worth of the child rather than the behavior itself.</p>
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# Eight to Nine Years



### Developmental Tasks

Acquiring a sense of accomplishment centered on achieving greater physical strength and self-control

Increasing own ability to learn and apply skills, deal with peers, and engage in competition

Developing and testing personal values and beliefs that will guide present and future behaviors

### Indicators Related to Developmental Lag

Excessive concerns about competition and performance (especially in school)

Extreme rebellion

Physical symptoms (headaches, nervous stomach, ulcers, nervous tics, bedwetting, etc.)

Procrastination (unconcern with completion of tasks)

Overdependence on caregivers for age-appropriate tasks (combing hair, going to the store, tying shoes, finding a restroom in a restaurant, etc.)

Social isolation and lack of friends and involvements; few interests

Inappropriate relationships with "older" people (teenagers)

Stealing, pathological lying, and/or fire-setting

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	Is busy and active; has frequent accidents	Provide care for bumps and bruises, along with comfort and sympathy.
	Makes faces, wiggles, and clowns around	Don't take such behaviors seriously.
	May urinate frequently (as a result of anxiety)	Be tolerant and understand that loss of control is not deliberate.

continued →

*Eight to Nine Years*

<b>Physical</b>	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
	Has good appetite: may accept new foods, often “wolfs” down food, and belches spontaneously	Except for belching, rejoice!
Has improved health, with just a few short illnesses	Maintain a healthy lifestyle; provide treatment for minor illnesses.	

<b>Emotional</b>	Has more “secrets”	Provide the child with a locked drawer or box.
	May be excessive in self-criticism, tends to dramatize everything, and is very sensitive	Encourage efforts, and do not criticize; point out that others also make mistakes.
	Has fewer and more reasonable fears	Acknowledge and discuss real concerns.
	May argue and resist requests and instructions, but will eventually obey	Keep directions simple and straightforward; avoid “I already know” responses by not overdirecting.
	Likes immediate rewards for behaviors	Provide small but meaningful rewards for accomplishments.
	Is usually affectionate, helpful, cheerful, outgoing, and curious, but can also be rude, selfish, bossy, demanding, giggly, and silly	Allow expression of negative emotions while maintaining limits; be patient with giggling and accept humor.

*Eight to Nine Years*

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Social</b>	Demands love and understanding from caregiver(s)	Provide love and acceptance.
	Makes new friends easily, works at establishing good two-way relationships, develops a close friend of the same sex, and considers clubs and groups important	Encourage development of friendships; assist with scouting or sport groups.
	Enjoys school, doesn't like to be absent, and tends to talk more about things that happen there	Listen to the child's anecdotes about school; be a part of his/her school life, and attend school activities such as shows and concerts.
	Is not interested in family table conversations, but instead wants to finish meals in order to get to other business	Remain tolerant and understanding of child's needs and feelings.
	May "peep" at peers and parents; tells dirty jokes, laughs, and giggles	Set reasonable limits, and do not overly focus on behaviors.

<b>Mental</b>	Wants to know the reasons for things	Answer questions patiently.
	Often overestimates personal abilities; generalizes instances of failure ("I never get anything right!")	Direct child toward attempting what can be accomplished, but continue to provide challenges; stress what the child has learned in a process and not the end product.
	Wants more information about pregnancy and birth; may question father's role	Continue to be available to answer questions.

*Eight to Nine Years*

<b>Moral</b>	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
	<p>May experience guilt and shame</p>	<p>Acknowledge and support the child's standards, encouraging self-forgiveness and (if necessary) discussing the reasonableness of personal expectations; if negative behaviors occur, work on changing the behavior but focus on the worth of the child rather than on the behavior.</p>

# Nine to Ten Years

## Developmental Tasks

Acquiring a sense of accomplishment based upon the achievement of greater physical strength and self-control

Increasing the ability to learn and apply skills, deal with peers, and engage in competition

Developing and testing personal values and beliefs that will guide present and future behaviors



## Indicators Related to Developmental Lag

Excessive concerns about competition and performance (especially in school)

Extreme rebellion

Physical symptoms (headaches, nervous stomach, ulcers, nervous tics, bedwetting, etc.)

Procrastination (unconcern with completion of tasks)

Overdependence on caregivers for age-appropriate tasks (combing hair, going to the store, tying shoes, finding a restroom in a restaurant, etc.)

Social isolation and lack of friends and involvements; few interests

Inappropriate relationships with “older” people (teenagers)

Stealing, pathological lying, and/or fire-setting

*Nine to Ten Years*

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	Engages in active, rough-and-tumble play (especially boys) and has great interest in team games	Provide many opportunities for physical activities (including team games) to sustain interest.
	Has good body control; is interested in developing strength, skill, and speed	Encourage participation in games and physical activities.

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	Likes engaging in crafts and work-related tasks	Provide opportunities for developing skills through handicrafts and household tasks.
	Differences in physical maturation rates develop (girls before boys)	Do not compare boys and girls or force them to interact; start teaching about bodily changes and explain menstruation to both sexes.

<b>Emotional</b>	May have some behavior problems (especially if not accepted by others)	Let the child know you accept him/her, even though you may not approve of certain specific behaviors.
	Is becoming very independent, dependable, and trustworthy	Provide many opportunities for exercising independence and dependability, and praise those positive characteristics when they are shown through behaviors.

*Nine to Ten Years*

<b>Social</b>	Boys and girls differ markedly in personality, characteristics, and interests, with most being interested in being part of a group or club (but always with same sex); sometimes silliness emerges within groups	Accept the natural separation of boys and girls; recognize and support the need for acceptance from peer group.
	Begins to test and exercise a great deal of independence (especially boys)	Establish and enforce reasonable limits; be warm but firm.
	Is most interested in friends and social activities; likes group adventures and cooperative play	Encourage friendships and provide help to the child who may have few or no friends.

<b>Mental</b>	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
	Has definite interests and lively curiosity; seeks facts	Adjust learning opportunities to child's interests and increased attention span; provide specific information and facts when requested, but don't give all the answers.
	Is capable of prolonged interest and increasingly abstract thinking and reasoning	Encourage mental exploration, and allow adequate time for thinking, reflection, and discussion.
	Individual differences become more marked	Respect and be aware of individual differences when making assignments and identifying responsibilities.
	Likes reading, writing, and using books and references	Provide opportunities for reading, writing, and using reference materials while at the same time being careful not to overburden the child.
	Likes to collect things	Encourage hobbies and help with collections.

*Nine to Ten Years*

<b>Moral</b>	Is very conscious of fairness, is highly competitive, and argues over fairness	Be fair in all dealings and relationships with the child.
	Has difficulty admitting mistakes but is becoming more capable of accepting failures and mistakes and taking responsibility for them	Provide opportunities for competing, but help the child see that losing is a part of playing; do not put the child down for making mistakes; instead, help the child learn to take responsibility for personal behaviors.
	Is clearly acquiring a conscience and is aware of right and wrong; generally wants to do right, but sometimes overreacts or rebels against these same standards	Express love and support for the child who falls short of meeting your personal standards of right and wrong.

# Ten to Eleven Years

## Developmental Tasks

Acquiring a sense of accomplishment based upon the achievement of greater physical strength and self-control

Increasing own ability to learn and apply skills, deal with peers, and engage in competition

Developing and testing personal values and beliefs that will guide present and future behaviors



## Indicators Related to Developmental Lag

Excessive concerns about competition and performance (especially in school)

Extreme rebellion

Physical symptoms (headaches, nervous stomach, ulcers, nervous tics, bedwetting, etc.)

Procrastination (unconcern with completion of tasks)

Overdependence on caregivers for age-appropriate tasks (combing hair, going to the store, tying shoes, finding a restroom in a restaurant, etc.)

Social isolation and lack of friends and involvements; few interests

Inappropriate relationships with "older" people (teenagers)

Stealing, pathological lying, and/or fire-setting

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	May have rapid weight increase (in many girls)	Help girls control weight through proper diet and good nutrition.
	Continues to develop motor skills (with active, rough behaviors in boys)	Provide opportunities for rough and tumble play, but also teach about being careful not to hurt others or damage property.

Ten to Eleven Years

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Emotional</b>	Becomes concerned with style (especially girls)	Allow personal selection of clothes and hairstyle (within a firm budget).
	Is casual and relaxed	Allow for casualness and relaxation (but not to the point of avoiding responsibilities).
	Likes privacy	Provide locked drawer, cupboard, or box for treasures and a "Keep Out" sign for bedroom door.
	Maturation rates differ (girls faster than boys)	Adjust expectations accordingly.
	Seldom cries, but may cry when angry; while this is not an angry age, when anger comes it is violent and immediate	Recognize and accept angry feelings, tears, and outbursts of temporary duration.
	Is concerned and worried about school and peer relationships	Be aware of school life, and open your home to the child's friends.

<b>Social</b>	Is affectionate with parents; has great pride in father and finds mother all-important	Be sure to spend adequate time with the child.
	Is highly selective in friendships and may have one "best" friend; finds it important to be "in" with the gang; may develop hero worship	Accept child's need for (and choice of) friends and need to feel "in" with a particular group.

Ten to Eleven Years

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Mental</b>	Is alert, poised; argues logically; is frequently concerned with fads	Encourage/teach the value and use of logic in thinking and problem solving (a good time to discuss issues such as drug abuse).
	May like to read	Provide books geared to interests.
	Has many interests of short duration, but may begin to show talent in a particular field.	Provide lessons in music, art, and other interests.
<b>Moral</b>	Has strong sense of justice and a strict moral code	Recognize that sense of justice is generally limited to the child's own world; don't belittle the code, but instead accept rigidity and support the child's concerns about right and wrong.
	Is more concerned with what is wrong than what is right	Encourage a sense of proportion, but also encourage genuine efforts to change what is wrong to what is right.

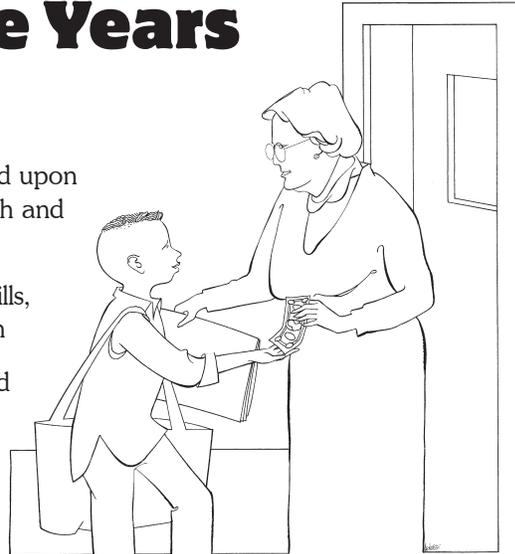
# Eleven to Twelve Years

## Developmental Tasks

Acquiring a sense of accomplishment based upon the achievement of greater physical strength and self-control

Increasing own ability to learn and apply skills, deal with peers, and engage in competition

Developing and testing personal values and beliefs that will guide present and future behaviors



## Indicators Related to Developmental Lag

Excessive concerns about competition and performance (especially in school)

Extreme rebellion

Physical symptoms (headaches, nervous stomach, ulcers, nervous tics, bedwetting, etc.)

Procrastination (unconcern with completion of tasks)

Overdependence on caregivers for age-appropriate tasks (combing hair, going to the store, tying shoes, finding a restroom in a restaurant, etc.)

Social isolation and lack of friends and involvements; few interests

Inappropriate relationships with "older" people (teenagers)

Stealing, pathological lying, and/or fire-setting

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	Is increasingly aware of own body	Answer questions about bodily changes openly and honestly.
	May have increased possibility of acting on sexual desires	Be aware of where youth is and with whom; encourage group activities and discourage solo dating.

continued →

*Eleven to Twelve Years*

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	Begins to show secondary sex characteristics (in girls)	Ensure that girls understand menstruation and appropriate hygiene.
	Appetite increases, along with endurance and muscular development (in boys)	Don't nag boys about food intake and seeming "laziness," as rapid growth may mean large appetite but less energy.
	May experience a lack of self-confidence in learning new skills	Provide support and encouragement for youth's quest for new skills, and don't minimize or dismiss his/her lack of confidence.
<b>Emotional</b>	May often be angry; resents being told what to do and rebels at routines	Help youth set the rules and determine personal responsibilities, and allow frequent opportunities to make personal decisions.
	Often is moody; dramatizes and exaggerates own expressions ("You're the worst mother in the world!")	Don't overreact to moodiness and exaggerated expressions.
	Experiences many fears, many worries, and many tears	Be understanding and supportive through stormy times.
<b>Social</b>	Is critical of adults and is obnoxious to others in the household	Be tolerant: all things pass!
	Strives for unreasonable independence	Set limits, but give opportunities for independence whenever possible.
	Has intense interest in teams and organized, competitive games; considers memberships in clubs important	Provide for organized activities in sports and/or clubs.

*Eleven to Twelve Years*

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Mental</b>	Challenges adult knowledge; has increased ability to use logic	Don't become defensive, as the child is not really challenging your authority.
	May have interest in earning money	Encourage pursuit of earnings through a paper route, household chores, or other small jobs.
	Is critical of own artistic products	Accept youth's feelings but try to help youth evaluate his/her work more objectively and without negative judgments.
	Is becoming interested in the outside world and community and may like to participate in community activities	Support interest in walkathons, helping neighbors, etc.

<b>Moral</b>	Has strong urge to conform to peer-group morals	Recognize the youth's need to belong to a peer group outside the family; be aware of the values of the group and (without condemnation) assist youth in examining peer group morals and in understanding the consequences of making personal choices among group values.
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# Twelve to Fifteen Years

## Developmental Tasks

Creating a personal identity based upon the integration of values

Developing a sense of self in relation to society, other individuals, the opposite sex, the future, personal vocation, ideas, and the cosmos

## Indicators Related to Developmental Lag

Delays in physical and sexual development

Depression, sense of isolation, loneliness

Suicide attempts; psychosis

Impulsiveness, extreme rebellion; pathological lying; truancy, running away

Denial of feelings, fantasy as an escape from problems

Poor hygiene

Alcohol/drug abuse

Eating disorders: anorexia nervosa, bulimia, obesity

Sexual activity to provide missing nurturance; pregnancy

Juvenile delinquency, stealing, prostitution



*Twelve to Fifteen Years*

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	Experiences sudden and rapid increases in height, weight, and strength with the onset of adolescence	Provide more food and ensure adequate nutrition.
	Maturation rates differ (with girls gradually reaching physical and sexual maturity and boys just beginning to mature physically and sexually)	Explain changes in physical development; discourage comparison with peers, but be aware of problems associated with late maturation.
	May be concerned about appearance of acne (especially with certain types of skin)	If necessary, provide a special diet and/or medication to treat acne; provide assurance that blemishes will clear up eventually.
	Is concerned with appearance	Comment favorably on youth's concern with appearance.
	Experiences increased likelihood of acting on sexual desires	Provide accurate information on consequences of sexual activity; discuss birth control and safe sex practices.

<b>Emotional</b>	Commonly sulks; may direct verbal anger at authority figure	Understand that such behavior is typical of this stage.
	Is concerned about fair treatment of others, is usually reasonably thoughtful, and is generally unlikely to lie	Demonstrate respect for the youth as an emerging adult.

<b>Social</b>	Withdraws from parents (who are invariably called "old-fashioned")	Don't feel hurt or take labels personally: remember you are still important, but not in the same way that you were.
	May often resist any show of affection (especially boys)	Respect boundaries, but continue to be affectionate.
	Usually feels parents are too restrictive; rebels	Set clear, firm, but flexible limits.

continued →

*Twelve to Fifteen Years*

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Social</b>	Needs less family companionship and interaction than previously	Allow youth more opportunities for independent social activities.
	Has less intense friendships with those of the same sex; usually has a gang of friends (with girls showing more interest in boys than boys in girls at this age)	Don't criticize the youth's need for friends or particular friends.
	May be annoyed by younger siblings	Accept the youth's feelings and help younger siblings cope with rejection.

<b>Mental</b>	Thrives on arguments and discussions	Don't let discussions become arguments; be careful not to put down the youth's ideas.
	Is increasingly able to memorize, to think logically about concepts, to reflect, to probe into personal thinking processes, and to plan realistically	Encourage exploration of thought and deed; provide books, library card, etc.
	Needs to feel important in world and to believe in something	Encourage youth to join causes, attend religious and community groups, etc.
	May read a great deal	Talk to youth about reading; offer suggested readings.

<b>Moral</b>	Knows right and wrong; tries to weigh alternatives and arrive at decisions alone	Facilitate the youth's decision making.
	Is concerned about fair treatment of others; is usually reasonably thoughtful; is unlikely to lie	Demonstrate esteem and respect for the youth as an emerging adult.

# Fifteen to Nineteen Years

## Developmental Tasks

Creating a personal identity based upon the integration of values

Developing a sense of self in relation to society, other individuals, the opposite sex, the future, personal vocation, ideas, and the cosmos

## Indicators Related to Developmental Lag

Delays in physical and sexual development

Depression, sense of isolation, loneliness

Suicide attempts; psychosis

Impulsiveness, extreme rebellion, pathological lying

Hatred of family, truancy, running away

Denial of feelings; fantasy as an escape from problems

Poor hygiene

Alcohol/drug abuse

Eating disorders: anorexia nervosa, bulimia, obesity

Sexual activity to provide missing nurturance; pregnancy; early marriages that are likely to fail

Juvenile delinquency, stealing, prostitution



*Fifteen to Nineteen Years*

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Physical</b>	Has essentially completed physical maturation; physical features are mostly shaped and defined	Recognize and compliment the youth's physical maturity.
	Experiences increased probability of acting on sexual desires	Provide accurate information about the consequences of sexual activity; discuss birth control and HIV prevention.

<b>Emotional</b>	Worries about failure	Be available to talk and to listen.
	May appear moody, angry, lonely, impulsive, self-centered, confused, and/or stubborn	Accept feelings, and don't overreact; jointly establish limits, but don't revert to childhood restrictions.
	Experiences conflicting feelings about dependence/independence	Avoid making fun of inconsistent behaviors; accept the need for separation.

<b>Social</b>	Has relationships ranging from friendly to hostile with parents	Try to maintain good relationship; be respectful and friendly.
	Sometimes feels that parents are "too interested"	Try not to pry.
	Usually has many friends and few confidants; varies greatly in level of maturity; may be uncomfortable with or enjoy activities with the opposite sex; dates actively; may talk of marriage	Recognize and accept current level of interest in opposite sex; encourage experiences with a variety of individuals (younger, older, from different cultures, etc.).
	May be strongly invested in a single, romantic relationship	Avoid disapproval; discuss needs and expectations that are met in the relationship.

*Fifteen to Nineteen Years*

	<b>Normal Characteristics</b>	<b>Suggested Behaviors for Effective Parenting</b>
<b>Mental</b>	May lack information about or self-assurance regarding personal skills and abilities	If necessary, help arrange for aptitude testing, evaluation, and guidance.
	Becomes seriously concerned about the future; begins to integrate knowledge leading to decisions about future	Encourage talking about and planning for future.

<b>Moral</b>	Is confused and disappointed about discrepancies between stated values and actual behaviors of family and/or friends; experiences feelings of frustration, anger, sorrow, and isolation	Be sensitive to youth's feelings and thoughts and try to bring them out in the open; be sure to understand your own values.
	May be interested in sex in response to physical/emotional urges and as a way to participate in the adult world (but not necessarily an expression of mature intimacy)	Be open to discussion and appreciate possible differences in values and needs; communicate your own feelings about sexual relations, but don't moralize; accept sexual experimentation as normal and healthy; provide correct information on human sexuality, sexually-transmitted disease, HIV and AIDS, birth control, intimacy, and safe types of sexual experimentation (although until a cure for HIV is found, discourage unprotected coital sex).

# Part II: The Development of Language and Conceptual Abilities in Children

## Introduction

### The Challenge of Communicating with Children

Communicating with children can be challenging as well as exciting.

How children convey their thoughts and feelings, their needs, their understanding of their relationships, and their problems depends on their developmental level and their ability to use language.

Understanding what children are trying to convey also depends upon your own sensitivity to their cues, your skills at observation and assessment, and your ability to relate to them meaningfully and effectively.

### Communicating for Risk Assessment

All comprehensive interviews in child abuse/maltreatment investigations should be conducted by specially trained child interview specialists, preferably in a multidisciplinary interview center.

However, caseworkers have ongoing responsibility for assessing children's safety and/or risk of harm. Part of the assessment will rest on the things that children tell caseworkers and caregivers as well as on what caseworkers observe when they meet children in their natural settings.

The information in the "What you should say or do" column is appropriate for use in both individual settings and in family groups.

### The Variability of Children's Developmental Progress

Child development is characterized by enormous variability. The following chart presents the research findings of many experts in the field of child development, especially as found in *Clinical and Forensic Interviewing of Children and Families* (Sattler 1998), a fine, highly detailed resource that districts may wish to purchase as a reference for staff. Additional information about language development was also derived from a recent *Newsweek* article, "The Language Explosion" (Cowley 1997).

However, individual children all follow their own individualized developmental clocks. If concerns arise about the appropriateness of a child's developmental progress in a given area, supervisors and caseworkers should be consulted to determine whether outside professional evaluation of the child should be sought.

# 0-2 Months

## *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Makes small, throaty sounds that turn into cooing by the end of the first month</p> <p>Turns head to follow sounds, especially mother's voice</p> <p>Cries to get all needs met</p>	<p>Can distinguish one language from another (Russian babies respond more to hearing spoken Russian, while French babies respond more to spoken French, etc.)</p> <p>Knows and responds to mother's voice</p> <p>Begins to make simple associations (such as that crying leads to being fed)</p>	<p>Speak softly, with a high vocal pitch, and use short, simple sentences/phrases. ("Sweet baby...")</p> <p>Hold baby and observe whether s/he responds to your tone of voice.</p> <p>Rock or stroke baby to comfort him/her.</p>	<p>Avoid making loud sounds as you approach the baby.</p> <p>Avoid sudden or startling movements.</p>

### **Indicators of possible developmental problems:**

Doesn't cry, babble, or respond to stimuli

# 3-6 Months

## *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Chuckles, gurgles, squeals, whimpers, and makes vowel-like noises (“ooh-ooh, eeeeh”)</p> <p>Babbles routinely to self and others</p> <p>May raise voice as if asking a question by end of sixth month</p> <p>Cries to signal needs, distress, and/or desire for company</p> <p>Imitates sounds and facial expressions</p>	<p>Memory begins to build; distinguishes who's who in his/her life</p> <p>May recognize mother in a group of people</p> <p>May perceive cause-and-effect relationships (if the rattle is shaken, it will make a sound) by end of sixth month</p>	<p>Speak with a soft voice and use simple sentences.</p> <p>Address baby by name. (“How's Amanda today?”)</p> <p>Hold baby, make eye contact, and observe baby's response to being held.</p>	<p>Avoid loud noises and sudden, startling movements.</p>

### **Indicators of possible developmental problems:**

- Doesn't turn toward voices
- Crying seems unrelated to needs
- Isn't vocalizing

# 6-9 Months

## *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Starts to imitate a broader range of sounds</p> <p>May say “da-da” or “ma-ma” by ninth month</p> <p>May remember how to respond to specific words/phrases (raises arms to be lifted after hearing the words “picked up,” etc.)</p> <p>Listens intently to conversations around him/her</p> <p>Responds to own image in mirror</p>	<p>Memory improves (may anticipate that a jack-in-the-box pops up at the end of the song, etc.)</p> <p>May begin to be shy with strangers</p> <p>Clearly knows mother, family members, and other significant individuals</p> <p>Intentionally summons others by crying or yelling</p>	<p>Approach the child very slowly and gently.</p> <p>Use a soft voice and speak slowly.</p>	<p>Don't startle or surprise baby with sudden movements.</p>

### **Indicators of possible developmental problems:**

- Stops babbling
- Isn't imitating sounds, gestures, or expressions
- Doesn't look at objects shown by adults

# 9-12 Months

## *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Adds gestures to words; may wave “bye-bye”</p> <p>Babbles short sentences only s/he understands (beginning of patterned speech)</p> <p>Expresses frustration, hunger, illness, and boredom with specific emotional cries (each with a distinct sound)</p> <p>Responds to own name</p>	<p>Says an average of 3 words (but understands many more) by 12 months</p> <p>Begins to show signs of self-recognition</p> <p>Realizes that objects exist even when they can't be seen</p>	<p>Approach the child very slowly and gently.</p> <p>Use a soft tone of voice and speak slowly.</p>	<p>Don't startle or surprise baby with sudden movements.</p>

<b>Indicators of possible developmental problems:</b>
<p>Doesn't engage in baby games</p> <p>Doesn't wave “bye-bye”</p> <p>Doesn't take turns vocalizing</p>

# 13-18 Months

## *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Says about 22 words by 18 months</p> <p>Increases use of gesturing for communicating (pointing, waving, etc.)</p> <p>May use words to express needs (says "up" to be held, etc.)</p> <p>Enjoys pointing at pictures and objects and likes hearing them named</p> <p>May overextend word meanings (calls all adult men "da-da," etc.)</p>	<p>Uses expressive information from mother's face to guide own behaviors</p> <p>Enjoys songs, rhymes, and simple games</p> <p>Knows that words represent objects that can be acted upon</p> <p>May obey simple commands ("Come here," "Don't touch!" etc.)</p>	<p>Approach the child slowly.</p> <p>Expect the child to be shy and possibly afraid.</p> <p>If child is toddling, get down on the floor at his/her level.</p> <p>Give the child time and space to explore you (touch your earrings or the buttons of your shirt, etc.)</p> <p>Make simple statements. ("You are wearing a blue shirt today.")</p>	<p>Don't startle or surprise baby with sudden movements.</p> <p>Don't expect a toddler to provide you with specific, reliable information.</p> <p>Begin by connecting with the child, and then proceed to assess developmental status through observation and interaction; don't attempt to "interview" in the traditional manner.</p>

### **Indicators of possible developmental problems:**

- Doesn't talk, or uses only a few words
- Repeats sounds noncommunicatively
- Doesn't respond to own name
- Doesn't respond to simple requests

# 18-24 Months

## *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Has a vocabulary of 272 words (on average) by age 2</p> <p>May express frustration or anger through the use of words or may resort to screams and tears</p> <p>Combines words to create simple sentences (“All gone!” “Go bye-bye?”)</p> <p>Imitates words and gestures</p> <p>Knows (and works with!) the word “no”</p>	<p>Experiences a language acquisition explosion, with some children learning up to 12 new words a day</p> <p>Knows the names of own body parts and clothing items; identifies common animals and the sounds they make</p> <p>Knows that <i>everything</i> has a name</p> <p>May follow simple directions (but still has a fleeting attention span)</p> <p>Knows own name and the names of family members</p>	<p>Speak slowly and give the child enough time to respond.</p> <p>Talk about objects that are familiar to the child. (“Is this your dolly?”)</p> <p>Listen patiently.</p> <p>Approach the child on his/her own level.</p>	<p>Don't pressure the child to speak. (Stranger anxiety usually peaks around 17 months but may last until nearly the second birthday.)</p> <p>Don't rush into the child's space.</p> <p>Do not expect the child to give you much (if any) reliable information, since the use of memory is still a new and shaky skill.</p>

# 18-24 Months *(cont.)*

## *The Development of Language and Conceptual Abilities in Children*

**Indicators of possible developmental problems:**

Stops talking

Doesn't develop use of gestures

Doesn't talk, or uses only a few words

Doesn't respond when addressed by name

## 2-3 Years

### *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Uses three- to four-word sentences, including the pronoun "I" ("I want milk!" "I don't wanna nap!")</p> <p>Asks "why" and remembers short answers</p> <p>Is able to describe own physical states using simple words ("thirsty," "wet," etc.)</p> <p>May chatter constantly</p> <p>Shows emotions: laughs, squeals, cries violently, throws tantrums</p> <p>Has difficulty verbalizing feelings and thoughts</p> <p>Conveys feelings with concrete remarks (says "Bad mommy!" when required to pick up own messes)</p>	<p>May sort out toys by shapes and colors by age 3</p> <p>May understand concepts such as "soon" or "after dinner" but has very limited grasp of the meaning of days and times and has no sense at all of the length of a year</p> <p>Cannot understand an issue from more than one viewpoint (one-sided reasoning)</p> <p>Experiences flourishing imaginative life</p> <p>Follows story lines; remembers ideas and characters from books</p>	<p>Approach the child gently and quietly.</p> <p>Make yourself comfortable in his/her physical space (by sitting on the floor with the child, etc.).</p> <p>Ask questions in simple terms.</p> <p>Before speaking with the child, be sure to obtain parental permission in front of the child. ("Chad, your mommy says it's fine if I sit here and you and I play for a little while. Isn't that right, Mrs. Colley?")</p> <p>Check to be sure you understand. ("So you went to the store with Mommy?")</p> <p>Use props such as puppets or crayons to play with the child.</p>	<p>Don't expect the child to give you specific, reliable information.</p> <p>Don't expect the child to tell you <i>when</i> something happened.</p> <p>Don't pressure the child to talk with you.</p>

## 2-3 Years *(cont.)*

### *The Development of Language and Conceptual Abilities in Children*

**Indicators of possible developmental problems:**

Appears to be mute

Speaks only intermittently

Repeats certain words/phrases (such as a TV commercial) to the exclusion of all other communication (echolalia)

Leads adults by the hand when trying to communicate needs

Shows no interest in the conversations of others

Doesn't play with others

# 3-5 Years

## *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Has a vocabulary of approximately 900 words by age 3; increases vocabulary to 1500 to 2000 words by age 5</p> <p>May count to 20 or more and can recognize most letters of the alphabet by age 5</p> <p>Uses increasingly complex sentences (including verb tenses, plural forms, prepositions, possessives, and contractions) to convey meaning (A 3-year-old may say: "I bringed home two toy mouses," while the 5-year-old could report: "I brought home two toy mice.")</p> <p>Can describe <i>who</i> did <i>what</i> to <i>whom</i> ("The Power Ranger made the bad guys give back the gold and go away.")</p>	<p>Develops gross and fine motor coordination; uses crayons or markers to color and prints own name by age 5</p> <p>Sees feelings as an "all-or-nothing" proposition</p> <p>Believes that a given event causes the same feelings in all people</p> <p>Bases judgments of "right" and "wrong" on "good" or "bad" consequences and not on intention</p> <p>Mixes wishful thinking and fact</p> <p>Understands time in a rudimentary way, but has difficulty distinguishing morning from afternoon or remembering days of the week</p>	<p>Establish rapport by playing a game or showing an interesting toy.</p> <p>Encourage the child to take the lead ("Let's play with these puppets. Choose one and say anything you like.") while setting firm limits regarding not hitting or breaking things ("You can hit the pillow, but you can't hit me.").</p> <p>Use short, concrete questions to help expand upon or clarify the child's concerns.</p> <p>Be friendly, positive, and reassuring.</p> <p>Convey your genuine concern for the child.</p>	<p>Don't expect the child to give you reliable, specific information.</p> <p>Don't expect the child to consistently describe <i>when</i> or <i>how often</i> something happened or to describe a traumatic event in any logical sequence.</p>

# 3-5 Years *(cont.)*

## *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Asks about the meanings of words and the uses of various objects</p> <p>Rhymes words and remembers songs</p> <p>Recognizes some words on a page and “reads” familiar stories by age five</p> <p>Likes to make silly sounds; uses foul language to shock adults</p> <p>Is boastful</p> <p>Calls other children by mean or silly names</p> <p>Normal nonverbal communication includes being active, distractible, and wiggly; not sustaining eye contact; and sometimes falling down for no apparent reason</p>	<p>Doesn't fully understand kinship relationships, though terms (mother, uncle, grandmother) may be commonly used as labels</p> <p>Can remember pictures and events</p> <p>Notices discrepancies and when things are out of place</p> <p>Is eager for adult approval</p> <p>Describes others in global, egocentric, and subjective terms (“She's nice cuz she gave me a sucker!”)</p> <p>Believes that s/he is the cause of the emotions or actions of others (“If I was a good girl, Mommy wouldn't hurt me.”)</p>		

# 3-5 Years *(cont.)*

## *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
	Likes the company of others, but can't always manage harmonious relationships		

<b>Indicators of possible developmental problems:</b>
<p>Doesn't speak</p> <p>Regresses to "baby-talk" or quits talking</p> <p>Doesn't answer simple "who?" "what?" and "where?" types of questions</p> <p>Repeats certain words/phrases (such as a TV commercial) to the exclusion of all other communication (echolalia)</p> <p>Cannot be understood by persons outside of his/her family</p> <p>Is not able to use brief (four-word) sentences to express self</p> <p>Uses abnormal rhythmic patterns and/or vocal tones when speaking</p>

# 6-8 Years

## *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Experiences a rapid increase in vocabulary and may reach 20,000 words by age 8</p> <p>Structures sentences much as adults do, following standard conventions of grammar</p> <p>Uses concrete word definitions</p> <p>Tattletales, boasts, and mixes fantasy with fact to fulfill wishes (When trying to make friends with another child, a child with no ponies may say "I have two ponies and my mother says you can come and live with me and ride my ponies.")</p> <p>Complains; can be very negative, demanding, and judgmental ("That's not <i>fair!</i>")</p>	<p>Makes the transition from childhood "magical" thinking to reasoned thinking based on a concrete, fact-based understanding of the world</p> <p>Learns to tell time and can identify day of week, and month of year</p> <p>Can give temporal information about symptoms or events (such as how long the stomachache lasted or how long it takes to get to school)</p> <p>Defines morality based on outside authority and rules</p> <p>Develops a sense of fairness</p> <p>Understands that another person's perspective may be different than his/her own point of view</p>	<p>Try to create an environment that feels safe and friendly to the child, and position yourself on his/her level during interactions.</p> <p>Convey interest in the child's (self-centered) world by asking about and listening as s/he talks about personal items (favorite books or shows, games, places to go, etc.).</p> <p>Use a friendly, low-key approach and give concrete explanations for speaking with the child. ("I would like to hear what you did on your visit with your dad yesterday.")</p>	<p>Don't confuse seemingly adult conversational ability with adult abstract thinking ability: the 7-year-old child who reports "Mom's boyfriend dumped her because she was always drunk" may have his facts right, but s/he still needs to be reassured as a child. (In such instances, an adult might wonder, "What's going on with Mom?" On the other hand, the child's real concern is "What's going to happen to me?")</p>

## 6-8 Years *(cont.)*

### *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Can take some responsibility for household chores</p> <p>Normal nonverbal communication includes wiggling, fidgeting, jiggling one leg, hopping from foot to foot, etc.</p>	<p>Recognizes his/her own emotions but may have difficulty describing them (“I have a stomachache” really means “I am feeling scared.”)</p> <p>Is acutely aware of pressure from parents, teachers, and others</p>	<p>Provide reassurance that the child is doing the right thing by talking with you (including securing parental permission and support as appropriate).</p>	

**Indicators of possible developmental problems:**

- Regresses in language skills
- Doesn't speak or stops speaking
- Begins to stutter
- Appears incoherent, illogical, pressured, and/or poorly connected to reality when speaking
- Has tantrums and goes to violent extremes

# 8-10 Years

## *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Develops vocabulary of approximately 40,000 words by age 10</p> <p>Greatly increases reading ability</p> <p>Refines conversational strategies and uses synonyms, jokes, metaphors to convey/reinforce meaning</p> <p>Initiates friendships, talks on the phone, and listens to other points of view.</p> <p>Acts silly and giggly when in a group</p> <p>Can describe own values (“It’s not right to steal because the Bible says it’s wrong and because if everybody stole, people would have to stay home and watch their stuff all the time and it just wouldn’t work out.”)</p>	<p>Becomes increasingly logical and objective when thinking</p> <p>Begins to be able to take on the perspective or role of another and put him/herself in someone else’s place when judging actions and intentions</p> <p>Understands that effort influences outcome</p> <p>Accepts the simultaneous existence of two conflicting emotions (one may want to live at home while at the same time be afraid of living at home with a parent who sometimes becomes abusive)</p>	<p>Use a low-key, friendly, but serious approach.</p> <p>Let the child set the pace of the interaction.</p> <p>Emphasize your respect for the child by addressing him/her in an adult manner: identify yourself, explain your job title, and share your expectation that the child has important things on his/her mind (mastery and self-confidence being increasingly important at this stage).</p> <p>Convey patience to the child through your words and actions.</p> <p>Invite the child to describe relationships with peers and teachers and to discuss personal interests.</p>	<p>To avoid creating anxiety, allow the child to talk through his/her narrative unrushed.</p> <p>Remember that even when some children seem very mature, they still need reassurance that they don’t have to make adult decisions.</p>

# 8-10 Years *(cont.)*

## *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Mixes shows of affection, cheerfulness, and outgoing behaviors with instances of rudeness, selfishness, and bossiness</p> <p>Normal nonverbal communication includes: fidgeting, twisting hair, wiggling, etc.</p>	<p>Recognizes that events in the lives of his/her parents influence their emotions and no longer assumes personal responsibility for how others feel/act</p>		

### **Indicators of possible developmental problems:**

- Regresses in language use/skills
- Doesn't speak or stops speaking
- Cannot sustain conversations with adults or peers
- Speaking is incoherent, illogical, pressured, or blocked
- Stutters excessively
- Has great difficulty with reading and/or appears to show no interest in reading

# 10-12 Years

## *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Increasingly able to gather facts, discuss problems, and make plans</p> <p>Argues logically</p> <p>Shows interest in other people's ideas (at times)</p> <p>Enjoys peer and slang vocabulary</p> <p>Dramatizes and exaggerates</p> <p>Has highly developed vocabulary</p> <p>Normal nonverbal behaviors less obvious; is able to sustain good eye contact, sit quietly, and focus on a task, but still has enormous physical energy and needs outlets for it</p> <p>Can understand and apply health and hygiene rules</p>	<p>Thinks logically and objectively</p> <p>Grasps “double” meanings of words (puns)</p> <p>Sees others in more individualized and detailed ways (“T.J. is always in trouble because <i>he just doesn't get it</i>. He's stubborn and he acts stupid, but he's not really.”)</p> <p>Comprehends years as well as specific dates and understands historical chronology (“I was born in West Seneca, then when I was three we moved to Olean, then when I was 10, we moved to Troy.”)</p> <p>Recognizes that emotions come from “inner experiences”</p> <p>Experiences many fears and worries</p>	<p>Use the same strategies described in the previous entry, but refine them in the context of the child's increased ability to think logically and to be treated with respect.</p> <p>If a conversation is about something that might be highly emotionally charged for the child, allow ample time to “warm up” and to “cool down” after your interview.</p> <p>Take timing cues from the child's verbal and nonverbal behaviors.</p> <p>Give the child permission and encouragement to share whatever information s/he thinks you should have. (“Is there anything else you would like me to know about?”)</p>	<p>Don't rush the child into discussions of highly charged, emotional material.</p>

# 10-12 Years *(cont.)*

## *The Development of Language and Conceptual Abilities in Children*

**Indicators of possible developmental problems:**

Regresses in language use/skills

Doesn't speak or stops speaking

Cannot sustain conversations with adults or peers

Has a short attention span

Is inhibited; withdraws

# 12-15 Years

## *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Has an adult-level vocabulary</p> <p>Points out inconsistent logic and behaviors on the part of adults</p> <p>Likes to think and discuss ideas</p> <p>Incorporates abstract conceptions (such as of temperament) into self-assessments (“I’m loyal to my friends.”)</p> <p>Compares and contrasts others (“Mary is smarter than Bill, even though Bill works harder.”)</p> <p>Is sarcastic in speech</p> <p>Spends hours talking with friends</p> <p>May display erratic work and play patterns and transient mood swings</p>	<p>Has the ability to reason abstractly, use problem solving strategies, think sequentially, and generalize</p> <p>Realizes that s/he knows him/herself better than do his/her parents (or anyone else)</p> <p>Exhibits self-consciousness, self-centeredness, and preoccupation with own thoughts</p> <p>Feels unique and special</p> <p>Is susceptible to shame and self-doubt</p> <p>Views behaviors that harm society as wrong</p>	<p>Treat the young person respectfully.</p> <p>Join in the youth's activities and show your interest in his/her concerns and needs.</p> <p>Be direct and honest about the purpose of your interactions.</p> <p>Be sensitive to the young person's acute fear of embarrassment and fear of being seen as “weird” by peers for talking to you; whenever possible, plan to see him/her in a private setting.</p> <p>Be patient, as it may take a long time for a young person to open up and share real concerns.</p>	<p>Don't rush into the relationship.</p> <p>Don't be easily persuaded that everything is “just fine” when the youth seems reluctant to talk.</p>

# 12-15 Years *(cont.)*

## *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Becomes annoyed by siblings and often puts them down</p> <p>May specialize in one-word answers to questions from parents or other adults by age 14 or 15 ("Where did you go?" "Out." "What did you do?" "Nuthin." "Did you have a good time?" "Uh-huh.")</p>			

<b>Indicators of possible developmental problems:</b>
<p>Regresses in language use/skills</p> <p>Doesn't speak or stops speaking</p> <p>Cannot sustain conversations with adults or peers</p> <p>Has a short attention span</p> <p>Is inhibited; withdraws</p> <p>Experiences extreme isolation, even from peers</p>

# 15-18 Years

## *The Development of Language and Conceptual Abilities in Children*

<b>What the typical child might say and do:</b>	<b>What the typical child knows or thinks:</b>	<b>What you should say or do:</b>	<b>Cautions:</b>
<p>Thinks and discusses issues and concerns much like an adult</p> <p>Uses abstract reasoning</p> <p>Is able to test new ideas and opinions verbally</p> <p>May be argumentative</p> <p>Makes strong push toward independence</p> <p>Displays inconsistent behaviors</p> <p>May be very critical of self and others</p>	<p>Develops greater understanding of and preoccupation with the future</p> <p>Emphasizes relationships with friends and peers over relationships with family</p> <p>Recognizes and accepts responsibility for how his/her opinions may affect others</p> <p>May fluctuate between having adult opinions and ideas and acting on childlike (or hedonistic) impulses</p>	<p>Join and engage with the youth as with an adult, conveying the core conditions of empathy, respect, and genuineness.</p> <p>Be a good listener.</p> <p>Be willing to be a “sounding board” and offer your attentions and responses as appropriate.</p> <p>Extend your understanding of the reality that the young person is somewhere between the (liberated and scary) world of adults and the (stifling and theoretically safe) world of childhood.</p>	<p>Don't rush into the relationship.</p> <p>Don't be easily persuaded that everything is “just fine” when the youth seems reluctant to talk.</p>

# 15-18 Years *(cont.)*

## *The Development of Language and Conceptual Abilities in Children*

**Indicators of possible developmental problems:**

Regresses in language use/skills

Doesn't speak or stops speaking

Cannot sustain conversations with adults or peers

Has a short attention span

Is inhibited; withdraws

Experiences extreme isolation, even from peers

Doesn't make any attempts toward independence

Doesn't plan for the future

Shows no interest in social relations with peers of the same or opposite sex

# Sources

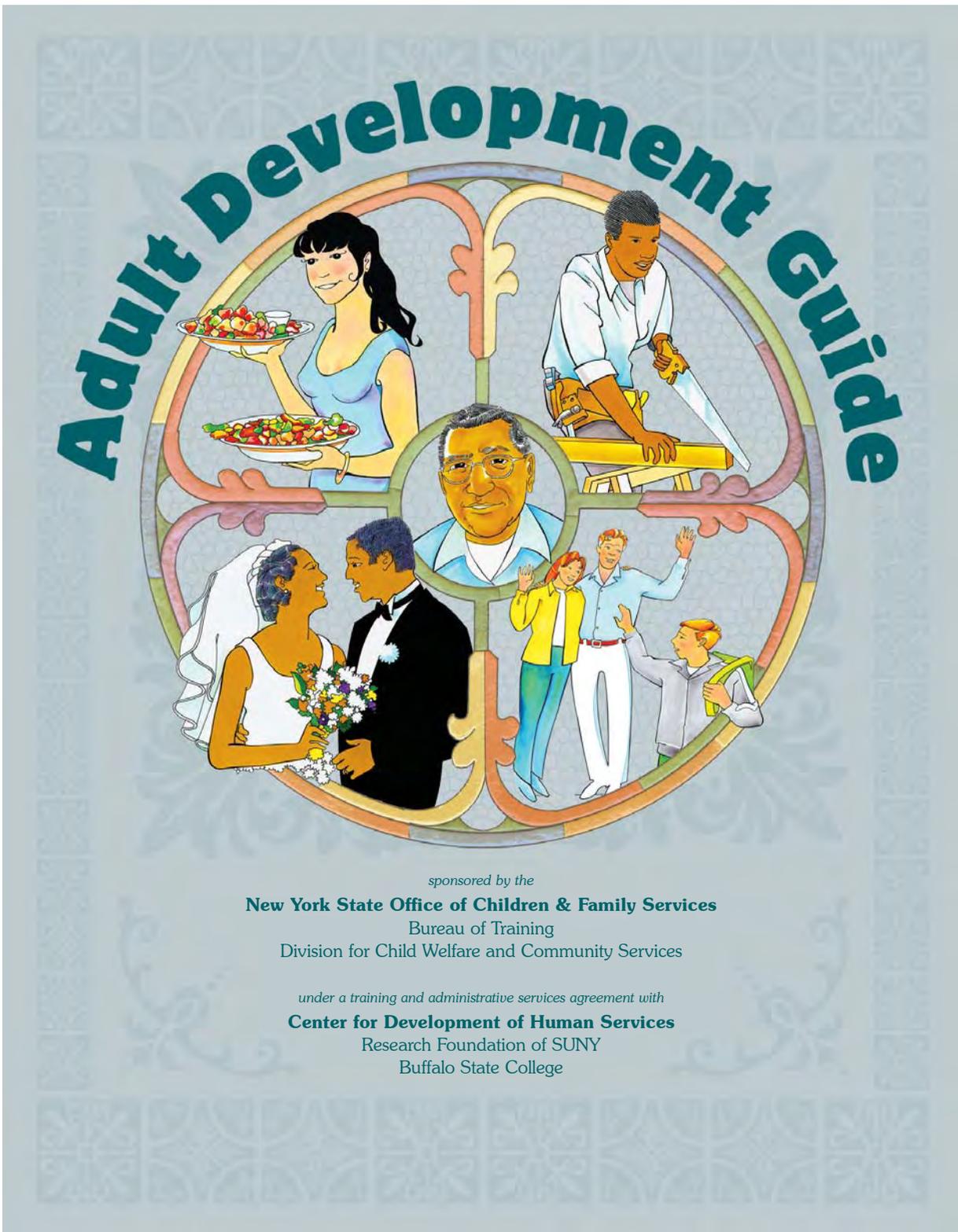
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# Adult Development Guide





## Center for Development of Human Services

Research Foundation of SUNY Buffalo State College

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Division of Child Welfare and Community Services

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# Adult Development

## An Introduction

*Adult development* refers to the somewhat predictable and age-linked changes that occur during the adult years. Individuals can vary enormously in how they experience and express their developmental stages, regardless of age. A woman of 45 could, e.g., be a new mother, a new grandmother, or having a midlife crisis that mirrors adolescence. Nonetheless, there are biological, psychological, and social changes that are broadly applicable to most adults during various periods.



In child welfare, we are concerned with adult development because it informs our assessment of parental role functioning and whether a particular adult is capable of meeting the needs of a particular child or children.

Current theories of adult development remain grounded in the work of psychologist, Erik Erikson. Erikson expanded on the work of Sigmund Freud and charted the physiological and societal consideration of each life stage. According to Erikson's theory of development, each life stage unfolds in sequence; each is triggered by a "crisis"—a turning point of increased vulnerability *and* potential; and each forces the individual to resolve certain themes.

## Organization of The Guide

Unlike the format of the Child Development Guide, we have not utilized specific domains for each stage of development. Rather, we have synthesized the major tasks, characteristics, questions and child welfare issues for each stage of adult development. The chronological span of adulthood is much longer than that of the stages of childhood. Therefore, we have divided the guide into only three sections: Early Adulthood, Middle Adulthood, and Late Adulthood. Corresponding chronological ages (e.g., early adulthood – ages 19-40) are suggested, as many people in this age group are focused on the tasks of the stage. However, as development varies greatly among individuals, some people may be chronologically older than their developmental age or vice versa. As with the assessment of child development, there is an overlap among the stages. That is, adults may be at various points in certain aspects of development and lag behind in others.

Within each section, you will find listed:

- **Tasks of the Stage:** What needs to be accomplished by the individual during this stage.
- **Characteristics of the Stage:** Behaviors and concerns typical of someone in this life stage.
- **Questions for Assessing the Stage:** As a caseworker, you may need to adapt your use of questions to assess the developmental functioning of a parent or caregiver in this life stage.
- **Implications for Casework Practice:** These are the ways in which this particular stage may impact your work in child welfare if you are helping a parent or caregiver who is in that developmental stage.

This guide also features a section entitled, “**Special Concerns.**” This section focuses on three areas that must be considered when working with adults in child welfare. They are:

- Events Compression
- Teen Pregnancy and Parenting
- Adults Abused or Maltreated as Children: Long-Term Effects

The impact of all three of these concerns may play a role in your work with families. They may be part of a parent's history or current circumstances. Each should be assessed and considered in terms of the parent's development and the current child welfare concerns.

Finally, it is important that we remain objective when assessing adult development. For example, when a child cannot stay with his or her parent, regulation and best practice standards dictate us looking to relatives as alternative caregivers. However, a caseworker may intuitively feel disinclined to consider the grandparent who raised the parent who is now being assessed as incapable of keeping the child safe. This fails to consider developmental changes that occur over adulthood, specifically the grandmother may now be developmentally capable of parenting in a way that she was not capable of 20 years earlier. This is why we have included a focus on later adulthood, as you may need to assess the capabilities of grandparents to provide care and permanency for their grandchildren.

As with all aspects of child welfare, any questions or concerns regarding adult development that may come up while you are in the field should be directed to your supervisor. We will learn more about assessing parental role functioning and capability in the classroom training.

# Early Adulthood

## Ages 19 – 40



### Tasks of the Stage

Become more autonomous by making decisions independent of parents or other adults, manage one's own resources, move out of parental residence, etc.

**Example:**

A student attends a local college and lives with his parents for two semesters, but then decides to move out on his own. He finances his own apartment and is capable in managing his own household.

Take on more responsibility, such as working, contributing to family finances, caring for younger or older family members.

**Example:**

A 30-year-old takes on the responsibility of caring for his terminally ill mother.

Build strong relationships.

**Example:**

Young adults generally have a smaller group of “close friends” that they associate with on a regular basis.

Establish intimacy.

**Comment:**

While this is related to the task of building strong relationships, marriage and partnerships, intimacy has to do with emotionally opening oneself up to trust another with life's rewards and difficulties, and often involves sharing with another past history of joys and sorrows experienced to date. Intimacy can be achieved with family members, friends, or romantic partners.

Make decisions about marriage, living with a partner, or living single.

**Example:**

An individual who has been living with his partner for 2 years has become unhappy in the relationship. He makes a decision to move out instead of continuing the relationship.

*Early Adulthood Ages 19 – 40*

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Evaluate future plans, such as for work or school, and take action to support those plans.

**Example:**

A person might discover that they would rather have a career in nursing rather than education, which is the degree he or she had pursued. An individual no longer finds their current work satisfying and makes plans to change careers.

Learn to find balance between responsibility and exploring and enjoying the world.

**Example:**

A young person discovers that they can enjoy the evening while getting home early enough to be responsible with work the next day.

May take on role of parenthood and learn to manage this developmental transition.

**Example:**

A 19-year-old finds herself unexpectedly pregnant and after an initial crisis period, makes a decision to raise her child herself. She moves out of her parents' home and prepares for the baby's birth. She seeks support after the child is born to help her learn skills for effective parenting.

A 35-year-old aunt takes custody of her sister's 2 children when her sister is unable to parent effectively due to a substance abuse problem.

May affirm earlier commitments or make stronger commitments (to work, marriage/partnership, children, ideas).

**Example:**

A couple has been dating for 5 years and is now moving in together.

A young woman who has been involved in her church sporadically throughout her 20s finds herself becoming deeply involved in church life and activities in her 30s.

May make advances in social rank and income.

**Example:**

A young businesswoman is promoted in both title and salary after 5 years in her field.

### **Characteristics of the Stage**

During young adulthood, there is improved reasoning ability and an increased capacity to shift between reasoning and practical considerations and awareness that problems may have multiple facets and solutions.

Most individuals in this age group are in good health.

May manage tasks with help from parents/family.

Resilience may be an important factor in facing financial hardship, compatibility concerns, lifestyle choice, and intimate relationships.

### **Questions for Assessing the Stage**

Have you thought about what you would like to do for work?

How do you feel about marriage or other long-term relationships?

Could you tell me those achievements that you are most proud of in your life so far?

What is it that you would like to change about your responsibilities if you could?

How do you think your life will change when you become a parent?

How do you see your role as a parent?

What will you need from others to make sure your child is healthy and happy?

Who do you think would be willing to help you in your role as a parent?

How do you feel about the job you've done with your children so far? (this question might be used for parents who are chronologically older, possibly between the ages of 25 and 32 years.)

*Early Adulthood Ages 19 – 40*

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## **Implications for Casework Practice**

Child welfare caseworkers need to pay particular attention to young parents who are trying to balance their significant responsibilities with their need for completion of developmental tasks of autonomy and exploration of the world and relationships.

Caseworkers should explore with young parents the supports they might be willing to tap into while raising their children.

Caseworkers should take care to develop realistic expectations for young parents while supporting them to focus on the safety needs of the children.

Caseworkers need to help young adults balance their role as parents with their own needs while always keeping the focus on the safety and well-being of the children.

# Middle Adulthood

## Ages 41 – 65



### Tasks of the Stage

Achieve success and a sense of competence in one's life roles (i.e., in work, as a parent, in the community or religious congregation, etc.).

**Example:**

As his youngest child graduates from high school, a father feels a sense of accomplishment in his role as a parent.

Experience generativity, which is the extension of love and impact into the future (Papalia et al., 2004).

**Comment:**

Generativity can be achieved through raising children, teaching, creativity, and other forms of contributing to future generations. It also involves perpetuating the culture and transmitting values through family and through establishing a stable environment.

**Example:**

An elder in a community teaches an indigenous language class to local youth.

Advance in income, competence, and contribution in work or society.

**Example:**

A middle-aged nurse is perceived by others and herself as stable, important, and proficient in her chosen career.

Function autonomously in adult world, more self-directed than in young adulthood, less reliant on parents and mentors for support and direction.

**Example:**

Feeling competent in his chosen career, a worker no longer feels the need to consult with his supervisor on every decision he makes.

*Middle Adulthood Ages 41 – 65*

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Focus on meeting their children's needs.

**Comment:**

During adolescence, teens seek to individuate themselves from their parents, which may feel like a loss of control to the parent/caregiver. This can create conflict in the relationship and make it difficult for parent's to focus on meeting their children's needs.

**Example:**

A parent whose young children were in foster care for a period of time when she was 25 is now effectively meeting her children's needs.

Accept biological changes to sexuality.

**Example:**

Some women experience severe symptoms associated with menopause and peri-menopause including symptoms such as hot flashes, insomnia, night sweats, irritability, mood swings, depression, or post-menopausal zest. Other women experience much less severe symptoms or none at all.

Some men experience biological changes such as decreased testosterone and sexual drive as well as decline in other areas of health such as changes in heart size, prostate, kidneys, hearing and GI tract. Other men experience much less severe symptoms or none at all.

**Comment:**

Both middle-aged men and women may experience depression brought on by fear of aging, awareness of decreasing sexual powers, or relationship or job dissatisfaction.

Define, evaluate, accept, and refine life structure for adulthood (Papalia et. al., 2004).

**Example:**

An individual copes with feelings of disappointment, frustration, failure and success by putting these events into perspective.

## **Characteristics of the Stage**

Cognitive skills, such as problem-solving, memory, and logic, remain strong for most individuals.

While most middle-aged people are in good physical and emotional health, there may be some decreases in certain areas of functioning, such as physical energy and ability to cope with stress.

Lifestyle choices such as diet, exercise, alcohol use, and smoking can impact present and future health.

Concerned with advancement, commitment, and responsibility.

May begin to question life accomplishments to date, e.g., “What have I done and for whom? What have I given to others (partner, children, family, friends, work, community, society)?” (Papalia et. al., 2004)

May make dramatic changes in career, life-style, family, partner, etc. e.g., may move from stable career to one that “gives back” or is more exciting, may leave partner and family for new relationship.

Those who successfully complete this stage have satisfied their needs for separateness and attachments and are comfortable with the choices they have made and with their successes and failures.

## **Questions for Assessing the Stage**

What accomplishments or achievements are you most proud of in your life?

In what aspects of your life would you like to see greater success? What would you like to do to achieve that?

What is most important to you at this point in your life?

What do you do with your spare time?

What would you like to do that you haven't done for yourself already? For your children?

How do you feel about all the changes your family has undergone?

*Middle Adulthood Ages 41 – 65*

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## **Implications for Casework Practice**

Parents at this stage may have more tools to draw on in terms of raising their children. For those who do not have these parenting tools, assessment and evaluation of their strengths and needs to keep their children safe and healthy may be required.

For people at this stage who take on the care of their children's or relative's children, the caseworker should explore their feelings about this and how it impacts their capacity to promote the safety, permanency and well being of the children. Family system dynamics, and particularly roles and responsibilities, may need to be explored and clarified. Also, ask what they need or what supports can help them effectively meet the needs of the children in their care.

Caseworkers need to work with parents who may have made major changes in their family life to consider the needs of their children.

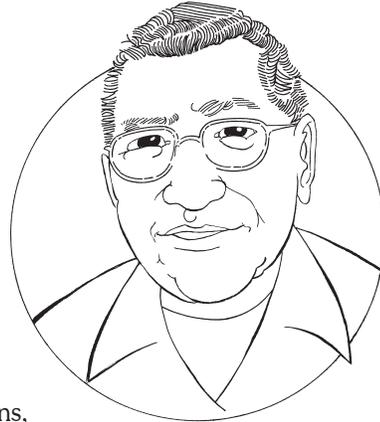
When working with parents of adolescents who have been removed or who have left home, understand that it is not uncommon for youth to want to return home. That may require caseworkers to assess or reassess the parent's view of their parental role, development, and maturity, as well as the relationship with their child. Caseworkers should explore alternatives that are realistic and available to improve the quality of parents' reconstructed relationships with their child(ren.) This may require the support of a therapeutic process to facilitate reconciliation, given the combined and separate histories of parent and child.

Caseworkers can support a parent's need for status and acceptance through joining groups and associations. If a parent's choice is in conflict with the children's needs, take this into account when establishing goals. Help the parent develop a plan which is less in conflict with the needs of the child.

For a variety of developmental and circumstantial reasons, some parents may be resistant to child welfare intervention. It is especially important to reinforce accomplishments, assets, strengths and positive parenting abilities in order to minimize resistance.

# Late Adulthood

## Ages 65 +



### Tasks of the Stage

Reassess the quality and value of one's life and obtain an accurate picture in terms of one's contributions.

**Example:**

An individual considers the entirety of her life to date, including how she has helped others, her hurts and pains, and what she values most.

Prepare for and cope with wide range of developmental losses.

**Example:**

An individual faces death through loss of parents, friends, or partners. Some who retire may cope with loss of income as well as work role.

Plan for and cope with redirection of energy.

**Example:**

Upon retiring, a 65-year-old couple begins to plan for a trip across the country. A 70-year-old man with declining mobility plans to make his household and lifestyle more accessible to meeting these needs.

Accept time as finite.

**Example:**

An elderly couple pre-plans for funeral arrangements.

*Late Adulthood Ages 65 +*

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## **Characteristics of the Stage**

Range of emotions from fear and sadness to joy. Fear and sadness related to potential developmental losses including parents and others, health, career; and joy related to children and grandchildren, life accomplishments, financial success; activities in retirement.

Individuals in this stage of adulthood are often characterized as “young-old” and “old-old.” “Young-old” adults are those who remain physically and cognitively healthy. “Old-old” adults experience declines in physical or cognitive functioning that often leave them dependent on others for their daily care.

Brain changes with age are inevitable, however, for most they remain modest and are generally related to a slowing of responses. Individuals can influence the slowing of their cognitive functioning by engaging in activities that challenge them mentally on a daily basis (such as completing puzzles, word searches, learning new technology, etc.). However, in this age group, other individuals experience more significant losses of functioning and degenerative diseases, such as dementia or Alzheimer's.

Concerns with financial security and retirement income.

A settling down period; may give up many previous activities; may also try new things.

## **Questions for Assessing the Stage**

What changes have you made/are planning to make in your life recently?

How are you spending your time?

What are your greatest fears?

What is the status of your health?

What plans have you made for your future in terms of finances, health, a will?

What is your relationship like with your family and friends?

How do you plan to support your child(ren) and grandchild(ren)? (For grandparents involved as a safety intervention or as primary caregivers)

How will you cope with the demands of caring for young children or an adolescent?

## **Implications for Casework Practice**

As in middle adulthood, individuals over the age of 65 may take on the care of young relatives or grandchildren. Caseworkers need to explore and assess the individual's ability to meet the safety, permanency and well-being needs of the children. In situations where the adult's health is of concern or failing, caseworkers need to consider how such physical and/or emotional changes will impact the capacity to parent and may need to develop alternative plans for the care of these children.

Explore what supports this person may need to care for children/ grandchildren.

Explore how everyone in the family sees their roles and responsibilities in terms of caring for the children.

Adults in this stage can be excellent foster parents as long as there are no prohibitive health concerns.

**Source:** Papalia, Diane E., Wendkos Olds, Sally, and Duskin Feldman, Ruth. (2004). *Human Development*, Ninth Edition: McGraw-Hill Higher Education.

# Special Concerns in Adult Development



## Events Compression

Events compression is a term used in to describe multiple life events that occur for an individual within a short time span. These events might include any number of developmental tasks or rites of passage including: the birth of children, entering college or the military, moving out of a parent's home, entering the work world, marriage, divorce, or other occasions that prompt the individual to think about themselves or their situation in very different ways. These events are often accompanied by stress even though some of them might be inherently happy situations.

Still, when a number of these events occur at the same time they often present challenges for the individual trying to manage them. Consider the eighteen year old who is pregnant, moving out of her family's home and cohabitating with a partner for the first time in her life. In this situation attention must be paid to health, finances, and relationship issues. She is also dealing with her own developmental needs. Any one of these situations might overwhelm a young person who prior to this might have had their life managed for them. In circumstances such as these, a thorough assessment should also include whether this person has enough support to deal with their changing circumstances.

A discussion of events compression would be limited without a discussion of change and loss. Indeed, most of the events mentioned above involve change and a disruption of the person's homeostasis. Many of the above mentioned changes are tolerated well because along with the change a person might experience a gain. For instance, while an individual might be moving from the safety and security of their family home, he or she gains autonomy. Still, many of the families we work with experience change as loss and may have a history of multiple and traumatic losses. Furthermore, the loss may not be replaced by anything that the individual would consider as desirable. For example, the young person leaving foster care might experience the loss of a family they have grown to know and depend upon. (It becomes the caseworker's job then, to promote and build a post-care support network for youth in these situations). Youth could also experience the loss of their childhood, or the childhood they were never able to experience. To complicate matters further, this young adult might not be replacing these losses with anything they consider to be a gain. Indeed, they may enter their new roles ill prepared to manage the enormous challenges presented to them. In dealing with the losses that often accompany events compression in parents, it is essential to assess how the events and losses may impact the children in their lives. The parent's strengths should be accessed to help them cope with the loss and the changes they face.

## **Teen Pregnancy and Parenting**

Despite laudable progress in reducing pregnancy rates and births to teens, the United States still has the highest teen birth rate among Western industrialized countries (Healthy Teen Network, 2008). The rates of teen pregnancy within the child welfare system are of particular concern. Young people living in foster care settings are prone to high rates of risky sexual behaviors, including earlier age of first intercourse, larger numbers of sexual partners, and earlier age of first pregnancy than their peers not in foster care. This does not mean that living in foster care is itself the impetus to these risky behaviors. Rather, the risky behaviors may be a sequel of the youths' experiences prior to being placed in foster care, as the majority of children in foster care are victims of sexual or physical abuse, neglect or abandonment, or have a parent who is incarcerated or otherwise unable to care for them. However, due to the increased risky behavior, young women in foster care are 2.5 times more likely than their peers who are not in foster care to have been pregnant by age 19. Almost half of all teen girls in foster care who have been pregnant experience a subsequent pregnancy by age 19. Sadly, children born to teen parents are more likely to end up in foster care or have multiple caretakers throughout their childhood (Healthy Teen Network, 2008).

Teen pregnancy and parenting carry multiple risks for all involved. For example, pregnant teens are less likely to receive adequate prenatal care and more likely to smoke during pregnancy, have inadequate nutrition and give birth to low birth weight and pre-term infants (Ventura et al., 2001). Such babies are at greater risk for developmental delays and death during the first year of life. Teen pregnancy is the number one reason girls drop out of high school. Teen mothers are as a group at risk for both family and intimate partner abuse. The consequences of teen pregnancy are not isolated to the parents; their children are also affected. In an extensive study, the Urban Institute found that the costs of teen childbearing are felt primarily by the children of teen parents (Maynard, 1997). Due to these and other social issues, such as a lack of family and social support, teen mothers and their children are many times more likely to live in poverty. Children of mothers age 17 and younger are more likely than those born to mothers over age 20 to be impulsive, overactive, to suffer from anxiety, loneliness, low self-esteem and sadness. These children must generally overcome many odds to thrive. Pregnant and parenting teens exiting foster care face the additional challenge of trying to raise a child, often without a support network of family or friends.

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*Special Concerns in Adult Development*

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The greatest challenge for teen parents is that they are balancing their own development with that of their child(ren.) Teen parents often bridge the stages of adolescence and early adulthood. They are trying to make important life decisions regarding parenting, education, employment, and relationships while also working on developing their identity, individuating from their family of origin, and affiliating with their peers. For youth who have been involved in the child welfare system as a result of abuse or maltreatment, these tasks are often significantly more challenging due to earlier childhood needs not having been met as well as issues of trauma and lack of attachment. For young people who are already dealing with pre-existing developmental lags and gaps, the birth of a child seriously hinders and compounds their capacity to recognize and meet the needs of their infant children.

Your challenge as a caseworker in child welfare is to consider where along this bridge teen parents are. What needs of the adolescent are they still working on accomplishing and how do they balance these needs with meeting the needs of their child(ren)? It is particularly important to assess what familial and external resources are available to them and their willingness to utilize these resources when needed. Teen parents often need basic information about parenting in order to feel competent in caring for newborn children. Workers can further assist them by helping them understand their child(ren)'s development. Using the Child Development Guide with teen parents is a great way to engage them in discussing the developmental needs of their child(ren).

**Sources:**

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*Special Concerns in Adult Development*

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**Adults Abused or Maltreated as Children: Long-Term Effects**

The literature is rife with examples of adult survivors of child abuse and neglect and how their abuse/neglect as children plays out later in their own and their family's lives. It should be clearly stated here that every person who has been abused as a child will not necessarily abuse their own children, particularly if they have emotionally dealt with this experience in a healthy way. Still, there is a strong correlation between adults who were abused as children and their experience of one or more of the symptoms mentioned below:

- Depression, including expression of suicidal thoughts or attempts
- Anxiety, including excessive worrying about their children or the future
- Panic attacks
- Substance abuse
- Conflicted or difficult marriages
- Gastrointestinal distress
- Asthma
- Unintended pregnancy
- Eating disorders
- Avoidance of feelings
- Distancing self from friends and family
- Evidence of anger and resentment or loss of trust
- Self-preoccupation
- Participation in high-risk and/or illegal behaviors
- Academic or employment problems or decline
- Trouble with memory and concentration
- Changes in appetite and/or sleep habits
- Desire to understand why the traumatic event(s) occurred

While this list is not all inclusive it does begin to suggest the vast array of biopsychosocial symptoms that can be experienced by adult survivors of child abuse. Any one of these symptoms can certainly inhibit a person's ability to effectively parent their children.

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*Special Concerns in Adult Development*

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It has been suggested that the above mentioned conditions may not appear until adulthood or parenthood and that their symptoms are long-lasting. Additionally, adult survivors of child abuse often see no connection between their abuse as children and their behaviors as adults. In fact, they often do not see the severe treatment they received as abusive and believe that in some way they were deserving of that kind of treatment by their parents.

Parents who were abused or neglected as children may abuse or neglect their own children. Because of their own victimization the parent may suffer from depression or substance abuse which in turn leads them to abuse their own offspring. For instance, a mother who is intoxicated might seriously injure her child when the child comes home after curfew. Furthermore, the mother might think this is acceptable because it was done to her when she was a child and she “turned out to be a good person.” This type of situation is particularly vexing because it leads parents to perpetrate the same abuse against their own children, all in the light of “good” parenting. This is how the intergenerational cycle of abuse often works.

The good news in all of this is that there is treatment available to adult survivors of child abuse. Certainly, anti-depressant and anti-anxiety medications can help with the treatments and symptoms for parents who experience mental health issues as a result of their abuse. However, pharmacologic treatment alone will not necessarily help the adult survivor of child abuse, as they must also learn how to deal with the thoughts and behaviors that have developed over the years as a coping mechanism. Psychotherapy, whether individual, family, or group-based, is indicated for adult survivors of child abuse to help them begin to change long-standing patterns of maladaptive coping. As in most therapeutic situations, it is the relationship that is developed with the therapist that is key in beginning to help the person change.

When working with parents who are themselves survivors of child abuse or neglect, you must be sure to assess the extent to which they have acknowledged and dealt with their own childhood experience, whether this was adaptive or maladaptive, and how their childhood abuse has affected their beliefs, feelings, values, and behaviors related to parenting. It is also important to assess their capability to protect their child from abuse or neglect. For example, if a parent was sexually abused by her father, workers need to know whether the parent and her child(ren) still have contact with the father/grandfather and to what extent.

***Some material in this section was adapted from:***

The Family Resource Center, Preventing and Treating Child Abuse. Available online at: [www.frcmo.org/effectsofchildabuse\\_124.aspx](http://www.frcmo.org/effectsofchildabuse_124.aspx)

Bertollini, Ph.D., Bob. Hope in Motion Forum, Presentation and Materials. Attended in Rochester, New York on October 15, 2008.

*Special Concerns in Adult Development*

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**Conclusion**

When working with parents who have experienced any of these special concerns (i.e., events compression, teenage pregnancy and parenting, or childhood survivors of abuse/neglect), careful attention to assessment and strengths-identification is required. Be sure to seek out supervision for support when working with parents coping with these issues.

## Child Maltreatment: The Definition

Social Services Law, Sec. 412, states that a maltreated child includes a child under eighteen years of age: (a) defined as a neglected child by the Family Court Act; or (b) who has had serious physical injury inflicted upon him by other than accidental means. Section 1012(f) of the Family Court Act defines a neglected child as a child less than eighteen years of age:

whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care:

in supplying the child with adequate food, clothing, shelter or education in accordance with provisions of part one of article sixty-five of the education law, or medical, dental, optometrical or surgical care, though financially able to do so or offered financial or other reasonable means to do so;

or

in providing the child with proper supervision or guardianship, by unreasonably inflicting or allowing to be inflicted harm, or a substantial risk thereof, including the infliction of excessive corporal punishment; or by misusing a drug or drugs; or by misusing alcoholic beverages to the extent that he loses self-control of his actions; or by any other acts of a similarly serious nature requiring the aid of the Court; provided, however, that where the respondent is voluntarily and regularly participating in a rehabilitative program, evidence that the respondent has repeatedly misused a drug or drugs or alcoholic beverages to the extent that he loses self-control of his actions shall not establish that the child is a neglected child in the absence of evidence establishing that the child's physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as set forth in paragraph (i) of this section;

or

who has been abandoned, in accordance with the definition and other criteria set forth in subdivision five of section 384-b of the social services law, by his parents or other person legally responsible for his care.

The circumstances which constitute impairment of mental or emotional condition, more commonly referred to as “emotional neglect,” are also defined as follows:

“Impairment of emotional health” and “impairment of mental or emotional condition” include a state of substantially diminished psychological or intellectual functioning in relation to, but not limited to, such factors as failure to thrive, control of aggression or self-destructive impulses, ability to think and reason, or acting out and misbehavior, including incorrigibility, ungovernability or habitual truancy; provided, however, that such impairment must be clearly attributable to the unwillingness or inability of the respondent [i.e., parent or other person legally responsible for the child] to exercise a minimum degree of care toward the child. Family Court Act, Sec. 1012(h).

## Child Abuse: The Definition

Pursuant to Social Services Law, Sec. 412, an abused child means a child under eighteen years of age defined as an abused child by the Family Court Act. Section 1012(e) of the Family Court Act further defines an abused child as a child less than eighteen years of age whose parent or other person legally responsible for his/her care:

- ➔ inflicts or allows to be inflicted upon such child physical injury by other than accidental means which causes or creates a substantial risk of death, or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ,

or

- ➔ creates or allows to be created a substantial risk of physical injury to such a child by other than accidental means which would be likely to cause death or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ,

or

- ➔ commits, or allows to be committed an offense against such child defined in article one hundred thirty of the penal law;

allows, permits, or encourages such child to engage in any act described in sections 230.25, 230.30 and 230.32 of the penal law

commits any of the acts described in sections 255.25, 255.26, and 255.27 of the penal law

allows such child to engage in acts or conduct described in article 263 of the penal law provided however that (a) the corroboration requirements contained in the penal law and (b) the age requirement for the application of article 263 of such law shall not apply to proceedings under this article.

## Critical Thinking Skills for Child Welfare Caseworkers

Listed below are critical thinking skills that are used in child welfare.

- ➔ Organize the initial information and separate what appear to be facts from what appear to be judgments/assumptions.

**Example:** As a preventive worker is about to arrive for an initial home visit, a neighbor tells her that the family's grade-school children walk a long way to school in the winter without proper clothing. Upon receipt of this initial information, the worker recognizes that the words "proper clothing" and "a long way" are judgments that require clarification and the words "grade-school children" and "walk...to school" are statements of fact that can be verified.

- ➔ Recognize the likelihood of bias in your personal opinions, acknowledge the intensity of your feelings about them, and be aware of the danger of weighing case evidence in the decision-making process according to your personal standards.

**Example:** A foster care worker whose father was an alcoholic realizes that she may be biased in assessing the influence of alcohol on a parent's abilities and seeks supervision to promote informed and objective decision-making related to her case.

- ➔ Temporarily suspend judgment in the absence of sufficient evidence.

**Example:** After reviewing information that a child in foster care has been injured, the worker reminds herself not to assume that the foster parents or siblings were responsible for the injuries the child may have suffered until further information is gathered.

- ➔ Develop as many reasonable explanations (i.e., multiple hypotheses) as you can to account for what is going on in the family.

**Example:** A CPS worker receives a report that alleges educational neglect of a 13-year-old, who is missing school about half of the time. The worker developed two hypotheses regarding this information: 1) the child could be cutting classes after the bus drops her off at school (and the parents are unaware of this); and 2) the child could have a chronic illness and the parents failed to inform the school and make alternate arrangements for her education. After consulting with her supervisor, she added two more hypotheses: 3) the child could be truant because the parents are requiring her to care for their younger children; and 4) she could be kept at home because her parents are trying to hide injuries that may have resulted from abuse or maltreatment.

- ➔ Examine and follow up on insufficient information, gaps in information, or inconsistencies in information being gathered.

**Example:** A teenager recently placed in an adoptive family has run away from the home following a fight with one of the other children in the home, according to the parents. The teen returned to the adoptive home of his own accord within hours. The father called the worker to let her know that the teen was safe at home. The worker immediately

scheduled a home visit. During the interview with the family, the father and mother gave somewhat inconsistent information about the alleged fight that occurred between the teen and other child in the home that prompted the teen to run away. The teen disclosed he ran away following an argument with the father. The worker confronted the parents and teen regarding the inconsistencies in their explanations.

- ➔ Recognize the limitations in your knowledge and experience and draw upon available resources as necessary to strengthen the quality of your casework practice.

*Example:* A worker who has no experience working with cases involving domestic violence sought consultation from his supervisor related to how to develop a safety plan with the mother and children in his case.

- ➔ Look for patterns that appear during the case, rather than only examining the singular facts.

*Example:* A case has just been transferred to preventive services. After reviewing the family's prior history with her agency, the worker saw a pattern emerge related to the mother's mental health status and when requests for services were made. She then reevaluated her perspective and current thoughts about the case.

- ➔ Question your own assessments and consider all associated case implications.

*Example:* An adoption worker met with her supervisor to review a home study and realized that she hadn't yet assessed the mental and physical status of the aunt who the parents said will supervise the child they want to adopt when they're at work. The worker mentioned this to her supervisor and together they identified the information that is still needed, as well as sources the worker will need to consult in order to get it.

## The Application of Critical Thinking Skills in Child Welfare

Applying critical thinking skills within the casework process supports the achievement of the child welfare outcomes by promoting an open-mindedness to gathering new or more accurate information, a willingness to make or revise decisions that reflect these refined analyses, and a method for evaluating the actions taken by caseworkers and family members.

***Example:*** A caseworker who applies critical thinking skills won't assume that all the case information he/she inherited when assigned a case is the "last word" on the family's situation. He will weigh the information in the case record against his own observations and may decide he needs to re-interview a parent, child, or a source to gather more data about a trend he has detected in the family.

There is no simple, predictable formula for applying critical thinking skills, so it isn't something you can do in a linear fashion. Ways to organize your application of critical thinking skills are listed below. Be aware that you will often need to go back and reuse skills in order to gain the information you need to support accurate assessments.

**Beginning (deciding what you're deciding)** – Examine the known facts of the case and consider how they might relate to each other, as well as how you relate to them, given who you are. Include:

- ➔ Any current information, e.g., the SCR report, prior history, Family Services Intake Report, current safety assessment, Risk Assessment Profile, FASP.
- ➔ Your awareness of your own values, beliefs, and experiences as they relate to the current case situation.
- ➔ The family's level of engagement in developing and implementing safety plans and/or service plans.
- ➔ Children's functioning at home or in foster care, if they've been placed.

**Gaining perspective (information gathering and reasoning)** – Gather, analyze, and evaluate information. Utilize multiple sources to gather information related to abuse/maltreatment, safety, and risk and to anything else that has occurred in the case that has impacted upon, or may impact on, the development of the service plan and the delivery of services, including: case reports, progress notes, safety plans and FASPs, statements from family members and collaterals, observations of the family and home environment, and any other information.

Also consider:

- ➔ Any facts or circumstances that relate to the ongoing safety and risk assessment (e.g., the credibility of key information sources, vulnerability of the children, age of the children).
- ➔ Worker's opinions regarding family members' verbal and nonverbal behaviors.

Develop and implement a strategy for clarifying or obtaining additional information needed to make an informed decision about safety, about visiting, about risk, and about appropriate/necessary services.

Evaluate and analyze the information, i.e., answer the question: "What does this information mean in terms of the child's safety, risk, permanency, and well-being needs?"

**Moving on (reflecting and beginning again)** – Make decisions and take action based on the decisions, while continually re-evaluating and making changes accordingly.

Take action based on the decision with a careful eye on the results, a skeptical attitude, and openness to self-evaluation and self-correction, i.e., starting the whole application of critical thinking over again. You can do this by routinely asking yourself:

- ➔ How is this action affecting everyone?
- ➔ Okay, now that we're working on this, what—if anything—did we miss?
- ➔ What, if any, errors in reasoning have I made and what do I need to do to correct them?
- ➔ If this action doesn't seem to be working, what can we do differently?

## Defining Safety

### Definition of Safe (Protective)

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 parent(s) or caretaker(s).

### Definition of Safe (Nonprotective)

Nonprotective safety is:

the decision that one or more children, parents, caretakers, family members, or community members are not likely to be in immediate or impending danger of serious harm, or will not likely face a serious threat to their emotional, physical, or developmental well-being.

## Deciding on Safety

Safety assessment is a process in which a caseworker:

- ➔ Identifies the presence of safety factors. That is done by gathering information on the presence of safety factors. (Safety factors are a behavior, condition, or circumstance *that has the potential to place* a child in immediate or impending danger of serious harm. These include specific parent/caretaker behaviors, conditions in the home, family dynamics, history, and other circumstances.)

This process includes gathering specific information from interviews and observations as well as review of past history as to the presence or absence of *each* safety factor.

- ➔ Determines if, alone or in combination, the safety factors identified place the child(ren) in immediate or impending danger of serious harm, taking into account:
  - ✓ the seriousness of behaviors/circumstances reflected by the safety factor
  - ✓ the number of safety factors identified
  - ✓ the degree of the child's vulnerability and need for protection
  - ✓ the age of the child
- ➔ Makes a safety decision; decides the child's safety status and the need for protective action.
- ➔ Develops and implements a safety plan, if a child is in immediate or impending danger of serious harm, that controls the danger and protects the child from what is placing him or her in immediate or impending danger of serious harm for as long as the danger exists. (This is known as managing safety.)
- ➔ Continues to gather information to reassess safety of the child(ren), throughout the time child welfare staff are involved with the family and until the case is closed, because safety is not static.

## Expanded Safety Factors

(CONNECTIONS Help Screen Contents)

### Guidelines

- ➔ Listed below are examples for each safety factor. They are intended to guide the worker's selection of safety factors currently present.
- ➔ The examples should not be considered as an all-inclusive list of possible circumstances, conditions or behaviors related to each safety factor.
- ➔ Consider how recent the circumstance, condition or behavior associated with each safety factor is. Is the circumstance, condition or behavior currently present, likely to occur in the immediate future or has it occurred in the recent past?
- ➔ The identification of safety factors should not automatically be equated with the presence of an "immediate danger of serious harm." Rather, the safety factors should be viewed as "red flag alerts" that the child *may* be in immediate danger of serious harm due to present identified circumstances, conditions or behaviors.
- ➔ Once safety factors have been identified, another level of decision-making occurs that guides the worker in the identification of "immediate danger of serious harm."

### Safety Factors/Definitions

1. **Based on your present assessment and review of prior history of abuse and maltreatment, the Parent(s)/Caretaker(s) is unable or unwilling to protect the child(ren).**
  - ➔ Prior abuse or maltreatment (may include non-reported accounts of abuse or maltreatment) was serious enough to have caused or could have caused serious injury or harm to the child(ren).
  - ➔ Parent(s)/Caretaker(s) current behavior demonstrates an inability to protect the child(ren) because they lack the capacity to understand the need for protection and/or they lack the ability to follow through with protective actions.
  - ➔ Parent(s)/Caretaker(s) current behavior demonstrates an unwillingness to protect children because they minimize the child(ren)'s need for protection and/or are hostile to, passive about, or opposed to keeping the child(ren) safe.

- ➔ Parent(s)/Caretaker(s) has retaliated or threatened retribution against child(ren) for involving the family in a CPS investigation or child welfare services, either in regard to past incident(s) of abuse or maltreatment or a current situation.
- ➔ Escalating pattern of harmful behavior or abuse or maltreatment.
- ➔ Parent(s)/Caretaker(s) does not acknowledge or take responsibility for prior inflicted harm to the child (ren) or explains incident(s) as not deliberate, or minimizes the seriousness of the actual or potential harm to the child(ren).

**2. Parent(s)/Caretaker(s) currently uses alcohol to the extent that it negatively impacts his/her ability to supervise, protect and/or care for the child (ren).**

- ➔ Parent(s) Caretaker(s) has a recent incident of or a current pattern of alcohol use that negatively impacts their decisions and behaviors. and their ability to supervise, protect and care for the child. As a result, the caretaker(s) is:
  - ✓ unable to care for the child;
  - ✓ likely to become unable to care for the child;
  - ✓ has harmed the child;
  - ✓ has allowed harm to come to the child; or
  - ✓ is likely to harm the child.
- ➔ Newborn child with positive toxicology for alcohol in its bloodstream or urine and/or was born with fetal alcohol effect or fetal alcohol syndrome.

**3. Parent(s)/Caretaker(s) currently uses illicit drugs or misuses prescription medication to the extent that it negatively impacts his/her ability to supervise, protect and/or care for the child (ren).**

- ➔ Parent(s) Caretaker(s) has a recently used, or has a pattern of using illegal and/or prescription drugs that negatively impacts their decisions and behaviors and their ability to supervise, protect and care for the child. As a result, the parents(s)/caretaker(s) is:
  - ✓ unable to care for the child;
  - ✓ likely to become unable to care for the child;
  - ✓ has harmed the child;
  - ✓ has allowed harm to come to the child; or
  - ✓ is likely to harm the child.

- ➔ Newborn child with positive toxicology for illegal drugs in its bloodstream or urine and/or was born dependent on drugs or with drug withdrawal symptoms.

**4. Child (ren) has experienced or is likely to experience physical or psychological harm as a result of domestic violence in the household.**

Examples of direct threats to child(ren):

- ➔ Observed or alleged batterer is confronting and/or stalking the caretaker/victim and child (ren) and has threatened to kill, injure, or abduct either or both.
- ➔ Observed or alleged batterer has had recent violent outbursts that have resulted in injury or threat of injury to the child (ren) or the other caretaker/victim.
- ➔ Parent/Caretaker/victim is forced, under threat of serious harm, to participate in or witness serious abuse or maltreatment of the child (ren).
- ➔ Child(ren) is forced, under threat of serious harm, to participate in or witness abuse of the caretaker/victim.

Other examples of Domestic Violence:

- ➔ Caretaker/victim appears unable to provide basic care and/or supervision for the child because of fear, intimidation, injury, incapacitation, forced isolation, fear or other controlling behavior of the observed or alleged batterer.

**5. Parent(s)/Caretaker(s)' apparent or diagnosed medical or mental health status or developmental disability negatively impacts his/her ability to supervise, protect, and/ or care for the child (ren).**

- ➔ Parent(s)/Caretaker(s) exhibits behavior that seems out of touch with reality, fanatical, bizarre, and/or extremely irrational.
- ➔ Parent(s)/Caretaker(s) diagnosed mental illness does not appear to be controlled by prescribed medication or they have discontinued prescribed medication without medical oversight and the parent/caretaker's reasoning, ability to supervise and protect the child appear to be seriously impaired.
- ➔ The parent(s)/caretaker(s) lacks or fails to utilize the necessary supports related to his/her developmental disability, which has resulted in serious harm to the child or is likely to seriously harm the child in the very near future.

**6. Parent(s)/Caretaker(s) has a recent history of violence and/or is currently violent and out of control.**

- ➔ Extreme physical and/or verbal abuse, angry or hostile outbursts of anger or hostility aimed at the child(ren) that are recent and/or show a pattern of violent behavior.
- ➔ A recent history of excessive, brutal or bizarre punishment of child (ren), i.e. scalding with hot water, burning with cigarettes, forced feeding.
- ➔ Threatens, brandishes or uses guns, knives or other weapons against or in the presence of other household members.
- ➔ Violently shakes or chokes baby or young child(ren) to stop a particular behavior.
- ➔ Currently exhibiting, or has a recent history or pattern of behavior that is reckless, unstable, raving, or explosive.

**7. Parent(s)/Caretaker(s) is unable and/or unwilling to meet the child(ren)'s needs for food, clothing, shelter, medical or mental health care and/or control child's behavior.**

- ➔ No food provided or available to child, or child starved or deprived of food or drink for prolonged periods.
- ➔ Child appears malnourished.
- ➔ Child without minimally warm clothing in cold months; clothing extremely dirty.
- ➔ No housing or emergency shelter; child must or is forced to sleep in street, car, etc.
- ➔ Housing is unsafe, without heat, sanitation, windows, etc. or presence of vermin, uncontrolled/excessive number of animals and animal waste.
- ➔ Parent/Caretaker does not seek treatment for child's immediate and dangerous medical condition(s) or does not follow prescribed treatment for such condition(s).
- ➔ Child(ren)'s behavior is dangerous and may put them in immediate or impending danger of serious harm, and the parent/caretaker is not taking sufficient steps to control that behavior and/or protect the child(ren) from the dangerous consequences of that behavior.

**8. Parent(s)/Caretaker(s) is unable and/or unwilling to provide adequate supervision of the child(ren) .**

- ➔ Parent/Caretaker does not attend to child to the extent that need for adequate care goes unnoticed or unmet (i.e., although caretaker present, child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge or be exposed to other serious hazards).
- ➔ Parent/Caretaker leaves child alone (time period varies with age and developmental stage).
- ➔ Parent/Caretaker makes inadequate and/or inappropriate child care arrangements or demonstrates very poor planning for child's care.
- ➔ Parent/Caretaker routinely fails to attempt to provide guidance and set limits, thereby permitting a child to engage in dangerous behaviors.

**9. Child(ren) has experienced serious and/or repeated physical harm or injury and/or the Parent(s)/Caretaker(s) has made a plausible threat of serious harm or injury to the child(ren).**

- ➔ Child(ren) has a history of injuries , excluding common childhood cuts and scrapes.
- ➔ Other than accidental, parent/caretaker likely caused serious abuse or physical injury, i.e. fractures, poisoning, suffocating, shooting, burns, bruises/welts, bite marks, choke marks, etc.
- ➔ Parent/Caretaker, directly or indirectly, makes a believable threat to cause serious harm, i.e. kill, starve, lock out of home, etc.
- ➔ Parent/Caretaker plans to retaliate against child for CPS investigation or disclosure of abuse or maltreatment.
- ➔ Parent/Caretaker has used torture or physical force that bears no resemblance to reasonable discipline, or punished child beyond the duration of the child's endurance.

**10. Parent(s)/Caretaker(s) views, describes or acts toward the child(ren) in predominantly negative terms and/or has extremely unrealistic expectations of the child(ren).**

- ➔ Describes child as evil, possessed, stupid, ugly or in some other demeaning or degrading manner.
- ➔ Curses and/or repeatedly puts child down.
- ➔ Scapegoats a particular child in the family.
- ➔ Expects a child to perform or act in a way that is impossible or improbable for the child's age (i.e. babies and young children expected not to cry, expected to be still for extended periods, be toilet trained or eat neatly).

**11. Child(ren)'s current whereabouts cannot be ascertained and/or there is reason to believe that the family is about to flee or refuses access to the child(ren).**

- ➔ Family has previously fled in response to a CPS investigation.
- ➔ Family has removed child from a hospital against medical advice.
- ➔ Family has history of keeping child at home, away from peers, school, or others for extended periods.
- ➔ Family could not be located despite appropriate diligent efforts.

**12. Child(ren) has been or is suspected of being sexually abused or exploited and the Parent(s)/Caretaker(s) is unable or unwilling to provide adequate protection of the child(ren).**

- ➔ It appears that parent/caretaker has committed rape, sodomy or has had other sexual contact with child.
- ➔ Child may have been forced or encouraged to sexually gratify caretaker or others, or engage in sexual performances or activities.
- ➔ Access by possible or confirmed sexual abuser to child continues to exist.
- ➔ Child may be sexually exploited online and parent(s)/caretaker(s) may take no action(s) to protect the child.

**13. The physical condition of the home is hazardous to the safety of children.**

- ➔ Leaking gas from stove or heating unit.
- ➔ Dangerous substances or objects accessible to children.
- ➔ Peeling lead base paint accessible to young children
- ➔ Hot water/steam leaks from radiator or exposed electrical wiring.
- ➔ No guards or open windows/broken/missing windows.
- ➔ Health hazards such as exposed rotting garbage, food, human or animal waste throughout the living quarters.
- ➔ Home hazards are easily accessible to children and would pose a danger to them if they are in contact with the hazard(s).

**14. Child (ren) expresses or exhibits fear of being in the home due to current behaviors of Parent(s)/Caretaker's or other persons living in, or frequenting the household.**

- ➔ Child cries, cowers, cringes, trembles or otherwise exhibits fear in the presence of certain individuals or verbalizes such fear.
- ➔ Child exhibits severe anxiety related to situation associated with a person(s) in the home, i.e. nightmares, insomnia.
- ➔ Child reasonably expects retribution or retaliation from caretakers.
- ➔ Child states that he/she is fearful of individual(s) in the home.

**15. Child(ren) has a positive toxicology for drugs and/or alcohol.**

Child(ren) (0-6 mos.) is born with a positive toxicology for drugs and/or alcohol.

**16. Child(ren) has significant vulnerability, is developmentally delayed, or medically fragile (e.g. on Apnea Monitor) and the Parent(s)/Caretaker(s) is unable and or unwilling to provide adequate care and/or protection of the child(ren).**

- ➔ Child(ren) is required to be on a sleep apnea monitor, or to use other specialized medical equipment essential to their health and well-being, and the parent/caretaker is unable to unwilling to consistently and appropriately use or maintain the equipment
- ➔ Child(ren) has significant disabilities such as autism, Down Syndrome, hearing or visual impairment, cerebral palsy, etc., or other vulnerabilities, and the parent(s)/caretaker(s) is either unable or unwilling to provide care essential to needs of the child(ren)'s condition(s).

**17. Weapon noted in CPS report or found in home and Parent(s)/Caretaker(s) is unable and/or unwilling to protect the child (ren) from potential harm.**

- ➔ A firearm, such as a gun, rifle or pistol is in the home and may be used as a weapon.
- ➔ A firearm and ammunition are accessible to child (ren).
- ➔ A firearm is kept loaded and parent(s)/caretaker(s) are unwilling to separate the firearm and the ammunition.

**18. Criminal activity in the home negatively impacts Parent(s)/Caretaker(s) ability to supervise, protect and/or care for the child(ren).**

- ➔ Criminal behavior (e.g. drug production, trafficking, and prostitution) occurs in the presence of the child(ren).
- ➔ The child(ren) is forced to commit a crime(s) or engage in criminal behavior.
- ➔ Child(ren) exposed to dangerous substances used in the production or use of illegal drugs, e.g. Methamphetamines.
- ➔ Child(ren) exposed to danger of harm from people with violent tendencies, criminal records, people under the influence of drugs.

**19. No Safety Factors present at this time.**

# Stages of the Professional Casework Relationship in Child Welfare

Like all human relationships, the professional casework relationship progresses through a series of developmental phases that occur over time. Remember, in child welfare these relationships are purposeful, time limited, and outcome oriented. The phases are also reenacted in each meeting between you and parents, children, adolescents, families as a whole and others that you are working with. Because each stage builds on the successful completion of the others, problems in relationships may result from the work of a previous stage not being completed well enough. Understanding and completing the work of each stage is important to success in all human relationships, and is critical to the professional casework relationship.

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

Each time we encounter a new relationship in child welfare, the images we have formed about other people, such as family members, are carried within us. A few such experiences and beliefs that can shape one's preengagement anticipation include experiences with other ages, races, social classes, the other gender, and personal family history. Negative anticipation of others generally expresses itself both verbally and nonverbally during the engagement and reaching for mutual understanding stages.

## **Stage 2: Engagement**

Engagement is the act of stimulating interest in the other, especially with regard to the purpose of the relationship, which, in child welfare, is to gather information relevant to making important decisions. Greeting rituals (saying hello, shaking hands, bowing) help with the initial awkwardness of an initial encounter with others, and can impact on the next stage (reaching for mutual understanding) by demonstrating respect. Most of us like to be listened to before we are expected to listen to others. What is most important is to demonstrate concern and interest for what is of concern and interest to the other. If done well, engagement puts the other person at ease and begins the transition into the areas of mutual concern (such as children's safety) in the relationship.

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

In this phase, the parties exchange information in an effort to come to some common understanding of the situation, including each other's present needs and respective roles, as well as to determine if there is a basis for taking action together. Reaching for mutual understanding in child welfare services occurs on two levels and often begins with sharing common areas of agreement, followed by comparing any differences in their understanding of the current situation. The second level concerns reaching mutual understanding about who the other person is, including issues related to needs, perceptions, experience, values, beliefs, capability, and culture.

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

This is the working stage of the relationship, where jointly agreed-upon actions are carried out. In child welfare services, these actions must be compatible with the safety and well-being of children. Effective joint action with a parent and others involved in the case implies that feedback has been given and received regarding how the case is progressing and what action still needs to be taken. Some work may be done together (such as developing a service plan) while other work is done independently (such as a parent attending parenting classes or a treatment program), but always according to the mutually agreed-upon plan of action.

***Caution:*** If mutual understanding with a parent cannot be reached regarding actions necessary to achieve the child welfare outcomes (including providing for children's safety), the child welfare caseworker must still take action on their own to provide for the safety of children, since this is their number one concern. However, successful engagement of a parent will likely lead to mutual understanding and joint action being taken in relation to the needs of children.

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

The decision to continue in a mutually satisfying relationship is based on each party's perception of the efficacy of the relationship. Efficacy is based on the goals of the relationship being met and on the quality of the relationship. Where value is perceived, the relationship continues; where it does not, the relationship may end. However, in child welfare services, if the parent decides to end the quality of the relationship necessary to assess the status of the child's needs, for example, the worker must still fulfill his or her responsibilities.

## Pathway of Communication

### **The Elements of Communication are:**

**Message:** The content of the communication.

**Sender:** Source of the message.

**Receiver:** Interpreter of the message.

**Motivation:** The benefits/lack of benefits the communicator anticipates from sending/not sending a message.

**Code:** The symbols used to carry the message.

- ➔ Nonverbal: eyes, mouth, facial expression, body movement, arms, legs, etc.
- ➔ Language: words
- ➔ Paralanguage: tone and level of voice, fluency in speech

**Encoding:** The process of putting a message into the form in which it is to be communicated.

**Decoding:** The process the receiver goes through to interpret the exact meaning of a message.

**Channel:** The medium selected to carry the message, e.g., face-to-face dialogue, telephone contact, email.

**Underlying Conditions:** Background and experience of sender and receiver, including education, cultural and class orientation, language, race, gender, likes, dislikes, values, current needs, developmental status, personality, experience, etc.

**Physical Environment:** The time, place, and physical and social surrounding in which the communicators find themselves.

**Emotional Environment:** Stress or apprehension level of the sender and receiver.

*Comment:* This is not an aspect of general communication theory, but a “given” in most child welfare interview.

**Feedback:** The verbal, visual, and behavioral responses to messages received, usually necessary to achieve accuracy of understanding.

**Interference:** Anything internal or external that interferes with effective communication, for example:

- ➔ Differences between sender and receiver: gender, status/power, culture, language, feelings, values, beliefs, age.
- ➔ Anticipation of sender's statement or receiver's response.
- ➔ Preparation of one's own next statement or response.
- ➔ Number and role of other persons present.
- ➔ Television set, radio, stereo.
- ➔ Preconceived notions about sender or receiver.
- ➔ Previous experience.

**Effective communication:** That which occurs when the receiver understands the sender's message as the sender intended.

**Characteristics of Effective Communication:**

*The characteristics below are most effective when both the sender and receiver attend to them. In the professional casework relationship, it is the caseworker's responsibility to demonstrate these characteristics, whether they are the sender or receiver of the message. Caseworkers also should encourage and guide family members in the use of these characteristics whenever possible to promote effective communication.*

- ➔ **Commonality of terms:** Words and phrases have the same meaning to both sender and receiver. For example, caseworkers should not use jargon or child welfare terms unless they clearly define them for families and check for mutual understanding.
- ➔ **Equally attentive listening:** Sender and receiver each listen attentively and nonjudgementally to what is being said, or requested, and to the terms being used.
- ➔ **Acknowledging interference:** Interference can distort meaning. Whatever is creating the “buzz” in the flow of information needs to be acknowledged so that it can be managed. Interference may often come from the physical environment in which communication takes place as well as from the underlying conditions of the worker or client. Caseworkers must use strategies to respond to the environment to the extent that they can such as telling a parent, their neighbor, who just dropped by to see what was going on, seems nice and it is lovely to meet them, however some of the things the caseworker and parent are talking about are private matters.
- ➔ **Common anticipation/flow:** Sender and receiver balance message being sent and information being received.
- ➔ **Shared power in the communication exchange:** Senders and receivers need to share the power of information—balancing what someone wants/needs to know, with what someone wants to share. Sometimes people attempt to control conversations by not providing information or by providing too much information.
- ➔ **Awareness of difference:** Senders and receivers need to manage their differences, including culture, authority, gender, etc., which may influence the interpretations of information both sent and received.

- ➔ **Congruity:** The verbal, paraverbal, and nonverbal elements of communication are aligned.
- ➔ **Planning:** It takes time to achieve mutual, common understanding. Allocate sufficient time to allow for questions and feedback.
- ➔ **Credibility:** An important facet of communication is the credibility of the sender to send information to the receiver. Supervisors must be a credible source of information in order for staff to learn their jobs.
- ➔ **Concern for people:** The style of communicating greatly affects the extent to which communication is effective. The maintenance and/or support of self-esteem is critical to fostering the motivation to communicate.

## Interviewing Children

Interviews with children in child welfare 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.

#### *If you are a CPS worker:*

##### *Example* (for young children):

- “Hi James, my name is \_\_\_\_ and I work for child protective services. 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. My job is to help kids and their families. I talk with lots of kids about what is going on in their lives. Somebody cares about you so much that they made a phone call to have me see if you need anything and how you are. You're not in any trouble. I'd like us to get to know each other, and I need your help to find out how things are for you.”

##### *Example* (for school-age children):

- “Hi Courtney, my name is \_\_\_\_ and I work for child protective services. My job is to get to know kids and their families and see if the families need any help in getting along or in taking good care of their children. I find out by asking questions. It would be a big help to me if you would answer some questions for me. I thought we'd start by just getting to know a little about each other. I heard you're in the fourth grade. What subjects do you like the best?”

##### *Example* (for adolescents):

- “Hi Sierra, my name is \_\_\_\_ and I'm a child protective services worker. My job is to follow up on a call, that a concerned person made, to child protective services because they thought that your family could be having some problems and that you may not be getting all the care you need or that you could be getting hurt. This involves me talking to you and your family, and others who know you, to find out if you need help or if it is just a false alarm and everything is fine. I do this by getting to know you and asking questions.”

***If you are a preventive or foster care worker who is meeting the child for the first time after the case was transferred to you from child protective services:***

***Example*** (for young children):

- “Hi Jack, my name is \_\_\_\_ and I work for social services. My job is to talk to your CPS worker, Mr. Kelly and see what he did to help you and your family. Then, I talk with you and everyone in your family to see what other help you need and give you all the help I can. It’ll be great to get to know you and your family.”

***Example*** (for school-age children):

- “Hi Kelsey, my name is \_\_\_\_ and I work for social services. I’ll be working with you and your family while you are in foster care. I spoke with your CPS worker, Mrs. Gretsky and she told me what a big help you were in talking to her about how everyone in your family gets along and about the help your mom needed so that she can take care of you and your little brother. I know Mrs. Gretsky took you and your brother to stay with the Wilsons while your mom gets some help. I’d like to know how you are doing and what you think of your foster family.”

***Example*** (for adolescents):

- “Hi Grace, my name is \_\_\_\_ and I’m a preventive services worker. It’s my job to help your family work on the problems Mr. Knight, your CPS worker, and your family have identified so that you get all the care you need and so you are not getting hurt. The first thing I’d like to do today is get to know you and give you an opportunity to get to know me.”

***If you are a preventive or foster care worker who is meeting the child for the first time after the case was reassigned from another preventive or foster care worker to you by your supervisor:***

***Example*** (for young children):

- “Hi Brandon, my name is \_\_\_\_ and I work for social services, just like Ms. Anderson. She left me some notes about what she has done to help you and your family. She noted what a great kid you are. I’m very excited about getting my turn to get to know you and help you and your family.”

***Example*** (for school-age children):

- “Hi Serena, my name is \_\_\_\_ and I am a foster care worker, just like Mr. Carver. I will be working with you and your family now. I’m looking forward to getting to know you. I’m wondering how you feel about working with someone new.”

***Example*** (for adolescents):

- “Hi Olivia, my name is \_\_\_\_ and I am your new foster care worker. I have heard you were upset about Mrs. Jones leaving the agency, especially after you had shared so much with her and depended on her to help you. I will do my best to be a good listener and provide the help you need. Why don’t you tell me about some of the things you liked about Mrs. Jones.”

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, caseworkers 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 or 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.
- A 7-year-old who was placed in foster care a week ago won't discuss how she feels about being in the foster home but she offers to write the foster care worker a "note" in the notebook the worker has just given the child.

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 a CPS 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."
- "It is not your fault that Mrs. Jones is not your foster care worker (or preventive services worker) anymore. She was given a different job to do. I bet she'll miss you. As a foster care worker (or preventive services worker) myself, I know I really enjoy getting to work with kids like you."
- "Mr. Gregory, your CPS worker, did not stop working with you because of anything you said or did. That is just the way it works. CPS workers work with most families first, for a little while, to see if kids and their families need help. Then people like me, called preventive services workers (or foster care workers) get to know the family and help them change some things so that the kids are taken care of. That way, the CPS workers can go meet other kids and see if they need help too."

4. **Give the child as much control as possible.** Child welfare 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. We may have to come back to those things and talk about them later, when you are ready though."

5. **Attend to family permission.** Child welfare professionals do not *have to get* a parent's or foster parent's permission to speak to a child. Workers should set the expectations that they need to speak to the child and will speak to the child alone. It's best to explain to the parents and foster parents why that is necessary and that it is in everyone's best interest. If you do get the parent's or foster parent's permission, convey that to the child. It often helps them feel more comfortable about speaking with you.

*Example:*

- “Your mom agrees its okay for you to tell me everything you remember about last night.”
- “Your mom agrees its okay for you to tell me what life has been like for you since your dad left.”

## Stage 2: Build Mutual Understanding

One goal of your interview is to establish (as much as possible) mutual understanding with the child about his/her experience living in his/her family or a foster family. Your job is to get the child to describe his/her experience so that you can draw conclusions regarding whether any abuse or maltreatment has occurred, the safety status of the child, future risk of harm, how the child is developing, and the need for services, including the need for additional or different services.

### 1. Begin with a broad approach.

- ➔ Invite the child to establish the topic.

*Example:* A CPS worker may say, “I talk with lots of kids about lots of things. Some of those things are a little uncomfortable to talk about with someone you don’t know, but I have been able to help many children like you, so I hope you will feel comfortable in talking with me. 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:*

- A CPS worker may say, “I want to check if you are getting all the care you need, whether you are getting hurt, and whether you have to worry about things that grown-ups should take care of.”
- “Who usually fixes breakfast and dinner?”
- “What do you like to do for fun at your foster home?”
- “You mentioned you parents have been trying new ‘stuff’ when they punish you. What do your parents say and do when you misbehave now?”

**2. Give the child the opportunity to provide his or her own version of events.**

- ➔ Invite the child to tell you what has happened to him or her that is relevant to child welfare involvement.

*Example:*

- A CPS worker might say, “Tell me everything you remember about the fight with your father from the beginning, when he came home from work.”
  - A CPS worker or preventive services worker may say, “Tell me about what you and your brother do when Mommy goes out to work or out with her friends.”
  - A foster care worker might ask, “What happened yesterday when your mother showed up for a visit and your foster mother wouldn’t let her in?”
- ➔ 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 next?”
- A CPS worker or preventive services worker may say, “What about if you get hungry, what do you do then?”
- A foster care worker might say, “Thank you for telling me that you screamed at your foster father. What did he do and say after you did that?”

**3. Ask about other dimensions of the child’s life experiences.** All child welfare professionals need to gather all relevant information in order to draw conclusions about their safety, risk of future harm and child well-being. For CPS workers, it is also critical that they gather information that will enable them to make a determination decision about allegations. Remember, children try to please adults. Therefore, while gathering information, you must phrase your questions in such a way that does not lead the child to give you an answer that they think you are looking for.

*Example of CPS worker statements and questions:*

- “Raymond, you said that your dad has hit you before with a belt. Did I understand you correctly? (child responds ‘yes’) Can you tell me about how many times this happened?”
- “Tanya, you talked a little bit about your three little brothers. Three little boys must make things busy around your home. Tell me about how they get taken care of.” (The CPS worker should then ask specific follow-up questions if the child does not offer

enough information such as, Who feeds them? What is their bath time like? Who watches them?")

***Example of foster care and preventive services workers' comments and questions:***

- "Jossina, I heard you say earlier that this isn't the first time you've gotten in a gang fight. Did I hear you correctly? Can you tell me about the other times too?"
- "Dwayne, you said that everything is fine here at the Sweeney's home, but you looked kinda sad when you said that. Can you tell me what about living here makes you sad?"

4. **After the child has finished telling his or her story/experiences 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?"
- "What would you like me to tell your mom when I see her on Friday?"

### **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:***

- A CPS worker may say, "Jordanyn, 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."
- A foster care or preventive services worker might say, "I know that you wish that Carlos was still your caseworker, and I understand why you miss him. I hope that you and I will be able to have a good relationship and that you will come to trust me like you did Carlos. Is there anything about me or our working together that you want 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, someone else in the family, or a foster parent, they will be concerned about what’s going to happen to that person as well as to them. If they have had several caseworkers they may either be very anxious about seeing you again or appear detached and disinterested when thinking about what will happen next. Tell them the truth, to the extent possible. Of course, you cannot jeopardize an abuse or maltreatment investigation by giving specifics about next steps, but be as honest as you can be, including about not knowing exactly what’s going to happen next. Do not make promises such as “everything will be fine.”

***Example of a CPS worker’s statements:***

- “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?”

***Example of a foster care or preventive worker’s statements:***

- “Miguel, I know that being in this facility has been tough on you. I’ve heard how much you miss your family and that you are angry that Ms. Brown is no longer your caseworker. I’ve been told you are especially upset that she didn’t come to see you before she left the agency. I also heard you say that you were cool with talking to me today. I’d like to come back and talk to you some more about how we can work together to get your future back on track. Is that okay with you?”
- “Sharon and Joe, you two are amazing the way you support each other. I understand much better now how you feel about your foster mom and what she says and does that makes you angry. I can’t tell you that I have a magic wand that can make it all better right away. But I can tell you that I believe that this problem can be fixed. By working together, your relationship with Mrs. Jones can get better.”

3. **Thank the child for speaking with you. If the child is upset, 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 of a CPS worker’s statements:*

- “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.”

*Example of a foster care or preventive worker’s statements:*

- “I know you miss your mom, and it’s okay to cry. You can stay here in your room and I’ll let Mrs. Rogers know that you have been a bit sad. I’ll ask her if you can do your homework after dinner today, instead of right now.”
- “Thanks for letting me know that your dad and his girlfriend left you kids alone a lot on Saturday, when you visited at his apartment, instead of visiting him at Grandma’s like you usually do. I do need to talk to your mom about that. If she gets angry, she will be angry at Daddy, not you, as he did not keep his word to her and to me. We will also talk to your dad and to Grandma about visiting again at her place.”

## 05-OCFS-INF-05 Locating Absent Fathers and Extended Family Guidance Paper



**George E. Pataki**  
*Governor*

**NEW YORK STATE**  
**OFFICE OF CHILDREN & FAMILY SERVICES**  
52 WASHINGTON STREET  
RENSSELAER, NY 12144

**John A. Johnson**  
*Commissioner*

### Informational Letter

<b>Transmittal:</b>	05-OCFS-INF-05
<b>To:</b>	Local District Commissioners Executive Directors of Voluntary Agencies
<b>Issuing Division/Office:</b>	Development and Prevention Services
<b>Date:</b>	September 13, 2005
<b>Subject:</b>	<i>Locating Absent Fathers and Extended Family Guidance Paper</i>
<b>Suggested Distribution:</b>	Directors of Social Services Foster Care Supervisors Homefinding Supervisors Adoption Supervisors Staff Development Coordinators Child Support Enforcement Unit Coordinators
<b>Contact Person(s):</b>	Any programmatic questions concerning this release should be directed to the appropriate Regional Office, Division of Development and Prevention Services: BRO – Linda Brown (716) 847-3145 <a href="mailto:Linda.Brown@ocfs.state.ny.us">Linda.Brown@ocfs.state.ny.us</a> RRO – Linda Kurtz (585) 238-8201 <a href="mailto:Linda.Kurtz@ocfs.state.ny.us">Linda.Kurtz@ocfs.state.ny.us</a> SRO – Jack Klump (315) 423-1200 <a href="mailto:Jack.Klump@ocfs.state.ny.us">Jack.Klump@ocfs.state.ny.us</a> ARO – Glenn Humphreys (518) 486-7078 <a href="mailto:Glenn.Humphreys@ocfs.state.ny.us">Glenn.Humphreys@ocfs.state.ny.us</a> YRO – Pat Sheehy (914) 377-2080 <a href="mailto:Patricia.Sheehy@ocfs.state.ny.us">Patricia.Sheehy@ocfs.state.ny.us</a> NYCRO – Fred Levitan (212) 383-1788 <a href="mailto:Fred.Levitan@ocfs.state.ny.us">Fred.Levitan@ocfs.state.ny.us</a>

05-OCFS-INF-05

September 13, 2005

<b>Attachments:</b>	<i>Locating Absent Fathers and Extended Family Guidance Paper</i> , with the following appendixes: Appendix A – New York State Putative Father Registry Appendix B – Locating Absent Father Summary Sheet Appendix C – Definitions Appendix D – Federal Parent Locator Service (FPLS) - List of Databases Appendix E – “Acknowledgment of Paternity” form LDSS-4418 (including notice regarding legal rights, consequences) Appendix F – “Acknowledgment of Paternity” form LDSS-4418 NYC (for a child born in New York City)
<b>Attachment Available Online:</b>	Yes

### I. Purpose

The purpose of this informational letter is to transmit to social services districts and voluntary agencies the *Locating Absent Fathers and Extended Family Guidance Paper*. Developed by the Office of Children and Family Services (OCFS), the guidance paper provides the child welfare system with a framework of practice for identifying and locating absent fathers and extended family of children involved in the child welfare system.

### II. Background

The federal Adoption and Safe Families Act (ASFA) of 1997 had a significant impact on national and state child welfare policies and procedures. This federal legislation, and state standards implementing it, enhanced the expectation that parents will be involved in planning for their children’s safety, well-being, and permanency, and resulted in efforts to engage families early in the life of the case. Although progress has been made in advancing child-centered, family-focused practice that engages parents, there continues to be inconsistency in the search for absent fathers. Often, the decision to search for an absent father does not occur unless and until a plan is formulated to seek surrender or termination of parental rights.

To understand why absent fathers are not identified and contacted earlier in the life of the child welfare case, in 2004 OCFS conducted focus groups in Erie County, Onondaga County, and New York City and administered a web-based online survey to caseworkers and supervisors in all local departments of social services (LDSS) in the state. The focus groups consisted of caseworkers, supervisors, judges, law guardians, LDSS attorneys, foster parents, and fathers of children involved in child welfare cases. The findings of the research helped shape practice regarding absent parents and the extended family of children in the child welfare system.

The purpose of this guidance paper is to provide information on the need for, and methods of, locating absent parents of children in foster care so that the child’s permanency and well-being can be achieved more effectively and efficiently. Topics include the importance of locating absent fathers, the identified barriers to locating absent fathers, and recommendations that social services districts and voluntary authorized agencies can consider to support or improve their practices and permanency results.

### III. Guidance Paper

The *Locating Absent Fathers and Extended Family Guidance Paper* contains the following sections:

05-OCFS-INF-05

September 13, 2005

1. Introduction
2. Importance of locating absent fathers
3. Policy, practice, and legal developments
4. Barriers to locating absent fathers
5. Responsibility of the local department of social services
6. Methods of locating absent fathers
7. Recommended actions for child welfare administrators
8. Appendixes A-F

Larry G. Brown s/s

**Issued By:**

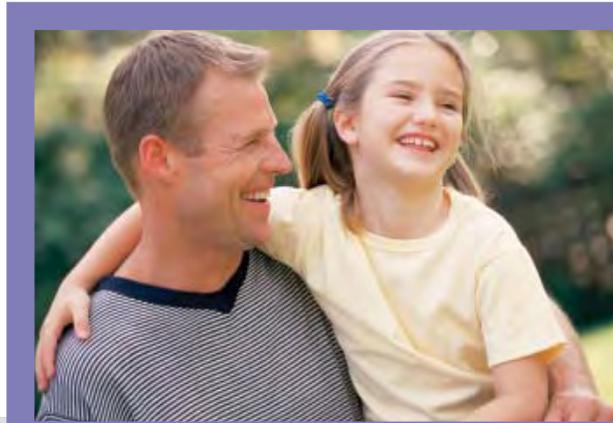
Name .....Larry G. Brown

Title .....Deputy Commissioner

Division/Office ....Division of Development and Prevention Services



**New York State  
Office of  
Children & Family  
Services**



# **Locating Absent Fathers and Extended Family Guidance Paper**



State of New York



George E. Pataki, Governor

**September 2005**



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## LOCATING ABSENT FATHERS AND EXTENDED FAMILY GUIDANCE PAPER

### Introduction

This guidance paper, developed by the New York State Office of Children and Family Services (OCFS), provides the child welfare system with a framework of practice for identifying and locating absent fathers and extended family of children involved in the child welfare system.

The federal Adoption and Safe Families Act (ASFA) of 1997 had a significant impact on national and New York State child welfare policies and procedures. The federal legislation, and state standards implementing it, enhanced the expectation that parents will be involved in planning for their children's safety, well-being and permanency, and resulted in efforts to engage families early in the life of the case. Although progress has been made in advancing child-centered, family-focused practice that engages parents, there continues to be inconsistency in the search for absent fathers. Often, the decision to search for an absent father does not occur unless and until a plan is formulated to seek surrender or termination of parental rights.

To understand why absent fathers are not identified and contacted earlier in the life of the child welfare case, in 2004 OCFS conducted focus groups in Erie County, Onondaga County, and New York City and administered a web-based online survey to caseworkers and supervisors in all local departments of social services (LDSS) in the state. The focus groups consisted of caseworkers, supervisors, judges, law guardians, LDSS attorneys, foster parents, and fathers of children involved in child welfare cases. The findings of the research helped shape practice regarding absent parents and the extended family of children in the child welfare system.

The purpose of this guidance paper is to provide information on the need for, and methods of, locating absent parents of children in foster care so that the child's permanency and well-being can be achieved more effectively and efficiently. Topics include the importance of locating absent fathers, the identified barriers to locating absent fathers, and recommendations that social services districts and voluntary authorized agencies can consider to support or improve their practices and permanency results.

*Mark arrived home from work one afternoon to find a letter waiting for him in his mailbox from a department of social services across the state. He could not have imagined the life-changing experience that would result from opening the letter.*

*Eight years earlier, Mark had a short-lived engagement to a young woman that had ended when her drug addiction became a source of contention between them. He had relocated upstate and eventually established a new life and found stable employment. The mother had never contacted him when she learned she was pregnant, and she subsequently gave birth to their daughter. The child had been placed in a foster home for the past four years because of the mother's drug addiction and inability to care for the little girl. Now the department of social services had obtained information on Mark's whereabouts and wanted to involve him in planning for his child.*

*Mark returned to the county where he had previously lived and met his daughter for the first time. The family resemblance and mannerisms were extraordinarily similar for two people who had never met. Mark's parents were still living and very interested in meeting their grandchild. Mark's sister lived in a county contiguous to the foster home and had one daughter just a year older who wanted to meet her cousin. Mark's daughter learned that her interest in music was shared by her cousin and grandparents. Mark was able to provide the LDSS with information on his medical history, which proved valuable to planning to meet her medical needs.*

*Mark and his daughter spent the next six months getting to know each other. Today, the child has a permanent home with her father. With the help of the caseworker, the mother has been able to agree to visitation with her daughter at Mark's sister's home, but has recognized that she needs to address her own issues of drug addiction and is not able to provide a home for her child.*

This is one of many examples told by fathers who were thought to be “deadbeat” dads. Clearly, this child's life would have been very different if a diligent search for her father had occurred at the beginning of the case rather than after four years spent in foster care.

## **Importance of Locating Absent Fathers**

Locating absent parents and their extended families is an integral part of child-centered, family-focused casework practice in child welfare. Traditionally, child welfare services have tended to focus on children and their mothers. With the current focus on engaging families early and often, the importance of involving both the child's mother and father and extended family is now recognized and affirmed.

Although this guidance paper focuses on the identification and location of the absent father, it clearly applies to absent mothers as well. Most frequently the child lives with the mother and it is the father who is the absent parent, but there are situations where the reverse is true and it is the mother who should be identified and located within the same practice framework.

All children need to understand who their parents and extended family are so that they can understand their own identity and develop a strong sense of self. In addition, children's genetic makeup and medical history derive from both parents; both family lines are vital to obtain as complete a picture of the child as possible. Developing or maintaining a relationship with both parents and their extended families often leads to a network of support and connection, regardless of whether the relatives can provide a placement resource. Finally, parental rights will need to be addressed if the permanency goal is adoption.

Fathers may not be involved in their children's lives for many reasons. Some fathers may not know they have a child because they were estranged from the child's mother. When the relationship between the parents is strained, ongoing contact between the father and his child may deteriorate or discontinue altogether. Issues around visitation rights and child support can become contentious and lead to lack of contact. Finally, some fathers choose not to maintain a relationship with their children because they do not feel they can provide a home or play a day-to-day role in raising them. Consequently, fathers lose contact with their children.

Regardless of the reason(s) for a father's absence from his child's life, the child should know his or her father's identity. Also, within legal limits, the father has a right to be involved in his child's life and to be part of the decision-making process involving the child. In addition to providing information so essential to the child's sense of self and identity, as well as information on genetic makeup and medical history, the

father may be able to provide a placement resource or at least an ongoing relationship. He may be a source of information about extended family members who may be able to provide ongoing relationships and support or raise the child if needed.

Moreover, findings from the focus groups and online survey of child welfare professionals in New York State identified the lack of timely father identification, location, and case plan involvement as among the factors that contribute to long foster care stays, lengthy termination of parental rights procedures, and less positive outcomes for many children in foster care. According to a recent study by the United States Department of Health and Human Services (2004), children who grow up without responsible fathers are significantly more likely to experience poverty, perform poorly in school, engage in criminal activity, and abuse drugs and alcohol. Children of fathers who spend more time in parenting and supporting their children demonstrate higher levels of cognitive development, personal mastery, social competence, and school performance. The presence of fathers in the lives of their children influences their child's overall well-being, emotional stability, sense of belonging, and cultural identity.

Although child welfare professionals realize that fathers who have actively participated in their child's life have a valuable influence on the child's well-being, they may have a different attitude toward fathers who have absented themselves from their child's upbringing. However, it is possible to engage fathers who left their families for a variety of reasons and, through effective casework, help them establish a meaningful relationship with their child or be considered as a placement option if such a plan is needed. Paternal families may offer a source of support that cannot and should not be overlooked in the effort to achieve timely permanency and well-being for children.

Identifying the father early in the case to help him become involved in his child's life is particularly important for the child's well-being. To avoid significant delays when a surrender or termination of parental rights is being considered, it is equally important to identify and locate the father early on. It is too late to begin searching for the father at the time of the permanency hearing. Valuable time and opportunities are lost unless a thorough search is conducted at the point the child becomes known to the child welfare system.

## **Policy, Practice, and Legal Developments**

Several recent developments in child welfare policy, practice, and law have encouraged the identification and location of absent fathers when children are placed in foster care. These include ASFA, amendments to the Family Court Act and Social Services Law, and the associated practices of relative placements, concurrent planning, and the use of family meetings and other family engagement practices. The state's recently enacted Permanency Bill of 2005 will have implications related to locating and involving parents and extended family. Additional information will be disseminated regarding changes, including the time frames for the Permanency Hearing.

ASFA has had a significant impact on national and state child welfare policies and procedures involving the noncustodial father in case planning. ASFA provides that a permanency hearing must be held within twelve months of the child's placement in foster care. At the permanency hearing, the court must address the reasonable efforts provided by the agency to finalize the child's permanency plan and must approve or modify the permanency plan established for the child. Such efforts and plan may contemplate the involvement of the previously absent father. As a standard of good casework practice, the search for an absent father should begin as soon as possible rather than at the time of the first permanency hearing or the initiation of a surrender or termination process. The 2000 Adoption and Permanency Guidelines issued by the National Council of Juvenile and Family Court Judges recommend that efforts to involve both parents and to locate

an absent parent begin at the very first hearing alleging abuse or neglect (Mallon 2003). Early identification and location of both parents will help avoid delays in the family court process.

ASFA also supports concurrent planning: “reasonable efforts to place a child for adoption or with a legal guardian may be made concurrently” [Title I, Section 101(f)]. Concurrent planning is not only valuable but also essential as states strive to comply with Title IV-E requirements involving permanency hearings. Defined as simultaneously pursuing more than one permanency resource for children in foster care, concurrent planning is in keeping with the expectations of Title IV-E of the Social Security Act related to timely, goal-oriented, and least restrictive child welfare practice. Such planning also speaks to a child’s urgent need for continuity and stability in family relationships, and minimizes the impact of feelings of separation, loss, and grief (Ott 1998).

A common example of concurrent planning is to locate an alternative placement or adoptive home for a child as early as possible while continuing efforts to reunite the child with his or her family. Locating noncustodial parents at the beginning of the case supports the concurrent planning model. The absent father and his relatives may provide additional options for placement resources for the child such as custodian or guardian. If adoption is determined to be the appropriate goal, locating and identifying the noncustodial parent is crucial in the termination of parental rights.

Section 1017 of the Family Court Act and section 384-a(1-a) of the Social Services Law direct the local commissioner of social services to conduct an investigation to locate relatives of a child who has been removed or placed in foster care. This search, for example, must include the child’s grandparents, who must be informed that the proceeding is pending. Relatives must be given the opportunity to become the child’s foster parents or to seek direct legal custody of the child. They must also be informed that foster parents may adopt the child if attempts at reunification with the birth parent are not required or are unsuccessful.

In 2005, section 1017 was amended to specifically reference the requirement to locate and investigate any “non-respondent parent of the child” in an abuse or neglect proceeding. In addition, the agency must record the results of the investigation including, but not limited to, the name, last known address, social security number, employer’s address and any other identifying information to the extent known involving any non-respondent parent in the child’s case record. A non-respondent parent includes a person entitled to notification that an abuse/neglect proceeding is pending, or to visitation rights pursuant to section 1035 of the Family Court Act. The importance of this section is that when removal of the child is contemplated, the agency must identify and evaluate the parent from whom the child is not being removed.

In recent years, child welfare agencies have become more supportive and open to kinship (relative) placements. This change is partly because of a more positive attitude about the value of placements with extended family, and partly because the numbers of children coming into foster care have exceeded the numbers of nonrelative foster homes (Mallon 2003).

Another current case practice that emphasizes the importance of identifying and locating absent fathers is the use of family meetings. Family meetings and other family engagement practices promote information sharing between agency staff and the child’s immediate and extended family. In family meetings, child welfare staff can gather useful and comprehensive information about the family and the noncustodial parent. A father’s participation in this process should be considered equally as important as the mother’s and, in fact, may yield significant information that may not be known by the mother. This includes the paternal family’s medical, social, and genetic history. In summary, an absent father who may not be able to care for his child(ren) should still be considered a resource in the case planning process.

In addition to locating fathers to address the needs of their children, as will be noted in more detail below, considerable judicial and legislative attention has been focused on the rights and interests of out-of-wedlock fathers in the proceedings affecting the custody or guardianship of their child. For example, pursuant to section 372-c of the Social Services Law, the Putative Father Registry records the names and addresses of persons who acknowledge paternity or who have been determined by a court to be the father of a child born out of wedlock. Those listed in the registry have the right to receive legal notice of all court proceedings regarding custody of the child, giving them the opportunity to provide input. In addition, the registry is an established resource to help a caseworker locate fathers of out-of-wedlock children. (See Appendix A for more information.)

## Barriers to Locating Absent Fathers

According to feedback received from focus groups that included fathers of children in foster care and the survey conducted by OCFS in 2004, the timely location of absent fathers is not always achieved. While the child's mother is generally involved in planning for her children, the attempt to search for absent fathers is often not successful. Caseworkers often overlook absent fathers and their extended family as potential resources for permanency planning and family connections. This oversight may negatively impact the child's permanency and well-being.

According to the findings of the focus groups and survey, the following barriers to locating absent fathers were identified:

- A mother may not always be forthcoming with the name of the father because of her personal feelings about him. She may feel that the father's participation is not beneficial or important, and she does not want to assist in having him located.
- There is a perception that a father is not involved in his child's life because he does not want to be involved. It is sometimes assumed that these fathers are "deadbeat" dads and are trying to avoid paying child support.
- Transferring cases between child protective services, foster care, and adoption can cause problems. When cases are transferred between units, information about an absent father and his extended family may be contained in the progress notes but might not always be readily available to the new caseworker. Improvements should be made in recording diligent efforts to locate absent fathers and their extended families. In CONNECTIONS Build 18, the Family Assessment and Service Plan (FASP) should contain information about the father. However, it is suggested that a summary sheet be attached to the front of the case record for easy access, at least until the documentation in CONNECTIONS becomes standardized throughout New York State. (See Appendix B for a sample summary sheet.)
- Careful attention should be paid to documentation that will establish whether the absent father is a "consent" or "notice" father. (See Appendix C for definitions.)
- When a caseworker asks about an absent father and a mother responds with "unknown," the caseworker does not always continue to ask about the name or location of the absent father. A caseworker may not know which questions to ask or have the necessary skills to effectively probe for information relating to the absent father's whereabouts. It is a common misconception on the part of caseworkers that information about a search for an absent father is privileged information and is not accessible to them.

- There is confusion between the child welfare units and child support enforcement units as to the acceptability of caseworkers accessing the Federal Parent Locator Service (FPLS) (See Appendix D) to locate absent parents.
- Availability of time to do the search was cited as a concern. Caseworkers stated they do not always have the time to adequately conduct or complete a search for the absent father.
- The LDSS does not always research previous court orders that may exist between biological parents. Fathers may have been awarded visitation with their children through a court order, but the LDSS has no knowledge of this because of the failure to search.
- Many service providers believe that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) laws do not allow for exchange of any information between agencies. This could interfere with the process of obtaining information on a noncustodial parent. Interpretations of the HIPAA laws vary from one service delivery system to another.
- If adequate information, such as date of birth and/or social security number, cannot be obtained, locating the absent father becomes a more difficult task.
- For the most part, mothers are perceived as the primary caregiver for children and are generally the main consumer of the services that are offered by local social services districts.
- If a father is not visible in his child's life, it is generally thought that he is not interested.
- A father may not know that he has children.
- A father may have tried to locate his children, but he may not have been in a position financially to expend the resources needed to locate them. Expenses could include taking time from work, paying child support arrears, and hiring an attorney to go to court.
- Family Court proceedings, such as Article 10 or custody hearings, are often postponed, which makes it difficult for a father to take time from his work.
- Although there may be no order barring the father access to his children, there may be an order of protection issued between the father and the mother.
- Initially a father may have been unable or unwilling to be a resource for his child, but later he may have changed his mind or be in a better position to do so.
- A father may be willing to participate in his child's life, but if the mother has negative feelings about the father, she may not be willing to provide the caseworker with any information about him.
- If a mother has a new relationship, she may not want the father to be notified out of fear that he would interfere with her new life.
- A caseworker may have a misconception about a father because of negative information provided by the mother. As a result, the caseworker may find it difficult to be open-minded about the father and reluctant to actively search for him.

## Responsibility of the Local Department of Social Services

A significant and primary responsibility for the local department of social services is to identify and locate the child's absent father early in the case. As stated above, where the local district is contemplating the removal or has removed a child from his or her home, the issue of potential available relative placement resources must be addressed. Such potential relative resources include a non-respondent parent.

Where a father is named in the report of suspected abuse or maltreatment either as a subject or other person named in the report, OCFS Regulation 18 NYCRR 432.2(b)(3)(vii)(d) requires that the biological father must be notified during a Child Protective Services (CPS) investigation. When conducting a CPS investigation, the caseworker should inquire into the family composition, including the identity and location of a father of any child involved in the case where the father does not reside in the child's household.

Other responsibilities that are driven by good practice include:

- Asking those who know the mother whether the mother is or has been married, and does anyone visit or support the child or the mother. If the caseworker does not know who the father is, there should be a specific and clear plan for remedying that situation by methodically attempting to identify and seek out the father. The plan should include approaching (in person or by mail) person(s) who may have been identified by others as the father. The caseworker should be prepared to assist any father in establishing paternity.
- Once a father is located and paternity (whether the father is "consent" or "notice" - *see definitions in Appendix C*) is established and it is determined that the standards for a finding of "no reasonable efforts" do not apply, the local department of social services should assess the father and develop a service plan for the child and family that includes appropriate tasks and activities that are relevant to the father's needs. Good practice includes remaining in contact with the father, conducting ongoing assessments, and encouraging his participation in case conferences and service plan reviews.
- When it is determined that the father lives in another county, good practice suggests that cross-county collaboration is needed to engage and provide services to the father. To facilitate permanency for the child, it is important that the counties collaborate in a unified, consistent manner. Cross-county collaboration would provide the optimum outcome for the child and assist the child in accessing both maternal and paternal resources. When there are allegations of domestic violence, the local department of social services should verify whether the allegations are factual, in which case the safety of the mother and child are paramount. Depending on the situation and the results of an assessment of the father's risks, strengths and needs, the service plan for the father might include offering him opportunities for visiting with his child, offering him services that would assist him to become a reunification resource for the child, asking about any relatives of his that may be resources for the child, and keeping him in the planning and information loop. Of course, the child's safety and well-being during this entire process should remain the caseworker's primary concern.

Where a child is placed into foster care, the service plan review standards set forth in OCFS Regulation 18 NYCRR 430.12(c)(2) apply and include efforts to involve parents, including fathers, in the permanency planning process. The parent of a child in foster care, again including the child's father, is entitled to receive the child's service plan.

Casework practice should be consistent for both mothers and fathers. Fathers should have available to them support services that are comparable to those offered the mother. These services may include financial and housing assistance, child care assistance, parenting classes, substance abuse and mental health treatment, and other supports geared to helping the father become familiar with the parenting role.

Early identification of an absent father is even more important when a mother wishes to surrender her child or if the agency has determined that reunification with the mother is not a viable permanency goal for the child. It is recommended that caseworkers have a specific discussion with the legal unit to agree upon a course of action in relation to the father. This discussion should take place before any action is begun concerning the mother. Permanency must be resolved in relation to both parents, and the goal should be to provide clear legal resolution of the parental rights of both at approximately the same time. With regard to the rights and interests of the biological father of an out-of-wedlock child, OCFS Regulation 18 NYCRR 421.5 provides:

- a) In all cases an agency must:
  - (1) take steps to identify the father and determine the extent of relationship between father and mother and between father and child;
  - (2) make efforts to involve the father in planning for the child;
  - (3) give the alleged father an opportunity to recognize or deny paternity;
  - (4) if the father admits paternity but is unwilling or unable to plan for the child, attempt to obtain a voluntary surrender of the father's rights in the child when such action would be in the best interests of the child; and
  - (5) if the father is unwilling or unable to plan, and is also unwilling to voluntarily surrender rights, take such steps to obtain termination of the father's parental rights as are appropriate to the best interests of the child.
- b) The child shall not be placed for adoption without the father's consent or the surrender or termination of his parental rights in cases where the child being placed is not yet six months old and the unwed mother's parental rights have been surrendered or terminated, and the father has:
  - (1) paid—or offered to pay—a fair and reasonable sum, according to his means, for medical, hospital and nursing expenses incurred in connection with the mother's pregnancy or with the birth of the child;
  - (2) openly lived with the child or child's mother for a continuous period of six months immediately prior to the placement of the child for adoption; and
  - (3) openly held himself out to be the father of the child during a continuous period of six months prior to the placement of the child for adoption.
- c) The child shall not be placed for adoption without the father's consent or the surrender or termination of his parental rights in cases where the child is over six months old and the unwed mother's parental rights have been surrendered or terminated, and the father has maintained substantial and continuous or repeated contact with the child as manifested by paragraphs (1) and (2) of this subdivision:

- (1) by payment of a fair and reasonable sum toward support for the child, according to the father's means, and either:
- (i) monthly visitations to the child when financially and physically able to do so and not prevented from doing so by actions of the agency having custody of the child;
  - (ii) by regular communication with the child or the person or agency having care or custody of the child, when visitation is either not financially or physically possible or has been prevented by the agency having custody of the child; or
- (2) a father who has openly lived with the child for a period of six months in the one-year period immediately preceding the child's placement for adoption and who had openly held himself out to be the father of the child during such period shall be deemed to have maintained substantial and continuous contact with the child for the purpose of this subdivision.
- (d) A written instrument executed by the biological father denying paternity or consenting to the mother's surrender of the child for adoption or consenting to the adoption of the child shall be completed in accordance with section 111 of the Domestic Relations Law.

Caseworkers should also consider incarcerated parents, including fathers, as potential resources for their children. Depending on the nature of his crime, the length of his incarceration, and assessment of the safety of the child, an incarcerated father may be considered as a possible placement option or important connection. Consistent with the best interests of the child, providing visitation opportunities for the incarcerated father with his child should also be explored. Even if a father is not a current placement option, he could be in the future or could provide valuable information for his children, such as medical, social, and genetic information. In addition, a father may identify appropriate extended family members who would be willing to care for the child.

## Methods of Locating Absent Fathers

Although locating absent fathers and their extended families may seem like an overwhelming task, some useful information has been identified as being helpful in this process. There are many ways to obtain information, but using the telephone and Internet for certain tasks may greatly minimize the amount of time required. The following activities may also assist the caseworker in locating an absent parent:

- Obtain as much information as possible about the absent father from the available parent or relatives (such as name, address, telephone, cell phone, pager, social security number, date of birth, friends, relatives, and employment). Record such information in the child's FASP.
- Where developmentally and age-appropriate, ask the child who his/her father is. Try to obtain as much information as possible from the child about the absent father.
- Contacting the incarcerated father is the role and responsibility of the caseworker. Call the Prison Locator Service System at 518-457-0034 to find out whether the father is incarcerated in New York State.
- The courts, local departments of social services, and New York State voluntary authorized agencies may use the Putative Father Registry (800-345-5437), if the father is registered, to access the name and address of a father of a child born out of wedlock. The purpose is to notify

the father of his child's placement in foster care and the date and time of proceedings involving the custody of the child, including permanency hearings, so that he has the opportunity to be a part of the child's placement and permanency process. (See Appendix A for more information.)

- Attempt to locate the absent father, as well as relatives of the absent father, by using the phone book and Internet phone books for out-of-town locations. Call directory assistance at (area code) 555-1212.
- Send a letter to the last known address. If that address is not current, it may be returned with a forwarding address.
- Send a postal clearance form to the post office in the town where the absent father last resided. They may be able to provide you with an actual home address for individuals who have post office boxes.
- Try to obtain information from relatives and friends about the absent father. This is very important and may be easier initially than locating the absent parent. When friends or family are located, they may be hesitant to give location information about the absent father. Telling the friend or family member to have the absent parent call the caseworker about the child can often lead to the desired contact. This approach is also useful when calling places of employment or other places where the absent father may go. When contacting friends or relatives, ask them for other information in addition to the individual's address. Ask if they know where the absent father works and visits, if he has a cell phone number, and if they know the names of friends and other relatives who may have the father's address.
- Talk informally with members of the child's community such as church members, local recreational groups, or any other local community organization where either the child or the family may have been involved. Although these are informal conversations, it is still important to identify who you are and your reasons for initiating the conversation. These conversations should be consistent with applicable confidentiality limitations.
- Check the Welfare Management System (WMS) for information on the absent father. This provides the names of people that the individual may have lived with in the past. Contacting those individuals may result in locating the absent father.
- Check CONNECTIONS. Absent fathers may be listed on past CPS reports along with other case members. List the absent father in the child's CONNECTIONS case. CONNECTIONS provides an implied role (and access) to any case in which there are people in common with the people in the child's case.
- Contact the following law enforcement agencies in the area where the absent father lived:
  - Police departments (state, county, town, city, village)
  - Probation departments
  - County jails
  - NYS Department of Correctional Services
  - NYS Division of Parole

- NYS Sex Offender Registry

Go to [www.criminaljustice.state.ny.us](http://www.criminaljustice.state.ny.us) for a directory of all state numbers for each agency statewide.

- Conduct a person search on the Internet to help find addresses and telephone numbers for absent fathers.
- Make a request to child support enforcement unit to access the Federal Parent Locator Service as described in Appendix D. Details of making this request will be provided in a forthcoming Administrative Directive.

## Recommended Actions for Child Welfare Administrators

Child welfare administrators can make the search process easier for their caseworkers if they:

- Develop a summary sheet for caseworkers to use when documenting what efforts have been made so far to locate absent fathers. (See Appendix B for a sample summary sheet.)
- Provide new staff, including caseworkers, and LDSS legal counsel with training on the expectations around locating absent fathers.
- Provide new caseworkers with close supervision and technical assistance when beginning the process of locating absent fathers.
- Develop standards to guide caseworkers in appropriate practice:
  - In addition to the mother, and consistent with applicable confidentiality limitations, involve additional resources in providing information pertaining to the location of an absent father (e.g., children, grandparents, aunts, uncles, foster parents, clergy, and school personnel).
  - Starting with the initial contact with the family, the caseworker should discuss the family composition. When the father is absent, begin asking appropriate questions to help in the search for the father. A genogram or family map can be a helpful tool in working with the family to identify all members and their relationships.
  - Set expectations that locating absent fathers is a common practice in all cases and that the local department of social services and voluntary authorized agency administration support this practice.
  - When the local department of social services and a contract agency are sharing case responsibilities, they will need to decide who will be responsible for identifying the absent father and his extended family. When the case manager, case planner, and caseworker roles are assigned in CONNECTIONS, it must be clearly recognized who will be responsible for locating the absent father and his extended family.
- Develop the use of liaisons in family court to assist caseworkers in accessing information the courts may have regarding absent fathers.
- When a caseworker has completed a diligent search and the absent father and his extended family cannot be found, a diligent search petition should be submitted to Family Court.

## Summary

Since family compositions are often complex, locating absent fathers and their extended families can involve many factors. An absent father may have had a negative relationship with the child's mother or with the children that will need to be addressed through effective casework. The mother may be involved in a new relationship or marriage, making the participation of the newly located absent father a more sensitive issue. It is possible that within one family more than one absent father needs to be identified and located. Familial issues such as substance abuse, domestic violence, child abuse or maltreatment, incarceration, or child support can make the task of reuniting an absent father with his child more complicated. However, child welfare practice standards have come to recognize that the father is essential to the child's service plan. Failing to identify and locate the father may result in a child losing out on a potential relationship or placement option with either the father himself or his extended family. Children may be denied valuable information about their own medical, social, and genetic history, as well as the opportunity to fully understand their own identity and develop a well-rounded sense of self. For children who will be placed with an adoptive family, precious time in their lives is lost when the search for the father whose rights must be terminated is not begun as early as possible.

Fathers, too, are recognized to have legal rights in planning for their children. The child welfare system is now acknowledging the rights of fathers to be notified and to be involved with their child's life.

Effective family engagement practices—including the use of family meetings, full disclosure, mediation, and other strategies—will be essential skills for child welfare professionals working with families where parents have become estranged. At the root of this work, however, is the belief that both parents and their extended families are essential elements of every child's life, and that most parents will want to be involved in planning for their child if their participation is invited, encouraged, and supported. For child welfare professionals, the focus on the child's safety, well-being, and permanency includes the important tasks of locating and involving both parents and their extended family, whenever possible.



## References

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## APPENDIX A

### New York State Putative Father Registry

The Putative Father Registry contains the names and addresses of:

- any person adjudicated by a court in New York State to be the father of a child born out of wedlock;
- any person adjudicated by a court of another state or territory of the United States to be the father of an out-of-wedlock child, where a certified copy of the court order has been filed with the registry by such person or any other person;
- any person who filed with the registry, before or after the birth of a child born out of wedlock, a notice of intent to claim paternity to the child (form LDSS 2724, “Notice of Intent to Claim Paternity of a Child Born Out of Wedlock,” available online at [www.ocfs.state.ny.us/main/Forms](http://www.ocfs.state.ny.us/main/Forms));
- any person who filed with the registry an instrument acknowledging paternity pursuant to section 4-1.2 of the Estates, Powers and Trusts Law.

The courts, local departments of social services, and New York State voluntary authorized agencies use the Putative Father Registry to search for the name and address of the father of a child born out of wedlock, so the father can be notified of court proceedings impacting the custody of the child, and be a part of the child’s placement process. The results of a search cannot be divulged to another person, except if the court orders the information to be shared and it is being used for good cause.

Two ways the father of an out-of-wedlock child can acknowledge his paternity are by completing the “Acknowledgment of Paternity” form (LDSS 4418 – see appendixes E and F, attached to this guidance paper), or by completing the “Instrument to Acknowledge Paternity of an Out of Wedlock Child” (form OCFS 3780 – available online at [www.ocfs.state.ny.us/main/Forms](http://www.ocfs.state.ny.us/main/Forms)).

#### **Acknowledgment of Paternity form LDSS 4418 (LDSS 4418 NYC in New York City):**

An Acknowledgment of Paternity LDSS 4418 signed by both the mother and the father will legally establish who the child’s father is. It will have the same force and effect as a court order establishing paternity for the child. An Acknowledgment of Paternity will eliminate the need to have a family court hearing to decide who the child’s father is, and will establish the duty of both parents to provide support for the child, which may be retroactive to the birth of the child. When a man signs an Acknowledgment of Paternity, he waives his right to a court hearing to determine if he is the father of the child. The Acknowledgment of Paternity form is signed by the mother and father, and witnessed by two people not related to either parent. Hospital staff sends the Acknowledgment of Paternity to the birth registrar who upon filing it, in turn, sends a copy to the Putative Father Registry. The Acknowledgment of Paternity may also be executed and filed at any time after the discharge of the mother and child from the hospital, and in such instances, should be filed (by either the mother or father or the child support program) with the birth registrar of the district in which the birth certificate has been filed.

The LDSS 4418 advises the parties of their rights and responsibilities in signing the form. It establishes paternity legally for the child with the same force and effect as an order of paternity, and thus gains child support and establishes the rights of parties to inherit from each other, provided it is filed with the birth registrar. It requires the signature of both parents, and provides a timeframe for rescinding the acknowledgment. Districts are encouraged to pursue Acknowledgments of Paternity via LDSS 4418 so that parents and their child gain all legal rights available.

  
**Instrument to Acknowledge Paternity of an Out of Wedlock Child form OCFS 3780:**

Another way a father may acknowledge paternity is to complete form OCFS 3780. This form is completed by the biological father to claim paternity of a child born out of wedlock. A Notary Public must fill out the bottom portion. The father claiming paternity then mails the form to the New York State Putative Father Registry at the following address:

New York State Office of Children and Family Services  
New York State Adoption Services/Putative Father Registry  
52 Washington Street, Room 323 North  
Rensselaer, NY 12144  
1-800-345-5437

Upon receipt of either form, the Office of Children and Family Services places the father on the Putative Father Registry. Anyone with questions may contact the New York State Putative Father Registry at 1-800-345-5437.



## APPENDIX B

### Locating Absent Father Summary Sheet—Sample Form\*

Case Name: \_\_\_\_\_

**Identifying Information for Father**

Father's Name: \_\_\_\_\_

Last Known Address: \_\_\_\_\_

Father's Date of Birth: \_\_\_\_\_

Father's Social Security Number: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Relatives: \_\_\_\_\_

Employer (name, address and phone number): \_\_\_\_\_

**Summary of Contacts to Locate Father:**

Date of Contact	Information Provided By:	Summary of Contact:

\*It is suggested that a summary sheet such as this be attached to the front of the case record for easy access to information about an absent father and his extended family. See pages 6 and 12 for further details.

## APPENDIX C

### Definitions

#### 1. “Absent Father” and “Putative Father”

An absent father and a putative father are defined in state regulations in 18 NYCRR 347.2(a) and (b):

- (a) An absent parent includes the biological parent, stepparent, or adoptive parent of any child where such parent is reported to be absent from the household. With respect to a child in foster care, an absent parent also includes a biological parent, stepparent, or adoptive parent of any child where such parent was present in the household when the child entered foster care.
- (b) A putative father is an individual alleged to be the natural father of any child born out of wedlock.

#### 2. “Consent Father” versus “Notice Father”

If the child was born out of wedlock, then the agency must determine what rights the putative father has regarding the child, in order to determine what action is necessary to free the child legally. The first question that the agency must decide—if the mother is going to surrender her rights or the agency is considering filing to terminate her rights—is: what rights does the father have?

##### **Consent Fathers:**

Fathers of children born out of wedlock who are consent fathers have the same rights as mothers and must either surrender the child or have his parental rights involuntarily terminated.

If the child was placed for adoption more than six months after birth, then the father is a consent father as above if he has either:

- Paid a reasonable and fair sum, in accordance with his means, for child support and visited the child at least monthly or maintained contact with the custodian of the child when not prevented from doing so,
- OR
- The father has had regular communication with the child or with the person or agency caring for the child, when physically or financially unable to visit the child or prevented from doing so by the person or authorized agency having lawful custody of the child. A father who openly lived with the child for six months during the year before the child was placed and who during such period held himself out to be the father is deemed to have maintained substantial and continuous contact. [See section 111(1)(d) of the Domestic Relations Law.]

If the child was placed for adoption less than six months after birth, then the father is a consent father as above if he:

- Manifests a willingness to assume full legal custody of the child. The action by the father to assume full custody must take place within the first six months of the child's placement for adoption. The steps that need to be evaluated include public acknowledgment of paternity, payment of pregnancy and birth related expenses, action taken to establish legal responsibility for the child, and other actions evincing a commitment to the child.

This standard was established by the New York State Court of Appeals in the Matter of Raquel Marie X., 76 N.Y.2d 387,559 N.Y.S. 2d 855 (1990).

If the man in question does not fit in the categories above, then the agency must consider the next possible category: Is he a father entitled to notice of certain legal actions?

#### **Notice Fathers:**

If a father falls into any of the following categories, he is entitled to formal legal notice of any procedures regarding the adoption of the child, the termination or surrender of the mother's rights or any procedures involving the voluntary placement of the child in care. The legal notice is specifically outlined in the law. The notice father is offered the opportunity to provide the court with evidence regarding the child's best interests.

- Any man adjudicated by a NYS court as the father of the child (the "legal father").
- Any man who was adjudicated as the father in another state AND registered that adjudication with New York State's Putative Father Registry.
- Any man who has filed intent to claim paternity of the child with the Putative Father Registry (see form LDSS-2724, "Notice of Intent to Claim Paternity of a Child Born Out of Wedlock," available online at [www.ocfs.state.ny.us/main/Forms](http://www.ocfs.state.ny.us/main/Forms)).
- Any man who is listed on the child's birth certificate as the father.
- Any man who lived with the child and mother and held himself out to be the child's father at the time that the child went into care or when the legal proceeding is commenced.
- Any man identified as the father in a written and sworn statement by the mother.
- Any man who married the mother before the child was six months old and before any surrender or initiation of a proceeding to terminate parental rights.
- Any man who filed with the Putative Father Registry or filed an instrument acknowledging paternity. [See sections 111-a of the Domestic Relations Law and 384-c of the Social Services Law.]

*Note:* A person who has been convicted of rape in the first degree involving forcible compulsion, as set forth in section 130.35 of the Penal Law, is not entitled to notice of a proceeding involving the child who was conceived as a result of such rape.

## APPENDIX D

### Federal Parent Locator Service (FPLS) — List of Databases

FPLS is a computerized network of information on individuals, including their Social Security numbers, most recent home address, wage and benefit information, and employment data. The FPLS obtains such information from federal and state agencies, including:

- **Criminal Justice System** – Provides information on persons known to the federal, state and city prisons.
- **Department of Motor Vehicles** - Provides addresses from the records of the New York State DMV.
- **Department of Taxation and Finance** – Provides information from New York State tax records.
- **Unemployment Insurance Benefits** – Provides information on individuals listed with the Department of Labor as receiving unemployment insurance benefits.
- **Internal Revenue Service** – Provides the address on the most recent tax return filed by the absent parent. Computer tape updated weekly. Can identify the person's Social Security number.
- **Social Security Administration** – Provides employer address from information drawn from its employer files. Provides home addresses for individuals receiving Social Security benefits. Electronically updated weekly. Can identify the person's Social Security number.
- **Department of Veterans Affairs** – Indicates whether the parent is receiving compensation, pension or educational benefits; the amount; and where the check is being sent.
- **Department of Defense** – Provides information on parents on active duty or retired from the Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service, and the National Oceanic and Atmospheric Administration. Provides the military unit addresses for parent on active duty. For retirees, provides the address used by the financial centers to mail checks and other information.
- **National Personnel Records Center** – Provides address on parents who work or worked for the Federal Government or the U.S. Postal Service. Information updated monthly.
- **State Employment Security Agencies** – Provides employer addresses and wage information, plus home addresses, of parents receiving unemployment compensation benefits.

In addition, states report newly hired employees to a National Directory of New Hires, which is also part of FPLS.

## APPENDIX E

### Acknowledgment of Paternity (Form LDSS-4418)

LDSS-4418 (Rev. 8/98)

NEW YORK STATE DEPARTMENT OF HEALTH

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

#### NOTICE REGARDING YOUR LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING AN ACKNOWLEDGMENT OF PATERNITY

This notice is to help you decide whether or not you wish to sign an Acknowledgment of Paternity. An Acknowledgment provides you with a way to legally establish paternity for your child. New York Law says that you must receive oral and written notice of your legal rights and the consequences of signing an Acknowledgment of Paternity. Before signing an Acknowledgment of Paternity, PLEASE READ the following information.

#### WHAT YOU SHOULD CONSIDER BEFORE SIGNING AN ACKNOWLEDGMENT OF PATERNITY:

##### YOU MAY NOT SIGN AN ACKNOWLEDGMENT OF PATERNITY IF:

- **The mother was married at any time** during the pregnancy or when the child was born because her husband (or former husband) is considered the legal father of the child unless a court determines otherwise; **or**
- **The mother is unmarried and more than one man** could be the father of the child; **or**
- **The child is not yet born.** You may only sign an Acknowledgment of Paternity **after** the birth of the child.

You may wish to speak to a lawyer before signing an Acknowledgment of Paternity. You have a right to seek legal representation and supportive services including counseling. Hospital staff are prepared to speak to you about questions you may have regarding establishing paternity. Hospital staff will also provide you with the telephone number of the support collection unit to answer questions you may have regarding the Acknowledgment of Paternity or establishing paternity.

#### WHAT IT MEANS IF YOU SIGN AN ACKNOWLEDGMENT OF PATERNITY:

An Acknowledgment of Paternity signed by both the mother and the father will legally establish who the child's father is. An Acknowledgment of Paternity will have the same force and effect as a court order establishing paternity for the child. It will eliminate the need to have a family court hearing to decide who the child's father is and will establish the duty of both parents to provide support for the child which may be retroactive to the birth of the child.

When a man signs an Acknowledgment of Paternity, he waives his right to a court hearing to determine if he is the father of the child.

Signing an Acknowledgment of Paternity may be the basis for the father to establish custody and visitation rights to the child, and may also be the basis for requiring his consent prior to an adoption proceeding.

When an Acknowledgment of Paternity is filed with the birth registrar in the district where the birth certificate is filed it will establish the child's right to inheritance from the father. Filing the Acknowledgment with the Putative Father Registry may establish the child's right to inheritance from the father. The Putative Father Registry is the state registry which maintains a record of the name and address of persons who acknowledge paternity or who have been determined by a court to be the father of a child born out of wedlock. The Putative Father Registry may only release the name and address of such persons upon request to a court or authorized agency or to another person but only by order of a court.

The child may have the last name of either parent, a combination of last names, or any other last name the parents agree on. The choice of name will not affect the legal status of the child. Please indicate on the Acknowledgment of Paternity the child's full name as it appears on the birth certificate. If the birth certificate was already filed and you wish to change the child's name enter both the name as it appears on the birth certificate and the new name.

**LDSS-4418** (Rev. 8/98)

**Either parent** has a right to ask the court to cancel the Acknowledgment of Paternity by filing a petition with the family court. The request must be made within the earlier of 60 days from the date of signing an Acknowledgment of Paternity or the date of an administrative or judicial proceeding (including a proceeding to establish a support order) relating to the child in which either parent is a party. The "date of an administrative or judicial proceeding" is the date by which the party is required to answer the petition. When more than 60 days have passed since the signing of an Acknowledgment of Paternity, either parent may only challenge the Acknowledgment of Paternity in court on the basis of fraud, duress, or material mistake of fact, with the burden of proof on the party challenging an Acknowledgment of Paternity.

**WHAT IT MEANS IF YOU DO NOT SIGN AN ACKNOWLEDGMENT OF PATERNITY:**

If an Acknowledgment of Paternity is not signed by both parents, the man will not have a duty to support the child unless an order is made after a hearing in family court establishing him as the father of the child. If the court declares the man to be the father of the child, the court may make an order of support which may be retroactive to the birth of the child.

**If you are named as the father** of a child in a court hearing to establish paternity, you have a right to free legal representation if the court determines you are unable to pay for legal representation. You also have a right to genetic marker tests or to DNA tests, which will help the court determine if you are the child's father.

If you refuse to sign an Acknowledgment of Paternity, your refusal **cannot** be considered to be a failure to cooperate in establishing paternity for the child if you apply for or receive public assistance for the child.

The father's name **cannot** appear on the child's birth certificate **unless both parents sign** an Acknowledgment of Paternity or unless a court determines paternity.

**WHAT NEEDS TO BE DONE WITH THE ACKNOWLEDGMENT OF PATERNITY AFTER YOU SIGN IT:**

If you sign an Acknowledgment of Paternity at a hospital or a social services agency, the original **will be filed for you** with the registrar of the district in which the birth occurred and in which the birth certificate has been filed. The Acknowledgment of Paternity also will be filed with the Putative Father Registry.

If you are signing an Acknowledgment of Paternity without assistance from the hospital or social services agency, **you must file** the original with the registrar of the district in which the birth certificate has been filed. The registrar will file a copy with the Putative Father Registry.

**IMPORTANT:**

- By signing the Acknowledgment of Paternity before two witnesses who are not related to you, you are stating that you have received oral and written notice regarding your legal rights and the consequences that result from signing an Acknowledgment of Paternity, and that a copy of this notice has been provided to you.
- If you have any doubts about the child's paternity, after reading this notice and having received oral notice, **do not** sign an Acknowledgment of Paternity.
- If you wish to sign an Acknowledgment of Paternity, after reading this notice and having received oral notice, please complete the Acknowledgment of Paternity on Page 4 of this form.



LDSS-4418 (Rev. 8/98)

**If you have questions regarding the Acknowledgment of Paternity or establishing paternity for your child, you may contact the Support Collection Unit located within your county Department of Social Services.**

**Questions regarding this form as it relates to the birth certificate process should be directed to the local birth registrar where the Acknowledgment of Paternity has been or will be filed.**

**If you wish to sign the Acknowledgment of Paternity, please complete the Acknowledgment of Paternity on page 4.**

LDSS-4418 (Rev. 8/98)

NEW YORK STATE DEPARTMENT OF HEALTH  
NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
Pursuant to Section 4135-b of Public Health Law

(For Official Use Only)

Hospital Code: \_\_\_\_\_ (4 DIGIT PFI No.)

Local district birth number: \_\_\_\_\_

Local register number: \_\_\_\_\_

**ACKNOWLEDGMENT OF PATERNITY**

(Please Type or Print with black Ink)

INDICATE, BY CHECKING THE APPROPRIATE BOX, WHERE THE ACKNOWLEDGMENT IS BEING SIGNED:

HOSPITAL       CHILD SUPPORT OFFICE       BIRTH REGISTRAR       OTHER \_\_\_\_\_

**INFORMATION ABOUT THE CHILD FOR WHOM THE ACKNOWLEDGMENT OF PATERNITY IS SIGNED:**

PRINT CHILD'S FULL NAME AS IT NOW APPEARS ON THE BIRTH CERTIFICATE: PRINT CHILD'S NAME AS IT WILL APPEAR ON NEW BIRTH CERTIFICATE:

(First) (Middle) (Last) (First) (Middle) (Last)

PLACE OF BIRTH: (Name and Address of Hospital where child was born):	DATE OF BIRTH			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
	MONTH	DAY	YEAR	

**ACKNOWLEDGMENT OF PATERNITY BY FATHER:**

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
 First Middle Last Name House/Apt. Number and Street  
 In the City of \_\_\_\_\_, State of \_\_\_\_\_, Zip Code \_\_\_\_\_  
 my place of birth, (City, State, Or Foreign Country) \_\_\_\_\_, my date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_,  
 Month Day Year  
 Social Security Number: \_\_\_\_\_, hereby acknowledge that I am the biological father of the child named above.

I UNDERSTAND THAT SIGNING THIS ACKNOWLEDGMENT WILL ESTABLISH THE PATERNITY OF THE CHILD AND HAVE THE SAME FORCE AND EFFECT AS AN ORDER OF FILIATION ENTERED AFTER A COURT HEARING INCLUDING AN OBLIGATION TO PROVIDE SUPPORT FOR THE CHILD. EXCEPT THAT ONLY IF THIS ACKNOWLEDGMENT IS FILED WITH THE REGISTRAR WHERE THE BIRTH CERTIFICATE IS FILED WILL THE ACKNOWLEDGMENT HAVE SUCH FORCE AND EFFECT WITH RESPECT TO INHERITANCE RIGHTS. I HAVE RECEIVED WRITTEN AND ORAL NOTICE OF MY LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING THE ACKNOWLEDGMENT OF PATERNITY, AND I UNDERSTAND WHAT THE NOTICE STATES. A COPY OF THE WRITTEN NOTICE HAS BEEN PROVIDED TO ME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_,  
 Month Day Year

The above named \_\_\_\_\_, signed and affirmed before us this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, that the information contained herein is true.

\_\_\_\_\_  
 First Witness Second Witness  
 (Witnessed by two people not related to the mother or father.)

**ACKNOWLEDGMENT OF PATERNITY BY MOTHER:**

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
 First Middle Last Name House/Apt. Number and Street  
 In the City of \_\_\_\_\_, State of \_\_\_\_\_, Zip Code \_\_\_\_\_  
 my place of birth, (City, State, Or Foreign Country) \_\_\_\_\_, my date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_,  
 Month Day Year  
 Social Security Number: \_\_\_\_\_, hereby consent to the acknowledgment of paternity for my child named above, and acknowledge that the man named above is the only possible father of my child who was born to me. I state that I was not married at any time during the pregnancy or when the child was born OR I state that I was not married when the child was born or at any time during the pregnancy but I have subsequently married the child's biological father.

I UNDERSTAND THAT SIGNING THIS ACKNOWLEDGMENT WILL ESTABLISH THE PATERNITY OF THE CHILD AND HAVE THE SAME FORCE AND EFFECT AS AN ORDER OF FILIATION ENTERED AFTER A COURT HEARING INCLUDING AN OBLIGATION TO PROVIDE SUPPORT FOR THE CHILD. EXCEPT THAT ONLY IF THIS ACKNOWLEDGMENT IS FILED WITH THE REGISTRAR WHERE THE BIRTH CERTIFICATE IS FILED WILL THE ACKNOWLEDGMENT HAVE SUCH FORCE AND EFFECT WITH RESPECT TO INHERITANCE RIGHTS. I HAVE RECEIVED WRITTEN AND ORAL NOTICE OF MY LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING THE ACKNOWLEDGMENT OF PATERNITY, AND I UNDERSTAND WHAT THE NOTICE STATES. A COPY OF THE WRITTEN NOTICE HAS BEEN PROVIDED TO ME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.

I am currently in receipt of public assistance and/or child support services from a social services district in New York state.  
 NO  YES If "Yes", identify the county and address of the social services district, if known: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_,  
 Month Day Year

My maiden name is (Last name only): \_\_\_\_\_

The above named \_\_\_\_\_, signed and affirmed before us this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, that the information contained herein is true.

\_\_\_\_\_  
 First Witness Second Witness  
 (Witnessed by two people not related to the mother or father.)

**IMPORTANT NOTICE:** This form must be completed and filed with the registrar of the district in which the birth occurred and in which birth certificate has been or will be filed.

(For Official Use Only)

The above ACKNOWLEDGMENT OF PATERNITY is hereby filed with the registrar of \_\_\_\_\_

on \_\_\_\_\_ (Date). Registrar: \_\_\_\_\_

## APPENDIX F

### Acknowledgment of Paternity (New York City) (Form LDSS-4418NYC)

LDSS-4418 NYC (Rev. 8/98)

NEW YORK CITY DEPARTMENT OF HEALTH, VITAL RECORDS

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

#### NOTICE REGARDING YOUR LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING AN ACKNOWLEDGMENT OF PATERNITY

This notice is to help you decide whether or not you wish to sign an Acknowledgment of Paternity. An Acknowledgment provides you with a way to legally establish paternity for your child. New York Law says that you must receive oral and written notice of your legal rights and the consequences of signing an Acknowledgment of Paternity. Before signing an Acknowledgment of Paternity, PLEASE READ the following information.

#### WHAT YOU SHOULD CONSIDER BEFORE SIGNING AN ACKNOWLEDGMENT OF PATERNITY:

##### YOU MAY NOT SIGN AN ACKNOWLEDGMENT OF PATERNITY IF:

- **The mother was married at any time** during the pregnancy or when the child was born because her husband (or former husband) is considered the legal father of the child unless a court determines otherwise; **or**
- **The mother is unmarried and more than one man** could be the father of the child; **or**
- **The child is not yet born.** You may only sign an Acknowledgment of Paternity **after** the birth of the child.

You may wish to speak to a lawyer before signing an Acknowledgment of Paternity. You have a right to seek legal representation and supportive services including counseling. Hospital staff are prepared to speak to you about questions you may have regarding establishing paternity. Hospital staff will also provide you with the telephone number of the support collection unit to answer questions you may have regarding the Acknowledgment of Paternity or establishing paternity.

#### WHAT IT MEANS IF YOU SIGN AN ACKNOWLEDGMENT OF PATERNITY:

An Acknowledgment of Paternity signed by both the mother and the father will legally establish who the child's father is. An Acknowledgment of Paternity will have the same force and effect as a court order establishing paternity for the child. It will eliminate the need to have a family court hearing to decide who the child's father is and will establish the duty of both parents to provide support for the child which may be retroactive to the birth of the child.

When a man signs an Acknowledgment of Paternity, he waives his right to a court hearing to determine if he is the father of the child.

Signing an Acknowledgment of Paternity may be the basis for the father to establish custody and visitation rights to the child, and may also be the basis for requiring his consent prior to an adoption proceeding.

When the Acknowledgment is filed with the New York City Department of Health, it will establish the child's right to inheritance from the father. Filing the Acknowledgment with the Putative Father Registry may establish the child's right to inheritance from the father. The Putative Father Registry is the state registry which maintains a record of the name and address of persons who acknowledge paternity or who have been determined by a court to be the father of a child born out of wedlock. The Putative Father Registry may only release the name and address of such persons upon request to a court or authorized agency or to another person but only by order of a court.

**LDSS-4418** NYC (Rev. 8/98)

The child may have the last name of either parent, a combination of last names, or any other last name the parents agree on. The choice of name will not affect the legal status of the child. Please indicate on the Acknowledgment of Paternity the child's full name as it appears on the birth certificate. If the birth certificate has already been filed and you wish to change the child's last name enter both the last name as it appears on the birth certificate and the new last name.

**Either parent** has a right to ask the court to cancel the Acknowledgment of Paternity by filing a petition with the family court. The request must be made within the earlier of 60 days from the date of signing an Acknowledgment of Paternity or the date of an administrative or judicial proceeding (including a proceeding to establish a support order) relating to the child in which either parent is a party. The "date of an administrative or judicial proceeding" is the date by which the party is required to answer the petition. When more than 60 days have passed since the signing of an Acknowledgment of Paternity, either parent may only challenge the Acknowledgment of Paternity in court on the basis of fraud, duress, or material mistake of fact, with the burden of proof on the party challenging an Acknowledgment of Paternity.

#### **WHAT IT MEANS IF YOU DO NOT SIGN AN ACKNOWLEDGMENT OF PATERNITY:**

If an Acknowledgment of Paternity is not signed by both parents, the man will not have a duty to support the child unless an order is made after a hearing in family court establishing him as the father of the child. If the court declares the man to be the father of the child, the court may make an order of support which may be retroactive to the birth of the child.

**If you are named as the father** of a child in a court hearing to establish paternity, you have a right to free legal representation if the court determines you are unable to pay for legal representation. You also have a right to genetic marker tests or to DNA tests, which will help the court determine if you are the child's father.

If you refuse to sign an Acknowledgment of Paternity, your refusal **cannot** be considered to be a failure to cooperate in establishing paternity for the child if you apply for or receive public assistance for the child.

The father's name **cannot** appear on the child's birth certificate **unless both parents sign** an Acknowledgment of Paternity or unless a court determines paternity.

#### **WHAT NEEDS TO BE DONE WITH THE ACKNOWLEDGMENT OF PATERNITY AFTER YOU SIGN IT:**

If you sign an Acknowledgment of Paternity at a hospital or a social services agency for a child born in New York City, the original will be filed for you with the New York City Department of Health. The Acknowledgment of Paternity also will be filed with the Putative Father Registry.

If you are signing an Acknowledgment of Paternity without assistance from the hospital or social services agency, you must file the original with the New York City Department of Health at 125 Worth Street, Box 4, New York, NY 10013 - Attention: Corrections Unit, Room 144. A copy will be filed with the Putative Father Registry.

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#### **IMPORTANT:**

- By signing the Acknowledgment of Paternity before two witnesses who are not related to you, you are stating that you have received oral and written notice regarding your legal rights and the consequences that result from signing an Acknowledgment of Paternity, and that a copy of this notice has been provided to you.
- If you have any doubts about the child's paternity, after reading this notice and having received oral notice, **do not** sign an Acknowledgment of Paternity.
- If you wish to sign an Acknowledgment of Paternity, after reading this notice and having received oral notice, please complete the Acknowledgment of Paternity on Page 3 of this form.

LDSS-4418 NYC (Rev. 8/98)

NEW YORK CITY DEPARTMENT OF HEALTH, Vital Records
NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
Pursuant to Section 4135-b of Public Health Law

(For Official Use Only)
Hospital Code: \_\_\_\_\_ (4 DIGIT PFI No.)
Birth Number: \_\_\_\_\_

ACKNOWLEDGMENT OF PATERNITY

(Please Type or Print with black Ink)

INDICATE, BY CHECKING THE APPROPRIATE BOX, WHERE THE ACKNOWLEDGMENT IS BEING SIGNED:

[ ] HOSPITAL [ ] CHILD SUPPORT OFFICE [ ] BIRTH REGISTRAR [ ] OTHER

INFORMATION ABOUT THE CHILD FOR WHOM THE ACKNOWLEDGMENT OF PATERNITY IS SIGNED:

PRINT CHILD'S FULL NAME AS IT NOW APPEARS ON THE BIRTH CERTIFICATE: (First, M.I., Last)
PRINT CHILD'S LAST NAME ONLY AS IT WILL APPEAR ON NEW BIRTH CERTIFICATE:

PLACE OF BIRTH: (Name and Address of Hospital where child was born):
DATE OF BIRTH: MONTH DAY YEAR
SEX: [ ] FEMALE [ ] MALE

ACKNOWLEDGMENT OF PATERNITY BY FATHER:

I, \_\_\_\_\_, residing at \_\_\_\_\_
First Middle Last Name House/Apt. Number and Street
In the City of \_\_\_\_\_, State of \_\_\_\_\_, Zip Code \_\_\_\_\_
my place of birth, (City, State, Or Foreign Country) \_\_\_\_\_, my date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_
Social Security Number: \_\_\_\_\_, hereby acknowledge that I am the biological father of the child named above.
I UNDERSTAND THAT SIGNING THIS ACKNOWLEDGMENT WILL ESTABLISH THE PATERNITY OF THE CHILD AND HAVE THE SAME FORCE AND EFFECT AS AN ORDER OF FILIATION ENTERED AFTER A COURT HEARING INCLUDING AN OBLIGATION TO PROVIDE SUPPORT FOR THE CHILD. EXCEPT THAT ONLY IF THIS ACKNOWLEDGMENT IS FILED WITH THE REGISTRAR WHERE THE BIRTH CERTIFICATE IS FILED WILL THE ACKNOWLEDGMENT HAVE SUCH FORCE AND EFFECT WITH RESPECT TO INHERITANCE RIGHTS. I HAVE RECEIVED WRITTEN AND ORAL NOTICE OF MY LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING THE ACKNOWLEDGMENT OF PATERNITY, AND I UNDERSTAND WHAT THE NOTICE STATES. A COPY OF THE WRITTEN NOTICE HAS BEEN PROVIDED TO ME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.
SIGNATURE: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_
The above named \_\_\_\_\_, signed and affirmed before us this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, that the information contained herein is true.
First Witness Second Witness
(Witnessed by two people not related to the mother or father.)

ACKNOWLEDGMENT OF PATERNITY BY MOTHER:

I, \_\_\_\_\_, residing at \_\_\_\_\_
First Middle Last Name House/Apt. Number and Street
In the City of \_\_\_\_\_, State of \_\_\_\_\_, Zip Code \_\_\_\_\_
my place of birth, (City, State, Or Foreign Country) \_\_\_\_\_, my date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_
Social Security Number: \_\_\_\_\_, hereby consent to the acknowledgment of paternity for my child named above, and acknowledge that the man named above is the only possible father of my child who was born to me. I state that I was not married at any time during the pregnancy or when the child was born OR, I state that I was not married when the child was born or at any time during the pregnancy but I have subsequently married the child's biological father.
I UNDERSTAND THAT SIGNING THIS ACKNOWLEDGMENT WILL ESTABLISH THE PATERNITY OF THE CHILD AND HAVE THE SAME FORCE AND EFFECT AS AN ORDER OF FILIATION ENTERED AFTER A COURT HEARING INCLUDING AN OBLIGATION TO PROVIDE SUPPORT FOR THE CHILD. EXCEPT THAT ONLY IF THIS ACKNOWLEDGMENT IS FILED WITH THE REGISTRAR WHERE THE BIRTH CERTIFICATE IS FILED WILL THE ACKNOWLEDGMENT HAVE SUCH FORCE AND EFFECT WITH RESPECT TO INHERITANCE RIGHTS. I HAVE RECEIVED WRITTEN AND ORAL NOTICE OF MY LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING THE ACKNOWLEDGMENT OF PATERNITY, AND I UNDERSTAND WHAT THE NOTICE STATES. A COPY OF THE WRITTEN NOTICE HAS BEEN PROVIDED TO ME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.
I am currently in receipt of public assistance and/or child support services from a social services district in New York state.
[ ] NO [ ] YES If "Yes", identify the county and address of the social services district, if known: \_\_\_\_\_
SIGNATURE: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_
My maiden name is (Last name only): \_\_\_\_\_
The above named \_\_\_\_\_, signed and affirmed before us this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, that the information contained herein is true.
First Witness Second Witness
(Witnessed by two people not related to the mother or father.)

IMPORTANT NOTICE: This form must be completed and filed with the New York City Department of Health

(For Official Use Only)
The above ACKNOWLEDGMENT OF PATERNITY is hereby filed with the New York City Department of Health on \_\_\_\_/\_\_\_\_/\_\_\_\_
This is to certify that I have examined the original record which this document seeks to amend. There are no omissions or apparent errors in this document that renders it unacceptable from amending the record. This document is, therefore, approved.
Deputy City Registrar \_\_\_\_/\_\_\_\_/\_\_\_\_



LDSS-4418 NYC (Rev. 8/98)

MAIL pages 3 and 4 of this form to:

<p>New York City Department of Health  Office of Vital Records  Attention: Corrections Unit, Room 144  125 Worth Street, Box 4  New York, NY 10013</p>
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If you want to obtain a new birth certificate, either:  
Enclose a check or money order for \$15.00, or  
Return a newborn birth certificate (Form no. VR-133); it may not be a photocopy, and it must have been issued within the last year.

**FATHER**

Name _____
Address _____ Apt. _____
City _____ State _____ Zip _____

Mailing address of Father must be printed here.  
A copy of this Acknowledgment will be mailed to him when it is filed with the New York City Department of Health.

(Fold Here)

(Fold Here)

**Mother's telephone number(s)**

**Daytime** \_\_\_\_\_  
**Evening** \_\_\_\_\_

**MOTHER**

Name: _____
Address _____ Apt. _____
City: _____ State: _____ Zip _____

Mailing address of Mother must be printed here.  
A copy of this Acknowledgment will be mailed to her when it is filed with the New York City Department of Health.

# A Guide for Caseworkers: Completion of the Permanency Hearing Report

## A GUIDE FOR CASEWORKERS: COMPLETION OF THE PERMANENCY HEARING REPORT

(Chapter 3 of the Laws of 2005)



December 2005

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## I. INTRODUCTION:

### Children Required to Have Permanency Hearings

Chapter 3 of the Laws of 2005, also known as the Governor's Permanency Bill, is broad in scope. It affects the Family Court, local social services districts and voluntary agencies. Several of the key impacts concern permanency hearings for the following children:

- children who have entered foster care as abused or neglected children (Family Court Act Article 10);
- children who have entered foster care through a voluntary placement agreement (§384-a of the Social Services Law);
- children in foster care who have been surrendered for adoption (Social Services Law §383-c) and are completely legally free;
- children who have been surrendered for adoption (Social Services Law §384);
- foster children who a court has determined are *completely legally free for adoption*, whether in foster care pursuant to Family Court Act Articles 3 (juvenile delinquent), 7 (PINS), or 10 (abused/neglected), or by voluntary placement or surrender; and
- children placed by the court directly with a relative or other suitable person as an outcome of a Family Court Article 10 matter.
- It will also apply to Unaccompanied Refugee Minors in foster care.  
[Note: While the 2005 Permanency Bill does not expressly refer to Unaccompanied Refugee Minors, OCFS' position is that the standards of the new Article 10-A relating to permanency hearings apply to such children in part in order to satisfy federal Title IV-E State Plan requirements whereby New York must afford procedural safeguards to all categories of foster children, irrespective of whether they receive Title IV-E funding or not.]

### The Permanency Hearing Report

Chapter 3 of the Laws of 2005 does *not* apply to permanency hearings for persons in need of supervision (PINS) and juvenile delinquents (JD) in foster care who are not completely freed for adoption.

In support of the permanency hearings, Chapter 3 of the Laws of 2005 provides that a Permanency Hearing Report be provided to the Court and certain other persons (see Providing Notice and Report below). This **“GUIDE FOR CASEWORKERS: COMPLETION OF THE PERMANENCY HEARING REPORT”** describes the Permanency Hearing Report and provides Guidelines to the caseworker as to how to complete the Report.

This Guide may be downloaded at **Internet site:**

[www.ocfs.state.ny.us](http://www.ocfs.state.ny.us)

and on the left under "Resources & Information" click on "Legislation and Regulatory Agenda"; from that page, click on "Permanency Bill - Chapter 3 of 2005"; from that page, on the left click on "Guide for Caseworkers / Templates"

OR from the **Intranet OCFS homepage**

click on OCFS; from that page click on OCFS Internet at the top right and follow the instructions above.

Please download and review the Guide first, as it contains complete instructions about downloading and saving and using the templates.

The provisions of Chapter 3 of the Laws of 2005 that relate to the Permanency Hearing Report are effective December 21, 2005.

The Permanency Hearing Report provides the court with the information needed to make decisions regarding the safety and well-being of the child, the family's progress, the plan for achieving timely permanency for the child and the reasonable efforts to finalize that plan. The requirements for the Permanency Hearing Report are detailed in §1089 of the Family Court Act (see Appendix B for the statutory language relevant to the Permanency Hearing Report). The Report must be distributed to certain required parties 14 days in advance of each permanency hearing. The sworn original copy of the Permanency Hearing Report must be filed with the court prior to the Date Certain for the Permanency Hearing. Each Permanency Hearing for children affected by this Law will have a Date Certain established for the permanency hearing. Petitions for extension of placement and/or permanency hearings are no longer filed as a means to calendar the Permanency Hearing for this population.

### **Date Certain**

The term Date Certain means a specific day set by the court when a Permanency Hearing will be held. It is not just a general time frame such as "within six months." This is a change from current procedure which required a local social services district to file a petition to be calendared for an available hearing date picked by the court within the general timeframe specified for that hearing. The Date Certain for the initial Permanency Hearing is set at the first removal hearing, or the hearing under section 358-a of the Social Services Law approving the voluntary placement agreement or surrender. The date for each subsequent Permanency Hearing is set at the completion of the previous Permanency Hearing. The actual timing of the Date Certain is based on the

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standards set forth in FCA §1089 under the new Article 10-A of the Family Court Act, as follows:

- Initial Permanency Hearing (Non-freed Child)  
Date of removal from home plus 60 days plus 6 months = no later than 8 Months;
- Initial Permanency Hearing (Completely Freed Child)  
Immediately following an approval of a surrender or termination of parental rights disposition; or no later than 30 days after the court hearing completely freeing the child;
- Subsequent Permanency Hearings – Freed and Non-freed Child  
No later than 6 months following the preceding permanency hearing.

The court has the authority to establish a date certain at an earlier date than the timeframes listed above, since the statute requires the Permanency Hearing date to be set “no later than” each of the specified time frames.

#### **Permanency Hearing Report Templates**

OCFS in collaboration with the Office of Court Administration (OCA), and with input from a number of local districts has developed a series of templates for the required Permanency Hearing Report to be used state-wide by local district and voluntary agency child welfare caseworkers. These templates have been promulgated as OCA forms. They are available for download [see Appendix B. section A.1.] Each time a Permanency Hearing Report is to be completed, users should to the OCFS website to obtain the template needed and perform a “save target as” on the appropriate template, then use the appropriate naming convention [see Appendix B. section B.5.].

These templates are available in three versions:

- for an individual child not freed for adoption (PH-1);
- for multiple children in the same family who are not freed for adoption (PH-2); and
- for an individual child freed for adoption (PH-3).

Information, where applicable, can be copied and pasted from a Progress Note or Family Assessment and Service Plan (FASP) or (for children freed for adoption) a Child Assessment and Service Plan (CASP) into the Permanency Hearing Report template. This Guide for workers has been developed to help workers “cross-walk” the information, wherever possible.

It is anticipated that the use of these templates is temporary and that shortly after the implementation of CONNECTIONS Build 19, CONNECTIONS will generate the Permanency Hearing Report, customized for the child's age and permanency planning goal. OCFS recognizes that the information recorded in both the FASP/CASP and Permanency Hearing Report is quite similar, so the plan is to pre-fill much of the data on the Permanency Hearing Report from the most recently completed FASP/CASP. The data that is pre-filled will remain modifiable.

Unless a judge specifically requests additional information, the FASP/CASP will not have to be provided to the court.

### **Providing Notice and Report**

Notice of the Permanency Hearing and the Permanency Hearing Report must be provided to the following:

- the child's parent, including any non-respondent parent (unless parental rights have been terminated);
- any other person legally responsible for the child;
- the foster parent in whose home the child currently resides, if applicable;
- the child's law guardian;
- the attorney for respondent parent, if applicable;
- the agency supervising the child's care, if applicable;
- any pre-adoptive parent;
- any relative providing care for the child

All former foster parents within whose home the child resided for a continuous period of 12 months must be provided ***only with Notice of the Permanency Hearing***. This requirement is to be met regardless of whether the foster boarding home remains open or has since closed.

It is the intent of the law that no possible supportive relationship be overlooked when the court must determine if the plan presented by the district meets the child's needs for timely permanency. If a placement lasted 12 months or more, it is likely that at least for some portion of that time, the child and the foster parent developed a relationship. Therefore, by sending them a notice, the district is providing the former foster parent with an opportunity to consider if they are willing and able to play a supportive role in that child's life at this time.

There may be reasons why the district believes that it is inappropriate to notify a former foster parent of an upcoming Permanency Hearing, including the abuse/maltreatment of the child in that home, a damaging emotional relationship, etc. If the district has safety concerns regarding the former foster parent, then the district should address those concerns with the court and request the court to

relieve the district of the obligation to provide notice. This may be done by a motion to the court prior to the Permanency Hearing.

### **Verification and Timeframes**

The Permanency Hearing Report is a sworn report. This requires a simple verification by the caseworker who has prepared the report or the case manager who has read the report and can attest to the truthfulness and completeness of the report sworn before a Notary or Commissioner of Deeds, before being filed with the court or mailed.

The Permanency Hearing Report and Notice must be mailed by regular mail 14 days before the Date Certain for the Permanency Hearing.

In addition, the required Notice (only) must be mailed by regular mail to former foster parents 14 days before the Date Certain for the Permanency Hearing.

The Notice (PH-4) provides a cover to the Permanency Hearing Report advising of the Date Certain and location of the court where the Permanency Hearing will be held regarding the child or children; or for *former foster parents*, it simply advises of the Date Certain and location of the court where the Permanency Hearing will be held regarding the child or children.

The original sworn Permanency Hearing Report must be filed with the court prior to the Date Certain. It is suggested that such filing be done at the time the Permanency Hearing Report and Notice are mailed. The PH-4a "Statement to the Court of Permanency Hearing Report and Notice Sent" (Statement) **must** accompany the Permanency Hearing Report filed with the court. The Statement contains the names and addresses of those entities who were sent the Permanency Hearing Report and/or Notice and which child or children they are associated with. The Statement must not accompany the Permanency Hearing Report mailed to any other person, party or entity.

Copies of the Notice and the Statement are also available in template format and they too are OCA promulgated court forms. They are available for download [see Appendix B. section A.1.] Once downloaded, the templates should be stored on the user's Home Directory [see Appendix B section A.6.]. Each time a Notice or Statement is to be completed, perform a "save as" on the appropriate template and use the appropriate naming convention [see Appendix B. section A.5.].

## II. HOW TO COMPLETE A PERMANENCY HEARING REPORT AND NOTICE

There are three versions of the Permanency Hearing Report. It is important to select the appropriate version.

Use the version Permanency Hearing Report for **Multiple Children (PH-2)** for children who are NOT completely free for adoption when:

- all children in the same family are scheduled to have a Permanency Hearing at the same time; and
- the children have at least one parent in common (but if any confidentiality concerns among parent recipients exist, use the Individual Report); and
- the children are placed together; if placed apart again consider confidentiality.

**Responses about each child must be individualized on the Multiple Children Report.**

Use the version Permanency Hearing Report for **Individual Child (PH-1)** for a child who is NOT completely free for adoption when:

- a child is “partially free” and another child in the family is not free for adoption;
- *any* of the Multiple Children Report conditions are not met; or
- whenever it is equally or more convenient for the caseworker or the Court has directed an Individual Child Permanency Hearing Report be used.

Always use the version Permanency Hearing Report for **Freed for Adoption Individual Child (PH-3)** for:

- each child completely legally free for adoption.

## III. TEMPLATE EFFICIENCIES

Permanency Hearing Report users have the following efficiencies in using the Template versions:

- Templates have spell check; however, no text tools are available (i.e. font cannot be changed, no bolding, underlining, italicizing, etc.)
- Each report will pull over and pre-fill in the heading area of each page the “Case #” and “Docket #” entered on the top of the first page. These numbers will only display after you either click on File/Print Preview to view the document OR close the document and reopen it.

- Multiple users can contribute to a Permanency Hearing Report
  - by e-mailing the report to appropriate district and voluntary agency workers involved directly in the case (assessment and/or service provision). The security guidelines for e-mailing must be followed. (See <http://ocfs.state.nyenet/connect> on the intranet; scroll down to the Security page and access “Security Guidelines for using Electronic Communication for Sharing Case Specific Information.”) E-mailed versions are to be password protected [see Appendix B. section B.]; workers are to have a separate contact with each other in order to relay the passwords that will unprotect and may provide either or both read and write access, as appropriate to the template.
- Users can “copy/paste” from a FASP or Progress Note into the template. Information from a template cannot be copied into another template or outside document.
- A template can be saved as many times as necessary, as work continues. A template can be “saved as” and then modified as necessary, which can preserve previous iterations, if necessary.
- The Report, Notice and Statement can be printed.
- The Report and Notice can be e-mailed to those to whom the law requires it be mailed. **Caution** is indicated when using the e-mail capability. These reports are highly confidential and should be e-mailed in final form, with Read Only access [see Appendix B. section B.] solely to those required to receive them by law. If e-mail is used, the Permanency Hearing Report and Notice must also be mailed by conventional mail 14 days before the date of the Permanency Hearing. Although the Permanency Hearing Report and Statement may be e-mailed to the court prior to the Date Certain, an original sworn copy must also be filed with the court prior to the Date Certain.
- Users can access the most recent previous Permanency Hearing Report, Notice and/or Statement to begin the next Report, Notice or Statement, by doing a “save as.”
- The Multiple Children Report (PH-2) allows the worker to add as many children to the report as necessary. This means that any “grid” can have rows added to it. The added rows will be pre-filled with the necessary text, if there is text in the row. In order to add a row, see Appendix B. section C.
- The Parents and or Persons Legally Responsible grid on the first page of the Individual and Multiple Children reports is also expandable to

accommodate as many names as the user requires. In order to add a row, see Appendix B. section C. Likewise, as many rows as necessary rows can be added to all the name and address grids in the Statement. In order to add a row, see Appendix B. section C.

- All narrative boxes expand to accommodate as much text as the user inputs.

#### **IV. MEETING THE NOTICE REQUIREMENT FOR FORMER FOSTER PARENTS**

For all children for whom permanency hearings are required, the district or agency must do an inquiry in CCRS to ascertain the foster care history of the child. Using Historical Inquiry for Movement (M codes), users can display the district and cross-district foster care history for the child. Any foster care placement periods longer than 12 months must be noted. A facility inquiry using the facility ID number can be used to learn if the foster care placement was in a foster boarding home (as opposed to a congregate care facility) and, if so, the name and address of the former foster parent(s). Those foster parent(s) in whose home the child resided for at least 12 months are to be sent the Permanency Hearing Notice. Every effort must be made to determine if the child was ever in foster care outside of New York State and, if so, to contact the relevant state(s) to gather information about those former foster care placements as well, so that the Permanency Hearing Notice requirement can be fully met.

Since the former foster parents only receive the Notice that simply advises of the Date Certain and location of the Permanency Hearing regarding the child or children, they may need additional information about what a Permanency Hearing is. It is suggested that a supplemental enclosure be included with the Notice to describe the Permanency Hearing and provide a caseworker contact in addition to the attorney contact on the Notice. A sample enclosure is included as Appendix A.

#### **V. ADDRESS INFORMATION**

**No address information about any of the participants in a Permanency Hearing (including the child's address), nor the child's school address information should be included in any Permanency Hearing Report.**

#### **VI. HEALTH INFORMATION**

**Concerning the inclusion of confidential HIV related information in the Permanency Hearing Report, such information may be included only if all the persons to whom you are sharing the report are authorized under the Public Health Law to have access to such information.**

## VII. A NOTE ABOUT THE PERMANENCY PLAN

In some counties the judge, may require advance notice of a proposed change to the child's permanency planning goal. If your county requires advance notice of such plan changes, such notice must still be provided.

Although the PH-3 (Freed Child) lists all possible permanency planning goals, keep in mind that it is unlikely that the following two permanency planning goals would ever be used: Referral for Legal Guardianship and Permanent Placement with Fit and Willing Relative. Once a child is freed for adoption, a relative may no longer obtain custody. Custody under Article 6 is not available for a freed child. Adoption or relative foster care is the only way a child can be placed with a relative and the only guardianship that is available is adult guardianship.

## VIII. CROSS-WALKING WITH CONNECTIONS

Each version of the Permanency Hearing Report is divided into multiple sections and each section contains one or more questions. Guidelines for cross-walking CONNECTIONS information follow and are set up by version, by section.

**Permanency Hearing Report**  
**PH-1 Individual Child**  
 and  
**Permanency Hearing Report**  
**PH-2 Multiple Children**

### **General Information/Face Sheet**

**FSS/CWS > Case Summary:** the Case Summary window displays all of the stages (open or closed) that are part of the case and the names of workers who are currently assigned to active stages (or historical workers if the stage is closed). The Case Summary window can be accessed from the Case List. This Case Summary window is view only and lists all the stages in a specific case and provides a brief overview of case information. The Case Summary window can also be accessed from the Assigned Workload > Tasks button > Family Services Stage > Case Summary tab > Case Summary window. This Case Summary window contains the Stage Information grid and the Worker Information grid.

**FSS/CWS > Stage Composition > Family Relationship Matrix:** the Family Relationship Matrix contains household and family composition information including person demographics, addresses and telephone numbers. The Relationship Matrix button opens up the Family Relationship Matrix window,

which displays stage composition (household/family composition) and the relationship among individuals.

### **Section I. Permanency Plan Summary**

**FSS/CWS > FASP > Tracked Child Detail:** the tracked child detail window provides child specific information including the child's Permanency Planning Goal (PPG), Program Choice (PC).

### **Section II. Permanency Planning**

**FSS/CWS > FASP > Foster Care Issues:** Foster Care Issues is grouped into seven sub-nodes on the FASP tree. Each sub-node consists of specific questions and supporting narratives. Some questions are customized based on the child's PPG or other factors, such as the child's age. Only the questions that are applicable will display. Each sub-node contains a series of tabs. Each tab displays one or more yes/no questions and supportive narrative fields. Permanency Planning information may be found in the following sub-nodes:

- **Appropriateness of Placement:** Use this sub-node to view recorded details regarding the child's location, justification for placement, continuity of placement, continuity of environment and culture, and alternatives to placement that were considered.
- **Adjustment and Functioning:** Use this sub-node to view recorded information on child safety in the specific foster care setting and the child's adjustment to foster care. This information is also used to assess the child's current level of functioning in the placement setting.
- **Permanency Progress and Concurrent Planning:** Use this sub-node to view recorded information on efforts made toward achieving the child's PPG, including efforts made to establish a concurrent plan if reunification is not likely.
- **Life Skills Assessment:** Use this sub-node to view recorded information detailing a youth's (age 14 or older) ability to perform specific life skills and what services are necessary to maintain or enhance a desired life skill competency level.
- **Family/Child Visiting Plan and Evaluation:** Use this sub-node to view recorded visitation information between children in care and parents, siblings, and other visits with significant persons and, in subsequent FASPs, the Visiting Plan evaluation.
- **Family/Child Visiting Grid:** Use this sub-node to view family/child visitation information recorded in case Progress Notes, based on the following types:
  - Attempted Family/Permanency Discharge Resource Visitation
  - Attempted Sibling Visitation
  - Family/Permanency Discharge Resource Visitation
  - Sibling Visitation

- **Discharge:** Use this sub-node to view the recorded discharge type and specifics regarding Discharge Planning.

**FSS/CWS > Family Assessment and Service Plan > FASP tree > Non-LDSS Custody – Relative/Resource Placement:** the Non-LDSS Custody – Relative/Resource Placement window supports the recording of placement information for any child with a Program Choice of “Non-LDSS Custody – Relative/Resource Placement”, which consists of three sub-nodes:

- Placement and Permanency Issues
  - Appropriateness of Alternative Setting
  - Placement Functioning
  - Permanency Progress
  - Record Return Home
- Life Skills Assessment
- Family/Child Visiting Plan

**FSS/CWS > Tasks > Progress Notes:** the Progress Notes functionality in CONNECTIONS enables workers to search, sort and view specific types of progress note entries. The Progress Notes window is comprised of three sections: the search fields at the top of the window, the search results grid in the middle, and the buttons along the bottom. The fields at the top of the window are the search criteria that can be selected to search Progress Notes by “type” or “purpose”.

### **Section III. Reasonable Efforts To Finalize Permanency**

**FSS/CWS > FASP > Foster Care Issues > Permanency Progress/ Concurrent Planning:** the Permanency Progress/Concurrent Planning window provides guidance regarding actions that should be taken and documented to achieve the primary goal (Permanency Progress) and concurrent goals (Concurrent Planning), and the parent’s or discharge resource’s progress towards achieving those goals. Note: See CONNECTIONS Case Management Step-By-Step Guide, Appendix I-1, for a description of which tabs display under which Stage Type (CWS or CCR), PPG for the selected child and FASP type (INI, COMP, REAS). The following tabs may display on the Permanency Progress/Concurrent Planning window:

- Progress Toward Permanency
- TPR Petition
- Parent Location
- Alternative Permanency Resources
- Concurrent Planning Discussion with Parents
- Concurrent Planning Discussion with Foster Parents
- Adoption Discussion

- Adoption Readiness
- Legal Status
- Placement Status
- Barriers to Finalization of Adoption
- Consent to Adoption
- Resource Connection
- Readiness for Adult Residential Care

#### **Section IV. Children's Placement(s)**

**Assigned Workload > Tasks > FSS Stage Composition > FASP > Tracked Child Detail > Placement Information:** the Placement Information tab displays CCRS/CONNECTIONS placement data. This tab is active only if one or more children in the stage have a Program Choice (PC) of "Placement". Select a child from the Select Child grid by clicking on the gray box to the left of the child's name. The child's placement information will display in the CCRS/CONNECTIONS placement data section. Historical placement data exists in CCRS.

#### **Section V. Parent Status and Services Provided**

**FSS/CWS > FASP > Service Plan:** the Service Plan component of the Family Assessment and Service Plan (FASP) is part of the FASP tree. The Service Plan is required for each Initial, Comprehensive and Reassessment FASP and may be updated for all Plan Amendment status changes. Workers can create, view and modify Service Plan information and can also print parts of the Service Plan for use in court or when working in the field with the family. A complete Service Plan includes the following components:

- **Outcome and Activity Blocks (O&A Blocks):** each O&A Block consists of a problem statement that specifies the behavior, underlying condition or circumstance that needs to change, a description of the activities and services that will support that change, and a statement of the desired result/outcome of the change.
- **Services Needed:** this component is used to document the services needed for the plan, the beneficiary of the services and the status of those services.
- **Family Involvement Narrative:** This component contains documentation of the amount and nature of the family's input into the Service Plan, including the family's requests for specific services or changes to the plan.

**FSS/CWS > Tasks > Progress Notes tab:** the Progress Notes functionality in CONNECTIONS enables workers to search, sort and view specific types of progress note entries, including but not limited to, documentation of casework contacts and case planning with the parents/caretakers.

## **Section VI. Visiting**

**FSS/CWS > FASP > Foster Care Issues > Family/Child Visiting Plan:** workers use the Family/Child Visiting Plan window to record all information regarding Visiting Plans in a FASP, as well as the details of new plans. Visiting Plans must be recorded for all children in Foster Care and can be recorded for children in Non-LDSS Custody. Visiting Plans record the frequency, duration and location of visits, along with an explanation of any special conditions that must be met; and describe what must occur during visits to support the parent/child relationship.

**FSS/CWS > Tasks > Progress Notes tab:** the Progress Notes functionality in CONNECTIONS enables workers to search, sort and view specific types of progress note entries. There are specific data fields in the section on "type" that contain the following values: Attempted Family Visitation/PDR, Attempted Sibling Visitation, Family/PDR Visitation, Sibling Visitation, and Other Visitation.

## **Section VII. Services Provided to Children**

**FSS/CWS > FASP > Service Plan > Outcome and Activity Blocks:** each O&A Block consists of a problem statement that specifies the behavior, underlying condition or circumstance that needs to change, a description of the activities and services that will support that change, and a statement of the desired result/outcome of the change.

**FSS/CWS > FASP > Service Plan > Services Needed:** this component is used to document the services needed for the plan, the beneficiary of the services and the status of those services.

**FSS/CWS > Tasks > Progress Notes:** the Progress Notes functionality in CONNECTIONS enables workers to search, sort and view specific types of progress note entries, including but not limited to, documentation of casework contacts, case planning and service provision to children.

**FSS/CWS > FASP > Foster Care Issues > Life Skills Assessment:** a Life Skills Assessment must be completed for each child 14 years of age and older in foster care placement. The Life Skills Assessment sub-node is designed to support a worker's assessment of the knowledge and capability a child has regarding specific life skills and to enable the worker to determine whether further instruction in individual areas is necessary to help the child acquire, enhance or maintain those skills.

## **Section VIII. Children's Health and Well-Being**

**FSS/CWS > Tasks > Progress Notes tab:** the Progress Notes functionality in CONNECTIONS enables workers to search, sort and view specific types of

progress note entries. There is a specific data field in the section on “purpose” that has a value of “Medical”. “Medical” progress notes reference where existing medical records and information are located, identify appointments that are essential for the child, and summarize relevant information that affects the child or family’s health, safety and well-being. *Workers must not disclose specific health information related to HIV, reproductive rights, or other confidential health information within the body of the Progress Note.*

**External Case Documentation/Paper Case Record:** the paper record may contain copies of a child’s medical, dental and/or mental health records and related referrals and/or evaluations, i.e. immunization records, physical exams, etc.

### **Section IX. Children’s Education**

**FSS/CWS > Tasks > Progress Notes:** the Progress Notes functionality in CONNECTIONS enables workers to search, sort and view specific types of progress note entries. There is a specific data field in the section on “purpose” that has a value of “Educational Planning”.

**External Case Documentation/Paper Case Record:** the paper record may contain copies of a child’s educational records, i.e. Individual Educational Plan (IEP), school records etc.

**Permanency Hearing Report**  
**PH- 3 Freed for Adoption Individual Child**

**General Information/Face Sheet**

**Child Case Record (CCR):** A Child Case Record is created when a child is completely legally freed for adoption, including those children who may not have a goal of adoption or be placed in an adoptive setting. The child must have a Program Choice of "Placement" and be younger than 21 years of age. The CCR is a completely separate type of Family Services Stage (FSS/CCR).

**FSS/CCR > Case Summary:** the Case Summary window displays all of the stages (open or closed) that are part of the case and the names of workers who are currently assigned to active stages (or historical workers if the stage is closed). The Case Summary window can be accessed from the Case List. This Case Summary window is view only and lists all the stages in a specific case and provides a brief overview of case information. The Case Summary window can also be accessed from the Assigned Workload > Tasks button > Family Services Stage > Case Summary tab > Case Summary window. This Case Summary window contains the Stage Information grid and the Worker Information grid.

**Section I. Permanency Plan Summary**

**FSS/CCR > FASP > Tracked Child Detail:** the tracked child detail window provides child specific information including the child's Permanency Planning Goal (PPG), Program Choice (PC).

**Section II. Permanency Planning**

**FSS/CCR > FASP > Foster Care Issues:** Foster Care Issues is grouped into seven sub-nodes on the FASP tree. Each sub-node consists of specific questions and supporting narratives. Some questions are customized based on the child's PPG or other factors, such as the child's age. Only the questions that are applicable will display. Each sub-node contains a series of tabs. Each tab displays one or more yes/no questions and supportive narrative fields. Permanency Planning information may be found in the following sub-nodes:

- **Appropriateness of Placement:** Use this sub-node to view recorded details regarding the child's location, justification for placement, continuity of placement, continuity of environment and culture, and alternatives to placement that were considered.
- **Adjustment and Functioning:** Use this sub-node to view recorded information on child safety in the specific foster care setting and the child's adjustment to foster care. This information is also used to assess the child's current level of functioning in the placement setting.

- **Permanency Progress and Concurrent Planning:** Use this sub-node to view recorded information on efforts made toward achieving the child's PPG.
- **Discharge:** Use this sub-node to view the recorded discharge type and specifics regarding Discharge Planning.

**FSS/CCR > Tasks > Progress Notes:** the Progress Notes functionality in CONNECTIONS enables workers to search, sort and view specific types of progress note entries. The fields at the top of the window are the search criteria that can be selected to search Progress Notes by "type" or "purpose". Specific "purpose data fields" containing the values of "Pre-Adoption Activities", "Adoption Activities" and "Child Preparation" may be particularly relevant to permanency planning for the freed child.

### **Section III. Reasonable Efforts To Finalize Permanency**

**FSS/CCR > FASP > Foster Care Issues > Permanency Progress/ Concurrent Planning:** the Permanency Progress/Concurrent Planning sub-node includes several tabs that provide guidance regarding actions that should be taken and documented to achieve the permanency planning goal (Permanency Progress) for the child freed for adoption, and the pre-adoptive parent's or discharge resource's progress towards achieving those goals. Note: See CONNECTIONS Case Management Step-By-Step Guide, Appendix I-1, for a description of which tabs display under which Stage Type (CWS or CCR), PPG for the selected child and FASP type (INI, COMP, REAS). The following tabs may display on the Permanency Progress/Concurrent Planning window for FSS/CCR stages:

- Progress Toward Permanency
- Alternative Permanency Resources
- Adoption Readiness
- Placement Status
- Barriers to Finalization of Adoption
- Consent to Adoption
- Resource Connection
- Readiness for Adult Residential Care

### **Section IV. Child's Freeing For Adoption and Placement(s)**

**Assigned Workload > Tasks > FSS Stage Composition > FASP > Tracked Child Detail > Placement Information:** the Placement Information tab displays CCRS/CONNECTIONS placement data. This tab is active only if one or more children in the stage have a Program Choice (PC) of "Placement". Select a child from the Select Child grid by clicking on the gray box to the left of the child's name. The child's placement information will display in the CCRS/CONNECTIONS placement data section. Historical placement data exists in CCRS.

**FSS/CCR > FASP > Foster Care Issues > Appropriateness of Placement >**

**Location of Child:** the narrative section on the Location of Child tab allows the caseworker to record the reason a placement setting was selected. For FSS/CCR stages, the tab displays the following question:

*“Is the child placed a substantial distance from his/her siblings or out of state?”*

Information regarding the child’s specific needs and how the placement responds to the appropriate level of care for that demonstrated need should also be recorded.

**FSS/CCR > Plan Amendment:** A Plan Amendment is a type of FASP that is used to record any significant changes that occur between FASP cycles. A Plan Amendment may be completed for any approved FASP type and is supported for both FSS/CWS and FSS/CCR stages. All FSS/CCR stages begin with a Plan Amendment (Child Legally Freed). Information that has been previously recorded on these windows is brought forward from the most recently approved FASP or Plan Amendment. The specific status changes available for an FSS/CCR stage include, but are not limited to, the following:

- Child Moved from One Foster Care Setting to Another
- Child Discharged to Home, Relative or Other Caretaker
- Adolescent Discharged to Independent Living
- Child Discharged to Adult Residential Care
- Child Discharged to Adoption
- Child is Legally Freed
- Visitation Plan Changed

**Section V. Visiting**

**FSS/CCR > FASP > Foster Care Issues > Family/Child Visiting Plan:** workers use the Family/Child Visiting Plan window to record all information regarding Visiting Plans in a FASP, as well as the details of new plans. Visiting Plans must be recorded for all children in Foster Care and can be recorded for children in Non-LDSS Custody. Visiting Plans record the frequency, duration and location of visits, along with an explanation of any special conditions that must be met; and describe what must occur during visits to support the parent/child relationship.

**FSS/CCR > Tasks > Progress Notes tab:** the Progress Notes functionality in CONNECTIONS enables workers to search, sort and view specific types of progress note entries. There are specific data fields in the section on “type” that contain the following values: Attempted Family Visitation/PDR, Attempted Sibling Visitation, Family/PDR Visitation, Sibling Visitation, and Other Visitation.

## **Section VI. Services Provided to Child**

**FSS/CCR > FASP > Service Plan > Outcome and Activity Blocks:** each O&A Block consists of a problem statement that specifies the behavior, underlying condition or circumstance that needs to change, a description of the activities and services that will support that change, and a statement of the desired result/outcome of the change.

**FSS/CCR > FASP > Service Plan > Services Needed:** this component is used to document the services needed for the plan, the beneficiary of the services and the status of those services.

**FSS/CCR > Tasks > Progress Notes:** the Progress Notes functionality in CONNECTIONS enables workers to search, sort and view specific types of progress note entries, including but not limited to, documentation of casework contacts, case planning and service provision to children.

**FSS/CCR > FASP > Foster Care Issues > Life Skills Assessment:** a Life Skills Assessment must be completed for each child 14 years of age and older in foster care placement. The Life Skills Assessment sub-node is designed to support a worker's assessment of the knowledge and capability a child has regarding specific life skills and to enable the worker to determine whether further instruction in individual areas is necessary to help the child acquire, enhance or maintain those skills.

## **Section VII. Other Services**

**FSS/CCR > FASP > Service Plan > Outcome and Activity Blocks:** each O&A Block consists of a problem statement that specifies the behavior, underlying condition or circumstance that needs to change, a description of the activities and services that will support that change, and a statement of the desired result/outcome of the change.

**FSS/CCR > FASP > Service Plan > Services Needed:** this component is used to document the services needed for the plan, the beneficiary of the services and the status of those services.

**FSS/CCR > Tasks > Progress Notes:** the Progress Notes functionality in CONNECTIONS enables workers to search, sort and view specific types of progress note entries, including but not limited to, documentation of casework contacts, case planning and service provision to children and families/caretakers

## **Section VIII. Children's Health and Well-Being**

**FSS/CCR > Tasks > Progress Notes tab:** the Progress Notes functionality in CONNECTIONS enables workers to search, sort and view specific types of

progress note entries. There is a specific data field in the section on “purpose” that has a value of “Medical”. “Medical” progress notes reference where existing medical records and information are located, identify appointments that are essential for the child, and summarize relevant information that affects the child or family’s health, safety and well-being. *Workers must not disclose specific health information related to HIV, reproductive rights, or other confidential health information within the body of the Progress Note.*

**External Case Documentation/Paper Case Record:** the paper record may contain copies of a child’s medical, dental and/or mental health records and related referrals and/or evaluations, i.e. immunization records, physical exams, etc.

### **Section IX. Children’s Education**

**FSS/CCR > Tasks > Progress Notes:** the Progress Notes functionality in CONNECTIONS enables workers to search, sort and view specific types of progress note entries. There is a specific data field in the section on “purpose” that has a value of “Educational Planning”.

**External Case Documentation/Paper Case Record:** the paper record may contain copies of a child’s educational records, i.e. Individual Educational Plan (IEP), school records etc.

## APPENDIX A:

### (Sample Enclosure to Accompany Notice to Former Foster Parents)

Dear Former Foster Parent:

You are invited to a Permanency Hearing because you provided foster care to a child or children for a continuous period of at least one year, and that child remains in foster care or out-of-home placement. The child or children may or may not be free for adoption. A permanency hearing is a court hearing before a judge or referee to review the health, safety and well-being of a child who has been removed from his or her home and placed in foster care or placed with a relative or other suitable person. The court will also review the child's permanency plan. The permanency plans that the court may approve or order are:

- That the child be returned to the parent;
- That the child be placed for adoption and that the agency may be directed to file a petition for termination of parental rights;
- That the child be referred for legal guardianship;
- That the child be placed with a fit and willing relative; or
- That the child be placed in another planned permanent living arrangement with a significant connection to an adult, if it is not in the best interests of the child to return home, be adopted, be referred for guardianship or be placed with a fit or willing relative.

You have the right to appear and be heard on the permanency plan for the child or children for whom you previously provided foster care.

If you have an interest in becoming a resource for the child or children, or you have any questions about the upcoming Permanency Hearing, please contact:

\_\_\_\_\_

**(name)**

\_\_\_\_\_

**(title)**

\_\_\_\_\_

**(phone number)**

December 2005

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## APPENDIX B:

### Template Instructions

These instructions guide the steps necessary to successfully complete the following:

- A. Opening and Saving the Templates
- B. Password Protecting and E-mailing the Templates
- C. Tips for Completion of the Templates
- D. Setting Macro Security Levels in Word

#### A. Steps for Opening and Saving the Templates

1. The user should go to the OCFS website to obtain the templates each time they are needed because the forms may change and the most recent changes will be on the website. Do not download blank templates for later use as they may become obsolete.
2. Go to the OCFS Internet website [[www.ocfs.state.ny.us](http://www.ocfs.state.ny.us)] and on the left under "Resources & Information" click on "Legislation and Regulatory Agenda"; from that page, click on "Permanency Bill - Chapter 3 of 2005"; from that page, on the left click on "Guide for Caseworkers / Templates" OR from the Intranet OCFS homepage, click on OCFS: from that page click on OCFS Internet at the top right and follow the instructions above.
3. Right click on the desired Template.
4. Select "Save Target As" from the dialogue box.
5. Rename the document, using the following convention: Last Name, First Name and Case Number of child (if more than one child use the Last Name, First Name and Case Number of the oldest child). In order to have completed Permanency Hearing Reports identifiable by date and as "Initial" or "Subsequent" regarding the same child or children, this may be added to the name. *(Do not use slashes (/), dashes (-) or dots (.) in the name.)*
6. In the "Save As Type" field, select "All Files".
7. For the "Save In", select your Home directory folder. This folder has been automatically created on the H drive and is named with your HSEN ID. **DO NOT** store any document with client information, including a filled in Template, on your C drive or any removable storage media, such as a floppy disk or recordable CD.
8. Click Save, and then select Open from the dialogue box, if you want to work on it right away. You can also just save it and go back to work on it later.

## B. Steps for Password Protecting and E-Mailing Templates

Two passwords must be selected, one to allow opening of a template in “read only” format and another to allow the template to be completed (filled in) or modified. The password for “read only” access should be different from the password for completing or modifying a template. Do not use the same password for both activities.

The user must determine who is to receive the template and if the recipient is allowed to modify the template.

### **If the recipient is permitted to modify the template:**

Prior to e-mailing a template, it must be password protected. To do this, follow the steps below:

1. Open Document.
2. Go to Tools Menu; Click on Options.
3. Options Folder Appears; Select the “Save” Tab.
4. Enter Password in the Password to **Modify** cell.
5. Click OK and confirm password; Click OK.
6. Now the document is secure and may be e-mailed. Call the e-mail recipient and give them the password. If the recipient cannot be reached by phone, the password may be sent in a separate e-mail. **NEVER** send the password in the same e-mail with the document. The e-mail subject line should never contain the password nor any reference to the password being sent.

### **If the recipient is permitted only to open and read (but not modify) the template:**

The following steps will create “Read Only” access template that is password protected:

1. Open Document.
2. Go to Tools Menu; Click on Options.
3. Options Folder Displays; Select the “Save” Tab.
4. Enter Password in the Password to **Open** cell.
5. Select the Read Only Recommended.
6. Click OK and confirm password; Click OK.
7. Now the document is secure and may be e-mailed. Call the e-mail recipient and give them the password. If the recipient cannot be reached by phone, the password may be sent in a separate e-mail. **NEVER** send the password in the same e-mail with the document. The e-mail subject line should never contain the password nor any reference to the password being sent.

### C. Tips for Completion of the Templates

- Tables (grids) that may require multiple rows have been set up with two rows. To add more rows, place your cursor within the table and click on the button 'PH Form Add Row' (located on the tool bar at the top of document). Once a row is added it cannot be deleted.
- Each report will pull over and pre-fill in the heading area of each page the "Case #" and "Docket #" entered on the top of the first page. These numbers will only display after you either click on File/Print Preview to view the document OR close the document and reopen it.
- To move from field to field, use the "Tab" key. Tab will enter data and move to next entry field. You may also place your mouse into each entry field.
- The "Enter" key will act as a hard return and should only be used when entering narrative.
- Several standard date entry formats are accepted. All will be reformatted to a single standard. For example, 06/06/04 will be reformatted to 6/6/2004.
- After the last entry in the form, "Tab" will return to the beginning of the template to review/print.
- Spell check may be performed by clicking on the 'PH Form Spell Check' button located on the tool bar at the top of the document.

#### D. Setting Macro Security Levels in Word

Microsoft Word offers the following levels of security to reduce the chances that macro viruses will infect your documents, templates, or add-ins:

- **High:** If you have your security set to High, the macros in the templates, which are unsigned macros, will be automatically disabled, and Word will open the template without any warning that the macro is disabled. You will be able to tell because the pushbuttons will not appear in the toolbar. The security setting should be changed to medium to run the macros in the templates.
- **Medium:** Word displays a warning whenever it encounters a macro from a source that is not recognized as being from a trusted site. You can choose whether to enable or disable the macros when you open the document. If the document might contain a virus, you should choose to disable macros. For these templates, click on "enable." When the templates open the pushbuttons will appear.
- **Low:** It is recommended that users never use this setting because you cannot be sure that the documents and add-ins you open are safe. If you select this option, it turns off macro virus protection in Word. At this security level, macros are always enabled when you open documents, and an unwanted macro that can cause harm can be enabled.

#### Steps for Checking and Changing Your Microsoft Word Macro Security:

1. Open Microsoft Word (a blank document will display)
2. Select Tools menu – Click on Macro, then Select Security
3. Security box will display
4. Select Medium
5. Click OK

If your LAN administrator has not enforced a security level for your organization, you can change the security level at any time by following the directions above. If you have any questions or problems opening the templates with macros, please contact your LAN administrator.

**Please note that making a change for macro security only needs to be completed once, and from that point forward, the security will be changed for all Microsoft documents. The reason that it is recommended that security to be set to Medium is that the templates contain macros. Setting the security to Medium allows the user to disable or enable macros when opening a document that contains macros. When opening a template that contains macros, the macros will not be automatically enabled. This will protect the user from opening a macro from an unknown source that may contain a virus or worm.**

**APPENDIX C:****(Statutory Provisions Concerning the Permanency Hearing Report from Chapter 3 of the Laws of 2005)**

§ 1087. Definitions. (e) "Permanency hearing report" shall mean a sworn report submitted by the social services district to the court and the parties prior to each permanency hearing regarding the health and well-being of the child, the reasonable efforts that have been made since the last hearing to promote permanency for the child, and the recommended permanency plan for the child.

§ 1089 (b) Notice of permanency hearings.

(1) No later than fourteen days before the date certain for a permanency hearing scheduled pursuant to this section, the local social services district shall serve the notice of the permanency hearing and the permanency hearing report by regular mail upon:

(i) the child's parent including any non-respondent parent and any other person legally responsible for the child's care at the most recent address known to the local social services district or agency, and the foster parent in whose home the child currently resides, each of whom shall be a party to the proceeding; and

(ii) the agency supervising the care of the child on behalf of the social services district with whom the child was placed, the child's law guardian, and the attorney for the respondent parent.

(2) The notice and the permanency hearing report shall also be provided to any pre-adoptive parent or relative providing care for the child. The notice of the permanency hearing only shall be provided to a former foster parent in whose home the child previously had resided for a continuous period of twelve months in foster care, if any. Provided, however, that such pre-adoptive parent, relative, or former foster parent, on the basis of such notice, shall have an opportunity to be heard but shall not be a party to the permanency hearing. The failure of such pre-adoptive parent, relative or former foster parent to appear at a permanency hearing shall constitute a waiver of the opportunity to be heard. Such failure to appear shall not cause a delay of the permanency hearing nor be a ground for the invalidation of any order issued by the court pursuant to this section.

**§ 1089 (c) Content of the permanency hearing report. The permanency hearing report shall include, but need not be limited to, up-to-date and accurate information regarding:**

**(1) the child's current permanency goal, which may be:**

**(i) return to the parent or parents;**

**(ii) placement for adoption with the local social services official filing a petition for termination of parental rights;**

**(iii) referral for legal guardianship;**

**(iv) permanent placement with a fit and willing relative; or**

**(v) placement in another planned permanent living arrangement that includes a significant connection to an adult who is willing to be a permanency resource for the child, including documentation of the compelling reason for determining that it would not be in the best interests of the child to be returned home, placed for adoption, placed with a legal guardian, or placed with a fit and willing relative;**

**(2) the health, well-being, and status of the child since the last hearing including:**

**(i) a description of the child's health and well-being;**

**(ii) information regarding the child's current placement;**

**(iii) an update on the educational and other progress the child has made since the last hearing including a description of the steps that have been taken by the local social services district or agency to enable prompt delivery of appropriate educational and vocational services to the child, including, but not be limited to:**

**(A) where the child is subject to article sixty-five of the education law or elects to participate in an educational program leading to a high school diploma, the steps that the local social services district or agency has taken to promptly enable the child to be enrolled or to continue enrollment in an appropriate school or educational program leading to a high school diploma;**

(B) where the child is eligible to be enrolled in a pre-kindergarten program pursuant to section thirty-six hundred two-e of the education law, the steps that the local social services district or agency has taken to promptly enable the child to be enrolled in an appropriate pre-kindergarten program, if available;

(C) where the child is under three years of age and is involved in an indicated case of child abuse or neglect, or where the local social services district suspects that the child may have a disability as defined in subdivision five of section twenty-five hundred forty-one of the public health law or if the child has been found eligible to receive early intervention or special educational services prior to or during the foster care placement, in accordance with title two-A of article twenty-five of the public health law or article eighty-nine of the education law, the steps that the local social services district or agency has taken to make any necessary referrals of the child for early intervention, pre-school special educational or special educational evaluations or services, as appropriate, and any available information regarding any evaluations and services which are being provided or are scheduled to be provided in accordance with applicable law; and

(D) where the child is at least sixteen and not subject to article sixty-five of the education law and elects not to participate in an educational program leading to a high school diploma, the steps that the local social services district has taken to assist the child to become gainfully employed or enrolled in a vocational program;

(iv) a description of the visitation plan or plans describing the persons with whom the child visits, including any siblings, and the frequency, duration and quality of the visits;

(v) where a child has attained the age of fourteen, a description of the services and assistance that are being provided to enable the child to learn independent living skills; and

(vi) a description of any other services being provided to the child;

(3) the status of the parent, including:

(i) the services that have been offered to the parent to enable the child to safely return home;

(ii) the steps the parent has taken to use the services;

(iii) any barriers encountered to the delivery of such services;

- (iv) the progress the parent has made toward reunification; and
  - (v) a description of any other steps the parent has taken to comply with and achieve the permanency plan, if applicable.
- (4) a description of the reasonable efforts to achieve the child's permanency plan that have been taken by the local social services district or agency since the last hearing. The description shall include:
- (i) unless the child is freed for adoption or there has been a determination by a court that such efforts are not required pursuant to section one thousand thirty-nine-b of this act, the reasonable efforts that have been made by the local social services district or agency to eliminate the need for placement of the child and to enable the child to safely return home, including a description of any services that have been provided;
  - (ii) where the permanency plan is adoption, guardianship, placement with a fit and willing relative or another planned permanent living arrangement other than return to parent, the reasonable efforts that have been made by the local social services district or agency to make and finalize such alternate permanent placement, including a description of any services that have been provided;
  - (iii) where return home of the child is not likely, the reasonable efforts that have been made by the local social services district or agency to evaluate and plan for another permanent plan and any steps taken to further a permanent plan other than return to the child's parent; or
  - (iv) where a child has been freed for adoption, a description of the reasonable efforts that will be taken to facilitate the adoption of the child; and
- (5) the recommended permanency plan including:
- (i) a recommendation regarding whether the child's current permanency goal should be continued or modified, the reasons therefor, and the anticipated date for meeting the goal;
  - (ii) a recommendation regarding whether the child's placement should be extended and the reasons for the recommendation;
  - (iii) any proposed changes in the child's current placement, trial discharge or discharge that may occur before the next permanency hearing;

(iv) a description of the steps that will be taken by the local social services district or agency to continue to enable prompt delivery of appropriate educational and vocational services to the child in his or her current placement and during any potential change in the child's foster care placement, during any trial discharge, and after discharge of the child in accordance with the plans for the child's placement until the next permanency hearing;

(v) whether any modification to the visitation plan or plans is recommended and the reasons therefor;

(vi) where a child has attained the age of fourteen or will attain the age of fourteen before the next permanency hearing, a description of the services and assistance that will be provided to enable the child to learn independent living skills;

(vii) where a child has been placed outside this state, whether the out-of-state placement continues to be appropriate, necessary and in the best interests of the child;

(viii) where return home of the child is not likely, the efforts that will be made to evaluate or plan for another permanent plan; and

(ix) in the case of a child who has been freed for adoption:

(A) a description of services and assistance that will be provided to the child and the prospective adoptive parent to expedite the adoption of the child;

(B) information regarding the child's eligibility for adoption subsidy pursuant to title nine of article six of the social services law; and

(C) if the child is over age fourteen and has voluntarily withheld his or her consent to an adoption, the facts and circumstances regarding the child's decision to withhold consent and the reasons therefor.

# 07-OCFS-INF-04 Keeping Siblings Connected: A White Paper on Siblings in Foster Care and Adoptive Placements in New York State



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## Informational Letter

<b>Transmittal:</b>	07-OCFS-INF-04
<b>To:</b>	Commissioners of Social Services Executive Directors of Voluntary Authorized Agencies
<b>Issuing Division/Office:</b>	Strategic Planning and Policy Development
<b>Date:</b>	June 8, 2007
<b>Subject:</b>	Keeping Siblings Connected: A White Paper on Siblings in Foster Care and Adoptive Placements in New York State
<b>Suggested Distribution:</b>	Directors of Social Services Foster Care Supervisors Adoption Supervisors Home Finding Supervisors Staff Development Coordinators
<b>Contact Person(s):</b>	Any questions concerning this release should be directed to the appropriate Regional Office, Division of Development and Prevention Services: BRO – Linda C. Brown (716) 847 – 3145 <a href="mailto:Linda.Brown@ocfs.state.ny.us">Linda.Brown@ocfs.state.ny.us</a> RRO – Linda Kurtz (585) 238 – 8200 <a href="mailto:Linda.Kurtz@ocfs.state.ny.us">Linda.Kurtz@ocfs.state.ny.us</a> SRO – Jack Klump (315) 423 – 1200 <a href="mailto:Jack.Klump@ocfs.state.ny.us">Jack.Klump@ocfs.state.ny.us</a> ARO – Glenn Humphreys (518) 486-7078 <a href="mailto:Glenn.Humphreys@ocfs.state.ny.us">Glenn.Humphreys@ocfs.state.ny.us</a> YRO – Patricia Sheehy (914) 377 – 2080 <a href="mailto:Patricia.Sheehy@ocfs.state.ny.us">Patricia.Sheehy@ocfs.state.ny.us</a> NYCRO – Brenda Smalls (212) 383 – 1788 <a href="mailto:Brenda.Smalls@ocfs.state.ny.us">Brenda.Smalls@ocfs.state.ny.us</a> Native American Services – Kim Thomas (716) 847 – 3123 <a href="mailto:Kim.Thomas@ocfs.state.ny.us">Kim.Thomas@ocfs.state.ny.us</a>
<b>Attachments:</b>	Yes
<b>Attachment Available Online:</b>	Yes

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
92 ADM-24					

07-OCFS-INF-04

June 8, 2007

**I. Purpose**

The purpose of this Informational Memorandum (INF) is to transmit to social services districts and voluntary authorized agencies a practice guidance paper, “Keeping Siblings Connected: A White Paper on Siblings in Foster Care and Adoptive Placements in New York State.” This paper, developed by the Office of Children & Family Services (OCFS) in conjunction with Welfare Research Incorporated (WRI), provides social services districts and voluntary authorized agencies with a framework for practice to strengthen sibling bonds for children placed in foster care or adoptive placement.

**II. Background**

OCFS regulations, which took effect on July 26, 1988, for the first time provided regulatory requirements that govern the placement of siblings together in foster care or adoptive placement. Chapter 854 of the Laws of 1990 evidenced support for this practice by the New York State Legislature. The statutory language strengthened the practice requirements even more by mandating regular visiting and communication for separated siblings and by adding that both placement together and visiting for separated siblings is *presumptively* in the child’s best interests, unless contrary to the child’s health, safety or welfare. OCFS regulations were amended effective September 25, 1991, in order to fully incorporate the statutory requirements of Chapter 854. On June 8, 1992, Administrative Directive 92 ADM-24 was issued. That directive remains in effect, and child welfare staff should review it and take all necessary steps to comply with the policies therein. The directive is attached to this INF and also available at:

<http://ocfs.state.nyenet/policies/external/1992/ADMs/92-ADM-24 Foster Care, Adoption; Requirements for Siblings Placement, Visitation and Communication.pdf>

Fifteen years have passed since these policies and practices were promulgated. In recent years, as part of the Child Welfare Program Improvement Plan, OCFS has begun “Youth in Progress” (YIP), an initiative that is part of the Adolescent Services Workgroup committed to promoting youth voice and empowering youth. This group has identified that the placement of siblings together and sibling visitation are vital to their need for family connections and has identified these issues as priorities.

In addition, the federal Child and Family Services Review (CFSR) has developed assessment criteria regarding keeping siblings together in foster care and visits between separated siblings in foster care. New York State and social services districts are accountable for performance with regard to these key indicators of effective practice.

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Furthermore, a 2006 performance audit by the Office of the State Comptroller (OSC) was completed to assess statutory and regulatory compliance with sibling placement decisions and visitation between separated siblings in foster care. OSC found that improvement was needed in both of those areas. Fifty cases in five upstate social services districts were reviewed. The separation decision was found to be adequate in 78% of the cases reviewed. Only 60% of the required sibling visits were documented in the cases reviewed. OSC's findings and recommendations were instrumental in OCFS's decision to issue this paper. A similar audit is currently underway in New York City, Administration for Children's Services.

### III. Program Implications

*Keeping Siblings Connected: A White Paper on Siblings in Foster Care and Adoptive Placements in New York State* emphasizes the importance of the sibling bond to children's development and emotional well-being. Siblings are family, and the connection to family helps give children their identity as well as their feeling of belonging in the world. Sibling contact gives children continuity with their family even when circumstances require separation from their parents. Conversely, the loss experienced by children who must be separated from their parents because of safety or other reasons is only compounded by the loss of contact with their siblings.

Given the need to focus on sibling relationships, the white paper addresses the benefits as well as the challenges of taking siblings into account in every foster care and adoptive placement and every visiting plan. The paper includes a summary of the statutes and regulations regarding siblings, a review of policies in other states, a discussion of issues, and recommendations for improving placement and visits with siblings for children in foster care and adoption.

Based on Social Services Law and the Family Court Act, the Administrative Directive 92 ADM-24, "Foster Care, Adoption: Requirements for Siblings Placement, Visitation and Communication" spells out casework requirements of OCFS. The ADM, along with this white paper, serves as a reminder to local district and voluntary authorized agency staff of the importance and necessity of paying attention to siblings as an integral part of child welfare casework practice.

Throughout the white paper are quotes from youth in foster care speaking from their own experiences about placement and visits with siblings. Through YIP, the state's foster care youth leadership advisory team, young people have the opportunity to express their concerns, desires, and recommendations related to siblings. The YIP team sees family visits as a priority issue.

The starting point for a discussion of siblings is the current policy that children entering foster care or adoption should be placed together with their siblings unless contrary to the health, safety, or welfare of one or more of the children. This should be an ongoing process and not a one-time decision at initial placement. Given the expectation that siblings be placed together, agencies must

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make diligent efforts to identify a foster or adoptive home willing and able to accept the placement. This includes identifying a relative willing to provide kinship care to all of the children or some of them while providing opportunities for continuing contact among the siblings.

To separate siblings, an assessment or consultation with other professional staff such as a licensed psychologist, psychiatrist, other physician, or certified social worker is required; agency staff must document reasons for separating siblings in the Family Assessment and Services Plan (FASP).

When siblings are placed separately, agencies are required to make diligent efforts to facilitate biweekly face-to-face contact between siblings and half-siblings, unless it would be harmful to their health or safety or unless geographic proximity precludes visiting. Foster parents must agree to cooperate with the agency in facilitating sibling visits, but the agency is responsible for having the visits take place and documenting them in the FASP.

After a review of other states' policies and a discussion of benefits and challenges to placing siblings together and sibling visitation, the white paper presents recommendations for practice:

### **Recommendations for Sibling Placement**

- Recognize the right of siblings to be placed together.
- Increase training for caseworkers and supervisors on sibling placement.
- Recruit foster homes for sibling groups.
- Train foster/adoptive families on sibling issues.
- Enhance assessment procedures.
- Include youth in the decision to place siblings together.
- Consider older siblings as placement options.
- Monitor placement decisions for opportunities to place siblings together.

### **Recommendations for Sibling Visits**

- Recognize and reinforce throughout the agency the requirements for sibling visits.
- Increase training for caseworkers and supervisors on sibling contact.
- Include youth in planning and decisions about visits with siblings.
- Broaden the definition of visits beyond the minimum contact requirements.
- Never use visits as a method of discipline.
- Enhance the ability to visit older siblings.
- Coordinate the provision of services to the family.
- Facilitate visits with half-siblings, step-siblings, and adopted siblings.
- Facilitate visits with siblings who are not in placement.
- Enhance training of foster and adoptive parents about the importance of sibling contact.

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The white paper includes the section *Before and After Adoption*, which addresses sibling issues in adoption. Siblings and half-siblings who are freed for adoption must be placed together in a pre-adoptive home unless placement together is determined to be not in the best interests of one or more of the children. Agencies must inform foster parents if any child placed with them has minor siblings, and, if so, if they are free for adoption. Youth who are 14 and older can decide for themselves whether they want to be adopted, although at every Service Plan Review (essentially every six months) caseworkers must ask youth 14 and older about the possibility of adoption as their circumstances and needs change.

If children are not placed together, agencies also must discuss with the adoptive parents their willingness to facilitate contact between the adopted child and any siblings, and inform the adoptive parents of the availability of services, if any, to assist in establishing and maintaining sibling contact. Contact with siblings may continue in several ways, including a contact agreement as part of a conditional surrender.

In conclusion, the importance of the relationship with siblings should be considered in all major decisions related to children in out-of-home care, including placement, service planning, and discharge. Going beyond fixed ideas about separating or placing siblings together, recognizing a family's unique situation, and listening to the children themselves will only lead to more creative and successful outcomes for children and families.

*/s/ Nancy W. Martinez*

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**Issued By:**

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## Forces That Drive Behavior

**Underlying Conditions:** Sets of personal characteristics and dynamics that influence behavior. These may support positive or negative behavior.

The following are definitions for the variables that comprise underlying conditions.

- ➔ **Needs:** Physical or psychological drives or instincts leading to or sustaining behavior designed to satisfy itself.
- ➔ **Development:** The physical, emotional, social, mental, and moral growth that gradually occurs over a life-long process as individuals interact with the environment.
- ➔ **Perception:** The process of using the senses and the mind to understand, attach meaning to, and interpret sensory data and interact with it.
- ➔ **Beliefs:** The mental acceptance of and conviction about the truth, actuality, or validity of something.
- ➔ **Values:** Personal beliefs plus judgment about what is right, worthwhile, or desirable.
- ➔ **Emotion:** A mental state that arises subjectively rather than through conscious effort and is often accompanied by physiological changes. While numbering in the hundreds, emotions can be organized into four discrete categories: anger, sadness, fear, and joy. Emotions both precede and follow thinking and behavior. Culture influences the rules for accessing and expressing emotion.
- ➔ **Capability:** A talent or ability that has potential for development or use. It includes cognitive ability, interpersonal skills, physical ability, etc.
- ➔ **Self-Concept:**

The set of beliefs that each person has about him/herself and which evolves out of interaction with the environment over time, is expressed in behavior, and can be grouped into four personal qualities:

- ✓ **Lovable**—the person's feelings and beliefs in relation to being a unique individual deserving of the regard, affection, and nurturance of significant others (e.g., family members and special friends).
- ✓ **Worthwhile**—the person's sense of importance, both in his/her own eyes and in the eyes of others.

- ✓ **Capable**—the person's beliefs with regard to possessing skills, having the potential to successfully acquire new skills, and solving problems as they arise.
- ✓ **Responsible**—the person's ability to meet personal needs, as well as the needs of others, through his/her choices and conduct.
- ➔ **Experience:** An event or series of events participated in or lived through that lead to knowledge, skills, values, beliefs, feelings, self-concept, perception, and cultural orientation. Experience is the history of relationships, events, successes, and failures that shapes choices in the present. Experience is likely the most important variable comprising the underlying conditions. Based on experience, all people form beliefs about themselves, which they then express in behavior and emotion.
- ➔ **Family System:** The relationships, roles, rules, beliefs, boundaries, power, subsystems, and communication patterns that exist and evolve among the interdependent members comprising the family.
- ➔ **Culture:** "That complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society" (Tylor, 1871), which evolves and adapts as individuals and groups who are part of the culture strive to solve problems and meet needs.

**Contributing Factors:** Individual or family dynamics and/or circumstances that are considered issues in adult, family, or child functioning and that contribute to behavior.

The following are definitions for specific contributing factors.

- ➔ **Mental Illness:** Behavioral or psychological patterns associated with distress, disability, or increased risk of suffering. There are nine categories of mental illness as defined by the American Psychiatric Association. They include: disorders usually first diagnosed in infancy, childhood, or adolescence; organic mental disorders; substance-related disorders, including alcohol abuse; schizophrenia and other psychotic disorders; mood disorders; anxiety disorders; somatoform disorders; dissociative disorders; and sexual and gender identity disorders.
- ➔ **Substance Abuse:** The continued use of any mood-altering chemical (including alcohol) despite negative consequences.

- ➔ **Domestic Violence:** There are two ways we define domestic violence in the child welfare field. One is the social definition that we use in our assessments in the field and the other is the legal definition, which the law uses to protect survivors and prosecute abusive partners.

The social definition notes domestic violence as a pattern of coercive behavior that may include physical, emotional, psychological, economic, or sexual abuse by one family member over another to establish and maintain power and control.

The legal definition of domestic violence is described in SSL 459-a and Statute 18 NYCRR 452.2 (g) (2) (VI).

- ➔ **Developmental Disabilities:** A variety of conditions that become apparent during childhood and cause mental or physical limitation. These conditions include autism, cerebral palsy, epilepsy, mental retardation, and other neurological impairments.<sup>1</sup>
- ➔ **Physical Impairment:** A variety of conditions that impair physical health and/or capability. These conditions can include chronic or terminal illness, physical handicaps or disabilities, and physical injuries.
- ➔ **Inadequate Housing:** A variety of conditions in the home environment that may include, but are not limited to, the following: serious overcrowding; seriously inadequate furnishings to meet the family's needs; inadequate heat, plumbing, electricity or water; lack or inoperability of essential kitchen appliances or bathroom facilities; multiple serious health hazards, such as rodent or vermin infestation; garbage and junk piled up; perishable food found spoiled; evidence of human or animal waste; peeling lead-based paint; hot water or steam leaks from a radiator; broken or missing windows; and no guards on open windows. Inadequate housing may also include a lack of housing.
- ➔ **Environment (including inadequate income and social isolation):** The conditions that surround us and have the potential to affect us in a negative way, including but not limited to inadequate income and social isolation.

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<sup>1</sup> This definition was taken from the NYS OMRDD "Frequently Asked Questions" website, available online at [http://http://www.omr.state.ny.us/hp\\_faqs.jsp#q8](http://http://www.omr.state.ny.us/hp_faqs.jsp#q8)

- ➔ **Inadequate income:** According to the economic definition of poverty, determined each year by the United States Census Bureau, if a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. For example, children living in a family of four in New York State in 2008 would be considered poor if their family's income was less than \$21,200.
- ➔ **Social isolation:** Lack of connection or support from the social relationships that exist in our lives, including those with our friends, neighbors, co-workers, members of the community, and the institutions we participate in such as schools, churches, and cultural organizations.

**Strengths:** The following are definitions for individual/family and community strengths:

- ➔ **Individual and family strengths** are those characteristics that help the individual and/or family as a whole meet the challenges of their lives, respond effectively to stressful situations, adapt and grow in the face of adversity, and support the achievement of safety, permanency, and well-being of children and youth.
- ➔ **Community strengths** are external resources that support individuals and families in these same ways.

## Safety Assessment Protocol

### Safety factor definition:

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.

**Based on observations and interviews in which the worker gathered information, the factors that are checked below are currently present in the Whitmire family:**

- Based on your present assessment and review of prior history of abuse or maltreatment, the parent(s)/caretaker(s) is unable or unwilling to protect the child(ren).
- Parent(s)/caretaker(s) currently uses alcohol to the extent that it negatively impacts his/her ability to supervise, protect and/or care for the child(ren).
- Parent(s)/caretaker(s) currently uses illicit drugs or misuses prescription medication to the extent that it negatively impacts his/her ability to supervise, protect and/or care for the child(ren).
- Child(ren) has experienced or is likely to experience physical or psychological harm, as a result of domestic violence in the household.
- Parent(s)/caretaker(s)' apparent or diagnosed medical or mental health status or developmental disability negatively impacts his/her ability to supervise, protect and/or care for the child(ren).
- Parent(s)/caretaker(s) has a recent history of violence and/or is currently violent and out of control.

- Parent(s)/caretaker(s) is unable and/or unwilling to meet the child(ren)'s needs for food, clothing, shelter, medical or mental health care and/or control child's behavior.
- Parent(s)/caretaker(s) is unable and/or unwilling to provide adequate supervision of the child(ren).
- Child(ren) has experienced serious and/or repeated physical harm or injury and/or the parent(s)/caretaker(s) has made a plausible threat of serious harm or injury to the children.
- Parent(s)/caretaker(s) views, describes or acts toward the child(ren) in predominantly negative terms and/or has extremely unrealistic expectations of the child(ren).
- Child(ren)'s current whereabouts cannot be ascertained and/or there is reason to believe the family is about to flee or refuses access to the child(ren).
- Child(ren) has been or is suspected of being sexually abused or exploited and the parent(s)/caretaker(s) is unable or unwilling to provide adequate protection of the child(ren).
- The physical living condition of the home is hazardous to the safety of the child(ren).
- Child(ren) expresses or exhibits fear of being in the home due to current behaviors of parent(s)/caretaker(s) or other persons living in, or frequenting the household.
- Child(ren) has a positive toxicology for drugs and/or alcohol.

- Child(ren) has significant vulnerability, is developmentally delayed, or medically fragile (e.g., on apnea monitor) and the parent(s)/caretaker(s) is unable and/or unwilling to provide adequate care and/or protection of the child(ren).
- Weapon noted in CPS report or found in the home and parent(s)/caretaker(s) is unable and/or unwilling to protect the child(ren) from potential harm.
- Criminal activity in the home negatively impacts parent(s)/caretaker(s) ability to supervise, protect and/or care for the child(ren).
- No safety factors present at this time.

**Assessment of immediate or impending danger of serious harm**

The following safety factors identified above, alone or in combination, place a child(ren) in immediate or impending danger of serious harm.

### Safety decision

*Identify the applicable safety decision here.*

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 the 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 or 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 continued 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. Also, if applicable, caseworkers must identify the protecting factors that allow each child(ren), if any, to 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.

### Comments

**Safety plan: Parent/caretaker actions to protect**

*“Describe the specific actions taken by the parent(s)/caretaker(s) to protect the child(ren) from the specific identified danger. Describe how these actions fully or partially protect the child(ren); the parent(s)/caretaker(s)’ ability to keep that protection in place; and how long and/or under what circumstance(s) the parent(s)/caretaker(s) must maintain the specific protective actions.”*

**Controlling Intervention:**

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

Based on safety factors identified, the family's current situation, the family's awareness of the problem, the availability of viable interventions, and/or other dynamics, a wide array of potential controlling interventions may be available to use in a safety plan.

*Check the controlling interventions implemented in this case:*

1. **Intensive Home Based Family Preservation Services:** Short term, intensive, in-home intervention aimed at restoring family functioning to enable maximum impact of case planning.
2. **Emergency Shelter:** Arranging for placement of the caretakers and children in a public or privately run emergency shelter, due to factors such as homelessness, eviction or catastrophe.
3. **Domestic Violence Shelter:** Temporary, specialized shelter or other DV residential programs with services for domestic violence victims.
4. **The Non-Offending Parent/Caretaker has been Moved to a Safe Environment with the Children.**
5. **Authorization of Emergency Food, Cash, or Goods:** Arranging for, referring or providing emergency food, clothing, furniture and other basic household items to those clients in need.

6. **Judicial Intervention:** May include filing petitions for Neglect or Abuse (Article 10), PINS (Article 7), or JD (Article 3).
7. **Order of Protection:** Securing a court order to prevent a person from having any personal contact with a victim.
8. **Law Enforcement Involvement:** May include contacting local, county or state law enforcement agencies to report a crime and/or to seek law enforcement intervention.
9. **Emergency Medical Services:** Arranging for or referring to emergency medical services including, but not limited to, hospital emergency rooms, ambulance/EMT services, and walk-in health clinics.
10. **Crisis Mental Health Services:** Arranging for or referring to emergency mental health services including, but not limited to, mobile mental health crisis units and suicide hotlines.
11. **Emergency in-patient Mental Health Services:** Securing an in-patient bed in a psychiatric or other mental health facility for the purpose of treating an acute psychological or psychiatric condition.
12. **Immediate Supervision and/or Monitoring:** Includes CPS in-home supervision and monitoring, including increased frequency and regularity (that is, above the norm) of home visits. Also include referring or arranging for the provision of immediately necessary in-home services, such as visiting nurse services, public health nurses, home health aides, homemaker services and supervised visitation.
13. **Emergency Alcohol Services:** Referring or arranging for the provision of emergency alcohol services including, but not limited to, emergency in-patient medical treatment or detoxification, out-patient treatment for an alcohol overdose and/or placement in a substance abuse residential treatment facility.

14. **Emergency Drug Abuse Services:** Referring or arranging for the provision of emergency drug abuse services including, but not limited to, emergency in-patient medical treatment or detoxification, out-patient treatment for a drug overdose and/or placement in a substance abuse residential treatment facility.
  
15. **Correction or Removal of Hazardous/Unsafe Living Conditions:** Eliminating hazardous or unsafe living conditions which may involve contacting the local Health Department or local Fire Department for a home inspection and recommendations. May also include client advocacy with landlords or public housing authorities and/or assistance in relocating the family.
  
16. **Placement in Foster Care:** Protective removal and foster care placement of children assessed to be in immediate danger of serious harm or who may be a threat to others in the home and/or community.
  
17. **Placement with an Alternative Caregiver:** Protective (court ordered) or voluntary removal and placement of children with appropriate alternative caregivers. Alternate caregivers may include, but are not be limited to, non-custodial parents, relatives, friends, or neighbors. Alternate caregivers may petition for custody or guardianship of the children.
  
18. **Supervised Visitation:** If a child is in foster care, or other out-of-home placement, supervised visitation protects children from dangers presented by parent behavior.
  
19. **Use of Family, Neighbors, or Other Individuals in the Community as Safety Resources:** Consider immediate or extended family members, neighbors, co-workers, affiliated religious group members and other community contacts who can play a role in assuring the health and safety of children. These voluntary safety resources may provide temporary child care, temporary shelter, transportation, donations of food, clothing, household goods, in-home monitoring and/or other forms of assistance to the family.

(You will need to specify here)

20. **The Alleged Perpetrator has Left the Household Voluntarily; the Current Caretaker will Appropriately Protect the Victim or Victims with CPS monitoring:**  
The alleged perpetrator has voluntarily left the home and the current caretaker has agreed to protect the children from further harm and is cooperating with CPS supervision and monitoring.
  
21. **The Alleged Perpetrator has left the Household in Response to Legal Action:**  
The alleged perpetrator has left the home as the result of law enforcement intervention and/or a court order to vacate the home, stay away from the children and/or refrain from committing a family or criminal offense against the children.
  
22. **Follow-up to Verify Children's Whereabouts or Gain Access to the Child or Children:** If Safety Decision # 5 is selected the appropriate intervention is to follow up by CPS and/or law enforcement to locate the child.
  
23. **Other**

(You will need to specify here)

For safety interventions to be part of a viable safety plan, they must be available immediately. Additionally, people who are integral to the plan must be capable of and committed to carrying out the plan.

## RAP Concepts and Risk Element Definitions

The contents of this handout are also found in the CONNECTIONS help screens for the RAP.

### RAP Concepts

#### *RAP Family Unit*

For purposes of the Risk Assessment Profile, the RAP Family Unit includes:

- ➔ all persons listed in the CPS case, including but not limited to all persons residing in the child(ren)'s home at the time of the report;
- ➔ any person who has child care responsibility or frequent contact with the child(ren) and assumes a caretaker role;
- ➔ any child(ren) who is in foster care or alternative placement with a permanency planning goal of "return home"; and
- ➔ any child(ren) who has run away or is temporarily in another living situation but who is expected to return home.

#### *Primary Caretaker (PC)*

- ➔ The Primary Caretaker is an adult who is legally responsible for the child(ren) and resides with child(ren).
- ➔ When more than one person who is legally responsible for the child(ren) resides in the household, the birth mother is presumed to be the Primary Caretaker.
- ➔ If the mother does not physically reside with the Child(ren), the Primary Caretaker is the adult who does reside in the child(ren)'s home and assumes primary responsibility for the care of the child(ren).
- ➔ There can only be one (1) Primary Caretaker.

#### *Secondary Caretaker (SC)*

- ➔ There does not have to be a Secondary Caretaker.
- ➔ The Secondary Caretaker is an adult who lives in the child(ren)'s home and assumes some responsibility for the care of the child(ren), or an adult who does not reside in the child(ren)'s home but cares for the child(ren) on a regular basis.

- ➔ If there are two (2) or more potential Secondary Caretakers with child care responsibilities, it is presumed that the caretaker listed as a subject in the CPS case should be the identified Secondary Caretaker.
- ➔ In all other situations, the adult (other than the PC) who assumes the most responsibility for the care of the child(ren)—either within or outside of the home—should be selected.
- ➔ Secondary caretakers are usually family members, such as the father and grandmother. When extended family, such as the mother's sister or other adult friends live with the family, one of these adults may also play a secondary caretaker role.
- ➔ Non-related, hired babysitters who do not live in the home are not considered secondary caretakers.

## Risk Elements 1-6

### 1. Total prior reports for adults and children in the RAP family unit

Count the number of prior indicated reports in which an adult in the RAP Family Unit was a confirmed subject or a child in the RAP Family Unit was a confirmed victim of abuse or maltreatment. Prior indicated reports where an adult in the RAP Family Unit was a subject should be included, regardless of whether the children who were abused or maltreated in the prior report are members of the current RAP Family Unit. Similarly, prior indicated reports where a child in the RAP Family Unit was abused or maltreated by an adult who is not part of the current RAP Family Unit should be counted. Do not consider prior reports in which the subject of the current report or another adult in the current RAP Family Unit was a victim of abuse or maltreatment as a child. Include prior reports that occurred in other states if credible information exists that an adult in the RAP Family Unit was a confirmed perpetrator of abuse or maltreatment or a child was a confirmed victim of abuse or maltreatment.

If only prior Unfounded Reports are included in the Uniform Case Record, verify if any member of the RAP family unit was an alleged subject or an alleged maltreated child. If "Yes," check "prior unfounded reports only." Do not count reports where all of the RAP family unit members had "no role."

If this is the first report, check "no prior determined reports."

2. **Any child in the RAP family unit was in the care or custody of any substitute caregivers (informally or formally) at any time prior to the current report date.**

Indicates whether any child in the RAP family unit previously resided (or currently resides) with a foster parent or substitute caregiver, either informally or formally, for a significant period of time. The placement does not need to have been due to child protective concerns; it could have been an informal family arrangement for one of many reasons. You would not select this element if the child stayed with close friends or relatives for a school vacation, or while the parent/caregiver had a short-term health crisis. This element applies to situations where the parent/caregiver was not willing or not able to provide parenting/caregiving responsibility.

3. **Child under one year old in RAP family unit at time of the current report, and/or new infant since report.**

The response to this risk element is system generated based on the presence of one or more children younger than one year of age on the Person List. Therefore, it is important that the information on the Person list is up-to-date, complete, and accurate; otherwise this element may be calculated inaccurately. Remember to always update the Person List for the addition of a new infant to the family since the last risk assessment was completed. The date of Birth (DOB) recorded in CONNECTIONS for the child(ren) is used to determine the response to the Risk Element, regardless of whether the DOB is exact or approximate. If the DOB field on the Person Detail window is blank for any person whose Rel/Int field signifies that the person is a child, CONNECTIONS includes that person as a child younger than one year old in this calculation. The calculated answer may be changed. Remember to include a new infant born since the answer was calculated.

4. **Current or recent history of housing with serious health or safety hazards; extreme overcrowding; unstable housing; or no housing.**

Evidence of inadequate or hazardous housing may include, but is not limited to, the following: serious overcrowding; seriously inadequate furnishings to meet the family's needs; inadequate heat, plumbing, electricity or water; lack or inoperability of essential kitchen appliances or bathroom facilities; multiple serious health hazards, such as rodent or vermin infestation; garbage and junk piled up; perishable food found spoiled; evidence of human or animal waste; peeling lead-based paint; hot water or steam leaks from a radiator; broken or missing windows; and no guards on open windows. In some cases, one or two

isolated hazardous conditions that have been identified will be corrected (such as restoring heat or installing window bars) prior to the time when risk assessment is completed, either at determination of the report or as part of a FASP. In these cases, the response to this Risk Element would be “No.” However, if the hazardous situations have been created over time and are likely the result of prolonged inattention by the caretakers and/or the caretakers appear to accept the hazardous conditions as an acceptable environment for children, the condition(s) is likely to reoccur even if it has been cleaned up by the time of the determination. In this situation, the response to the Risk Element would be “Yes.” Health hazards and seriously substandard living conditions pose risk of future abuse or maltreatment regardless of how old the children are.

Homelessness or an unstable housing situation is also included in this risk element definition. Temporary shelter that requires frequent relocation is not adequate, stable housing.

5. **Financial resources are mismanaged or limited to the degree that one or more basic family needs are intermittently or chronically unmet.**

This Risk Element is present if either the family does not have enough financial resources to meet the basic needs of the family for shelter, food, clothing, and health. It is also present if the financial resources available should be sufficient to meet the family's basic needs, but are not sufficient due to mismanagement or inappropriate use of funds. Benefits such as public assistance, SSI, food stamps, public housing or housing vouchers, HEAP, etc., should be considered as financial resources that help meet the family's basic needs. Indicators of limited or mismanaged financial resources may include eviction or threats of eviction for failure to pay rent or loss of utilities due to failure to pay utility bills. “Intermittently or chronically unmet” does not necessarily mean permanently and continuously, but rather could reflect a pattern of shifting from financial crisis to relative stability to financial crisis. If this is the case, check “Yes” to this Risk Element.

6. **Caretaker has, and utilizes, reliable and constructive support and assistance from extended family, friends, or neighbors.**

Indicates whether the caretaker(s) living in the primary household with the child(ren) has reliable and useful social support from informal sources, such as extended family, friends, or neighbors. Reliable and useful social support is present when the adult caretaker(s) has a network of relatives, friends or neighbors

to call upon for assistance in any area where the family may need help, such as child care, transportation, emergency financial or housing help, good parenting advice, or emotional support. In addition, the informal social support network is nearby and readily available when needed.

Informal social support does not include support from professional helping agencies, such as a case manager, mental health treatment team, or battered women's program. This Risk Element refers only to whether the caretaker has a supportive and reliable network of family, friends, and neighbors. If the caretaker's active participation in a faith-based community provides a network of supportive people who are providing needed assistance, this would meet the definition.

If extended family, friends, or neighbors exist, but are not able to provide constructive help for whatever reason, the answer to this Risk Element is "No." If the caretaker has responsible extended family who would like to be of assistance, but the caretaker has rebuffed their attempts to help, the answer to this question is "No."

## **Risk Elements 7-15**

Risk Elements 7 – 15 apply to the Primary and, if applicable, Secondary Caretakers in the stage. If no Secondary Caretaker has been identified, you only need to respond for the Primary Caretaker.

### **7. Caretaker has been a victim or perpetrator of abusive or threatening incidents with partners or other adults in family/neighborhood.**

This Risk Element includes situations commonly referred to as domestic violence between intimate partners, but it also refers to violent or threatening relationships with other non-partner adults. Domestic violence is defined as a pattern of coercive tactics that can include physical, psychological, social, economic or emotional abuse perpetrated by one adult against another adult. Examples of domestic violence include: grabbing, pushing, hitting, punching, kicking, choking, biting and restraining; attacking with weapons; threatening to harm the partner or the children; stalking and harassment; intimidation; forced sex; berating and belittling; denying access to family assets, etc. This includes: a caretaker who is a victim or perpetrator of domestic violence involving a partner, former partner or other adult; a caretaker who continues to maintain any type of relationship with an abusive adult and violence remains a threat (the presumption should be that

domestic violence remains a threat); an order of protection is in effect against the abusive adult; or a caretaker who is involved in serious conflicts (e.g., volatile arguments, physical fighting, threats with weapons) with other adults in the extended family, adult children, or even neighbors or business or gang associates.

Please note that the definition of this Risk Element is much more expansive than physical violence between current intimate partners. For example, threats, harassment, and frequent fighting or volatile arguments are included in the definition, regardless of whether any physical contact has occurred. If the police have been called to the home for domestic disturbance(s) between the caretaker and another adult, the presumption would be that this Risk Element is present. If one of the caretakers has recently sought an order of protection, or one is in effect, this Risk Element should be checked "Yes."

You would check "Yes" to this element if there are abusive relationships in the recent past or if the caretaker's and/or secondary partner's relationships seem to consist of a series of abusive relationships. It is not uncommon for an abused person to "end" the relationship but the abuser continues to seek contact or otherwise harass the victim. Ex-partners with a violent past may continue to have intense arguments over child visitation, child support, or other issues, so the risk of violence still exists.

If an abusive or threatening relationship ended years ago and the couple (or neighbor) moved away emotionally and physically from each other, the answer would be "No" to this Risk Element.

**8. Caretaker's alcohol use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.**

Alcohol use with negative effects means regular or periodic use of alcohol, which has had adverse effects on any aspect of relationships or responsibilities or (e.g., danger of job loss, financial problems, partner threatens to leave, child care suffers, criminal justice system involvement). Alcohol dependency or addiction does not need to be ascertained to check this Risk Element. If the caretaker was in treatment more than two years ago, but there is evidence that the person has resumed using alcohol, consider this as a current alcohol problem. Select "Yes" for this Risk Element if the caretaker is currently participating in an alcohol treatment program, because until two years of abstinence following the successful completion of treatment has passed, the caretaker is considered to be at risk of relapse. Respond "No" to this Risk Element

if the caretaker had an alcohol problem in the past, but has completed treatment and has remained alcohol-free for at least two years. If the caretaker is participating in a non-professional support group, such as Alcoholics Anonymous (AA), without any other evidence of continuing alcohol use within the last two years, do not consider this, by itself, as a current alcohol problem.

An indicator of a problem with alcohol may include a recent arrest for an alcohol-related offense as the abuse/misuse led directly to criminal justice system involvement.

**9. Caretaker's drug use has had negative effects on child care, family relationships, jobs, or arrests, within the past two years.**

Drug use with negative effects means regular or periodic use of one or more drugs which has had adverse effects on any aspect of relationships or responsibilities (e.g., danger of job loss, financial problems, partner threatens to leave, child care suffers, criminal justice system involvement). Drug dependency or addiction does not need to be ascertained to check this Risk Element. If the caretaker was in treatment more than two years ago, but there is evidence that the person has resumed using drugs, consider this as a current drug problem. Select "Yes" for this Risk Element if the caretaker is currently participating in a drug abuse treatment program, because until two years of abstinence following the successful completion of treatment has passed, the caretaker is considered to be at risk of relapse. Select "No" for this Risk Element if the caretaker had a drug problem in the past, but has completed treatment and has remained substance-free for at least two years. If the caretaker is participating in a non-professional support group, such as Narcotics Anonymous (NA), without any other evidence of continuing drug use during the past two years, do not consider this, by itself, as a current drug problem.

An indicator of problem with drugs may include a recent arrest for a drug-related offense as the abuse/misuse led directly to criminal justice system involvement.

**10. Caretaker's behavior suggests mental health problems exist and/or caretaker has a diagnosed mental illness.**

The caretaker should be considered as having a mental health problem if he or she: exhibits symptoms, such as bizarre behavior or delusions; has recent repeated referrals for mental health evaluation or treatment; has been prescribed medication for an ongoing or recurring serious mental health problem; is currently experiencing depression of an ongoing or recurring nature; is engaging in purposely hurting

themselves or suicidal behavior; has a current diagnosed serious mental illness; or has attempted suicide in the past. If the caseworker observes an apparent serious mental health problem, a mental health evaluation does not need to have been completed to check that this is a suspected Risk Element at the time the RAP is completed. This Risk Element should be checked “Yes” even if the person is appropriately attending to his or mental health problem by attending mental health treatment sessions or taking prescribed medication. For example, the answer is “Yes” for a caretaker who is diagnosed with schizophrenia even if the caretaker is taking prescribed medication and doing well.

**11. Caretaker has very limited cognitive skills.**

Very limited cognitive skills could include mental retardation, brain injury or some type of cognitive disability that limits the caretaker’s ability in major life activities, such as child care, capacity to form positive relationships with others, self-care, self-direction, receptive and expressive language, learning, capacity for independent living and economic self-sufficiency.

**12. Caretaker has a debilitating physical illness or physical disability.**

Indicates whether or not the caretaker has a serious physical disability or debilitating illness that limits his/her ability to perform any major life activities, such as child care, capacity to form positive relationships with family members or others, self-care, self-direction, receptive and expressive language, learning, mobility, capacity for independent activities and economic self-sufficiency.

**13. Caretaker demonstrates developmentally appropriate expectations of all children.**

A caretaker who “demonstrates developmentally appropriate expectations” is one who shows awareness of what is possible for a child to do and what it is not possible for a child to do, based on his/her age and the stage of development of his/her cognitive, motor, language and social skills. Caretakers would demonstrate this by the level of physical care, supervision, and degree of autonomy they provide to the children, and by how closely they fit the expectations they have of the child to the child’s ability. They would apply realistic standards and safe and reasonable limits to the child’s behavior and also apply re-direction and discipline that matches the child’s abilities and development. A parent with developmentally appropriate expectations adapts parenting practices to the needs of the child(ren) and circumstances. Select “Yes” for this Risk Element only if the caretaker has demonstrated developmentally appropriate expectations with all of the children.

A caretaker who sexually abuses a child does not have developmentally appropriate expectations of the child. A caretaker who uses disciplinary practices that are physically or emotionally abusive indicates that the caretaker does not demonstrate an appropriate understanding of children's needs and how children learn.

**14. Caretaker attends to needs of all children and prioritizes the children's needs above his/her own needs or desires.**

Indicates whether or not the caretaker has a history of recognizing and attending to the daily needs of all of the children. This strength would be present if the caretaker: has demonstrated competence in meeting the basic and unique needs of all of the children; is resourceful in making attempts to meet child(ren)'s needs despite adverse circumstances; and has demonstrated the ability to prioritize the children's needs above the caretaker's. This Risk Element does not require a perfect parent to score this as "Yes." While some caretakers may always meet the needs of all of their children, the perfect parent is rare in the real world. Some caretakers may recognize and strive mightily to meet the needs of their children, but may have an isolated or temporary instance of not meeting a child's needs. Unless the isolated instance was a seriously dangerous lapse, or the caretaker evidences a lack of concern about the harm done to the child, the answer would still be "Yes," the caretaker attends to the needs of the children.

To check "No," there must be some evidence that the caretaker either does not recognize an important need of the child(ren) and/or there are multiple instances of the caretaker prioritizing the adult's needs to the detriment of the children's needs. For example, parents/caretakers who maintain a supply of cigarettes and beer but no formula or diapers are not prioritizing the children's needs.

Not enrolling school-age children in school, or allowing excessive school absences, would show a lack of attention to the children's educational needs. Repeatedly leaving the children with relatives, friends, or acquaintances so the caretaker can go partying would be an example of prioritizing the caretaker's desires over the children's needs for stability. Sexual abuse of a child by the caretaker indicates that the caretaker has prioritized his or her own desires above the child's needs. Knowingly not protecting a child from physical or sexual abuse by another person would indicate that the caretaker is not attending to the needs of all the children.

**15. Caretaker understands the seriousness of current or potential harm to the children, and is willing to address any areas of concern.**

This Risk Element refers to whether the caretaker acknowledges any identified injuries or harm that a child has incurred or acknowledges that behaviors and conditions identified in the home by the caseworker pose a risk of harm to the child(ren). The caseworker must also take into account the caretaker's willingness (or ability) to address any current behavior or conditions where a direct link to current or potential harm can be made.

In the case where there has been no abuse or maltreatment and the children are well cared for, select "Yes" because the caseworker and the caretaker do agree on the status of the children's well-being and that there is no concern for harm or risk to the children.

Where there has been maltreatment of a serious nature, but the caretaker does not understand or accept that harm has occurred and it is likely to continue or recur unless something changes to prevent it from occurring again, select "No" for this Risk Element.

Often, the situation will not be so clear cut. Parents/caretakers often make statements to the effect of "I'll see to it that this never happens again." This statement, by itself, is not sufficient information for the caseworker to determine if this Risk Element is present or not. In addition to what the caretaker says about addressing the behaviors or conditions that pose a risk to children, the caseworker must consider if the caretaker has actually taken any steps to address these concerns to reduce risk and increase safety. For example, if the caretaker had a drug abuse problem 18 months ago, first check "Yes" for the drug use risk factor earlier in the RAP. Then consider if the caretaker recognizes the potential for drug use to harm the children. If the caretaker has already successfully addressed the drug problem and has ceased using drugs, or is addressing this problem by participating in substance abuse treatment now, the answer to this last RAP question would be "Yes" (in the absence of another serious unaddressed risk factor). Similarly, the answer to this question would be "Yes" in the case of a caretaker with a serious mental illness who understands that maintaining compliance with his treatment plan is necessary for the safety and well-being of his children and who has a record of complying with his treatment plan.

On the other hand, even if the caretaker verbally agrees that there are problems that place the child at risk, (i.e., caretaker agrees she has an active substance abuse

problem) but the caretaker does not keep appointments for services she is referred to without a legitimate reason, or continues to make excuses for not addressing problems she says she understands, the caseworker would be right to question the caretaker's willingness or ability to address areas of concern at this time, and the answer to this question would be "No."

If there was a maltreatment incident, but the caretaker minimizes or denies it, and won't take reasonable steps to reduce the risk of it re-occurring, the answer would be "No." This is also the case when the caretaker has not committed the child abuse or neglect herself, and the caretaker doesn't see the need to keep another person who did harm or poses risk to the child away from the child. In those instances, the answer would be "No."

## **Elevated Risk Element Definitions**

### **1. Death of a child as a result of abuse or maltreatment by caretakers(s)**

Applies to a confirmed fatality of a child as a result of abuse or maltreatment by the identified Primary Caretaker or Secondary Caretaker. The death of the child could have occurred at any time prior to the completion of the RAP and in any jurisdiction within or outside New York State.

### **2. Caretaker(s) has a previous TPR**

The identified Primary Caretaker or Secondary Caretaker must have had a adjudication of termination of their parental rights at any time prior to the completion of the RAP. The termination of parental rights (TPR) indicates that a proceeding in family court has occurred and that the court has made a formal decision to grant the guardianship and custody of a child to the local district/petitioner. The TPR may be based upon grounds that the child is a "permanently neglected child," "severely abused child," or a "repeatedly abused child."

The filing of a TPR with no adjudication to date does not apply.

Parental surrenders are not to be considered as circumstances applying to this Elevated Risk Element. Parental surrenders are not a legal indication of a family court finding of permanent neglect and therefore do not apply in this circumstance.

### **3. Siblings removed from the home prior to current report due to abuse or neglect and remain with substitute caregivers or foster parents**

Applies to situations or circumstances that result in the removal of a child (or children) from the home, due to alleged or confirmed abuse or maltreatment, and the child(ren) is placed with substitute caretakers or foster parents. This includes removals by CPS, law enforcement, or any authorized person or entity acting in the best interests of the child(ren).

4. **Repeated incidents of sexual abuse or severe physical abuse by caretaker(s)**

Applies to confirmed reports in which the Primary Caretaker and/or Secondary Caretaker has *repeatedly* sexually abused or *severely* physically abused one or more children in his/her care or has allowed repeated sexual abuse or severe physical abuse of said child(ren) to occur.

Although a single act of sexual abuse is a serious and grievous assault upon a child, the existence of *repeated* sexual abuse implies an inability on the part of the Primary Caretaker and/or Secondary Caretaker to protect the child(ren) and therefore implies an increased risk of future harm.

*Severe* physical abuse implies, but is not limited to, a substantial risk of serious and/or protracted physical injury. Examples of severe physical abuse that results in serious physical injury may include, but are not limited to, the infliction of internal injuries, fractures, blunt trauma, shaking, choking, burns/scalding, severe lacerations, hematoma, or extensive bruising.

5. **Sexual abuse of a child and perpetrator is likely to have current access to child**

Applies to situations in which a child (or children) has been sexually abused and the confirmed perpetrator (adult or child) continues to have current access to and/or contact with the child. This situation implies an inability on the part of the Primary Caretaker and/or Secondary Caretaker to protect the child(ren) from the risk of future sexual abuse. This also applies to situations in which the Primary Caretaker and/or the Secondary Caretaker is the perpetrator and resides with, or continues to have access to, the child.

6. **Physical injury to a child under one year old as a result of abuse or maltreatment by caretaker(s)**

Applies only to a child (or children) younger than one year old. The young age and inherent vulnerability of the child, coupled with the recent physical injury to the child due to abuse or maltreatment, implies an increased risk of future harm.

7. **Serious physical injury to a child requiring hospitalization/emergency care within the last 6 months as a result of abuse or maltreatment by caretaker(s)**

Applies to situations in which the child(ren) sustained serious physical injury that requires hospitalization or emergency care provided by any of the following: emergency room, urgent care facility, doctor's office, or emergency medical technicians. The physical injury must have occurred within the last six months.

Examples of physical injury may include, but are not limited to, internal injuries, blunt force trauma, whiplash/Shaken Infant Syndrome, head injury, serious injury to or loss of limb(s), fractures (including spiral and compound), burns/scalding, eye injuries, and severe lacerations.

Malnutrition, Failure to Thrive (FTT), and other serious or life-threatening medical diagnoses directly related to confirmed child abuse or maltreatment may also be included under this Elevated Risk Element.

8. **Newborn child has positive child has positive toxicology for alcohol or drugs**

Applies to situations in which a newborn (younger than 6 months old) who is currently part of the RAP family unit:

- ➔ tested positive for alcohol or drugs in his/her bloodstream or urine; and/or
- ➔ was born dependent on drugs or with drug withdrawal symptoms, Fetal Alcohol Effect, or Fetal Alcohol Syndrome.

The young age and inherent vulnerability of the newborn child, coupled with any of the circumstances above, implies an increased risk of future harm to the child.

## Questions for Assessment of Strengths, Needs, and Risk

Below are a series of questions to support your assessment of risk with the families and children you serve. Expecting parents to answer such questions assumes that the following criteria have been satisfied:

- ➔ Service providers and parents have established a level of trust sufficient for the parents to disclose the information sought by the question.
- ➔ The questions are posed in a nonthreatening manner and/or are perceived as nonthreatening by the parent.
- ➔ Parent is capable—intellectually and emotionally—to answer the questions.

Generally, people answer the questions of others when they perceive benefit from so doing. Establishing the basis for the interview(s) in a way that incorporates parent needs and perspective is vital to gaining/discovering the desired information.

The questions in this handout can be used to gather information relative to the assessment elements contained in the Risk Assessment Profile (RAP), and the Assessment of Strengths, Needs, and Risk. The questions are organized by strengths, needs, and risk assessment scales and ordered (where feasible) from lesser to greater degrees of potential threat to the parent. If parents do not answer questions at the beginning of each scale, they are conveying that one or more of the above criteria is not satisfied. Also, the scales vary in level of potential threat to the parent. Structuring the interview to anticipate this is wise.

Questions contained in this handout should not be viewed as being asked to a “blank screen,” where the interviewee is seen uniformly capable and willing to objectively and openly answer any and all questions. The implications of this are that the questions must always be balanced by good listening skills and rapport-building behaviors. An area especially important to monitor is the immediate effect of the question on the parent. Reflecting feelings and needs and supporting the parent during this process is crucial.

Besides the information gained from the parent's verbal response to these questions, the interviewer gets nonverbal information—often equally, if not more, important. This level of response reveals mood, intellectual ability, concentration, motivation, trust, and attitude, all of which should be factored into the current and future interview(s).

Since predicting exact parent response to questions is generally impossible, rephrasing or creating follow-up questions is essential. Also, when the parent reveals more information than might be expected by a particular question, continuing to introduce other questions from the handout may not be necessary.

*Note:* The items marked with an asterisk (\*) are elements which contribute to the calculation of a risk score in protective cases.

## **Family Functioning**

### **\* Support System**

- ➔ Tell me about your relationships with people outside of your immediate family – relatives, friends, neighbors, acquaintances? Whom do you see or have regular contact with? How close or far away do they live?
- ➔ Do these people give you support (emotional, financial), help, or advice when you ask for it? How often do you ask? How often do they give it?
- ➔ Do you have a telephone? Does not having a telephone cause you problems? Please explain.
- ➔ What kind of activities or groups are you involved in outside your home? How often? How regularly? How often do you go to someone else's home or have someone else over to your home?
- ➔ How does it feel when you need to ask someone for help?
- ➔ How do you think others feel when you ask for help from them?

### **\* Financial Resource Management/Basic Needs**

- ➔ Have you ever been evicted from where you were living? What led to the eviction? Have you ever been homeless? When? What did you do?
- ➔ Describe your sources of income?
- ➔ Have you ever had to rely upon a food pantry? Describe the circumstances.
- ➔ What utilities (gas, electric, water, cable, etc.) are you currently using. How are they paid?

**Stability of Housing**

- ➔ How long have you lived at your current address?
- ➔ How often have you moved in the past two years?
- ➔ Is the title for the house, or the lease on the apartment in your name? If not, what is your relationship to the person who is responsible for the residence?
- ➔ Is there anything going on now that could result in you having to move in the near future?

**\* Living Conditions**

- ➔ How do you feel about your home? What is your home lacking that you wish it had?
- ➔ How do others in the family view the conditions of the home?
- ➔ Do your children share their bedrooms with anyone? Please explain? Are there doors on any rooms so you and other family members can have privacy when getting dressed or using the bathroom?
- ➔ Is there anything in your home that makes it really uncomfortable, unsafe, or unsanitary (e.g., problems with water, heat, gas, electricity, plumbing, peeling paint, broken windows, food storage, dangerous substances, bugs or mice)? Is your neighborhood safe? Can your children play safely outside?
- ➔ Do you know how to make home repairs or does your landlord make repairs when you ask? Do you ask?
- ➔ Have you ever had a fire in your home? Describe.
- ➔ On a scale of 1-10 with one being “not important at all,” and 10 being “the most important thing to my family,” how would you rate your feelings about the condition of your home?

**Neighborhood Environment**

- ➔ Where do you live?
- ➔ How long have you lived there?

- ➔ Is your home close to public transportation? Shopping? If not, tell me how you manage.
- ➔ What kind of community services have you used? Are they easy to use and get to? Do you know what community services are available if you need to use them?
- ➔ Do you feel safe in your neighborhood? Do you feel that your children are safe there?
- ➔ On a scale of 1-10, with one being “I need to get out of here,” and 10 being “I would never leave the neighborhood,” how would you rate your neighborhood?
- ➔ How do others in the family view the neighborhood?

### **Parent/Caretaker Functioning**

- ➔ How old are you?
- ➔ How prepared were you to become a parent?
- ➔ What does your mother/father think about your parenting ability?
- ➔ Is being a parent easier or harder than you expected? On a scale of 1-10, with one being “impossible” and ten being “piece of cake,” how would you rate your experience as a parent?
- ➔ At what age did your parents first become parents?
- ➔ Was your pregnancy planned? What led to your decision to have a child?

### **Caretaker Abused/Neglected as a Child**

- ➔ How would you describe your childhood?
- ➔ Please share with me your best memories as a child? Your worst memories?
- ➔ How did you spend time with your family?
- ➔ Describe how your father treated you. Describe how your mother treated you.
- ➔ How would your parents describe you?

- ➔ Explain what your parents/caretakers did that showed they loved you.
- ➔ Did your parents approve of most of the things you said you did? How did they show their approval?
- ➔ Did your parents ever disapprove of things you said or did? How did they show their disapproval?
- ➔ Share with me the worst thing you ever did that your parents found out about. How did they react to what you did?
- ➔ What was the usual method of discipline your parents used? Was it the same for all the children?
- ➔ Did your mother/father ever hit you? How often? For doing what? What were you hit with (open hand, fist, belt, paddle, etc.)? How badly were you hurt?
- ➔ How else did your parents punish you?
- ➔ Can you give me some examples of things you do as a parent that are the same as what your parents did? Can you give me some examples of things you do differently?
- ➔ How do you think the way you were brought up affects your parenting?

**\* Physical Health**

- ➔ How's your health? Please explain.
- ➔ Are you under a doctor's care?
- ➔ Does your medical condition require medication?
- ➔ Does the medication/treatment affect you negatively? Please explain.
- ➔ Describe anything that has been hard for you to do for your child since you've been ill.
- ➔ What are you still able to do for your child that he/she needs or wants from you?
- ➔ Is there anything you are unable to do for your child that he/she needs or wants from you?

### Physical Health Care

- ➔ Do you have any medical coverage?
- ➔ Do you have a primary physician?
- ➔ How often do you see a doctor?
- ➔ Describe how you feel about going to medical appointments.
- ➔ How important is your health to you? On a scale of 1-10, with one being “totally not important” and ten being “the most important thing in life,” how would you rate your feelings about your health?
- ➔ Do you have any physical conditions/ailments that are not being treated?

### \* Mental Health

- ➔ How are you feeling generally – happy, sad, scared, angry, overwhelmed, confused, disappointed, etc.? How long have you been feeling this way?
- ➔ When was the last time you felt different than you do now? What did you feel then?
- ➔ Describe something about your life that you like? Don't like?
- ➔ Tell me how you think your life will be in five years.
- ➔ How does \_\_\_\_\_ treat you?
- ➔ Describe how you are feeling toward \_\_\_\_\_?
- ➔ What does \_\_\_\_\_ need from you now? Give me an example of how you respond to these needs?
- ➔ What's easy about taking care of \_\_\_\_\_? What's hard? Tell me more.
- ➔ Are there things you need to take care of in your daily life that are hard for you to do (e.g., shopping, cooking, paying bills, taking care of your house, dealing with \_\_\_\_\_'s teachers and school)? Describe a hard day.

**Mental Health Care**

- ➔ Are you currently taking medication for an emotional condition?
- ➔ Are you currently receiving counseling/mental health treatment?
- ➔ Have you received mental health services in the past? On a scale of 1-10, with one being “of no use at all” and 10 being “extremely effective,” how effective were past mental health services.
- ➔ How do others in the family view mental health services?

**Ability to Cope With Stress**

- ➔ Have you had any major stress or crisis in your family in the last year or so (e.g., unemployment, death of a family member, change in marital relationships, long illness or serious injury, loss of housing)? Please explain these stresses and how often they've happened? Have they affected your children and/or your ability to care for them?
- ➔ Describe how you handled the major stress or crisis situations?
- ➔ What things that you do day-to-day are easiest for you? What things are the hardest? How do they affect your children?
- ➔ Whom do you ask for help when you need it? Tell me what they do.

**\* Cognitive Skills**

- ➔ Do you read and write with your children?
- ➔ Do problems with reading and/or writing ever cause you problems or keep you from getting things you need? Please explain.
- ➔ Do you maintain a checking account?

**\* Relationships Among Caretakers & Other Significant Adults**

- ➔ Who do you consider to be members of your family? Who lives in your house or visits you often? Who has a lot of contact with your children?

- ➔ How do you and your family get along most of the time? How do you and your family handle things when you disagree—about what to do, what you want, how to deal with your children?
- ➔ Describe your relationship with \_\_\_\_\_.
- ➔ What would you say is one of the best things about \_\_\_\_\_? What do you wish was different about \_\_\_\_\_?
- ➔ What do you do when you get angry (e.g., leaving, verbal insults, yelling, threats, throwing things, physically attacking each other)?
- ➔ What does \_\_\_\_\_ do when he/she is angry?
- ➔ Is there anyone in your family that you're afraid of? Who? What does the person do that scares you? Is there anyone in your family that your children are afraid of? Who? What does the person do that scares them?
- ➔ Has anyone in your family ever threatened to hurt another family member? What did the person say or do?
- ➔ Has anyone in your family ever physically hurt you or another family member? How seriously? How often? Was this done in front of the children?
- ➔ Have you ever had to ask someone else for help because you were afraid of, threatened by, or hurt by a family member? Who (e.g., family, friends, neighbors, police)?
- ➔ Has any member forced you or another member to do sexual thing you/they didn't want to?
- ➔ Have you ever asked the police for help in a family situation? Tell me what happened? How often has this happened? Have you ever had an order of protection against another person?

**\* Alcohol Use within the Past Two Years**

- ➔ Do you currently drink alcohol? Do you recall when you first began drinking alcohol? How much do you drink now, on average? (Two drinks a day for men and one drink for women—beer, wine, or liquor—is considered “moderate drinking.”)
- ➔ Tell me about the times when you drink. With whom?

- ➔ Has anyone close to you ever commented on your drinking? How much you're drinking? Things that you do when you're drinking? Please explain. How do you feel about their comments?
- ➔ Do you think that your drinking has any effect on your children, or on your ability to care for your children? Please explain.
- ➔ Has a professional (or anyone else) ever told you that drinking was causing you health problems? Please explain.
- ➔ Have you ever had any professional help/treatment for drinking or drinking-related problems? Please explain and give specifics of the treatment.

**\* Drug Use within the Past Two Years**

- ➔ Have you ever used any drugs or medications prescribed to you (e.g., painkillers, sleeping pills, tranquilizers) in any way that the doctor didn't prescribe them?
- ➔ Have you ever used any over-the-counter drugs or medications (ones you bought in a store, such as diet pills, laxatives) in a way different from the directions?
- ➔ Have you ever used marijuana, acid, cocaine, crack, or heroin? Please explain.
- ➔ Are you currently using marijuana, acid, cocaine, crack, heroin, other drugs? When was the last time that you used this drug?
- ➔ How often, on average, have you used drugs in the last six months? How much do you use?
- ➔ Do you ever use drugs/alcohol while you are caring for your child(ren)?
- ➔ Has anyone close to you ever commented on your drug use? Please explain.
- ➔ Do you think that your drug use has any effect on your children, or on your ability to care for your children? Please explain.
- ➔ Has a professional (or anyone else) ever told you that drug use was causing you health problems? Please explain.
- ➔ Have you ever had any professional help/treatment for drug abuse or drug-related problems? Please explain and give specifics of the treatment.

### **Criminal History**

- ➔ Describe any criminal history?
- ➔ Are you currently on probation, parole?
- ➔ Are any family members/significant friends involved in criminal activity? How does it affect your life?

### **Motivation/Readiness to Change**

- ➔ On a scale of 1-10, with one being “everything is terrible,” and 10 being “everything is perfect,” how would you rate your life right now?
- ➔ Who is most responsible for your involvement with child welfare services? How so?
- ➔ If child welfare services were to get out of your life today, how would things work out for your family?
- ➔ What would happen if you complied with all being asked of you by the child welfare system?
- ➔ What services do you find helpful?
- ➔ If there was anything you could change about your life, what would it be?
- ➔ What would a perfect day/week/month look like for your family?

### **\* Parent/Caretaker Expectations of Children**

- ➔ How old is (the child's name)?
- ➔ Tell me about some of the things he/she does that you like. When does he/she behave that way? How often?
- ➔ What do you say/do when \_\_\_\_\_ behaves well?
- ➔ Does \_\_\_\_\_ behave the way you want him/her to? Please tell me more about this.
- ➔ Give me some examples of when \_\_\_\_\_ doesn't behave the way you expect? How often does the child behave this way?

- ➔ What do you say/do when \_\_\_\_\_ doesn't behave the way you expect?
- ➔ How do you want him/her to behave? How can you get him/her to do this?
- ➔ How does \_\_\_\_\_'s behavior compare with other kids' his/her age?
- ➔ Share with me how you want your child to turn out as an adult.

### **Parent/Caretaker Acceptance of Children**

- ➔ Please describe \_\_\_\_\_ for me. What would I like about him/her? Not like?
- ➔ What does \_\_\_\_\_ do that causes you problems? How often does this happen?
- ➔ How do you feel when \_\_\_\_\_ acts in a way you like? Don't like?
- ➔ Do you ever wish \_\_\_\_\_ was different in some way? Tell me more. How would your life be better?
- ➔ Give me an example of when \_\_\_\_\_ is a good child. How often does \_\_\_\_\_ act this way?
- ➔ What do you think \_\_\_\_\_ thinks of you?

### **Parent/Caretaker Discipline of Children**

- ➔ How well prepared do you think your child will be to succeed as an adult?
- ➔ What function do you think you have with regards to their future success? How will you perform that function?
- ➔ When your child fails to perform/ behave as you expect, how do you respond? Give examples.

### **Parent/Caretaker Supervision**

- ➔ When you were a child, how much time did you have without adult supervision at age \_\_\_\_? How did that work out? How did you feel about it?
- ➔ Describe how you make decisions about whether and how long you can leave \_\_\_\_\_ alone?

- ➔ Describe how you make decisions about selecting substitute child care, when you must be elsewhere.
- ➔ How much unsupervised time does \_\_\_\_\_ have per day? At what times does this occur?

### **Problem Solving Skills**

- ➔ Describe some difficulties your family has faced. How did you overcome them?
- ➔ Who do you look to for support during difficult times?
- ➔ When you, your friends, your children and/or your employer make different demands upon your time, how do you decide what to do? Describe a time when this occurred.

### **\* Recognizes and Attends to Needs of All Children**

- ➔ Describe how your children's needs are different?
- ➔ Describe how your children's needs are the same?
- ➔ Describe what you do to meet your child/ren's needs
- ➔ Describe what you have done to overcome obstacles to meeting your children's needs.

### **Child Functioning**

#### **Physical Health**

- ➔ Do your children suffer from any ongoing physical health conditions?
- ➔ Have your children had any significant health problems in the past?
- ➔ Is your child on target developmentally? How have you determined that?
- ➔ How much school do your children miss during a school year?

**Physical Health Care**

- ➔ How do you feel about taking the child for medical care?
- ➔ Where does your child receive medical care?
- ➔ Who is the child's primary care physician?
- ➔ Do you have a record of the child's immunizations?
- ➔ When was the child's last physical?

**Mental Health**

- ➔ Does your child behave as you expect children should behave? Explain?
- ➔ How does your child's behavior affect others in the family?
- ➔ How do others feel about your child's behavior?

**Mental Health Care**

- ➔ Does your child currently receive any mental health services? In the past?
- ➔ How do you feel about mental health service providers?
- ➔ How do others feel about your child's condition?

**Bonding and Attachment of Child Under Age 2**

- ➔ How do you describe your child?
- ➔ How does your child respond to members of the family? Strangers? Describe.
- ➔ How does your child respond when you enter the room? When you leave?

**Child Development/Cognitive Skills**

Use the *Child Development Guidebook* to gather information necessary to complete this element.

**Academic Performance**

Check with school officials. If home-schooled, check to see how progress is being monitored.

**Child Behavior**

- ➔ Describe your child's behavior.
- ➔ How do others in the family describe your child's behavior?
- ➔ How does the school describe your child's behavior?
- ➔ How do your neighbors describe your child's behavior?
- ➔ What is the child's self-view?
- ➔ Has your child ever been in trouble with the law?

**Alcohol Use within the Past Two Years**

- ➔ Does your child currently drink alcohol? Do you recall when drinking behavior first occurred? How much does your child drink? Tell me about the times when your child drinks. With whom?
- ➔ Do you think that your child's drinking has any effect on your family, school, or behavior in the community? Please explain.
- ➔ Has your child ever had any professional help/treatment for drinking or drinking-related problems? Please explain and give specifics of the treatment.

**Drug Use Within the Past Two Years**

- ➔ Does your child currently use drugs? Do you recall when this behavior first occurred? What drugs does your child use? How much does your child use? Tell me about the times when your child uses drugs. With whom?
- ➔ Do you think that your child's drug use has any effect on your family, school, or behavior in the community? Please explain.
- ➔ Has your child ever had any professional help/treatment for drug-related problems? Please explain and give specifics of the treatment.

**Child/Family Relationships**

- ➔ What do your siblings think of \_\_\_\_?
- ➔ How does \_\_\_\_ get along with his siblings?
- ➔ What kinds of things does \_\_\_\_ do with members of the family?
- ➔ How does \_\_\_\_ get along with you?
- ➔ Describe what disagreements between \_\_\_\_ and members of the family look like.

*Note:* (A Family Map may be useful in assessing this element)

**Interpersonal Skills**

- ➔ How does \_\_\_\_ express his/her needs?
- ➔ On a scale of 1-10 with 1=Passive and 10= Demanding, how would you rate your child's interaction with family members? Describe the behaviors that lead to your rating?
- ➔ How does your child ask for help, if needed?
- ➔ Does your child have many friends? What are they like?

**Nutrition, Clothing and Personal Hygiene**

- ➔ How well does your child eat?
- ➔ Are there foods that your child rejects?
- ➔ Describe your child's diet.
- ➔ Describe your child's personal care habits and routines.
- ➔ Are you satisfied with your child's appearance? What do you approve of? What do you dislike?
- ➔ Does your child's appearance or personal care standards cause him problems in any way?

## Contents of the Assessment Analysis

Below are the sections of the Assessment Analysis that will support gathering and documenting information that must be considered as part of your application of critical thinking skills when making decisions about what strengths need to be supported and what behaviors and conditions needs to change.

There are guided narrative prompts in the CONNECTIONS electronic case recording system to remind workers what needs to be documented for each section of the Assessment Analysis. Those prompts correspond with the questions below.

**The *Family View* narrative section answers the questions:**

- ➔ 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?

**The *Behaviors/Contributing Factors* narrative section answers the following question:**

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?

**The *Strengths* narrative section answers the following question:**

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?

## Criteria for Effective Service Plans

- ➔ Identifies the behaviors or conditions that need to change.
  
- ➔ Targets the underlying conditions and contributing factors that create and sustain those behaviors and conditions.
  
- ➔ Represents the information contained in the Assessment Analysis.
  
- ➔ Describes the specific outcomes that, once achieved, will resolve the issue.
  
- ➔ Describes specific family strengths that can be used to support change and achievement of specified outcomes.
  
- ➔ Defines specific activities the child, family, and worker will do to achieve the specified outcome(s).

## 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.
  
- ➔ Are broken into finite segments, i.e., one problem per each outcome and activity block.
  
- ➔ Are specific to a person or to a group of persons.
  
- ➔ Represents the parent's input to the extent possible.
  
- ➔ Conveys respect.

## Criteria for Effective Outcomes and Activities

- ➔ Behaviorally specific
- ➔ Verifiable
- ➔ Understandable
- ➔ Action-oriented
- ➔ Achievable
- ➔ Time-limited
- ➔ Important to the family
- ➔ Supports an individual's or family's effort to make changes
- ➔ Builds on family strengths
- ➔ Relates to underlying conditions, and contributing factors that lead to or sustain the behaviors or conditions that justify child welfare involvement

## A Checklist for Evaluating the Family Service Plan

Rate each item according to the following scales: 1=not satisfactory, 2=acceptable, 3=excellent.

- |   | 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 creating change.   | _____   |
| 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 service 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.   | _____   |

Rate each item according to the following scales: 1=not satisfactory, 2=acceptable, 3=excellent.

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. | _____ |

## Minimizing Trauma for Children Experiencing Out-of-Home Placements

- ➔ Encourage children to share their understanding of the reasons for out-of-home care and what they think will happen. Gently correct any misinformation.
- ➔ Expect that they will have strong feelings, such as fear, guilt, and sadness. Expect that their behaviors may, in some way, reflect these feelings. Help birth parents as well as foster caregivers understand and expect children to act on their powerful feelings.
- ➔ Encourage them to express their feelings in words, play, drawings, or actions.
- ➔ Invite them to ask questions.
- ➔ Where possible, obtain permission messages from their family to be “okay” in another home and to forge new attachments.
- ➔ Arrange early, routine, and regular visits that reflect the child’s age, developmental stage, attention span, temperament, and interests, and any safety concerns.
- ➔ Assess their immediate and ongoing needs and respond, e.g., finding resources for developmental disabilities, referring to counseling for sexual abuse problems, etc.
- ➔ Maintain attachments wherever possible, including developing a *Life Book* to help the child hold on to his/her history, and facilitate getting one or more of the child’s important objects (e.g., a picture of home, a beloved toy or “blankie”) to the child.
- ➔ Make sure that the foster family understands the significance of the child’s prior attachments and is willing to help the child go through the process of grieving.
- ➔ Avoid judgmental statements about the family and why the child is in care.
- ➔ Communicate with the family regarding the child’s current and ongoing separation stages, issues, and the meaning of behaviors.
- ➔ Be sensitive to the child’s sense of time. Time may go very slowly for a child, even though the pace seems hectic to the worker. Be patient with the child.
- ➔ 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 Removals

- ➔ 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. \*
- ➔ 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 who can help the parent(s), e.g., a counselor or pastor who can help ease the parents' anxiety.
- ➔ 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).

\* This is supported in statute. Family Court Act, 1017 directs LDSS Commissioner to conduct an immediate investigation to locate any nonrespondent parent of the child, relatives of the child, including the child grandparents, all suitable relatives identified by the parent or nonrespondent 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.

## Family Visiting Principles for Children in Foster Care

1. Visiting between children in foster care and their family members (particularly parents and siblings) is vital for children's well-being, and healthy growth and development. Visits support the maintenance of family bonds, which are critical to a child's ability to develop healthy attachments and maintain important relationships.
2. A child's visiting plan should always provide for the safety of the child, and should also be flexible and responsive to the particular case circumstances, paying special attention to addressing the reasons the child entered care.
3. A child's visiting plan should be developed by a team including the parent, the child (if over the age of 10), the foster parent, and the caseworker. If siblings are separated, the visiting plan should be coordinated to the extent possible, aiming for a single plan for all children when in their best interests.
4. The more often and consistently visits occur, the more quickly the parent will make progress towards successful reunification. Therefore, the frequency and length of visits should increase over time, with increasing responsibility being given to the parent to plan visit activities and arrangements in the family's natural environment.
5. Visiting plans and arrangements are fluid and should evolve with and respond to the parent's progress towards achieving reunification.
6. Visiting plans should always be the result of careful and ongoing case assessment.
7. Visiting arrangements should build on parents' strengths and parents should be supported to use visits as an opportunity to:
  - ➔ Develop an understanding of their child's age, developmental, attachment, and emotional needs;
  - ➔ Respond appropriately to the child's needs by practicing and enhancing effective parenting skills;
  - ➔ Address the reasons their children entered foster care;
  - ➔ Understand a child's sense of time and need for a permanent living arrangement, and realistically assess their own situation and ability to provide such a permanent arrangement in the near future.
8. Foster parents, child care workers, and caseworkers should be trained and supported to understand the importance of visits for children's well-being, as well as the nature of attachment and loss so that they are equipped to understand and respond to children's feelings and behavior before and after visits.

*Source:* NYC Children's Services Satterwhite Academy

## Successful and Meaningful Visitation

1. Clearly establish the purpose of visits on an individual case basis.

*Example:* An infant was placed because of her mother's inability to feed, clothe, and care for her, which was the result of the parent's young age and lack of awareness about her child's developmental needs. Therefore, the visits should be designed to include teaching the mother about proper feeding and having her feed the child, as well as coaching her in how to hold, handle, and play with her daughter.

2. Assess the degree of supervision required during the visit.
3. Plan for the frequency and duration of visits.
4. Plan the location of the visit with flexibility and the need to encourage parent participation.
5. Provide pre-visit coaching and post-visit feedback to families. Address the emotional and behavioral reactions that can be expected before, during, and after visits and offer parents, children, and foster parents strategies for addressing any issues that arise.
6. Develop individualized visiting plans to meet the developmental needs of the children and relate this plan to the needs, interests, and strengths of the parent who is visiting.

## Supervisor's Key to Worksheet on Using the Child Development Guide

### Kayla, 8 months old: Supervisor's Key

Using the *Child Development Guide*, answer the following questions about Kayla:

Working on developmental tasks appropriate to her age?  Y  N

If "yes," please list: She is not working on developmental tasks appropriately.

Exhibiting behaviors associated with developmental delay or other developmental concerns?  Y  N

If "yes," please list:

*Low weight; lack of responsiveness; lack of vocalization; lack of efforts to become mobile*

What else would you like to know from Della or her mother about the baby to assess her developmental progress?

*Does Kayla try to roll over? Does she respond to toys, reach for things, seem interested in her environment? Does she drink her formula? Did Della interact with her any differently at any point? How much contact does the grandmother have with Kayla? Do any other people have contact with Kayla? Why hasn't Kayla been receiving regular medical check-ups and immunizations since birth?*

Based on the information you have here, is there anyone else you would involve in evaluating Kayla's development?  Y  N

If "yes," who?

*Kayla needs an immediate examination by a pediatrician. "Failure to thrive" is a life-threatening condition for an infant. Also, she should be referred to Early Intervention. She could also be a victim of Shaken Baby Syndrome, so she should have a neurological exam.*

## Joshua, 7 years old: Supervisor's Key

Using the *Child Development Guide*, answer the following questions about Joshua:

Working on developmental tasks appropriate to his age?      Y      N

If "yes," please list:

*Pleasure in artwork; acceptable school performance; multiple acquaintances rather than intimate friendships; distractible.*

Exhibiting behaviors associated with developmental delay or other developmental concerns?      Y      N

If "yes," please list:

*The excessive fears and constructing elaborate stories involving magic are more typically associated with a child 3 or 4 years of age. Threatening to run away is also unusual at this age; however, given the maltreatment that Joshua has experienced, including his mother's failure to protect him, these stories and threats may be his way to assert control of his scary environment.*

Do you think Joshua is exhibiting any behaviors that are the result of the trauma(s) of being maltreated, or exposed to domestic violence?      Y      N

If "yes," what behaviors?

*Joshua's threats to run away because no one cares about him is predictable, given that his mother couldn't or wouldn't protect him. His fears of monsters in his room are another symptom that he doesn't feel safe or able to control what happens in his world. Scribbling on his drawings and crying easily suggest a child who is highly stressed and distracted by the lack of security in his life.*

## Joshua, 7 years old: Supervisor's Key

What else would you like to know from Joshua's mother or his teacher to help you assess his developmental progress?

*Does Joshua's "selective listening" interfere with his school work? Has he ever had any close friendships? Has he always made up stories involving magic, or is this a behavior he has started to utilize since being placed? Once he goes to bed, how does he sleep? Any bedwetting? What kinds of things is he afraid of? Has he always been a fearful child?*

Would you like to involve anyone else in evaluating Joshua?     Y     N

If "yes," who?

*His teacher might be able to provide more detail about Joshua's patterns of behavior.*

## Brandon, 15 years old: Supervisor's Key

Using the *Child Development Guide*, answer the following questions about Brandon:

Working on developmental tasks appropriate to his age?  Y  N

If "yes," please list:

*Importance of association with peers; casual relationship with opposite sex; rebelling at adult authority; concern about appearance; distancing from family.*

**Note:** *Point out that while many of Brandon's behaviors concern us, they still have a relationship to his developmental tasks of becoming independent and seeking an identity.*

Exhibiting behaviors associated with developmental delay or?  Y  N  
other developmental problems or concerns

If "yes," please list:

*Stealing, truancy; swearing at the vice-principal; not attending to the tasks of becoming a competent adult (e.g., obtaining an education or skills). Some of his behaviors could also be depression that is expressed as anger/aggression, resulting from his learning difficulties and/or losing his mother at an early age. These reactions often erupt in adolescence. He does have educational delays, maybe due to his ADD or other factors.*

What else would you like to know from Brandon or his parents to help you assess his developmental progress?

*How did the parents respond to his stealing incident? Has there been other illegal activity? How much does Brandon drink? What is the possible interaction of his ADD medication with alcohol? What does he do when he's not in school? What needs do his friends meet for him? Where does he go in the evening when he isn't home? Was there a specific incident with his stepmother that impaired their relationship? Does he have any ability to earn money? What was Brandon's attendance during his school year? Does he have any vision problems? Has he ever had a psychological or educational evaluation? What were the results? Does he have an IEP in school? Have you ever tried alternative school settings? Tell me more about Brandon's friends and his relationships? What does he do when he is stressed or angry?*

**Brandon, 15 years old: Supervisor's Key**

Would you like to involve anyone else in evaluating Brandon?     Y     N

If "yes," who?

*The school. What efforts have been made to assist him with his reading problems and coping with his ADD such that he could succeed in school? Psychological evaluation.*

## Managing Resources Participating in the Service Plan— OJT Tasks

### **Preparing service providers to carry out activities in service planning**

- ➡ Consider a current case that has been referred to a resource for services.
- ➡ Review the handouts, *Preparing the Resource and Making Referrals: Points to Remember*. Identify items on these handouts that may present a challenge (given what you know about the family and the resource).
- ➡ Also discuss with your supervisor what information you need to provide the resource with in order to support his/her provision of services to the family.

### **Monitoring the provision of services and the family's progress**

- ➡ Identify what information you need to gather from the resource on a regular basis to monitor the provision of services and the family's progress (e.g. Is the counselor setting up appointments with the family as agreed upon? Is the family attending counseling sessions? Do the parents participate in parenting class? How so? Etc...)

# Compendium of Child Welfare Tools: A Guide for Planning Interviews in Casework Practice

There is a body of skills, behaviors, and knowledge that constitute the tools of child welfare work. We use these tools to facilitate interviews—the **how** of the casework contact. The challenge to the child welfare worker 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 family.

This compendium of the child welfare 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 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 2: handouts, DESCRIBING NONVERBALS, THE SKILLS AND BEHAVIORS OF ATTENDING.

**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 2: handouts, PATHWAY OF COMMUNICATION, INTERVIEWING CHILDREN, OTHER CONSIDERATIONS REGARDING CHILD INTERVIEWS; *Child Development Guide*.

**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 2: handout, THE STRUCTURE OF QUESTIONS.

**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 2: handouts, DO'S AND DON'TS OF REFLECTION, GUIDING REFLECTIONS.

**Concrete Communication**

- ➔ Prompts: Am I using clear, specific language? Am I determining the parent's understanding of what I've said? Am I guiding the parent to be clear and

specific in his/her expression? Are we each using enough detail to arrive at a clear, mutual understanding?

- ➔ Resources: Module 2: handouts, GUIDELINES FOR PROMOTING CONCRETE COMMUNICATION.

### **Summarization**

- ➔ Prompts: Do I need to focus this discussion more? Would it be helpful to this parent to summarize frequently throughout the interview? Am I “on the same page” as the parent? Have I confirmed that? What points do I need to recapitulate at the end of this interview?
- ➔ Resources: Module 2: handout, SUMMARIZING SUMMARIZATION.

### **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 2: handouts, STAGES OF THE PROFESSIONAL CASEWORK RELATIONSHIP IN CHILD WELFARE, THE PROFESSIONAL CASEWORK RELATIONSHIP: POSITIVE INDICATORS, INDICATORS OF CONCERN; Midclass Online Component on Family Interviewing: handout, JOINING.

### **Managing Authority**

- ➔ Prompts: How can I manage my authority to help the family promote 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 2: handout, MANAGING AUTHORITY.

## 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 2: handout, COMPONENTS OF GENUINENESS.

### 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 2: handout, EMPATHY: A TWO-STAGE PROCESS.

### 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 2: handouts, COMMUNICATING RESPECT: EXAMPLES, RESPECTING RESPECT.

## 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 3: handout, ASSESSING STRENGTHS: TOOLS FOR CASEWORKERS.

## 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 external family?
- ➔ Resources: Midclassroom Online Training Component on Family Systems.

### 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 gatekeeping skills to promote all members feeling involved in the discussion?
- ➔ Resources: Midclassroom Online Training Component on Family Interviewing: handouts, JOINING, GATEKEEPING, THE BENEFITS OF FAMILY INTERVIEWS.

## 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 2: handout, PRIMARY NEEDS; Module 3: handout, FORCES THAT DRIVE 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 promote the well-being of the children?
- ➔ Resources: Module 3: handout, FORCES THAT DRIVE BEHAVIOR.

### 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 3: handout, FORCES THAT DRIVE 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 3: handouts, FORCES THAT DRIVE 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 3: handout, FORCES THAT DRIVE 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 3: handout, FORCES THAT DRIVE 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: *Child Development Guide*.

### 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 this parent's beliefs and experiences about parenting? How do his/her beliefs and experience shape parenting behaviors? How do these influence my casework practice?
- ➔ Resources: *Adult Development Guide*, Module 3: handout, QUESTIONS TO ASK TO ASSESS PARENTAL FUNCTIONING.

### 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 3: handout, FORCES THAT DRIVE 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 3: handout, FORCES THAT DRIVE 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 need?
  - ✓ 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?

# Glossary

- Acculturation** The process through which immigrants and their children borrow the values, behavioral norms, and attitudes of the host society.
- Activities** The tasks carried out by family members and/or service providers during the implementation of the service plan. There are two types of activities: family activities and worker/provider activities:
- Family Activities are the specific activities that the family or a family member will do to achieve the specified outcome;
  - Worker/Provider Activities are the specific services or activities that will be provided by any service provider involved with the case that will support successful outcome achievement.
- Adoption** The official transfer, through the court system, of all of the parental rights that a birth parent has to a child, along with an assumption, by the adopting parent, of all of the parental rights of the birth parents which are being terminated and assumed in their entirety by the adoptive parents, including the responsibility for the care and supervision of the child, the child's nurturing and training, as well as his/her physical and emotional health, and financial support.
- Another Planned Living Arrangement with a Permanency Resource (APPLA)** A permanency planning goal to assist foster care youth in their transition to self-sufficiency by connecting the youth to an adult permanency resource, equipping the youth with life skills and, upon discharge, connecting the youth with any needed and/or specialized services. An adult permanency resource is a caring committed adult who has been determined by a social services district to be an appropriate and acceptable resource for a youth and is committed to providing emotional support, advice and guidance to the youth and to assist the youth as the youth makes the transition from foster care to responsible adulthood.
- Anxiety Disorder** Conditions characterized by extreme, chronic anxiety that disturbs mood, thought, behavior and/or physiological activity. The anxiety generally grows progressively worse without treatment. The most common anxiety disorders are panic disorder, obsessive-compulsive disorder, and post-traumatic stress disorder.
- Assessment** The process of gathering and analyzing information for the purpose of making decisions with the family about the need for change and the actions that will promote change.
- Assessment Analysis** The part of the Family Assessment and Service Plan (FASP) where all assessment information is integrated prior to the development of the Service Plan. It is a tool to aid caseworkers in thinking through all of the assessment information they have gathered so that they can conclude, hopefully in concert with the family, what really needs to change in order to accomplish permanency planning goals, as well as to provide safety, permanency, and well-being for the children.

The three questions on the Assessment Analysis in the CONNECTIONS system ask workers to understand the family view; to capture the family perceptions of how they function, their strengths, needs and of the maltreatment dynamic, behavior or condition. Further, they prompt the worker to think through any additional underlying conditions, such as the family history, personal experiences, feelings and emotions, all within the context of the culture that shapes the family, so that the next question, “what needs to change?” can be addressed in the Service Plan.

- Assimilation** The process through which individuals and/or families relinquish original cultural traits and identify with the host culture, including economic involvement, geographic integration (for example, by moving from ethnically homogeneous to culturally mixed neighborhoods); becoming naturalized, and exercising citizenship rights such as voting.
- Attending** The interpersonal skill that involves the set of behaviors that convey the respect for, acceptance of, and interest in a person through use of the environment and one’s body, through observing and listening to the person, and through verbal and nonverbal responses.
- Authority** A factor of difference that refers to the inherent power that a caseworker has over the lives of family members. The professional casework relationship can be significantly influenced by how effectively a worker manages his/her authority.
- Belief** An underlying condition that is defined as the mental acceptance of and conviction about the truth, actuality, or validity of something.
- Boundaries** Repeatedly occurring patterns of behavior that give a system its particular identity, and can be both internal and external. They are like invisible lines that separate the family from the nonfamily environment, defining who is and who is not a family member, who is and who is not a member of a subsystem or generation, and exist on a continuum from very open to completely closed.
- Capability** An underlying condition that is defined as a talent or ability that has potential for development or use. It includes cognitive ability, interpersonal skills, physical ability, etc.
- Change** The process of making something different. It can include modifications, replacements, transitions, transformations, and evolutions.
- Child Abuse** Pursuant to Social Services Law, Sec. 412, an abused child means a child under eighteen years of age defined as an abused child by the Family Court Act. Section 1012(e) of the Family Court Act further defines an abused child as a child less than eighteen years of age whose parent or other person legally responsible for his/her care:
- inflicts or allows to be inflicted upon such child physical injury by other than accidental means which causes or creates a substantial risk of death, or serious

- or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ, or
- creates or allows to be created a substantial risk of physical injury to such a child by other than accidental means which would be likely to cause death or serious or protracted
- disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ, or
- commits, or allows to be committed an offense against such child defined in article one hundred thirty of the penal law;
- allows, permits, or encourages such child to engage in any act described in sections 230.25, 230.30 and 230.32 of the penal law commits any of the acts described in sections 255.25, 255.26, and 255.27 of the penal law; allows such child to engage in acts or conduct described in article 263 of the penal law provided however that (a) the corroboration requirements contained in the penal law and (b) the age requirement for the application of article 263 of such law shall not apply to proceedings under this article.

### **Child Maltreatment**

Social Services Law, Sec. 412, states that a maltreated child includes a child under eighteen years of age: (a) defined as a neglected child by the Family Court Act; or (b) who has had serious physical injury inflicted upon him by other than accidental means. Section 1012(f) of the Family Court Act defines a neglected child as a child less than eighteen years of age:

- whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care:

in supplying the child with adequate food, clothing, shelter or education in accordance with provisions of part one of article sixty-five of the education law, or medical, dental, optometrical or surgical care, though financially able to do so or offered financial or other reasonable means to do so;

or

in providing the child with proper supervision or guardianship, by unreasonably inflicting or allowing to be inflicted harm, or a substantial risk thereof, including the infliction of excessive corporal punishment; or by misusing a drug or drugs; or by misusing alcoholic beverages to the extent that he loses self-control of his actions; or by any other acts of a similarly serious nature requiring the aid of the Court; provided, however, that where the respondent is voluntarily and regularly participating in a rehabilitative program, evidence that the respondent has repeatedly misused a drug or drugs or alcoholic beverages to the extent that he loses self-control of his actions shall not establish that the child is a neglected child in the absence of evidence establishing that the child's physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired

as set forth in paragraph (i) of this section;

or

who has been abandoned, in accordance with the definition and other criteria set forth in subdivision five of section 384-b of the social services law, by his parents or other person legally responsible for his care.

- The circumstances which constitute impairment of mental or emotional condition, more commonly referred to as “emotional neglect,” are also defined as follows:

“Impairment of emotional health” and “impairment of mental or emotional condition” include a state of substantially diminished psychological or intellectual functioning in relation to, but not limited to, such factors as failure to thrive, control of aggression or self-destructive impulses, ability to think and reason, or acting out and misbehavior, including incorrigibility, ungovernability or habitual truancy; provided, however, that such impairment must be clearly attributable to the unwillingness or inability of the respondent [i.e., parent or other person legally responsible for the child] to exercise a minimum degree of care toward the child. Family Court Act, Sec. 1012(h).

<b>Collateral</b>	Persons or institutions who can offer important information related to a family involved in a child welfare assessment. Collaterals may be from the family’s informal network (e.g., extended family, neighbors), formal network (e.g., church, employer), or publicly funded network (e.g., schools, police, service providers).
<b>Communication</b> (See also “Effective Communication”)	The transmission of information (a message) between a sender and a receiver.
<b>Concreteness</b>	The interpersonal skill for effective communication that requires specificity in verbal and written language. It involves clarifying vague communication by helping the communicator be specific when talking about feelings, experiences, and behaviors.
<b>Confidentiality</b>	The preservation of private information concerning the parent and child that is disclosed in the professional casework relationship.
<b>Confrontation</b>	The interpersonal skill that brings a person or a group together with information for the purpose of facilitating change in behavior, thinking, or feeling. There are five specific types of information to confront: <ol style="list-style-type: none"> <li>1. Incongruence: defined as discrepancies between the person’s words, words and actions, or actions and inactions</li> <li>2. Strengths: defined as the resources, capabilities, skills, talents, hopes, values, beliefs, and competencies of a person that could help solve problems</li> </ol>

3. **Limitations:** defined as the person's lack of resources or capability to successfully implement some or all of the changes necessary to achieve the child welfare outcomes
4. **Facts and Information:** defined as misinformation or lack of understanding that creates barriers or incongruence in the development or implementation of service plans
5. **Capacity for Action:** defined as the person's ability to pursue new courses of action or attempt changes

**Congruence**

The match between verbal and nonverbal behavior, which is closely linked with genuineness and sincerity.

**Contributing Factors** (See "Mental Illness," "Substance Abuse," "Domestic Violence," "Developmental Disabilities," "Physical Impairment," "Inadequate Housing," and "Environment")

Individual or family dynamics and/or circumstances that are considered issues in adult, family, or child functioning that contribute to behavior. (i.e., mental illness, substance abuse, domestic violence, developmental disabilities, physical impairment, inadequate housing, and environment, including inadequate housing, and environment, including inadequate income and social isolation).

**Co-Occurring Disorder**

Common condition in which mental illness and alcohol or substance abuse are experienced by an individual. May also be known as a "dual diagnosis."

**Core Conditions** (See "Respect," "Empathy" and "Genuineness")

The three components of respect, empathy, and genuineness, which are all necessary for families to feel valued and understood by their caseworker.

**Culture**

An underlying condition that is defined as "That complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society" (Tylor, 1871), which evolves and adapts as individuals and groups who are part of the culture strive to solve problems and meet needs.

**Depression (Major)**

Mood disorder marked by at least two weeks of continually being in a bad mood, having no interest in anything, and getting no pleasure from activities. Symptoms include problems with eating, sleeping, thinking, concentrating, or making decisions, lacking energy, thinking about suicide, feeling worthless or guilty.

**Development**

An underlying condition that is defined as the physical, emotional, social, mental,

and moral growth that gradually occurs over a life-long process as individuals interact with the environment.

**Developmental Delay** When there is slower than normal development of an infant or child in one or more domains of development.

**Developmental Disabilities** The contributing factor that includes a variety of conditions that become apparent during childhood and cause mental or physical limitation. These conditions include autism, cerebral palsy, epilepsy, mental retardation, and other neurological impairments.

**Documentation** The act of recording a factual written account of work, contacts, observations and communications with families, children and other persons and agencies that complies with federal and state requirements and that will be shared with supervisors, agency lawyers and possibly other workers, the family and the court.

**Domestic Violence** A contributing factor that has this definition in child welfare.

A pattern of coercive tactics which can include physical, psychological, sexual, economical, and/or emotional abuse perpetrated by one person against an adult intimate partner with the goal of establishing and maintaining power and control over the partner. Importantly, then, not all domestic violence involves physical violence, although certainly the implied threat of physical violence may loom. And, a violent argument between adult partners does not automatically equate to issues of imbalance of power between the partners, although it certainly raises concerns.

The legal definition of a “victim of domestic violence” as described in SSL 459-a(1) is:

“Victim of domestic violence” means any person over the age of sixteen, any married person or any parent accompanied by his or her minor child or children in situations in which such person or such person’s child is a victim of an act which would constitute a violation of the penal law, including, but not limited to acts constituting disorderly conduct, harassment, menacing, reckless endangerment, kidnapping, assault, attempted assault, or attempted murder; and

(i) such act or acts resulted in actual physical or emotional injury or have created a substantial risk of physical or emotional harm to such person or such person’s child; and

(ii) such act or acts are or are alleged to have been committed by a family or household member.

A similar, less concise definition of a “victim of domestic violence” can be found in regulation 18 NYCRR 452.2 (g) (2) (VI).

**Effective Communication** Communication that occurs when the receiver understands the message as the sender intended it to be understood.

<b>Effective Questions</b>	<p>There are six types of questions used in effective communication:</p> <ol style="list-style-type: none"> <li>1. <b>Open:</b> Implies an invitation for someone to talk, starting by asking questions that begin with “How...?” or “What...?” or “Could you...?”</li> <li>2. <b>Closed:</b> Seeks specific information through seeking “Yes/No” or other one word (short) responses.</li> <li>3. <b>Indirect:</b> A statement that implies a question and gives the person responding control over the pacing and depth of response.</li> <li>4. <b>Scaling:</b> A question or statement that uses ratings or rank orders, and asks the person to make a judgment.</li> <li>5. <b>Circular:</b> Asks what significant others have to say about circumstances, situations and people.</li> <li>6. <b>Solution-based:</b> Asks how similar issues were handled successfully in the past.</li> </ol>
<b>Efficacy</b>	Element of change associated with the confidence or belief in one’s power or ability to produce desired results.
<b>Elevated Risk Elements</b>	In the RAP there are eight elevated risk elements. These elements are associated with very serious behaviors or circumstances that, based on child welfare experience in NY, have been shown to be predictors of very high risk. The presence of any of the Elevated Risk Elements automatically raises the RAP risk rating to Very High Risk.
<b>Emotion</b>	An underlying condition that is defined as the mental state that arises subjectively rather than through conscious effort and is often accompanied by physiological changes. While numbering in the hundreds, emotions can be organized into four discrete categories: anger, sadness, fear, and joy. Emotions both precede and follow thinking and behavior. Culture influences the rules for accessing and expressing emotion.
<b>Emotional Security</b>	Element of change associated with the state in which an individual believes that personal physical safety, attachments, identity, trust in others, and autonomy will not be threatened while the individual is engaged in the change process.
<b>Empathy</b>	A core condition that refers to the process of tuning into (feeling) another person’s feelings, developing a sense of what the situation means to and feels like for that individual, and communicating understanding and compassion to that person. It is an attempt to see the world through the eyes of the other person and communicate an understanding of and compassion for the other’s experience. Empathy operationalizes the value that all people are unique.
<b>Environment</b>	A contributing factor that refers to the conditions that surround us and have the potential to affect us in a negative way, including but not limited to inadequate income, and social isolation.

- **Inadequate income:** According to the economic definition of poverty, determined each year by the United States Census Bureau, if a family's total income is less than the income the US Census Bureau determines a family of that size and composition should have in order to meet their needs, then that family and every individual in it is considered in poverty. For example, children living in a family of 4 in New York

State in 2008 would be considered poor if their family's income was less than \$21,200.

- the US Census Bureau has used a set of money income thresholds that vary by family size and composition to determine who is in poverty.
- **Social isolation:** Lack of connection or support from the social relationships that exist in people's lives, including those with friends, neighbors, co-workers, members of the community, and the institutions participated in such as schools, churches, cultural organizations.

**Event  
Compression**

When developmental events that typically happen over several years or not all at once, occur close together in time.

**Experience**

An underlying condition that refers to an event or series of events participated in or lived through which lead to knowledge, skills, values, beliefs, feelings, self-concept, perception, and cultural orientation. Experience is the history of relationships, events, successes, and failures that shapes choices in the present. Experience is likely the most important variable comprising the underlying conditions. Based on experience, all people form beliefs about themselves, which they then express in behavior and emotion.

**Factors of  
Difference**

Differences in age, gender, socioeconomic status, race/ethnicity, education, parenting status, culture, authority, marital status, language and sexual orientation that exist between caseworkers and family members. These differences can impact the professional casework relationship, either in a positive or negative way.

**Family  
Assessment and  
Service Plan  
(FASP)**

The FASP is a tool in the CONNECTIONS system which provides a uniform and effective method for workers to document the assessment of family and child functioning, strengths and needs. Ongoing assessment of family and child functioning, needs and strengths is important in achieving the goals of safety, permanency and well-being for children. These assessments form the basis for determining what aspects of family functioning need to change in order to support the desired outcomes. These assessments also establish a foundation for the service plan. Therefore, the FASP serves three distinct roles:

1. As a record of past and current family functioning, including the identification of individual and family strengths, behaviors or conditions that indicate the risk of future abuse or maltreatment and an overall assessment of the family's service needs
2. As a record of plans to assist the family in meeting the needs and goals of safety, permanency and well-being

3. As a guide and tool for casework practice and assessment, including calculation of risk ratings

There are time periods in the ongoing casework process in which caseworkers must use a certain FASP to guide and document their work with families. These time periods and associated types of FASP are referred to as the “Initial,” the “Comprehensive,” and the “Reassessment.”

### **Family Roles**

A family role is behavior expected by the family or a pattern of behavior a member exhibits within the context of their family. For example, a child might exhibit behaviors of a parent, when a parent is incapacitated and/or expects the child to care for other siblings or for the parent.

Each person may carry many roles in a family that are integrated into the family's structure. Role definitions can be flexible or rigid, clear or ill defined.

### **Family System**

The relationships, roles, rules, beliefs, boundaries, power, subsystems and communication patterns that exist and evolve among the interdependent members comprising the family.

### **Feedback**

The verbal, visual, and behavioral response to messages received. Conditions for effective feedback include, providing feedback in an open climate, as well as providing feedback that is related to clear expectations, given in the context of a trusting relationship from a credible source, given privately and provided in a timely manner. Feedback should be behavioral and specific.

### **Forces that Drive Behavior** (See

“Underlying conditions,” “Contributing factors” and “Strengths”)

A combination of underlying conditions, contributing factors, and strengths that influence every human being's behavior.

### **Gatekeeping**

A technique used to control the amount of “voice” each person gets in an interview or a meeting. The three distinct Gatekeeping skills are:

1. Blocking – method used to keep someone from talking or answering at a time when you want to hear from someone else in the family.
2. Eliciting – method used to draw into the meeting family members who have not—for whatever reason—been participating in the dialogue.
3. Tagging – method used to communicate the following, “I hear you, I know this is important to you, I will pay attention to your issue, but not right at this moment.”

<b>Genuineness</b>	A core condition that refers to being aware of one's own feelings and making a conscious choice about how to respond to the other person, based on what will be most helpful in facilitating communication and developing an effective relationship.
<b>Homeostasis</b>	The tendency to find a stable balance and then to keep doing the "same old, same old" because it's familiar and comfortable. In child welfare, homeostasis is viewed as a characteristic of the family system.
<b>Human Behavior</b>	Action or reaction comprised of and driven by a person's strengths, underlying conditions, and contributing factors. All behavior is an effort to meet needs.
<b>Immediate Danger</b>	A child is in immediate danger when presently exposed to serious harm.
<b>Impending Danger</b>	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.
<b>Inadequate Housing</b>	A variety of conditions in the home environment that may include, but are not limited to, the following: serious overcrowding; seriously inadequate furnishings to meet the family's needs; inadequate heat, plumbing, electricity or water; lack or inoperability of essential kitchen appliances or bathroom facilities; multiple serious health hazards, such as rodent or vermin infestation; garbage and junk piled up; perishable food found spoiled; evidence of human or animal waste; peeling lead-based paint; hot water or steam leaks from a radiator; broken or missing windows; and no guards on open windows. Inadequate housing may also include a lack of housing.
<b>Indicated Report</b>	A CPS report is indicated when one or more of the allegations in a CPS report is substantiated.
<b>Interference</b>	Anything internal or external that interferes with effective communication, e.g., factors of difference, a television set or radio, previous experience.
<b>Internalization of Responsibility</b>	Element of change associated with the extent to which an individual accepts personal responsibility for working to achieve the preferred alternative future.
<b>Interpersonal Skills</b>	(See also "Attending," "Concreteness," "Effective questions," "Reflection," and "Summarization") A set of skills that aid effective communication necessary to relate to parents, children, and others. The interpersonal skills include attending, concreteness, effective questioning, reflecting, confronting, and summarizing. These skills are at the core of forming and maintaining a professional casework relationship. They are essential to engagement, interviewing, and working with families to secure the safety of children and create change in behaviors and conditions.
<b>Interview</b>	A purposeful conversation between individuals.

<b>Joining</b>	Technique used as part of engagement with an individual or group of people, where communication is made about a likeness, similarity or link between the interviewer and the person or group, which creates rapport and a beginning bond.
<b>Learning Disability</b>	According to the Individuals with Disabilities Educational Act (IDEA), learning disability is a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematics calculations.
<b>Mental Disorder</b>	A significant behavioral or psychological pattern associated with distress, disability, or increased risk of suffering.
<b>Mission of Child Welfare</b>	Child welfare's mission is to promote safety, permanency, and well-being for children.
<b>Mood Disorder</b>	Prolonged and disturbed emotional states that affect almost all of a person's thoughts, feelings, and behaviors.
<b>Multiple Hypotheses</b>	The generation of several tentative explanations to account for a set of facts that can be tested by further investigation. Formulating hypotheses is a way to be open-minded and involves strategizing about possible causes/explanations about alleged abuse/maltreatment, beginning with the information that is provided to you and then continuing to rule out, add, or revise hypotheses as your casework continues and more information is gathered. It is a method to evaluate information to make accurate assessments.
<b>Needs</b>	An underlying condition that refers to physical or psychological drives or instincts leading to or sustaining behavior designed to satisfy itself.
<b>Nonverbal Behavior</b>	A type of communication involving the body and/or environment.
<b>Paraverbal Behavior</b>	A type of communication that relates to tone or level of voice and fluency in speech.
<b>Perception</b>	An underlying condition that refers to the process of using the senses and the mind to understand, attach meaning to, and to interpret sensory data and interact with it.
<b>Permanency</b>	Permanence is perceived as continuous, forever, lasting, always predictable, enduring, immutable, unchanging, and unshifting. In practice, a permanent home is one that is intended to last indefinitely.
<b>Permanency Planning Goal (PPG)</b>	The PPG represents the most desirable and most realistic permanent living arrangement for the child(ren). Only one PPG may be set for each child. The program choice and the services provided to children and families must support the achievement of the permanency goal.

<b>Physical Impairment</b>	A contributing factor that refers to a variety of conditions that impair physical health and/or capability. These conditions can include chronic or terminal illness, physical handicaps or disabilities, and physical injuries.
<b>Post Traumatic Stress Disorder (PTSD)</b>	A disabling condition that results from personally experiencing an event that involves actual or threatened death or serious injury, or from witnessing such an event, or hearing of such an event happening to a family member or close friend.
<b>Preferred Alternative Future</b>	Element of change associated with a vision of something different – a goal or changed state of relationships, conditions, and behavior patterns – for which the individual can strive.
<b>Present Discomfort</b>	Element of change associated with a person's sense of discomfort with the present situation, i.e., what the person describes as “the problem” or senses may be the problem.
<b>Primary Caretaker</b>	<p>The Primary Caretaker is an adult who is legally responsible for the child(ren) and resides with child(ren):</p> <ul style="list-style-type: none"> <li>• When more than one person who is legally responsible for the child(ren) resides in the household, the birth mother is presumed to be the Primary Caretaker.</li> <li>• If the mother does not physically reside with the child(ren), the Primary Caretaker is the adult who does reside in the child(ren)'s home and assumes primary responsibility for the care of the child(ren).</li> </ul> <p>There can only be one (1) Primary Caretaker.</p>
<b>Professional Casework Relationship</b>	A term that refers to the relationships caseworkers have with the families they serve. In child welfare, the professional casework relationship is defined by the worker's responsibility to engage families, gather information, make decisions, and influence change. The professional casework relationship is time-limited and is often involuntary, sometimes crisis-driven, and often perceived as intrusive by families. The worker's ability to get information as well as influence change depends on his/her capacity to form professional casework relationships.
<b>Program Choice</b>	<p>The programs and services that children are receiving in order to achieve their Permanency Planning Goal (PPG). There are five program choices which may be provided, alone or in combination, depending on the permanency goal and whether or not the child is freed for adoption. They are:</p> <ul style="list-style-type: none"> <li>• Preventive Non-Mandated</li> <li>• Preventive Mandated</li> <li>• Placement</li> <li>• Protective</li> <li>• Non-LDSS Custody-Relative/Resource Placement</li> </ul>

- Protective Case** A case in which Child Protective Services is investigating or a case in which a decision has been made by Child Protective Services, that one or more child is in need of protection from the actions or inactions of their parent/caretaker. These family cases
- are assigned to receive protective services, either alone, or in combination with foster care and/or preventive services. The goal of the provision of protective services, which is designated in case tracking systems as a “Protective Program Choice,” is to:
  - establish or maintain a set of actions that provide for children’s safety and;
  - provide for a focused assessment and service plan designed to remediate the conditions that threatened the child’s safety and;
  - to remediate the conditions that create the risk or likelihood of future abuse or maltreatment of the child
- Therefore cases are “protective” in:
- the CPS investigation;
  - a family services case in which there has been an indicated report (some credible evidence found) of child abuse or maltreatment which prompted the opening of the family services case, or there has been an indicated report of child abuse or maltreatment while the current family services case is open;
- a family services case has been opened while the CPS investigation is ongoing but prior to the conclusion to the investigation.
- Recovery** Description of a formerly addicted person’s new lifestyle of sobriety and productivity.
- Reflection** The interpersonal skill that directly relates to empathy, where one person (the receiver) engages in the process of understanding another person’s (the sender’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. Reflections can focus on the feelings of the person, the content of the message, or on a combination of the two.
- Relapse** A progressive chain of thoughts, beliefs, attitudes, and behaviors that sometimes culminates in a return to the use or abuse of alcohol or other drugs by a person who has remained abstinent for some time and who has made serious attempts at recovery during that time period.
- Resistance** Any feeling or behavior of a parent or worker that interferes with or reduces the likelihood of a successful outcome. Resistance is a natural, normal and common reaction in response to change or the need for change, so it should be expected. Resistance can be minimized and worked through by strategically creating conditions for change through the use of interpersonal skills, attending to the professional casework relationship and in some instances by managing authority.

Another effective and responsible way to minimize resistance is to monitor how your own underlying conditions, including any personal biases, may be contributing to the resistance and change your behavior accordingly.

**Respect**

A core condition that includes a set of behaviors that demonstrate valuing another person because he/she is a human being. Respect implies that being a human being has value in itself.

**Risk**

The likelihood that a child will be abused or maltreated in the future.

**Risk Assessment**

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. (18 NYCRR428.2. (h). Risk Assessment identifies the presence of elements that predict the likelihood that a child will be maltreated in the future.

**Risk Assessment Profile (RAP)**

The RAP contains 15 research-based risk elements that have been statistically determined to influence the likelihood that a child will be abused or maltreated in the future. Each element has an assigned numerical weight based on the research findings, which is part of determining the RAP risk rating. The person using the RAP will identify the existence of a specific behavior, condition, or set of circumstances for each Risk Element.

**Risk Assessment Profile (RAP) Family Unit**

For purposes of the Risk Assessment Profile, the RAP Family Unit includes:

- all persons listed in the CPS case, including but not limited to all persons residing in the child(ren)'s home at the time of the report;
- any person who has child care responsibility or frequent contact with the child(ren) and assumes a caretaker role;
- any child(ren) who is in foster care or alternative placement with a permanency planning goal of "return home"; and
- any child(ren) who has run away or is temporarily in another living situation but who is expected to return home.

**Risk Element**

Risk Elements identify significant circumstances, conditions, or behaviors within a family unit that, alone or in combination, increase the likelihood of future abuse or maltreatment to the child or children.

**Safe (Non-protective)**

Safety in a non-protective case, i.e., a child/family receiving services without a protective program choice, as child abuse or maltreatment is not the problem in this family, refers to the safety status of one or more children, parents, caretakers, family members or community members. In a non-protective case, there is safety when one or more children, parents, caretakers, family members, or community members are not likely to be in immediate or impending danger of serious harm, or will not face a serious threat to their emotional physical or developmental well-being.

- Safe (Protective)** 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 parent(s) or caretaker(s).
- Safety Criteria** The following are the criteria used to decide whether or not the identified safety factors place a child or children in immediate or impending danger:
- 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 child(ren).
- 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. A safety decision is dynamic, and is always based on the information you have available to you at the time of the decision.
- 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.
- Safety Plan** A Safety Plan is:
- 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.
- Schizophrenia** Mental disorder that lasts for at least six months and includes at least two of the following symptoms: delusions, hallucinations, disorganized speech, disorganized behavior, and decreased emotional expression.

<b>Secondary Caretaker</b>	<p>The Secondary Caretaker is an adult who lives in the child(ren)'s home and assumes some responsibility for the care of the child(ren), or an adult who does not reside in the child(ren)'s home but cares for the child(ren) on a regular basis.</p> <ul style="list-style-type: none"> <li>• There does not have to be a Secondary Caretaker.</li> <li>• If there are two (2) or more potential Secondary Caretakers with child care responsibilities, it is presumed that the caretaker listed as a subject in the CPS case should be the identified Secondary Caretaker.</li> <li>• In all other situations, the adult (other than the PC) who assumes the most responsibility for the care of the child(ren)—either within or outside of the home— should be selected.</li> <li>• Secondary caretakers are usually family members, such as the father and grandmother. When extended family, such as the mother's sister or other adult friends live with the family, one of these adults may also play a secondary caretaker role.</li> <li>• Non-related, hired babysitters who do not live in the home are not considered secondary caretakers.</li> </ul>
<b>Self-Concept</b>	<p>An underlying condition that refers to the set of beliefs that each person has about him/herself. These beliefs center on the sense of being loveable, capable, worthwhile, and responsible.</p>
<b>Self-Disclosure</b>	<p>A component of genuineness that refers to the worker sharing limited, personal information with a family member for the sole purpose of advancing the interview.</p>
<b>Service Plan</b>	<p>A tool that reflects the entirety of the decision-making process by addressing the issue, "How should the family be served?" Specifically, it describes the problems/concerns to be resolved, the outcomes to be achieved, the strengths that can be utilized, and the activities required to implement the changes that will accomplish these outcomes. It also responds to the needs, underlying conditions, and contributing factors related to the problem behaviors or situations and helps the family meet its needs by taking full advantage of the family's strengths and resources. Service plans should be developed mutually with the family. The service plan is documented in CONNECTIONS in service plan "blocks" that outline the statement of problem/concern, outcomes and activities, as well as family strengths that will be utilized to meet needs. See also "Statement of Problems Concerns," "Service Plan Outcomes," and "Activities."</p>
<b>Service Plan Outcomes</b>	<p>A component of the service plan that requires worker to identify the specific behaviors or conditions that will demonstrate that the problem/concern is resolved and, where applicable, risk reduction has occurred. Family strengths must be connected to the achievement of the outcomes.</p>
<b>Stages of Grief</b>	<p>There are five predictable stages of grief that most people move through when dealing with loss. They include shock/denial, anger, bargaining, despair/depression, and acceptance/understanding. Each stage is characterized by different feelings</p>

and behaviors to express those feelings, and the amount of time each person spends in each stage is dependent on a variety of needs and circumstances. The stages are not linear; some people will skip or repeat stages.

### Stages of Relationships

The five stages of the professional casework relationship can be identified as occurring in each contact with a family, as well as over the course of the casework process:

1. **Preengagement Anticipation of the Other:** Your opinion or judgment of someone based on your previous experience of that person or group he/she belongs to, as well as what you have heard about the person and his/her behavior.
2. **Engagement:** The act of communicating commonalities (such as greeting rituals, listening, and sharing information about yourself) with others and involving them in the purpose of the relationship, both generally and specifically.
3. **Reaching for Mutual Understanding:** Exchanging information for the purpose of arriving at 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, they might have on taking action.
4. **Taking Action:** Jointly agreed upon actions established in Stage 3 are now carried out.
5. **The Decision to Continue:** The decision to continue or end the relationship is made based on the current status of each person's needs.

### Statement of Problems/Concerns

A component of the service plan that requires workers to identify the behavior or condition that is sustaining current abuse/maltreatment, creating the risk of future abuse/maltreatment, and/or jeopardizing the future healthy development needs of a child; and also to identify what needs to change, relative to those behaviors and conditions, in order to meet the needs of the child and family.

### Strategic Use of Skills

Using skills strategically involves deciding:

- which skill to use
- when to use the skill, and
- why you've chosen this particular skill at this particular moment

### Strengths

There are two different areas of strengths that are identified and used in child welfare work:

1. Individual and family strengths are those characteristics that help the individual and/or family as a whole meet the challenges of their lives, respond effectively

to stressful situations, adapt and grow in the face of adversity, and support the achievement of safety, permanency, and well-being of children and youth.

2. Community strengths are external resources that support individuals and families in these same ways.

**Strengths-based Questions** Five different types of questions, the answers to which reveal strengths in different areas of functioning. The types of questions are: the miracle question, the exception-finding question, the scaling question, the coping question, and the wide angle approach.

**Strengths, Needs, and Risk Scales** A component of the FASP that is an assessment protocol designed to focus workers on the identification and documentation of individual and family strengths, needs and risks. SNR scales are grouped into three sub-categories: Family scales (not on the initial FASP), Parent/Caretaker scales and Child scales. Scale anchors are designed to identify and capture, in descending order, individual/family strengths, attributes, service needs and/or areas of risk.

Responses workers record for certain scales (embedded risk scales) will automatically populate corresponding fields in the Risk Assessment Profile for Comprehensive and Reassessment FASPs. This is a CONNECTIONS system efficiency designed specifically for Family Services cases containing a program choice of “protective”, so that a risk score and level is generated when the worker documents the SNR scales and Comprehensive/Reassessment RAP.

**Substance Abuse** A contributing factor that refers to the continued use of any mood-altering chemical (including alcohol) despite negative consequences.

**Subsystems** Secondary or subordinate systems to a larger Family System. They are component parts that maintain the family as a whole, such as parental or sibling subsystems.

**Summarization** The interpersonal skill where the interviewer communicates the “big picture” to others by putting together a wealth of information to form a whole that may be greater than the sum of all individual parts.

**Tasks of Separation** There are three identifiable tasks of separation:

1. Understanding the meaning of the separation.
2. Overcoming the threat of the unknown.
3. Overcoming the fear of forming new relationships to get needs met.

**Trauma** 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.

<b>Underlying Conditions</b>	Sets of personal characteristics and dynamics that influence behavior (i.e., needs, perceptions, beliefs, values, emotions, capability, self-concept, experience, family system and culture). These may support positive or negative behavior.
<b>Unfounded Report</b>	A CPS report is unfounded when all the allegations in the report are unsubstantiated.
<b>Values</b>	An underlying condition that includes personal beliefs plus judgment about what is right, worthwhile, or desirable.
<b>Well-being</b>	A measurement of a child's physical, psychological, and social needs, and the degree to which these needs are met.

# Glossary: Addendum

**Legislation  
pertaining to  
Child Protection/  
Child Welfare  
  
(both US Federal  
and New York  
State)**

\*P.L. (Public Law) indicates that it is federal legislation.

- **1935: Social Security Act of 1935.** This provision of the New Deal under President Franklin Roosevelt established the Aid to Dependent Children program to assist poor, single mothers to care for their children. The Child Welfare Services Program provided grants to states to support preventive and protective services to vulnerable children and their families; however, initially most funds went to foster care payments.
- **1961: Title IV-A of Social Security Act.** Foster care payments under Aid to Dependent Children program provided federal funds to states for children who are eligible for cash assistance and live in foster care.
- **1973: Child Protective Services Act of 1973.** New York State enacted its first reporting law, requiring reporting of non-accidental injuries. The law served as model legislation for the nation.
- **1974: The Child Abuse Prevention and Treatment Act (CAPTA), P. L. 93-247.** Provided funding to states to prevent, identify, and treat child abuse and neglect; funding was conditioned on states' adoption of mandatory reporting laws. The act created the National Center on Child Abuse and Neglect (NCCAN) to serve as an information clearinghouse. The law was rewritten in the Child Abuse Prevention, Adoption and Family Services Act of 1988, P.L. 100-294. It has been amended several times and was most recently amended and reauthorized by the Child Abuse Prevention and Treatment Act Amendments of 1996, P.L. 104-235.
- **1975: The Social Services Block Grant, Title XX of the Social Security Act.** Provided funds that states could use for social services to low-income individuals.
- **1978: The Indian Child Welfare Act (ICWA), PL 95-608.** Passed by the federal government in order to re-establish tribal authority over the placement and adoption of Native American children and to preserve the integrity of Native American families and culture. The ICWA requires that placement cases involving Indian children be heard in tribal courts if possible, and permits a child's tribe to be involved in state court proceedings. It requires testimony from expert witnesses who are familiar with Indian culture before a child can be removed from his/her home. The law applies to Native American children who are unmarried and under age eighteen. The child must be either a member of a federally recognized Indian tribe or must be eligible for membership in a federally recognized Indian tribe. If a child is removed, the law requires that Indian children be placed with extended family members, other tribal members, or other Indian families.
- **1979: New York State Child Welfare Reform Act of 1979.** Shifted the emphasis from separating children from their families to an emphasis on preventive services designed to avoid foster care placement. This legislation established standards and regulations pertaining to preventive services, goal-oriented

services planning, development of a uniform case record (UCR) that includes assessment and case planning procedures, training for child welfare workers, mandatory annual plans to be filed by child welfare agencies and local DSS districts, and a change in adoption procedures to promote permanency.

- **1980: Adoption Assistance and Child Welfare Act, P.L. 96-272.** Required states to establish programs and make procedural reforms to serve children in their own homes, prevent out-of-home placement, and facilitate family reunification following placement. The Act also transferred federal foster care funding from IV-A to a new Title IV-E of the Social Security Act and provided funds to help states pay adoption expenses for children whose special needs make adoption difficult. A major provision of P.L. 96-272 was that judges determine whether “reasonable efforts” had been made to enable children to remain safely at home before they were placed in foster care.
- **1981: Title XX of the Social Security Act amended.** Title XX was amended to include the Social Services Block Grant to provide child protective services funding to states. This became the major source of state social service funding.
- **1985: The New York State Child Abuse Prevention Act of 1985.** Established standards, training, and qualifications for persons responsible for the care of children, including mandatory training for all new CPS workers within the first three months of employment; access to certain records of the State Central Register of Child Abuse and Maltreatment; the procedure for establishing relationships between law enforcement officials and child protective agencies; and the investigation, prevention, and treatment of child abuse and maltreatment in residential care.
- **1986: The Independent Living Initiative, P.L. 99-272.** Required assessment of all foster care youth aged 16 and older to determine their readiness to live on their own. Among other provisions, it encouraged independent living skills training (e.g., money management, consumer skills, education, and employment) which research has shown is positively related to the outcomes of job maintenance, health care, economic independence, and satisfaction with life.
- **1993: The Family Preservation and Support Initiative, PL 103-66.** Gave funding to states for family preservation and family support planning and services. The legislation provided funding for: (1) community-based family support programs that work with families before a crisis occurs to enhance child development and increase family stability; (2) family preservation programs that serve families in crisis or at risk of having their children placed in foster care as well as other follow-up services, including family reunification; and (3) evaluation, research, training, and technical assistance in the area of family support and family preservation.
- **1996: Statutory changes regarding unfounded reports.** New York State made significant statutory changes that provided for unfounded reports to be sealed rather than expunged.

- **1997: The Adoption and Safe Families Act (ASFA), PL 105-89.** ASFA reauthorized and increased funding for the Family Preservation and Support program, renaming it the Promoting Safe and Stable Families program. ASFA is intended to promote the primacy of child safety and timely decisions for permanency while clarifying “reasonable efforts” and continuing family preservation. It placed requirements on states to meet certain standards for the establishment and achievement of permanency goals, required certain data to be collected, and authorized a system of national review of states’ achievement of federal performance standards.
- **1999: The John H. Chafee Foster Care Independence Program (CFCIP),** Title I of the Foster Care Independence Act of 1999, P.L. 106-169. Provided funds to states to assist youth and young adults (up to age 21) in the foster care component of the child welfare system make a smoother, more successful transition to adulthood. This program replaces and expands the Independent Living Initiative (P.L. 99-272) of 1986 and allows states to use these increased funds for a broader array of services to youth “aging out” of the foster care system, including room and board for young people ages 18 to 21 who are leaving foster care.
- **2005: New York State Child Welfare Permanency Bill, Chapter 3 of the Laws of 2005.** Mandated changes in several areas, including child protective removal procedures, grounds for termination of parental rights, terms of conditional surrenders, and permanency planning timelines and processes, by granting the courts continuing jurisdiction over children in foster care placements.

# Appendix C: Outcome-Based Training Path

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## Appendix C: Outcome-Based Training Path

A variety of classroom training offerings is available to child welfare professionals working in New York State. Online registration is available through the Statewide Training Automated Registration System (STARS). Consult the STARS section of the Center for Development of Human Services Web site for a complete list of scheduled training offerings and events:

[www.bsc-cdhs.org](http://www.bsc-cdhs.org)

### Training Offerings

OCFS provides these and many other training offerings through a training and administrative services agreement with the Center for Development of Human Services (CDHS):

**New York State Child Welfare/Child Protective Services Common Core Training for Caseworkers** (for new Child Welfare professionals) This program enhances caseworkers' competencies by providing them with the knowledge and skills necessary to work effectively with children and families.

**New York State Child Protective Services Response Training** (for CPS Staff after completion of the Common Core) This two-module training program, which includes one and a half days of CONNECTIONS training, builds on the knowledge and skills taught in the Common Core and prepares local district caseworkers to competently investigate, respond to, and document reports of child abuse and maltreatment.

**Achieving Permanency Through Family Preservation/Reunification Services** (for preventive services, foster care, and adoption staff after completion of the Common Core) This course which is comprised of two modules, builds on the abilities developed during the Common Core to strengthen caseworkers' capabilities to preserve and reunify families. Module I addresses the family preservation and is targeted for preventive, foster care, and adoption staff because the work to preserve families is the same across program areas. Module II is targeted to foster care and adoption staff and focuses on the work that happens after a child has been placed in foster care, focusing on ways to enable the child to either return home or move into an adoptive home or other permanent living arrangement.

**Best Practices in Achieving Permanency Through Surrenders and Termination** (for foster care and adoption staff after completion of the Common Core) The six-day delivery of this program is designed for local district and voluntary agency caseworkers whose job responsibilities include work related to making the decision to pursue adoption as the permanency goal. The program, appropriate for both foster care and adoption caseworkers, deals specifically with activities related to freeing the child through surrender or termination of parental rights. Additionally, it develops and applies the skills necessary to engage parents in the decision to surrender and coaches parents and children in managing separation and loss. Child welfare attorneys co-train components of this program, providing information on rights of fathers, preparing for termination of parent rights, surrender, and the new permanency legislation (Chapter 3 of the Laws of 2005) as these issues impact adoption practices. Participants have the opportunity to work with the attorneys to practice effective testifying. The program includes pre-classroom readings and tasks



**Appendix D:  
Menu of On-Site/On-the-Job Trainings That  
Support the Ongoing Development of Child  
Welfare Staff**

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## Appendix D: Menu of On-Site/On-the-Job Trainings That Support the Ongoing Development of Child Welfare Staff

The courses listed here are provided by the New York State Office of Children and Family Services in collaboration with two of its Research Foundation of SUNY Partners:

### **Center for Development of Human Services (CDHS)**

#### **Professional Development Program (PDP), Rockefeller College**

In addition to the variety of off-site classroom trainings available to the child welfare professionals of New York State (and which are listed in the STARS database), staff should also consider the following on-site/on-the-job training offerings that are currently available to further the professional development of child welfare staff:

**Safety and Risk** (Computer-Based Training provided by OCFS and PDP)

**Progress Notes Skill Clinic** (1-day training provided by OCFS and PDP)

**Safety and Risk Refresher** (2-day training provided by OCFS and CDHS)

**FASP Training** (provided by OCFS and PDP)

**CONNECTIONS Self-Guided Computer-Based Training** (CD-ROM provided by the NYS OCFS and PDP)

If your district or agency is interested in any of these trainings, please contact your Regional OCFS Office.

