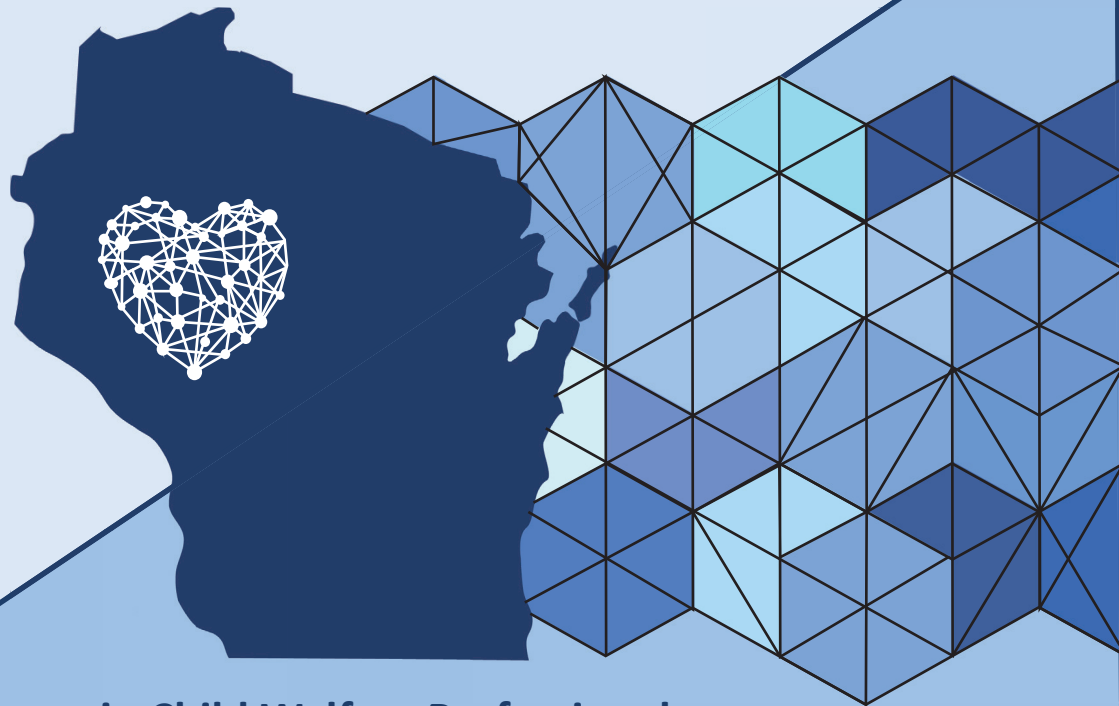2020
Applied
Learning
Communities

Getting to the Heart of Virtual Contact

Wisconsin Child Welfare Professional

Development System

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Self-Care for the Child Welfare Professional

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Handbook Navigation

This handbook is a training resource to support you during changing circumstances. It does not replace state or local policy or protocols. Following the three sessions of the 2020 Virtual ALCs, ending on June 4th, please check the Department of Children and Families website for current updates and guidance regarding child welfare practice: https://dcf.wisconsin.gov/

Throughout this handbook you will find job aids to support your virtual work. Look to the lower right of each page to understand what type of support the job aid offers. For example, the computer monitor represents a job aid that will aid you in accessing technology. Original sources for material are cited on each page. A complete bibliography is found at the end of the handbook.

Self-care   **Technology**   **Engagement**
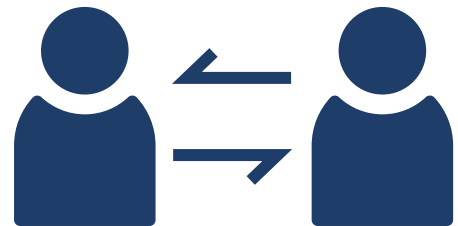
Tools   **Decisions**

Wisconsin Child Welfare Professional Development System is here to support your perseverance and leadership during these challenging times. Please contact us if we can help: alc@wcwpds.wisc.edu.

Learning Objectives

Informational Session Describe what to expect at the 2020 Virtual ALCs to your colleagues your colleagues

Session One •Discuss importance of self-care for the Child Welfare Professional

•Explain how CPS practice standards apply at all contacts, virtual or in-person

•State strategies to engage children and parents virtually

Session Two & Three •Review application of the WI Safety Model during virtual contacts

•Network with colleagues to advance effective strategies

Session Four •Summarize networking experience

•Articulate salient points to highlight to policymakers at the Department of Children and Families

Session One

- Discuss the importance of self-care for the Child Welfare Professional

- Explain how practice standards apply at all contacts, virtual or in-person

- State strategies to engage children and parents virtually

Right Now

It may be hard to focus.

It might feel like it takes you twice as long to get things done.

You might be more irritable, overwhelmed, and exhausted than usual.

You may be grasping to stay in control.

Planning for the future is the furthest thing from your mind right now.

You may forget the meeting you scheduled, or the deadline set.

You only have enough mental energy to focus on the immediate.

It's likely you're craving connection.

This is normal, because…

Maslow's Hierarchy of Needs

You are not unstable or irresponsible or forgetful.

It's ok to "just be" and feel the way you feel about what's happening around you and/or to you.

You do not need to emerge from this a "better person."

It's ok to "just be." We are experiencing individual and collective trauma on a global scale.

The COVID-19 outbreak is a crisis that threatens both our physical and psychological wellness.

Self-Care Inventory

This job aid helps the child welfare professional take inventory on self-care practices during the COVID-19 outbreak.

Rate the following areas in frequency:
5 = Frequently
4 = Occasionally
3 = Rarely
2 = Never
1 = It never occurred to me

	Physical Self-Care
_____	Eat regularly (e.g. breakfast, lunch and dinner)
_____	Eat healthy
_____	Exercise consistently
_____	Get medical care when necessary
_____	Take time off when sick
_____	Take time to be sexual
_____	Get enough sleep
_____	Wear clothes you like
_____	Make time away from phone
_____	Other _____

Psychological Self-Care

_____	Make time for self-reflection
_____	Engage in personal psychotherapy
_____	Write in a journal
_____	Read literature that is unrelated to work or COVID-19
_____	Do something in which you are not an expert or in charge
_____	Cope with stress in personal and/or work life
_____	Notice inner experience (e.g., listen to and recognize thoughts, judgments, beliefs, attitudes and feelings)
_____	Provide others with different aspects of self (e.g., communicate needs and wants)
_____	Try new things
_____	Practice receiving from others
_____	Improve ability to say "no" to extra responsibilities
_____	Other _____

Emotional Self-Care

_____	Allow for quality, virtual time with others whose company you enjoy
_____	Maintain contact with valued others
_____	Give self affirmations and praise
_____	Love self
_____	Reread favorite book or review favorite movies
_____	Identify and engage in comforting activities, objects, people, relationships and places
_____	Allow for feeling expression (laugh, cry, etc...)
_____	Other _____

Spiritual Self-Care

_____	Allow time for reflection
_____	Spend time with nature
_____	Participate in a spiritual community
_____	Open to inspiration
_____	Cherish own optimism and hope
_____	Be aware of nonmaterial aspects of life
_____	Cultivate ability to identify what is meaningful and its place in personal life
_____	Meditate/pray
_____	Contribute to causes in which you believe
_____	Read inspirational literature (lectures, music etc…)

Workplace or Professional Self-Care

_____	Allow for breaks during the workday
_____	Engage virtually with co-workers
_____	Provide self quiet time/space to complete tasks
_____	Participate in projects or tasks that are exciting and rewarding
_____	Set limits/boundaries with computer, clients and colleagues
_____	Balance workload/cases
_____	Arrange work space for comfort
_____	Maintain regular supervision or consultation
_____	Participate in virtual peer support group
_____	Other _____

Review assigned numbers. Appreciate areas of strengths while making positive changes in areas with significantly low scores to improve balance in life.

WHEN EXPERIENCING OVERWHELM & TRAUMA

feeling helpless, hopeless & that one can never do enough

hypervigilance & always serious

anger and cynicism

guilt/fear/ complicated grieving

lack of awe

sense of persecution

fight/flight/ immobility response

dissociative moments

inability to see options & diminished creativity

physical ailments, depression, anxiety, & other mental health considerations

chronic exhaustion & saturated nervous system

pulled toward confirmation bias & away from critical thinking

lack of presence/deliberate avoidance/cognitive overload

intense/rigid/controlling/ unable to embrace complexity

disheartened & dispirited

grandiosity

negativity bias & not assuming well

difficulty empathizing/ minimizing/numbing

sub-impeccable/toxic conduct & compromised impulse control

addictions

loneliness/isolation/ strained relationships

THE TRAUMA STEWARDSHIP INSTITUTE'S
Tiny SURVIVAL GUIDE

PROTECT YOUR MORNINGS
[or whenever you wake up]
less cortisol, more intentionality.

GO OUTSIDE
[or look outside]
perspective, context + something larger than this.

BE ACTIVE
[avoid stagnation]
in body, mind, spirit.

CULTIVATE RELATIONSHIPS
those that are edifying + healthy.

NURTURE GRATITUDE
what is one thing, right now, that is going well?

DETOX
if navigating addictions
be wise + safe
limit news + social media.

SPEND TIME WITH ANIMALS
↓ stress hormones, ↑ comfort.

METABOLIZE AT YOUR EXPERIENCING
re-regulate your nervous system.
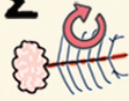
SIMPLIFY
[less is more]
be aware of decision fatigue + cognitive overload.

yes? or... or... but... or or... or no? or maybe? or

ADMIRE ART
the gift of feeling transported.

LAUGH
ha ha!
pure humor = a sustaining force.

FOSTER HUMILITY & EXTEND GRACE
self-righteousness + hubris = unhelpful.

SLEEP
zzz....
to cleanse + repair brain + body.

CLARIFY INTENTIONS
how can i refrain from causing harm, how can i contribute meaningfully?

BE REALISTIC + COMPASSIONATE
[with yourself]
be mindful of the quality of your presence. it means so much to others.

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grateful

even now.
especially now.

date   i am grateful for...

psyched about...

Yessss!

paying attention to...

taking a moment to notice

Quarantine B-I-N-G-O

This job aid was created by staff at Brown County Human Services. It reinforces several self-care strategies and supports team building and connection.

Welcome to Quarantine Bingo! Complete these simple directions in order to participate in the game!

1. Print your blank bingo card

2. Fill your bingo squares with things from the list below that you have done or experienced while in quarantine!

3. Follow along and mark the squares that are called throughout the game! Be sure to either print multiple blank cards or use removable markers (pennies, pieces of paper, candy, etc.) as we will be having several rounds and several winners!!

Try a new recipe	Play yard games
Craft with family	Participate in an online training
Go on a hike/walk	Do an at-home workout
Go into the office	Were hired/training during COVID
Have a video chat failure/malfunction	Go for a run
Walk with a pet	Yoga
Family game night	Virtual work event with your team
Play puzzles	Take a virtual exercise class
Watch Church online	Wash your car
Virtual chat with family	Build a fort
Watch a new series/movie	Re-arrange furniture/change home décor
Ride a bike	Paint a room in your house
Work at home with your spouse	Play a sport
Eat lunch away from workspace	Have a birthday during quarantine
Learn a new skill	Decorated windows with rainbow/hearts
Do yard work	Stocked up on toilet paper
Participate in virtual happy hour	Sent a meme/GIF on TEAMS
De-clutter	Do a random act of kindness
Celebrate an event/holiday virtually	Sidewalk chalk in the driveway
Send a letter/card	Virtual game night
Read a book	Bake something new
Home improvement project	Film a TikTok
Teach your kids	Stick to a new schedule
Have a bonfire	Start or attend a book club
Have a picnic	Listen to a new podcast
Scavenger hunt	Bird watching
Discover a new hobby	Gardening
Spring cleaning	Watch Disney+

BINGO

		free		

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Supervising Remotely During the COVID-19 Pandemic

This job aid includes strategies for child welfare supervisors to consider when supervising remotely.

Developing and communicating clear expectations

- Clearly state tasks and reasons for doing them; letting your team know that there may be some adjustments in expectations due to the current situation.
- If adding additional tracking tools, keep in mind additional work tracking measures can feel like micromanagement and erode trust between employee and supervisor. Be considerate in how you implement these tools and communicate with staff about the purpose of these tools.
- Determine and help your team understand exactly how work and outcomes will be measured and assessed at this time.
- Discuss available work hours and if anything needs to change. Given that some people are caring for others at home, they may want or need to shift their regularly scheduled hours
- Consider being flexible where possible to accommodate these unusual times, keeping in mind any expectations of your Human Resources Department/Agency Administration.
- As needed, check in and adjust expectations with your team, as this is a fluid situation.
- Think about and consider what might be being "missed" or "not addressed" at this time and work to make a plan to address these types of issues and how to best communicate about these issues (example- how to manage after hours or on call at this time, how to communicate any changes to community partners or clients/consumers, shifting responsibilities or roles if program needs have changed)

Practice and schedule regular communication

- Work to ensure communication is two-ways, informing your staff of your availability and schedule and also requiring that you are also aware of their availability and schedule. Use or continue to use Outlook calendars or some other type of shared calendars during this time.
- Utilize e-mail, phone calls and texting forms of communication regularly.
- Ask team members which communication tools work best for them.
- Consider utilization of video chatting or conferencing, while also considering any confidentiality concerns this may pose.
- Collaborating with other leaders, as well as your IT Department can be a support in determining the most appropriate forms of technology to use at this time.

Communicating through uncertainty

- Ask your employees how they are feeling.
- Focus on what can be done in the present moment.
- Find out what your employees biggest concerns are, both professionally and personally, as they are willing to share.
- Be clear about what you do and don't know. Be willing to discuss possibilities of what the future may hold, while also being careful to not to provide security or comfort in ways in which you are not able.
- Remind employees of resources like the EAP, if this is offered at your county. Many EAP offices are offering telehealth options. Check in with yours to see if this is an option.
- Encourage staff to connect to one another for support as well and to maintain team cohesion. Ideas such as having a video chat lunch or social time can help staff to stay connected. Continue to hold team meetings when possible via video chat or teleconference. Because you are not in the office together, consider increasing frequency of meetings.
- Lead with Trust. Start with the idea that your employees want to do their best and approach every decision and interaction that way. Assume positive intent.
- Follow up on questions, even if there isn't an answer yet.
- Communicate and lead with confidence. Keep in mind, your belief in your people becomes their confidence in themselves. As a leader you're like a flight attendant during turbulence. When the plane shakes in the air, everyone looks at the flight attendant. Their ability to lead and remain calm, sets a tone for all of the passengers. Your job during this time is to be the calm flight attendant for your team.

Reliable resources and technology

- There are many different tools to use to continue to work as a team remotely. Remember that some people have more familiarity with some tools than others. Discuss with your team how technology can and should be used and what is appropriate for each type of communication, for example a chat vs. email.
- Consider holding practice meetings where employees just get a chance to try out the technology before they have to use it for an official meeting.
- If you have specific technology needs or questions, work with your local IT department and Upper Management as needed.
- During planned check-ins with employees, ask about any technology successes or challenges they have experienced. Work to problem solve together.

Engagement and inclusion

- Pause and intentionally connect to "social presence"—the experience you have when you physically meet up with someone in the office or hallway and say "hi" and check in. Make space to find out how people are doing before diving into what they are doing.
- Start by assuming everyone is doing the best they can. Then get curious about what you are seeing, feeling, experiencing, and ask questions of others for more information.
- Strengthen relationships by acknowledging and modeling—transparently—your own uncertainty and continued learning in distance communication and work.
- Be mindful of tone in communication and management style. If you worry or become aware that your messaging may have negatively impacted someone, make an effort to connect via a voice option to address and explore any concerns.

Hiring or onboarding

- Partner with your Personnel or Human Resource office to explore their willingness and ability to move forward with hiring and onboarding at this time.
- For interviews consider video conferencing options.
- For onboarding, consider utilizing as much of your current onboarding process as possible, but doing so utilizing video chat, telephone and email.
- Re-consider timelines and expectations as well. Be creative.

Note. Adapted from "Supervising Remotely" by Human Resources, University of Wisconsin-Madison. (n.d.)

Virtual Supervision: Staying Connected

This job aid helps Child Welfare Supervisors provide structured, virtual supervision to Child Welfare Professionals.

Physical distancing efforts have led many child welfare agencies to move towards telework. New problems and challenges will present as staff adjust to the changing landscape of their work. Supervisors provide a calm moment in chaotic and stressful times so that Child Welfare Professionals continue to make a difference in their communities.

✓ Stay updated on:

☐ Procedures/protocols- state and local government expectations

☐ Practice guidance issued by the Department of Children & Families

☐ State and local updates on the COVID-19 pandemic

☐ Agency procedures in response to the pandemicAgency policies and requirements for keeping publicly identifiable information (PII) safe and confidential

☐ Performance expectations- role and responsibility for supervisor and staff
Mechanisms for monitoring performance

☐ Equipment- access to important technology
- Computer
- High-speed internet
- Phone
- Printer
- Surge protectors

National Child Welfare Workforce Institute. (2020, April 12) Productively working from home [PDF file]. www.ncwwi.org.

National Child Welfare Workforce Institute. (2020, April 12) Productively working from home [PDF file]. www.ncwwi.org.

National Child Welfare Workforce Institute. (n.d.). Virtually supervising child welfare professionals during a pandemic [PDF file]. www.ncwwi.org.

NCCD Children's Research Center. (n.d.) Supervision during physical distancing: Tools and guidance [PDF file]. www.nccdglobal.org.

Before Supervision

Steps to Take

☐ Check in with yourself

☐ Reflect

☐ Set an agenda

Questions to Ask Yourself

- How are you feeling?
- What are you finding most challenging in your own work right now? How might this affect your supervision?
- What kind of help might I need and who can I get it from?

- How do you anticipate your staff is experiencing stress and uncertainty right now?
- What questions will I ask to get a better understanding of their current stress and its impact on their ability to engage families and make decisions?
- Have I talked with the staff about the best way to get urgent, somewhat urgent and not urgent information to me? And, have I communicated expectations, so they know when to expect a response from me in each instance?

- What is the purpose of this meeting?
- What needs to be accomplished in this time?
- What must be discussed? What can wait if it needs to?

Tips

- Decide the best way to meet (i.e., in-person with physical distancing? Videoconference? Or phone?)
- Determine if you and your staff have reliable access to phone, internet, computer, key documents, case lists, and eWiSACWIS
- Consider scheduling more contact for shorter durations during stressful periods of time
- Set up a file for each staff person
- List all staff's phone numbers and basic information on their clients in case staff are suddenly unable to continue working
- Use deidentifying information and lock information in drawer or filing cabinet
- Review agency specific expectations and procedures so you can help staff stay current

"The Review of Public Personnel Administration found that high-quality relationship-based supervision styles modulate the effect of remote work on workers' feelings of social isolation. Through an analysis of daily diary entries made by public servants working from home, researchers found that telework 'leads to greater professional isolation and less organizational commitment,' but that 'a high-quality LMX [leader-member exchange], in which the leader and the employee trust each other, can reduce public servants' professional isolation on the days they spend working fully from home. Thus, our results highlight how relationship-oriented leadership approaches might be beneficial and even required in a teleworking environment.'" (De Vries, Tummers, & Bekkers, 2019)

Steps to Take	Questions to Ask Your Staff
☐ Check in	• How are you? • How are your loved ones doing? • What questions did you come with today? Either about the current health crisis or about agency expectations during this time?
☐ Set the stage	• What agenda items did you bring with you today? • What must we accomplish today? • What can wait if we are pressed for time?
☐ Address the content	• Which clients do you need to cover today? • Which clients have suspected or confirmed danger threats related to mental health, substance abuse, and/or domestic violence
☐ Address needs for client contacts	• Do you have access to all your clients? • How are you having contact with each client? Face-to-face contact? Telephone? Videoconference? • On a scale of 1-10 how sure are you that you have the knowledge/confidence/skills to assess or monitor safety using _____method of contact? What makes you that number? • Let's review the date of your last contact with each client so that we can stay current and on top of it.
☐ Identify action steps	• What are the short-term, midrange, and long-term tasks you need to accomplish with each client? What are the priorities? • What competing demands are you balancing (e.g., court date holdups, inability to observe visitation or access appointments in person). How can I help you prioritize? • What can I do between now and the next time we meet that will help you?
☐ Plans for next contact	• When are you available to meet next? • Let me tell you the ways you can reach me for urgent, somewhat urgent, and not urgent matters between now and when we see each other next.

Tips

- Use an online/virtual meeting platform when possible
- Approach supervision with the highest degree of empathy
- Understand that staff are performing the same work, just at a different location
- Encourage candid conversation
- Establish a virtual working agreement with each person you supervise
- Encourage staff to establish a daily routine that sets boundaries between "work" and "home"
- Meet staff's virtual work needs (i.e., make sure they have access to necessary equipment and understand how it functions)
- Define expectations and set realistic goals, adjusting work as necessary
- Share tips to increase effectiveness of and comfort with working virtually
- Communicate regularly with your staff
- Pay attention to signs of 'decision fatigue'
- Schedule consistent check-ins with each person you supervise
- Be available for impromptu conversations on case-related matters and supportive supervision
- Recognize that working virtually is different for those who are required to be in the community
- Listen with compassion and leverage agency protocols and resources to help staff practice physical distancing whenever possible
- Encourage connections- use chat, text, and online video for coffee breaks or happy hour
- Manage by what gets done, not by what you can observe

After Supervision

Steps to Take	Questions to Ask Yourself
☐ Document	• What actions or steps will the staff person be taking with each client we discussed? • What do I need to follow up with next time?
☐ Highlight staff's success with others	• Based on what I heard about the staff's practice, what skills did they demonstrate and how can I highlight these to others? • How can I circulate the staff tips and good ideas so others can take advantage of them and the staff can get credit?
☐ Support ongoing professional development	• What skills might the staff need to continue developing in their practice right now?

Tips

- Copy and paste what you documented and send it to staff so you can stay on the same page between now and when you connect next

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Facilitating Virtual Meetings

This job aid helps Child Welfare Supervisors leverage technology to engage staff and multi-disciplinary teams in effective meetings and learning opportunities.

Before Virtual Meeting

✔	Checklist
	☐ Set up in advance of start time to troubleshoot
	☐ Turn off phones and screensaver
	☐ Survey room to see if there is anything else that is "on," or could be a distraction
	☐ Have a glass of water nearby
	☐ Keep a clock visible to manage time
	☐ Use a headset instead of computer microphone
	☐ Create a concise outline with simple, key words to keep you organized and focused
	☐ Research what other counties or states have done in the areas you wish to talk about - Find out what strategies they have tried
	☐ Think about what you would want to be able to discuss with colleagues around the topic you are presenting
	☐ Plan content for half the time allotted (e.g. 30 minutes of content for a 60-minute call)
	☐ Ask another supervisor to log in as a participant and monitor chat so they can alert you to any problems participants may experience (or designate someone from the team)

Capacity Building Center for States. (n.d.). Knowledge management research: Virtual meetings in child welfare [PDF file].

National Child Welfare Workforce Institute. (2020, April 3). Facilitating video conferences and webinars [PDF file].

www.ncwwi.org.

	☐ Practice using the webinar features (e.g. raise your hand, write in the chat, share screen etc.)
	☐ Send the agenda/objectives to participants before the meeting so they can prepare for the discussion
	☐ Note how much time each agenda item will take so people know how much time will be spent on each topic
	☐ Decide how you will capture "parking lot" items (e.g., use chat box)
	☐ Display a photo of yourself if you are not using a webcam

During Virtual Meeting

✓	Checklist
Beginning	☐ Use a common visual (e.g., agenda, PowerPoint slide) to keep the meeting on track
	☐ Change visuals to discourage multi-tasking – use graphics and simple text
	☐ Warm up your audience and build rapport before you start asking questions
	☐ Use humorous visuals in your presentations to help the climate feel conducive to engagement, approachability, and interaction
	☐ Build in mechanisms to familiarize audiences with new platforms, for example, through instructions, FAQs, pre-calls, videos, and technical support
	☐ Set group agreements (e.g., give your full attention to the meeting, identify yourself when you speak, and remain muted unless speaking)

	☐ State the purpose of the meeting to ensure everyone is clear about the direction
	☐ Ask an open-ended question at the beginning; not giving the answer right away will encourage conversation
	☐ Provide space and time for reflective conversations and promote multiple channels for informal engagement that balance formal presentations
Middle	☐ Avoid asking all of your questions at once or closed-ended questions
	☐ Be prepared to make comments to keep the discussion going (e.g. I often...)
	☐ Be prepared to ask probing questions to move the conversation forward
	☐ Use the chat feature and polls to learn about your audience and to encourage them to think more deeply about the material
	☐ Use polling and survey questions to reengage participants and stay aligned with learning
	☐ Ask questions to help participants connect the content to their work and consider ways to incorporate the content into a current task or new project
	☐ Use chat box and polling to challenge assumptions, gain a new perspective, think out a process, etc.
	☐ Tell participants to submit questions as they arise
	☐ Answer participant questions at designated intervals (i.e., "I'm going to pause for a minute to catch up on the chat box")
	☐ Build in breaks for questions so the chat area does not become too hard to monitor
	☐ Use participant comments and questions to highlight the information you want to get across
	☐ Summarize the responses and ask follow-up questions to probe, redirect, etc.

End

- [ ] Build the next 4 items into the agenda to ensure time does not run out

- [ ] Bring it all together and revisit what you have learned as a summary at the end of your presentation

- [ ] Summarize what the next steps are, who is going to accomplish them and what to expect from the meeting facilitator

- [ ] Ask participants to share their takeaways at the end

- [ ] Control the ending- close on a positive note that connects the discussion to meaningful outcomes

Tips

- Set group agreements about the process for decision-making when the goal is to solve a problem (i.e.., if the problem will not be solved through consensus do not spend time getting everyone's opinion)
- Review the agenda so that people know what to expect
- Foreshadow future topics to create anticipation and maintain interest and engagement (e.g., "In a few minutes we'll discuss…right now I need your thoughts on….")
- Stay on track during the meeting and adjust your pace when needed so you do not run out of time at the end
- Establish and maintain a high energy level to keep participants interested
- Increase interactivity
- Consider all learning styles and diversify activities
- Accommodate different learning and participation preferences
- Keep the discussion on topic
- Involve all participants; include diverse perspectives
- Look for non-verbal cues- if you think someone is not on board, see if you can draw out the reason (e.g., "I want to make sure we hear from everyone. Sarah, what do you think?")
- Use breakout rooms to support small group communication and discussion
- Probe for the bigger meaning in vague answers (i.e., "Tell me more about that…")
- Define what the problem is clearly before agreeing on the solution
- At critical junctures (e.g. key agreement/decision, input required), ask each person by name if they agree or have an idea to share; use reaction emojis (e.g., thumbs up or clap)
- Isolate critical points and synthesize what the group says
- Seek diverging perspectives in order to prevent group think
- Remember that the process is just as important as the results

Virtual Access: Low or No Cost Internet and Technology

This job aid helps the child welfare professional ensure access to technology for their clients.

Use of virtual modalities to facilitate face-to-face contact with families and providers can help the Child Welfare Professional balance the need to preserve the public's health while continuing to assess danger and monitor child safety. When using a virtual platform, it is important to ensure accessibility to the required technology.

In the *Standards for Technology in Social Work Practice* (2017), standard 2.21 states:

> When appropriate, social workers shall advocate for access to technology and resources for individuals, families, groups, and communities who have difficulty accessing them because they are a member of a vulnerable population such as people with disabilities, limited proficiency in English, limited financial means, lack of familiarity with technology, or other challenges.

Poverty, geographical location, and other reasons that limit a person's access to the needed technology should not be the reason they are unable to participate. To that end the Children's Bureau compiled lists of low or no cost internet and technology options for virtual contact & participation. Consult with agency leadership and legal counsel to determine the best fit for your agency.

Low or no cost technology options for virtual participation and contact [PDF file]. (n.d.).

https://cdn.ymaws.com/www.naccchildlaw.org/resource/resmgr/news_items/march_27,_2020_letter_attach.pdf

Low or No Cost Options for Securing Internet or WiFi

Free Comcast Xfinity internet
Comcast Xfinity is currently offering its program free for two months to new customers. The internet provider is also automatically increasing speeds for all Internet Essentials customers.

Comcast Xfinity Wi-Fi hotspots are also open and free to use by anyone. Free internet for students from Charter Spectrum. Households with students K–12 or university students can sign up for a new Charter Spectrum internet account to get the first two months of internet with speeds up to 100 Mbps for free. Installation fees will be waived for those who qualify for the offer. Call 1-844-488-8395 to enroll.

Spectrum Wi-Fi hotspots are also currently open and free to use.

Free internet for students from Altice
Altice internet providers Suddenlink and Optimum are offering 60 days of free internet service for households with K–12 or college students. Internet speeds are up to 30 Mbps if you do not already have access to a home internet plan. To sign up, call 1-866-200-9522 if you live in an area with Optimum internet service, or call 1-888-633-0030 if you live in an area with Suddenlink internet service.

EveryoneOn https://www.everyoneon.org/lowcost-offers
EveryoneOn is a non-profit program launched to provide basic Internet connectivity to American households, especially those with school going kids. Many local internet companies who offer free or cheap service are listed on this site. EveryoneOn works in collaboration with major ISPs, educational institutes, and communities to bridge America's digital divide. Free Wi-Fi Service from Educational **Broadband Educational Broadband Service** is an initiative by Federal Communications Commission (FCC), communities and educational institutes to provide free Internet at home. Under this system, lots of schools, colleges, and universities are providing free WI-FI to students. Check with the child's school if they are providing internet access.

Wi-Fi Anywhere from US-Municipal Most municipalities in the US provide something called **Metropolitan Area Network (MAN)** or simply Municipal Wi-Fi. Access to MAN is free. Check with your local government if they have this. They often have a map where there are hot spots.

Note: The following internet services are offered at low or no cost during the COVID-19 pandemic. Please continue to verify before referring a customer since terms and conditions may change.

Low or No Cost Options for Connecting Virtually

Zoom- Video conferencing
> Get it at: www.zoom.com
> Cost: Free
> This is a video conferencing app for your phone or laptop

Facetime - Video Calling
> Get it on: Apple Products from the Apple App Store
> Cost: Free
> This is a video calling app that can only be downloaded from the Apple App store for video calling other Apple products

Duo - Video Calling
> Get it on: Android and Apple mobile devices
> Cost: Free
> This is the Google analog to Apple Facetime. But can be used on Android phones and Iphones.

Snapchat - Video Calling, Text Messaging, Video Messaging
> Get it on: Android and Apple mobile devices.
> Cost: Free
> This is a video messaging app that allows all messages and conversations to not be saved.

Facebook Messenger - Video Calling, Text Messaging
> Get it on: Computers, web browsers, and Android and Apple mobile devices
> Cost: Free
> This is a communication service tied to Facebook's social network.

Whatsapp - Video Calling, Text Messaging
> Get it on: Computers, and Android and Apple mobile devices.
> Cost: Free
> Whatsapp is an internationally used messaging app that is popular globally.

Skype - Video Calling, Text Messaging
> Get it on: Computers, web browsers, and Android and Apple mobile devices.
> Cost: Free
> Skype is a widely known video calling platform that uses Microsoft's AI technology for features such as live translations.

Hangouts - Video Calling, Text Messaging
> Get it on: Web browsers, and Android and Apple mobile devices.
> Cost: Free
> Google Hangouts is a robust communication platform on the web

Signal/Telegram - Encrytped Text Messaging
Get it on: Android and Apple mobile devices
Cost: Free
Both Signal and Telegram are messaging application that use end to end encryption.

Microsoft Teams - Video Calling, Text Messaging, Community Management, Productivity
Get it on: Computers, web browsers, and Android and Apple mobile devices
Cost: Free
Teams is Microsoft's chat productivity application. It allows for collaborating and staying in contact with multiple people within a team.

Discord - Video Calling, Text Messaging, Community Management
Get it on: Computers, and Android and Apple mobile devices
Cost: Free
Discord is a robust community management tool. Create servers or rooms for different interests or teams to communicate and keep in touch.

FreeConference/FreeConferenceCall/FreeConferenceCalling
Get it on: Create the account online using an email address and use the service with a phone.
Cost: Free
Each of the listed above are not typos. Each is an individual company that provides conference calling for free.

Google Voice - Cloud Based Phone Number
Get it on: Computers, and Android and Apple mobile devices
Cost: Free if used to make calls within the United States. Calls to other countries have a cost per minute.
Google Voice is a cost effective way to have a phone number and make phone calls so long as you have access to the internet.

GotoMeeting
Get it on: Computers, and Android and Apple mobile device
Cost: Free for two weeks.
Video conference calling for many people

Marco Polo
Get it on: iphone and ipad
Cost: free
"Video walkie talkie," a video chat app that lets you send quick messages back and forth.

Virtual Contacts

Information Gathering with

Adults

General Guidance for Virtual Contacts with Adults

This job aid provides tips for the Child Welfare Professional on what to consider before and during virtual contact with adults.

Before Virtual Contact

Steps to Take	Ask Yourself	Example of what to tell the other person
☐ Review decision tree issued by Department of Children & Families, *When Can Child Welfare Professionals Make Virtual Contacts?*	Decision tree will tell you if the person/family is eligible for virtual contact	**When the danger is understood and controlled:** "It's my job to understand if children are in danger. As you know from our conversations, we have identified danger and CPS is confident that we will be able to work together to keep the child safe using the plan we have developed and implemented together, therefore, we can proceed with virtual contacts right now." **Or, when danger is not identified:** "It's my job to understand if children are in danger. As you know from our conversations we have not identified danger, however, as we've talked about, I will continue to work with you to address _____need until the end of the assessment period. Because CPS has not identified danger, our remaining contacts will be virtual."

Steps to Take	Ask Yourself	Example of what to tell the other person
☐ Define the key purpose of the contact	What do I need to know, decide, &/or accomplish by the end of the contact?	"Our time is valuable. Before we connect virtually, I will prepare for a productive contact. Between now and then, think about what you want to get out of our time together."
☐ Draft an agenda	What topics need to be discussed and in what order?	"I encourage you to make a list of important items you want to talk about. We'll add them to the agenda at the beginning."
☐ List questions you need to ask	**When the danger is understood and controlled:** What questions do I need to ask to ensure the Protective Plan is working? Does the Safety Plan remains sufficient, feasible, and sustainable? **When there is no danger identified:** If there is no danger/no plan, what am I still worried about that I want to check in on? What additional information do I need to complete my work with the family? Are there additional resources that I can provide to support them when I close the case?	**When the danger is understood and controlled:** "When we meet, I will ask questions that help me decide if the Protective/Safety Plan continues to be do-able and realistic for everyone involved." **When there is no danger identified:** When there is no danger identified: "When we meet, we'll finish up _____tasks before CPS ends its involvement."

Steps to Take	Ask Yourself	Example of what to tell the other person
☐ Determine if virtual contact is accessible for the other person	Does the other person have what they need to come prepared for the contact	"Are you willing to be seen via technology?" AND "Do you have access to a computer/laptop, tablet, or smartphone with a webcam?" AND "What about WiFi, or a cellular hotspot? Do you have access?" AND Is there a private place in your home where you can meet with me (other than the bedroom/bathroom; if bedroom is only option- 'Do you have a desk or table you can sit at?)
☐ Test the connectivity/ technology	Do I have time right now to test the connect and troubleshoot (if not, when is the earliest I can do it?)?	"Let's test our connection and technology beforehand. Do you have 5 minutes to do that right now?"

Tips

- Secure a private location (e.g., home office, or room with a door)
- Dress in business casual attire; avoid loud colors, checks, stripes, black/white
- Keep jewelry simple
- Remove audible distractions (e.g., turn off television, mute phone, and place pets in different room)
- Position a noise reduction/white noise machine outside the door
- Ensure a neutral background appears on the camera; blue is the optimum color, use an adjustable screen or place a divider behind your chair, avoid background pictures
- Position yourself in front of a wall, not a door (in case someone comes in unexpectedly)
- Check audio continuity and clarity - if there is echoing place pillows near the microphone
- Use headphones with a microphone to ensure clear audio and confidentiality

During Virtual Contact

Steps to Take	Ask Yourself	Example of what to tell the other person
☐ State the purpose and goals of the contact, check for understanding	What was my key purpose for this contact? Review the agenda you drafted.	"I gave some thought to our visit and the purpose/goal is to_____. Is that what you expected we'd be taking about? I have developed an agenda to help guide our time. These are the things I need to talk about.
☐ Inform participants how long the contact is expected to last	Can we cover the necessary agenda items in the time I have available? Are there any items that can wait, if so when can I propose we circle back to them? Can we cover them through email/phone?	"Based on our agenda, I anticipate we'll need X minutes today. Will that work with your schedule?
☐ Orient participant to technology	What might the participant be wondering about the technology? What can I point out that makes the virtual environment known and familiar?	"Let me point out a couple of things on your screen (share your screen so agenda is visible to you and the other adult)
☐ Ensure confidentiality	What am I doing right now to ensure the participant's confidentiality?	"Can you hear me clearly and at an ok volume?" Let them know to speak clearly/loudly if you notice issues with the audio on their end. Check in on battery life: "I want to be sure we stay connected. Is your device currently charging?" "Since we are not meeting in person, I want to assure you I'm taking steps to ensure your confidentiality. For example," · • Private location, with door • Point out use of sound machine, headphones, etc. • Take notes using initials and do not document other identifying information for someone else to see

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Steps to Take	Ask Yourself	Example of what to tell the other person
☐ Determine location in case of an emergency	What information do I need to provide to law enforcement, or 9-1-1 in case of an emergency (e.g., Present Danger is active or it might become active soon, or need for medical attention etc.)	"Since we are not in person, I need to ask a few questions so I can help you if there is an emergency: • What is the address of your current location? • Are there any people in the household that pose a threat to you, or your child today?"
☐ Confirm Household Members	Was I able to meet face-to-face with all adults and children noted as living in this household? If new people are in the home collect information and notify CPS professional: • Name • Date of birth	Has anyone new moved into the house since our last visit? Anyone left? Has anyone stayed overnight for a few nights? Anyone new spending a significant amount of time here?
☐ Provide COVID-19 related updates	Why they are there and their role in the household What does the participant need to know about COVID-19 in our community, region, state, nation to help them take necessary precautions today?	Ask the person (if they are present) or another adult how they became involved with the family and their role, especially as it relates to the child. "I want to share some important information about COVID-19. Please stop me if you already know it."

Steps to Take	Ask Yourself	Example of what to tell the other person
☐ Discuss the plan with Parents/Caregivers	Do the parents understand the need for the case to continue to be open with services? Is the family making progress on their plan? Have parents been able to meet with providers during this crisis? If any services have been impacted, how has the family been coping and has it affected the household?	Verbally summarize plan: do you understand your role? Are you committed to continuing your part? How? Is there anything about the plan that needs to be discussed or potentially changed? Have you been able to meet with your providers? If not, how come? What needs to happen next to get things back on track? Regarding the plan: what progress has been made? What has been working well? Are you trying anything new? How is that going? Do you need anything from the agency to continue to make progress? Does anyone in the family have any medical or mental health concerns or diagnoses? Have you been able to have your medical needs met? Medications filled?

Steps to Take	Ask Yourself	Example of what to tell the other person
☐ Summarize content and list next steps	What did we cover today, what do I need to do next, what does the participant need to do next? When do we need to connect next?	"This was productive! We talked about...you agreed to do...and you can count on me to do...before our next contact." If this is the last contact summarize totality of involvement, including decisions and progress made. When it is the last contact, participant should get a clear picture about what it means to have CPS involvement end (e.g., future contact must be initiated by the participant, CPS does not have the authority to re-engage services without legitimate reason to do so).

Tips

- Continue to check in on how they are doing during and after to ensure services are delivered in an ethical and efficient manner.
- Look directly at the camera and lean forward on occasion.
- Be 10% more active/lively than usual to be as effective as in person meetings
- Pay attention to lighting so that your face is not in a shadow.
- Gaze in upper third of the screen; do not look down at the bottom of the screen
- Avoid shuffling papers, sniffling, tapping fingers or pen, and typing.

Interview Questions for Adults

This job aid provides a list of questions for the Child Welfare Professional to consider asking an adult household member to further understand the impact of the COVID-19 pandemic

Family Functioning

- Is everyone in your family able to get what they need (food, clothing, housing, medical care)? Have there been any problems? Are you able to access what you need to care for your family? What would help?
- Who can help you? Do you have supportive family, friends, or neighbors to help you and your children?
- How is everyone in the family getting along with each other? Is anyone having a particularly hard time? How is everyone passing the time? Do you have activities you do together? Do you need ideas?
- Are you worried about anyone? Why?

Parenting Practices

- What's it like parenting right now? How is it different? What's going well? What are some of the challenges?
    o What changes have you noticed in your child's behavior? Are you concerned?
    o Who were your children/youth connected to outside of the home? How are they staying in touch with their friends?

Adult Functioning

- How are you trying to take care of yourself during this time? How are you trying to take care of your family?

- How are you and your family holding up? o How are you dealing with social isolation? How have you managed thus far? o How is everyone coping with stress? Are you finding it difficult to bounce back or manage? o Is anyone having a particularly hard time? What seems to be bothering you the most? What makes it better/worse? Have people in your family had to face crises before? What did they do?
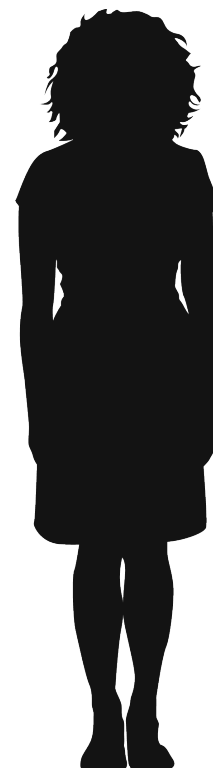
Using the Whiteboard Function in Zoom during Virtual Contacts

This job aid helps the Child Welfare Professional use the Whiteboard function in Zoom to engage in information gathering in meaningful ways during the virtual contact. Please see other job aids for ideas on specific tools to use.

Consult with your supervisor and legal representation to determine how your agency elects to save documentation generated during a virtual contact.

Steps in Zoom

Step 1: Click on the green Share Screen button located at the bottom of the screen.
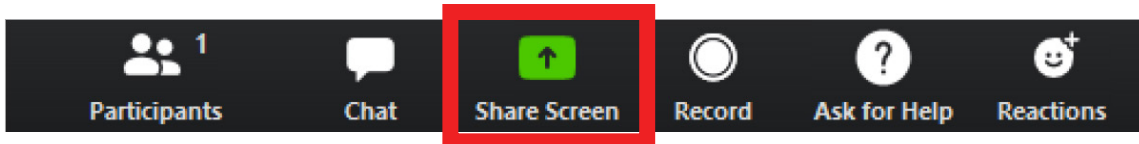
Step 2: You will have the option of choosing Whiteboard.
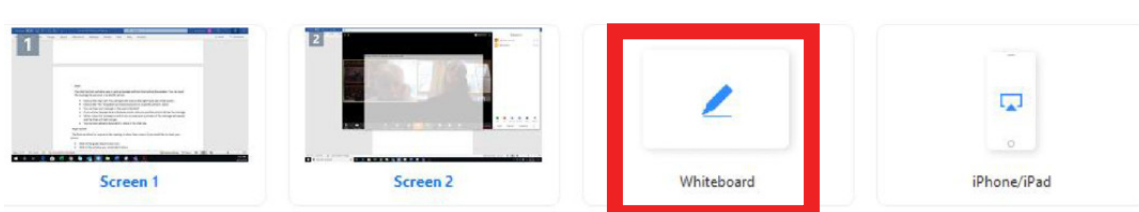
Step 3: Click on the Whiteboard so it is highlighted in blue.

Step 4: Click Share.

Optimize Screen Sharing for Video Clip

Calendar - keithun@wisc.edu - O...   RE: Conferences/Trainings - Mess...   Show all windows...
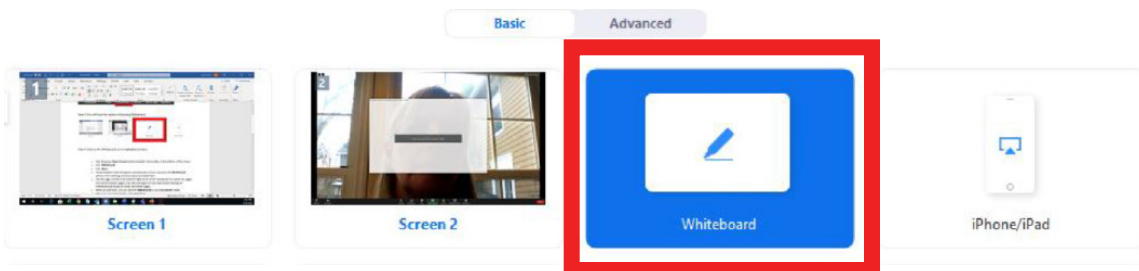
Share
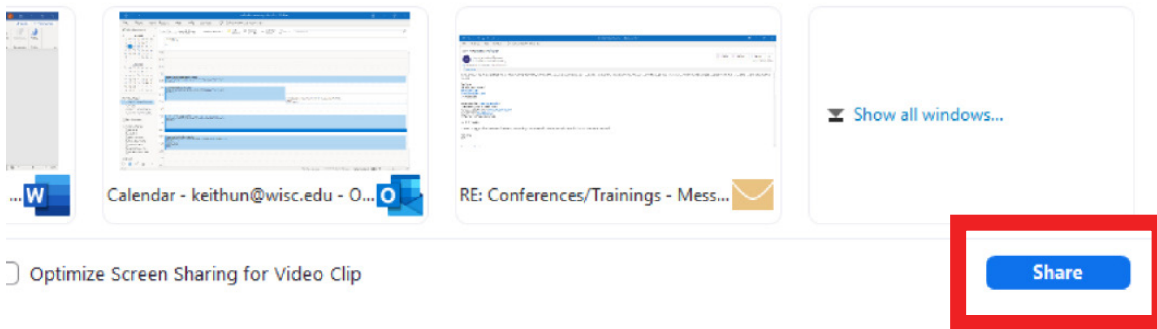
Step 5: The annotation tools will appear automatically.

Mouse Select Text Draw Stamp Spotlight Eraser Format Undo Redo Clear Save

Step 6: Click on the three dots above the More on the toolbar at the top of the screen.

Mute Stop Video Participants New Share Pause Share Whiteboard Remote Control More

ID: 551-786-2327   Stop Share

Select Text Draw Stamp Spotlight Eraser Format Undo Redo Clear Save
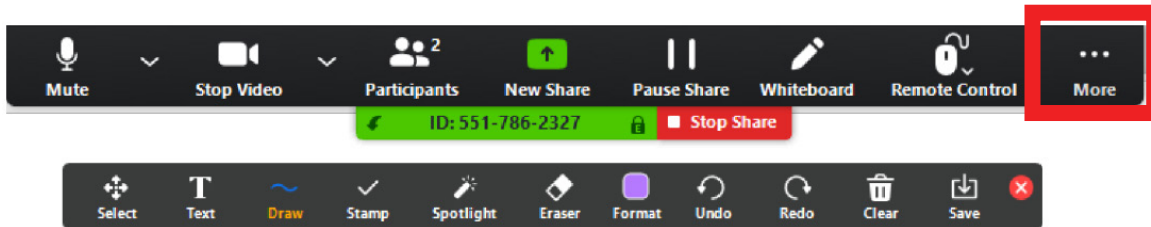
Step 7: Choose "Disable participants annotation" when you do not want the other person to contribute. This will make you the only person who can write on the Whiteboard. Skip thisstep if you want them to co-create with you.

Step 8: Click on the Draw icon when you want to draw shapes and move your curser to the spot on the whiteboard you would like the first entry to be.

Mouse Select Text Draw Stamp Spotlight Eraser Format Undo Redo Clear Save

Step 9: Click on the Text icon when you want to write information. Move your curser to the spot on the whiteboard you would like the first entry to be.

Mouse Select Text Draw Stamp Spotlight Eraser Format Undo Redo Clear Save
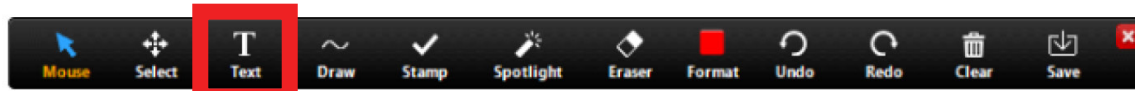
Step 10: Fill the board with drawings and responses. If you need an additional page, go to the bottom right corner of the whiteboard to create new pages and switch between pages.

Step 11: When you are done, you can save the Whiteboard to your Documents folder on your desktop.
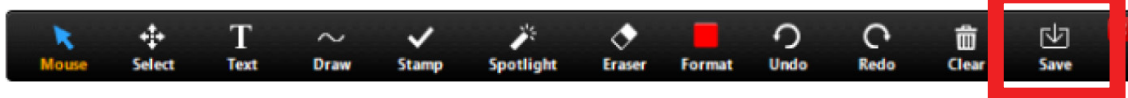
Step 12: When you have saved the Whiteboard and would like to stop, click Stop Share.
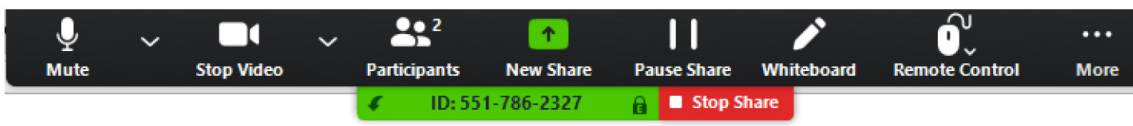
Step 13: Chat box can be used throughout the virtual contact if the other person would rather type their response instead of say it out loud. In this case, you may decide to save the text from the chat box. To do that go to the bottom right of the chat box and click on the three dots. It will have the option to Save Chat to your desktop.
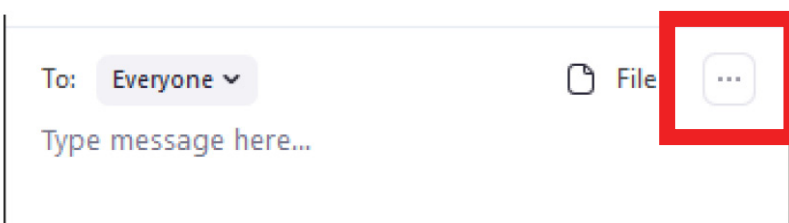
Engaging the Expert with Two Circles

This job aid helps the Child Welfare Professional engage with a child/youth/parent to learn more information about several different topics

Child Welfare Professionals gather sufficient and relevant information to inform decision-making over the course of their work with families. This tool was developed by a social worker in Eau Claire county. It helps engage people in conversations about difficult topics in a way that places the other person at the center, as an expert. The tool is easy to use. It only requires pen and paper. In a virtual environment it can be created in Zoom using a white board, or the Child Welfare Professional can easily invite the other person to draw the two circles. Follow the steps below to get started.
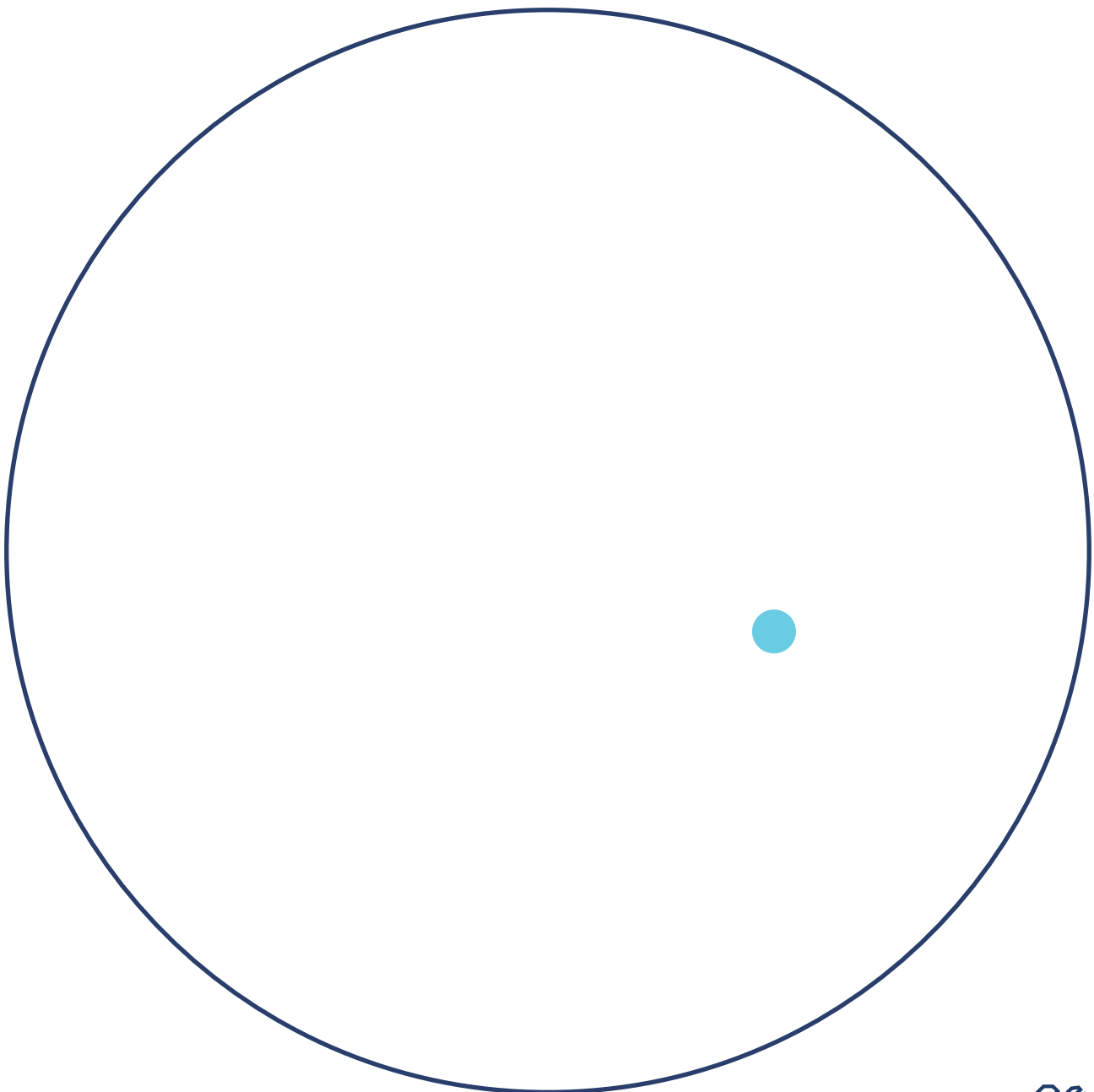
Two Circles to Engagement

Steps to Take	What CPS Professional Says	Exemplar
Draw a small dot anywhere on the paper or whiteboard	• "When I first start talking to people about these things this is how much I know."	• "When I first start talking to people about these things this is how much I know."
Draw the large circle around the small dot	• "In my job I learn a lot of information about people- what they do and how they think and feel."	• "In my job I learn a lot of information about people- what they do and how they think and feel."
Point to small circle to emphasize how little you know about the topic	• Pause for effect	• Pause for effect
Share what you already know	• "For example, what I know about <insert topic>" is <insert summary of what you know>."	• "For example, what I know about your drinking is that it caused you to drink too much on Wednesday night and that create a dangerous situation for your child."
Emphasize the vast white space between the larger and smaller circle	• Pause for effect	• Pause for effect
Invite the other person to provide more infromation	• "I want to invite you to tell me all that you know about <insert topic>."	• "What I don't know, and I'd like to learn more about is everything else that contributes to this small piece of information that I have right now."
Ask for permission	• "I have some questions I need to ask you so that I can understand this small piece of information (point to the dot). Is now a good time, or should we take a break and come back to it."	• "I have some questions I need to ask you so that I can understand this small piece of information (point to the dot). Is now a good time, or should we take a break and come back to it."

Steps to Take	What CPS Professional Says	Exemplar
Give permission	• "How about you take your pencil (or use the Zoom function) to write/type in the information that I'm missing right now. This is the information that you think would help me better understand the tiny dot."	• "How about you take your pencil (or use the Zoom function) to write/type in the information that I'm missing right now. This is the information that you think would help me better understand the tiny dot."
Engage in Active Listening	• The goal is to not say much! · Use statements that forward the conversation (e.g., "Uh, huh…," "Interesting." "Say more."	• Actions will speak louder than words at this stage in the process Convey warmth · Be open · Stay neutral

Instructions for Using a Genogram Tool

This job aid provides instructions for developing a genogram. Genograms can be developed using pen and paper or using the whiteboard feature in Zoom.

A genogram is a visual showing a family's multigenerational relationships (i.e. a type of family tree). This tool can be helpful to draw with a parent to help them identify additional family members who may support them or be placement options for their child(ren).

Common Symbols and Instructions:

Males are depicted as squares. Females as circles. Age can be entered in the center of the symbol if known.

Male	Female	Birthdate	Age	Death
		'91	'82 / 38	1943-2002 / 59
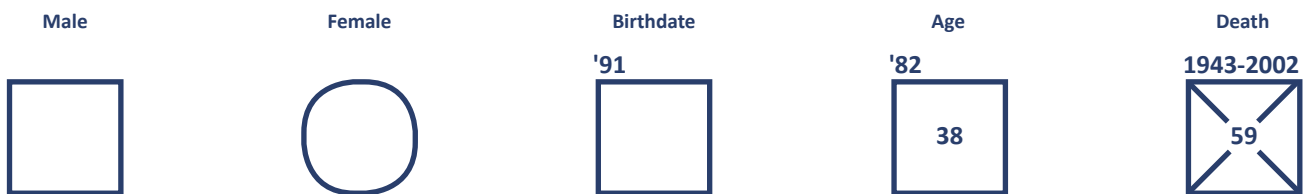
Relationships are drawn with lines (dates optional). Divorce or separation are drawn with slashes or X's.

Marriage or couple relationship — 2010

Separation or Divorce — Met '90, S '95, D '97

Divorce and Remarriage — M' 12   M' 05, D '08   M' 14
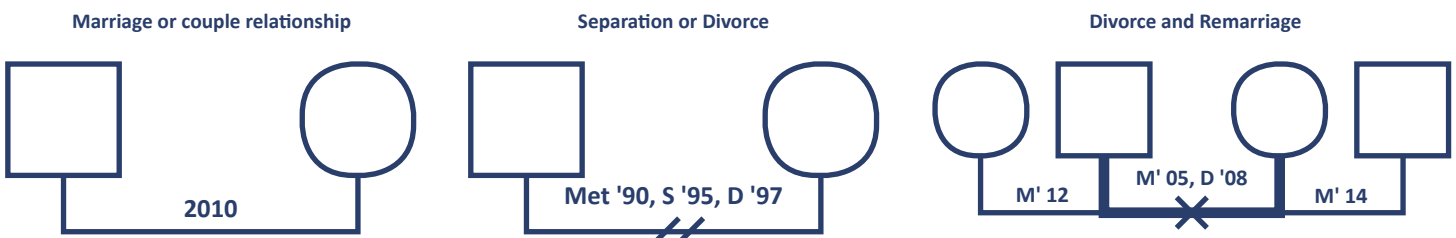
Children: List in birth order beginning with the oldest on left.

'04 — Biological Child

P '14 '05 — Foster Child

P '06 '06 — Adopted Child

'13 '13 — Twins

'14 '14 — Identical Twins

'20 — Pregnancy
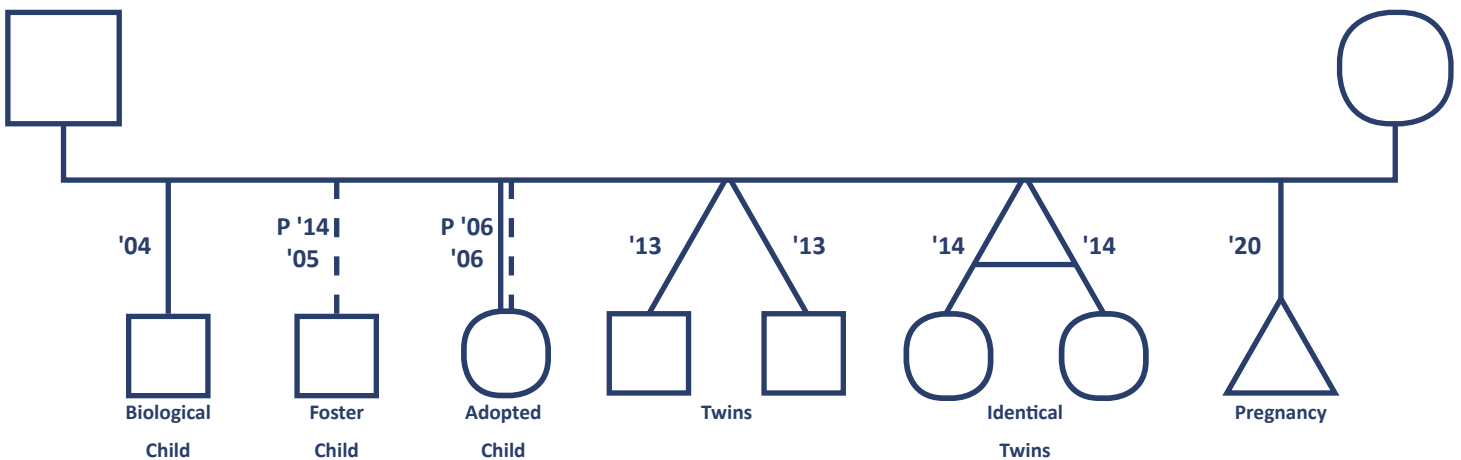
Genogram Example: Star Wars - Luke & Leia
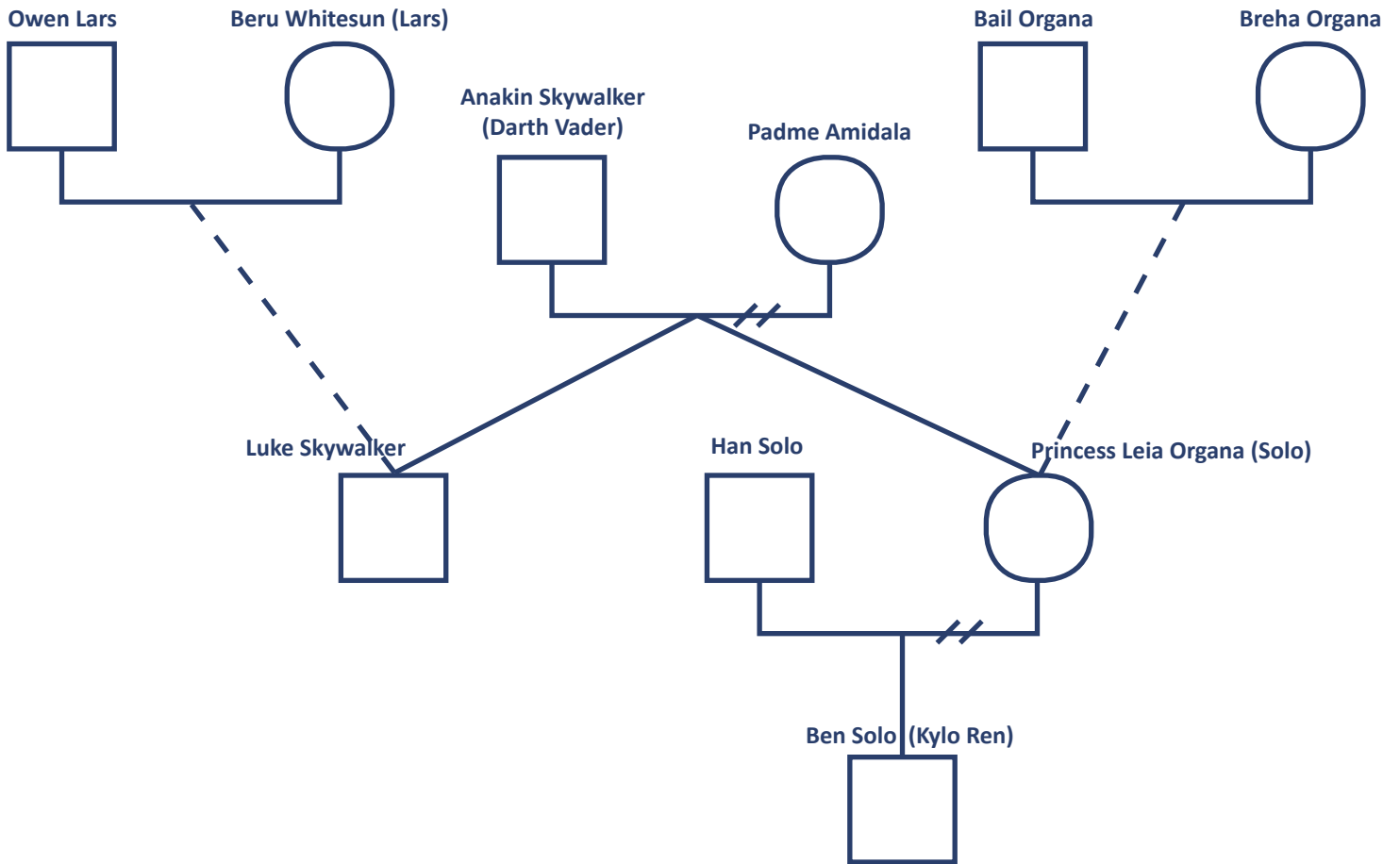
Virtual Contacts

Information Gathering with

Children

General Guidance for Virtual Contacts with Children/Youth

This job aid provides reminders for the Child Welfare Professional on what to consider before and during virtual contact with a child/youth.

Before Virtual Contact

Steps to Take	Ask Yourself	What to say to Parent/Caregiver Before the Virtual Contact with the Child/Youth
☐ Establish if the interview needs to be done in private. Enlist the parents help so they feel included	• Does the information I have right now indicate I must interview the child in private? • What would it take for me to feel confident the child/youth will be forthright even if the parent/caregiver is there?	• "I have already talked with your child/youth. When I talk to your child virtually, I typically like to do that in private. I know that can be difficult to do right now. I will need your help to make that happen. Where is a room in the house that the child can go to meet with me? How can we ensure the technology works? Can I call you during the interview if the child/youth gets stuck and needs help operating the technology?
☐ Define the key purpose of the contact	• What do I need to know, decide, &/or accomplish by the end of the contact? • • What needs to happen in the contact so I can answer the question, "Is this child/youth safe?"	• "Before I meet with your child I will prepare for a productive contact. Between now and then, think about any questions or concerns you may have about my contact with them. I will check in with you before I meet with the child/youth so that we can get your questions/concerns addressed beforehand."

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Steps to Take	Ask Yourself	What to say to Parent/ Caregiver Before the Virtual Contact with the Child/Youth
☐ Decide how you will follow up with the parent/caregiver	• Based on what I know of the parent/caregiver what type of follow up will they want after I speak with the child/youth	• "After I complete the contact with the child/youth, I'll want to connect with you briefly so that I can let you know how it went and share any relevant information. Do you have 10 minutes available after the contact to meet with me?"

Before Virtual Contact Tips

- Secure a private location (e.g., home office, or room with a door)
- Dress in business casual attrite; avoid loud colors, checks, stripes, black/white
- Keep jewelry simple
- Remove audible distractions (e.g., turn off television, mute phone, and place pets in a different room)
- Position a noise reduction/white noise machine outside the door
- Ensure a neutral background appears on the camera; blue is the optimum color, use an adjustable screen or place a divider behind your chair, avoid background pictures
- Position yourself in from of a wall, not a door (in case someone comes in unexpectedly)
- Check audio continuity and clarity; if there is echoing, place pillows near the microphone
- Use headphones with a microphone to ensure clear audio and confidentiality

Steps to Take	Ask Yourself	Tools to Use
☐ Engage the child	• What can I reasonably expect of this contact given the child/youth's age, abilities, & interest? • What engagement strategies will I use?	• Review the Developmental Ages & Stages handout to set your own expectations for what the child can be expected to do during the virtual contact. Consider age and abilities when determining the duration and sequence of contact. • Review the How to Build Rapport with Children During Virtual Contact handout and decide on a strategy to build early rapport with the child.
☐ State the purpose and goals of the contact, check for understanding	• What was my key purpose for this contact?	• Review the agenda you drafted to help you prioritize the information you gather.
☐ Orient child to the virtual environment	• What functions do I need to explain to the child/youth so the virtual environment can feel friendly and familiar to them?	
☐ Provide COVID-19 related updates	• Did the parents/caregiver indicate they want me to check in with the child about their understanding of COVID-19? • Did I learn anything from the child that I can tell the parent/caregiver so they can help increase the child's understanding, or reduce worry?	• Review Trinka & Sam Fighting the Big Virus and What's Up with this Coronavirus? handout with the child to engage in conversation about this change in their circumstance and learn how they are making sense of it.

Steps to Take	Ask Yourself	Tools to Use
☐ Observe the Child(ren)	• How does the child/youth look physically? • What parts of the child/youth body were visible during the contact? • Did you prompt the child to show your parts of their body (e.g., "You are looking so strong! Show me your muscles," or "Put your ear up to the camera, I need to know you're listening really carefully to these directions, ok now let me see the other one"). • Did the child get up and move around during the contact? What motions was the child/youth able to do (e.g., get up and walk around, jump up and down, etc.)? For example, "Run to your room to get a favorite item," or "Jump up and down if the answer is 'yes.'" • Were there any signs of pain or distress during movement? • What is the emotional state of the child? • Are there any concerning observations regarding the child's appearance, words, or behaviors?	• Review the Developmental Ages & Stages handout for developmental milestones to look for during the contact

Steps to Take

☐ Speak with child/youth, in private, if possible
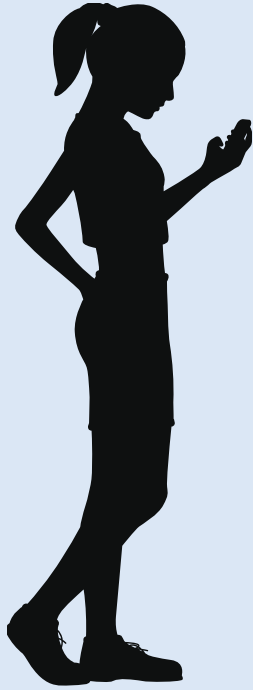
☐ Summarize content and list next steps

Ask Yourself

- Was I able to speak and or interact with all children in the home?
- Did I give the child the option of using the chat box if there was information they did not want to share aloud?
- Did the child describe any conditions in the home that are of concern to CPS (i.e., new or reemerging danger)?
- What did I learn about the child's safety?
- What did I learn about the child's well-being? Physical & emotional/mental health? Learning and development?
- Were there any concerns noted in the child's appearance or behaviors?
- Did the child say anything that CPS would be concerned with?
- What did I learn from the child/youth?
- Did I repeat what I learned back to the child so that they had a chance to correct me?
- Based on what I heard, what do I need to do next?
- What concrete thing can I tell the child/youth about next steps?
- Did I provide contact information for the child/youth in case there is an emergency?

Tools to Use

- Review the different types of tools you can use to gather information during a virtual contact. Decide if you want to use one of these tools:
  - *Engaging the Expert with Two Circles*
  - *Genogram*
- Review the Using the Whiteboard Function in Zoom handout and test the functions if you decide you want to use them instead of pen and paper
- Review the Interview Questions for Children handout and select relevant questions you want to ask during your contact
- Review the Developmental Ages &Stages handout to decide what information you can share back with the child/youth at the end of the session toprovide them with a concrete understanding of what will happen next.

During Virtual Contact Tips

- Continue to check in on how they are doing and ensure services are delivered in an ethically and efficient way
- Look directly at the camera and lean forward on occasion
- Be 10% more active/lively than usual to be as effective as in person meetings
- Pay attention to lighting so that your face is not in a shadow
- Gaze the upper third of the screen; do not be looking down at the bottom of the screen
- Avoid shuffling papers, sniffling, tapping fingers or pen, and typing

Interview Questions for Children

This job aid provides a list of questions for the Child Welfare Professional to consider asking a child/youth to further understand the impact of the COVID-19 pandemic.

Child Functioning

- Tell me about your day.
- What are you doing for fun?
- What do you miss the most about school? Why?
- How are things going for you?
- Are you feeling okay?
- How is learning (school) going? What new thing did you learn this week?
- Is there something you are worried about this week? Looking forward to?
- Who is someone you go to when you are scared? Feeling sad? What do they do to help you feel better?

Define the household and learn more about disciplinary approaches, parenting practices, and family functioning

- What things do you like to do at home?
- What do you like to do with your family?
- What are some of the best things about being at home?
- Do you have responsibilities at home? What are they?
- Who lives and stays in your home (including pets)? Who visits?
- Who is taking care of you? What are they doing to make sure you have everything you need? What do they do?
- Who goes out and gets food for you?
- What is your favorite food to get at the grocery store?
- What do you like to eat? Who makes your meals? Who do you eat with?
- What are the rules in your house?
- What happens when someone (sibling, pet, parent) breaks a rule?
- What have you done in the last few days that you got into trouble for?
- What happens when you get in trouble?
- What is everyone doing during the day?
- Do you have activities you do together?
- Tell me how things are going at home.
- Are you worried about anything?
- How is everyone getting along with each other? Is anyone having a particularly hard time?
- Where do you sleep at night? Does anyone else sleep with you? Do you sleep well?
- Who wakes you up in the morning?
- Who takes care of you when you get hurt? What do they do?
- Are you worried about anyone? Why?
- How can you tell when someone in your home is having a particularly hard time? What do they do? What makes them feel better

When monitoring/reassess safety

- Older children: do you understand why professionals are involved and understand what they are doing?
- What happens when you go to or receive services from (safety service provider)? What did you learn? What was frustrating? Interesting?

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How to Build Rapport
with Children During Virtual Contact

This job aid provides the Child Welfare professional with ideas on how to build early rapport with children ages 4-12 years old.

It can be particularly challenging for the CPS professional to build rapport with a child when the two are in different physical locations and a screen separates them. Since early efforts to engage children is key to sustaining their interest and attention this document highlights considerations and offers suggestions to support the CPS professional during subsequent contacts with children.

Tips:

- Pay attention to age and development. Children's and youth's attention span will vary and impact how long they are able to interact via video or phone. Special considerations may be needed for young children or children/youth with disabilities or other special needs.
- Make it a social, interactive experience – consider using aids to engage with children or youth.
- Consider the time of day that you're interacting with the child or youth; try to avoid times in the day where the child or youth may be more distracted, such as during mealtimes.
- Manage your own expectations for how you will interact with the child/youth via video or phone and what information you will be able to gather. Be patient, go slowly, one step at a time, and try not to get frustrated.

Engagement Strategies for Children

Jump (ages 4-8)

Explain to the child, "We are going to stand in front of our screens so we can both see each other. O'm going to ask you some questions, and if the answer to the question is YES, then you will jump up and down two times. If the answer to the question is NO, then you woill stand still. For example, if the question is: 'Jump up and down two times if you have a pet' then you will jump up and down two times if you have a pet, and you will stand still if you do not have a pet."

Sample Questions
- Jump up and down two times if you are wearing socks
- Jump up and down two times if you have brown hair
- Jump up and down two times if you have an older sister
- Jump up and down two times if you have broccoli
- Jump up and down two times is you are wearing blue
- Jump up and down two times if you have a pet

Lowenstein, L. (2020). Creative interventions for online therapy with children: Techniques to build rapport [PDF file].
www.lianalowenstein.com

Sample Questions Continued
- Jump up and down two times if you love chocolate
- Jump up and down two times if you like green
- If you like to build stuff with Legos
- If you are wearing shoes
- If you like ice cream
- If you have a younger brother
- If your name starts with the letter J
- If you have ten fingers and ten toes
- If you are in grade 2

Copy Me (Ages 4-8)

Explain to the child, "We are going to stand in front of our screens so we can both see each other. I'm going to clap my hands in a certain way, then you have to copy me. For example, if I clap my hands three times softly, then you have to clap your hands three times softly. We'll play a few rounds."

Variations: Make a funny face for the child to copy. Make a funny body movement for the child to copy.

Rock, Paper, Scissors (ages 4-10)

CPS professional and child each make a fist with one hand and they tap their fists, once, twice, and on the third time, form one of three items: a rock (by keeping the hand in a fist), a sheet of (paper by holding the hand flat, palm down), or a pair of scissors (by extending the first two fingers and holding them apart). The winner of that round depends on the items formed. If the same item is formed, it's a tie. If a rock and scissors are formed, the rock wins because a rock can smash scissors. If scissors and paper are formed, the scissors win because scissors can cut paper. If paper and a rock are formed, the paper wins, because a sheet of paper can cover a rock.

In this adapted version of the game, play Rock, Paper, Scissors. The winner gets to ask the other person a question (see sample questions below). Since this is a rapport-building activity, the questions should be easy to answer and require minimal emotional risk-taking.

Some children might have difficulty coming up with questions to ask the Child Welfare Professional. As such, prior to the session, it is recommended to cut out the questions, place them in a bag, and the child can decide

The child can devise their own question, or have the Child Welfare Professional pick a question to answer from the bag.

Sample Questions for Rock, Paper, Scissors:
- What's one of your favorite colors?
- What's one of your favorite animals?
- What's one of your favorite TV programs?
- What's one of your favorite breakfast foods?
- What's one of your favorite snack foods?
- What's one of your favorite desserts?
- What's one of your favorite flavors of ice cream?
- What's a food you really hate?
- What's a food you really hate?
- What's one of your favorite books?
- Who is one of your favorite TV characters?
- What's one of the best gifts you have ever received?

All About Me Show and Tell (ages 6-10)

Explain to the child, "We're going to do an activity called 'All About Me Show and Tell.' I'd like you to go get something in your room (or home) that's important to you, and bring it back to show me. Then we'll play 'SHOW and TELL' (you will SHOW me the item and TELL me about it). The item might be a favorite toy, stuffed animal, photo, something you made, an item from a collection, or an award you won. You have 30 seconds to go find the item and bring it back to show me."

Allow the child ample time to show and discuss the item. Ask exploratory questions about the item to show an interest and to further engage the child.

Younger children will require the assistance of a parent to appropriately move away from the screen as they go find the item.

Five Favorites (Ages 6-12)

Prior to the session, cut out five game cards (see sample questions below), fold each card, and place the cards in a paper bag.

Sample Game Cards:
- Favorite color
- Favorite food
- Favorite TV show
- Favorite animal
- Favorite movie

Funny Faces (ages 8-12)

Child Welfare Professional and child will each need a piece of paper and something to write with.

Explain to the child, "We are going to sit in front of our screens so I can clearly see your face and you can clearly see my face. We are going to try and draw each other's faces but the rule is we have to look at each other and can't look at our drawings until both our drawings are finished. We're going to draw each other at the same time. We will start drawing when I say "GO!"

As the drawing begins, the child usually tries to peek at their drawing and this usually creates a lot of laughter as the practitioner keeps reminding the child of the no peeking rule.

When the Child Welfare Professional and child are both done, they hold up what they have drawn and this usually creates more laughter.

Next discuss what parts of the drawing look most/least like the other person.

INFANT
Birth to 18 months

PHYSICAL

Birth-2 months: simple reflexes - grasping, sucking

2-4 months: lifts & turns head; head lags when pulled to sitting position; bats at objects; can make vowel sounds (eh, ah); grasps objects

4-8 months: can track items across midline; can lift head & sustain position; can sit with support, back rounded; head lag disappears; brings objects to mouth

8-12 months: crawls; develops finger-thumb opposition & eye-hand coordination (can retrieve toy); sits without support

12 months: average age for walking (can vary from 8 months to 16 months); says mama, dada

12-18 months: holds & drinks from cup; waves bye-bye; scribbles with crayon grasped in fist; takes things apart; begins to use spoon; climbs

COGNITIVE

2-4 months: early sounds usually vowels (eh, ah)

4-8 months: babbling most vowels, half of the consonants; interest in objects; tracks across midline; discriminates between people – known & unknown; vocalizes when talked to

8-12 months: may say one or two words; imitates sounds; responds to simple commands & own name

12 months: achieves object permanence (objects do not vanish when hidden)

12-18 months: takes things apart; says at least 6 words; communicates by pointing; gets known objects when asked

SOCIAL

Birth-2 months: prefers to look at human faces; recognizes mother's voice; likes to be held & rocked

2-4 months: beginning to smile; cries when annoyed

4-8 months: laughs out loud; can smile at recognized persons; begins to coo; listens to voices; likes patty-cake & peek-a-boo

8-12 months: repeats sounds made by others

12-18 months: sustains social contact, may show displeasure if contact broken

EMOTIONAL

5-6 months: stranger anxiety

8-10 months: separation anxiety

10-12 months: tuned in to verbal & nonverbal cues, which communicate affection or rejection; the infant is determining his/her place in the world – whether s/he is valued or devalued.

12-18 months: attachment relationship is being formed

DEVELOPMENTAL CONCERNS

Colic: unknown cause, no known "cure"; inconsolable crying, usually begins around 2-4 weeks; often contin ues until 3 months of age; baby often cries for as long as 3 hrs. usually beginning after 6:00 pm., lasting until midnight, can occur anytime

Consult Physician for the following conditions:

Wheezing (before 6 months): can be a symptom of bronchitis

Chronic ear infections: usually begin after three months of age; may impede language development

Gastroesophageal Reflux (GER): most babies cry incessantly, may vomit dozens of times per day

Diarrhea: loose, watery stools more than 6 to 8 times daily, danger of dehydration - dry mouth/ decreasing numbers of wet diapers

Pyloric stenosis: projectile vomiting caused by obstruction of valve between stomach & small intestine

Cerebral palsy: head lag after 5 mon.; doesn't transfer objects across midline by 7 mon.; falls forward in sitting position after 8 mon.; drags legs, walks on tiptoes, persistent use of one hand

Social/Communication - Red Flags for Developmental Disabilities : No big smiles/warm/joyful expressions by 6 mon.; no back-and-forth sharing of sounds/smiles/or other facial expressions by 9 mon. or thereafter; no babbling by 12 mon.; no back-and-forth gestures (pointing, reaching, waving) by 12 mon. no words by 16 mon.; loss of speech/babbling or social skills at any age

TODDLER
18 months to 3 years

PHYSICAL

18-Month-Old: sleeps 12 hours/night; naps; pretty good balance, can stoop & recover, can finger-feed; will hold objects with fingers rather than whole hand; opens closets, drawers; stacks 2-4 blocks

2-Year-Old: walks well, goes up & down stairs, runs, uses spoon & fork, turns pages singly, kicks ball, attempts to dress self, builds 6-block tower, pushes or pulls toys with wheels

COGNITIVE

18-Month-Old: imitative play (use toy lawn mower appropriately); ball is thrown; comprehends spoken language

2-Year-Old: says words (about 270), phrases & simple sentences; understands simple directions; identifies simple pictures (symbolic thought – words stand for objects, receptive language); short attention span

DEVELOPMENTAL CONCERNS

Social/Communication Red Flags for Developmental Disabilities:

No 2-word meaningful phrases (without imitating or repeating) by 24 mon.; any loss of speech or babbling or social skills at any age

Developmental Delay (by age 2): cannot walk by 18 mon.; fails to develop a mature heel-toe walking pattern after months of walking, or walks only on his/her toes; does not follow simple instructions by age 2; cannot push a wheeled toy by age 2

Developmental Delay (by age 3): frequent falling/difficulty with stairs; persistent drooling or very unclear speech; inability to build a tower of more than 4 blocks; difficulty manipulating small objects; inability to copy a circle; inability to communicate in short phrases; no "pretend play"; failure to understand simple instructions; little interest in other children; extreme difficulty separating from mother

SOCIAL

18-Month-Old: imitate adult behaviors; very social; likes simple pretend play

2-Year-Old: solitary or parallel play; dependent on adult guidance; can describe immediate experiences; listens to stories; socially immature (doesn't understand how others feel, think); may follow simple directions; strong sense of independence ("no," temper tantrums)

EMOTIONAL

18-Month-Old: temper tantrums; says "no"; wants things "right now"; may be physically aggressive when frustrated; may do opposite of what s/he is told

2-Year-Old: self-centered; possessive; easily frustrated; can't choose between competing alternatives; enjoys physical affection; likes repetition, consistency; responds to humor or distraction better than to discipline or reason; more ready to explore environment

PRESCHOOLERS

3 years to 6 years

DEVELOPMENTAL CONCERNS

Asthma: coughing and/or making a whistling or wheezing sound as s/he breathes

ADHD: more active, more easily distracted, more excitable than peers; specific signs

Exhibits three or more of the following:

- Difficulty paying attention to activities that interest other children his/her age
- Difficulty following simple instructions
- Repeated running into the street, interrupting other children's play, racing through off-limits areas without considering consequences
- Unnecessarily hurried activity, such as running, touching, and jumping without periods of rest
- Sudden emotional outbursts, such as crying, angry yelling, hitting, or frustration that seems inappropriate
- Persistent misbehavior despite being told "no" many times

COGNITIVE

3-Year-Old: vocabulary 900 words; uses short sentences; uses words to express thoughts; answers questions; matches primary colors; begins to recognize size /shapes; imaginative; magical thinking; enjoys music; most become toilet trained this year (girls earlier than boys)

4-Year-Old: uses complete sentences (1,500 words); endless questions; dramatic; can draw simple objects

5-Year-Old: talks clearly; 2,000 words; tells long stories; knows colors; follows directions; knows difference between fact & fiction; knows age; simple time concepts (night, day, later, after)

EMOTIONAL

3-Year-Old: more easy going, less resistant to change; greater sense of personal identity; beginning to explore environment; imaginary friends

4-Year-Old: seems surer of self; can be reckless in behavior; may be defiant; needs limits; imaginary fears

5-Year-Old: self-assured, home-centered; likes to be with mother; enjoys responsibility; knows "right & wrong," but doesn't understand concepts behind rules

PHYSICAL

3-Year-Old: runs well, stands briefly on 1 foot; feeds self well, pours from pitcher; puts on socks, buttons & unbuttons; draws circles & crosses; builds 10-block tower; perpetual motion

Rule of Three: 3 ft tall, 33 lbs., 3 years old

4-Year-Old: gains 4-5 lbs., 3-4 inches; self-sufficient in many home routines; wash & dries face; can dress self except tying; draws "person"

5-Year-Old: gains 4-5 lbs., 3-4 inches; hops; skips; skates, rides bike; prints simple letters; can tie shoes; small muscle develop; girls about 1year ahead

SOCIAL

3-Year-Old: parallel play, but likes being around others; can take turns; enjoys brief group activities that don't require skill; toys are focus of play; likes to "help" – responds to verbal guidance

4-Year-Old: cooperative play; highly social; talkative; may play group activities like tag, duck-duck-goose, understands rules;

5-Year-Old: has "special" friends; can play simple board games that require taking turns & observing rules; eager to take responsibility

SCHOOL AGE
6 years to 12 years

PHYSICAL

Early School-Age: growth slow, but steady, 3 to 4 in, per year; active, energetic, lots of motion; prime time for developing gross & fine motor skills necessary for sports & music

Late School-Age: perfect gross & fine motor skills; can perform complex motor activities – skateboard, piano, gymnastics; early physical development associated with puberty

SOCIAL

Early School-Age: expanding world – school, church, neighborhood; best friends and peer groups; rules thought to be unchangeable; social roles are perceived as fixed & defined (teacher, clergy, coach); fairness is important

Late School-Age: understanding of rules & social roles expands (rules can be negotiated & adapted; social roles encompass activity; life is broader than that role); notices gender differences; more aware of personal appearance

COGNITIVE

Early School-Age: "five to seven shift" – striking progress in children's cognitive development between ages 5 -7; significant advances in reasoning, logic, memory, problem solving; use language as tool to enhance communication, recognize the difference between behavior & intent; good time to learn foreign languages; begin to read & write, well developed concepts of time & numbers; attention span ~15-20 min

Late School-Age: end of prime time for learning foreign languages; can exchange thoughts & opinions; can understand others' perspectives; can compromise/identify new solutions; distinguish between "pretend" & "real"; good understanding of space, time, & dimension; most thinking is very concrete, abstract thinking may begin to emerge

EMOTIONAL

Early School-Age: fear of the unknown; sensitive to criticism; still loses control of emotions; "good" & "bad" usually defined by family values

Late School-Age: often attached to an adult (coach, teacher, neighbor); increasingly responsible & dependable; gains pleasure from results of own efforts – needs to experience success; sensitive to others' opinions of him/her; increasing self- control & tolerance of frustration; can delay gratification

DEVELOPMENTAL CONCERNS

Developmental Disabilities: a developmental disability is a condition or disorder, physical, cognitive, or emotional in nature, which has the potential to significantly interfere with the normal process of a child's growth and development. To be considered a "developmental disability" the disorder must be present and affect the child before age 22.

Possible disorders include: intellectual disability, cerebral palsy, epilepsy, autism, learning disabilities, speech and language disorders, spina bifida, hearing loss and deafness, visual disorders and blindness, orthopedic disorders, and congenital malformations

Dyslexia: (common signs): Reversing letters/ numbers or seeing them upside down; reading very slowly; struggling to decode words; continually misspelling fairly simple words; most children have these problems when they first learn to read; if no improvements are made over several years, these problems may be a sign of dyslexia.

If, by age 7, the child often does the following, consult a physician:
- Confuses the order of letters in words
-Does not look carefully at all letters in a word, guessing word is from first letter
-Loses place on a page while reading, sometimes in the middle of a line
-Reads word by word, struggling with almost every one of them
-Reads slowly, tires easily from reading

Note - difficulties with school activities (learning and memory), peer interactions, and behaviors: may be the result of prenatal exposure to alcohol or other drugs

Anorexia: now seen as early as age 8 or 9; a mental illness defined by an obsession with food and an acute anxiety about weight gain; more often seen in girls, but increasingly being seen in boys

See also red flags Preschooler ADHD

ADOLESCENCE
12 years to 21 years

PHYSICAL

Early & Middle Adolescence: rapid gains in height and weight: boys – 4 inches in one yr., girls – 3.5 inches in one year; weight – boys (muscles), girls (body fat); develop secondary sex characteristics: boys (pubic hair, voice changes, facial hair, increased sweat, acne), girls (pubic hair, underarm hair, breasts, increased sweat, acne); need 9.5 hours sleep; can be clumsy; significant brain changes occurring

Late Adolescence: sexually mature; generally have reached adult height & weight; final sculpting of the brain

COGNITIVE

Early & Middle Adolescence: developing advanced reasoning skills – hypothetical, "what if"; developing abstract thinking skills– consequences, things that cannot be seen, heard, or touched (trust, beliefs, spirituality); able to demonstrate higher level thinking skills in situations of "cold cognition" (little or no emotional connotation or context, i.e., classroom), less able to do so in emotional situations (risk-laden circumstances &/or with peers)

Late Adolescence (18-21): more likely to display affect regulation – understand consequences of behaviors & act appropriately even in emotionally-laden situations; however, for many, this is still a developing capacity

DEVELOPMENTAL CONCERNS

Headaches and Migraines: Headaches common in teens (50-75% report at least one per month); usually tension headaches or migraines

Headaches most commonly caused by:
- Illness - viral infections, strep throat, allergies, sinus infections and urinary tract infections, fever
- Skipping Meals– not getting enough fluids, which leads to dehydration, also may cause a headache.
- Drugs - alcohol, amphetamines, cocaine, and other drugs
-Sleep problems
- minor head injuries
- certain foods (dairy products; chocolate; food additives like nitrates, nitrites and monosodium glutamate).
- Prescribed medication (birth control pills, tetracycline for acne, high doses of Vitamin A.

Only in very rare cases are headaches a symptom of a brain tumor, high blood pressure or other serious problem.

Suicidal Thoughts and Depression: suicide is third leading cause of death among young people 15-24 years old, many teens who consider suicide suffer from depression - unhappiness, as well as feelings of inner turmoil, chaos, and low self-worth; persist-ing sadness, hopelessness and anger.

Alcohol and Drug Abuse: may alter adolescent brain development and lead to addiction; may be associated with depression.

Schizophrenia: affects an estimated 1 percent of Americans; symptoms include hallucinations, delusions, bizarre and psychotic thoughts, hearing voices, and depression; causes are unknown; typically hits without warning in the late teens or 20s.

See also School-Age Anorexia.

SOCIAL

Early Adolescence (12-14): distancing from parents; identification with peers and peer stan-dards; social status related to group membership; acceptance important

Middle Adolescence (14-17): more one-to- one relationships – same & opposite sex; intimate relationships (deep sharing – loyalty, understand-ing); sexual experimentation; may espouse moral beliefs, but behave in a contrary fashion

Late Adolescence: more likely to re-establish relationships with adults; able to share thoughts on same level; adults again are considered to be reliable sources of ideas, opinions; better able to control behaviors to coincide with personal values

EMOTIONAL

Behavior largely driven by emotions, high emotional intensity they lack full control of behaviors; establishing personal identity, autonomy–make & follow-through on decisions, establish right & wrong; intimate relationship(s); comfortable with sexuality; sense of individual talents and abilities

Early Adolescence: most emotional time; engage in risk-taking activities; volatile; mood swings; lack judgment in high intensity situations

Middle Adolescence: may become very skeptical of previously accepted values; pursuing own "truth"; identity/values struggles

Late Adolescence: self-image, self-identity (+/-) largely formed based on experience & perception of one's "place"

Trinka and Sam Fighting the Big Virus

The purpose of this job aid is to introduce the Child Welfare Professional to a tool that can be used to engage a child on the topic of COVID-19. Includes a parent guide to help parent's talk to children about the COVID-19 pandemic. See bibliography for full picture book reference.

One day while they were watching TV at Sam's house, they heard about an illness that was spreading and making lots of people sick. The grown-ups on TV were worried.

Trinka and Sam were worried too. Even Sam's baby brother, Cal, and their pet Juju seemed to know that something scary was happening.

Ippen, C.M.G., & Brymer, M. (2020, April 18). Fighting the big virus: Trinka, Sam and Littletown work together [PDF file]. Piplo Productions.

WHAT'S UP WITH THIS CORONAVIRUS?

The purpose of this job aid is to introduce the Child Welfare Professional to a tool that can be used to engage a youth on the topic of COVID-19.

The coronavirus is a germ. It's so small that we can't see it.

> MWAH HA HA! I'm invisible!
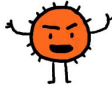
When kids get this virus, most of the time it's no big deal. But adults and especially older people can get really sick.
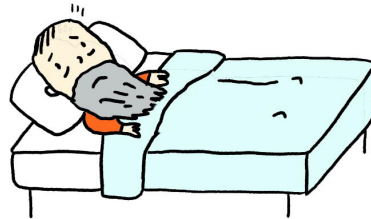
The Coronavirus travels from person to person if they touch or come close together. It can spread to many people very fast.

> There's a new home for you, my child!

To slow down the virus and to keep it from making too many people sick, many schools are now closed and people are asked to stay home as much as possible.
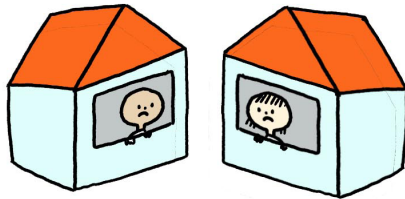
People who are sick are asked to stay at home alone to keep the virus from spreading to new people.

> It's ok, Grandma, we'll talk on the phone instead!

It's hard not to be together but it makes it even harder for the virus to spread to new people.

> Oh, shoot.
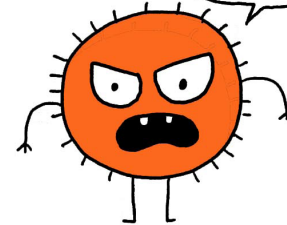
Even when we don't feel sick, we can help slow down the virus by washing our hands often, coughing into our arms and avoiding crowds.

> *Cough!*

When we slow down the virus, we give scientists and hospitals more time to find a cure and to take care of sick people.

If everyone makes an effort, we can protect each other and save many lives!

> Okay, okay, I get it! I'm leaving.

©Elise Gravel
With help from Simon Gravel

Family Interaction: Supporting Parents

This job aid helps the CPS Professional and parent/caregivers curate a meaningful, virtual family interaction between a child and their parents.

Preserving family connections is a priority in Child Protective Services. Establishing virtual interactions between parents and their children is one way to ensure family members stay connected when a child is temporarily placed in out-of-home care.During the COVID-19 outbreak, family interaction will look different. Transitioning from face-to-face to virtual interactions will be a likely adjustment. It requires everyone to be flexible and demonstrate patience and perseverance. In doing so we will learn new ways to stay connected, and it may introduce the opportunity for you to have shorter, more frequent interactions throughout the week that provide you and your child to connect during daily activities like waking up, mealtime, and going to bed.

Your child will look to you during the virtual interaction to decide if they should be stressed out. For this reason, it is important you prepare ahead of time so you can stay calm before, during and after the virtual interaction.

Tips on How to Prepare:

- Review the guidance and ideas below ahead of time
- Share your ideas about how to spend your time with the out-of-home care provider
- Test out technology ahead of time with the out-of-home care provider to be sure it works correctly
- Prepare materials ahead of time if you need them during the activity
- Stay patient during the interaction, especially when there are challenges with technology
- Expect the out-of-home care provider to hang out in the background so they can help troubleshoot any issues with the technology
- Anticipate the child/youth's virtual experience may bring up difficult feelings for them
- Expect children to react to uncomfortable feelings by being silly, clingy, whiney, or otherwise act out
- Seek support for yourself before and after the interaction if you expect it to bring up uncomfortable feelings for you

TODDLERS TO PRESCHOOLERS

Frequency: Daily contact for 10 to 15 minutes

Newborns first recognize their parent by their eyes, voice and smell.
- Before the visits starts, talk with the out-of-home care provider about the baby's likes and dislikes and current routines. Decide which ones you can virtually participate in

Washington State, Department of Children and Families. (n.d.) Caregiver tip-sheet for remote visitation [PDF file].

Wentz, R. (2020, March 31). Virtual visits: Recommendations by age and access resources [PDF file].

- Watch and encourage your child during feeding (this will encourage your baby to associate contact with you with being nourished and taken care of)
- Ask the out-of-home care provider to hold your infant and direct the screen so your baby can see your face

- Talk to your baby, and/or sing
- Get at eye level during the interaction (look into the camera when you talk so that it comes across as eye contact)
- Ask the out-of-home care provider to show you, your infant's favorite toys
- Be consistent. Make video chat a regular event so it becomes part of the baby's routine

> **Consider the common 'language barrier' between adults and children. Play is the young child's native language. When parents ask a question they may get a response or two. Introduce play, and now, you're 'speaking' the child's language. This is will support a more sustained interaction.**

TODDLERS TO PRESCHOOLERS

Children this age have a lot of experience with seeing things on a screen. At first, they may not recognize the difference between a TV show and a live interaction with you. Prepare to be interactive so they know the difference. For example, wave to them so they see that they are interacting with a known adult in "real-time" and not passively watching the screen. With repeated visits the child will learn the difference. For example, the child may touch the screen to touch you. This is a good sign the child is making a connection. Children this age have short attention spans and need to move a lot. Young children are developing fast and need you to try different activities. What works one visit may not work on the next visit.

The caregiver, parent and child will probably need to have a three-way interaction to keep the child engaged.

Frequency: Daily contact for 15 to 30 minutes

- Sing songs/lullabies to them
- Read a book to them with pictures
- Play peek a boo
- Join the child in feedings and grab your own snack. You can talk to them and engage as if you were there (e.g., "Open up wide, here comes the goldfish!")
- Take the child on a virtual tour of the house, including their room. Let them now things are still the same at home.
- GET ACTIVE! For those already walking, play some music and dance around, see if they will dance too. Have them crawl and make different animal sounds ("What does a cat say?")

SCHOOL AGE

Frequency: 30-45 minutes 3 to 4 times a week. Daily contact whenever possible.

School age children will be impacted by the loss of school, teachers, friends and the routines created by the COVID-19 pandemic. They will know about the virus and some of the impacts it is having on the people in their lives. Being asked to stay inside or at home will be difficult for most children this age. Answer their questions about the virus, your health and what is happening. Children this age usually do not understand death as we do as adults.

School age children know about smart phones, and the internet and often know more about online options and activities. For this reason, get the child involved in planning the virtual visit. Remember to keep it interactive. What seems like a short time to adults seems like FOREVER to school age children.

- Research virtual activities you can do with your child during the visit (e.g., field trips)
  - https://www.discoveryeducation.com/community/virtual-field-trips/
  - https://naturalhistory.si.edu/visit/virtual-tour/other-smithsonian-tours
- Story time: read a book to them (give clear directions like you would during a visit… ex: "Sit crisscross applesauce and Mom will start the book!")
- Sing songs—make up motions for the songs and have the child do what you're doing
- Play "Simon Says"—you be the leader ("Simon says, put your hands on your head… Simon says do 5 jumping jacks…Simon says wiggle like a noodle")
- Play "red light green light" indoors. Ask them to start at one end of the living room and you call out "green light!" or "red light" (make sure they know not to run, etc.)
- Draw a picture together—get a marker/paper and have the out-of-home care provider get some crayons/paper out. Kids can focus on talking more if their hands are working on something
- Play Tour Guide: ask to show you a room in the house (if you can make this work with the video)
- Share a snack together—this will feel normal to them like they are in a visit.
- Go on a scavenger hunt—Give kids a list of items and ask them to hunt for them in the house (ex. Favorite t-shirt, toothbrush, red item in pantry, a blue lego, a book that starts with the letter "S" etc.)
- Help with homework/talk about virtual school. There are a lot of changes happening, so check in and see how you can help! Ask to see their worksheets, etc.
- Create a book for each other while contact is limited, like a journal.
- Play charades—write down different movies, people, animals, etc. and pull one out of a hat for each turn. On the kid's turn, pull something out of the hat and hold it up to the screen so they can see it but you can't. Take turns acting them out with each other and having the other person guess.
- Play games – verbal games such as Would You Rather, 20 Questions, Two Truths and a Lie, I Spy; paper and pencil games such as Pictionary, tic-tac-toe, or Bingo
- Teach the child a new skill during the call: learn a song, play a musical instrument, a dance, a religious prayer, etc.
- Take the child on a virtual tour of your house. Let them see how things are still the same at home

- Take a walk outside while you talk. If you are both able to (Wifi/data can be used outside the house), take a walk around the neighborhood while you talk.
  - You can make a nature-themed scavenger hunt out of this as well (find a clover, find a flower, etc.)!
- GET ACTIVE! You can use jumping jacks, frog jumps, pushups, "snow angels," dancing, etc. to get them moving! You suggest the next movements to stay in control of the activity.
  - For younger ones, you can use animals to do this: jump like a frog 10 times, hop on one leg like a flamingo, crawl on all fours like a lion, etc.
- Set up a contest or game between the child and you to do until your next visit.
- Plan for the next visit together. What does the child wish to do? What can the child teach you?

TEENAGERS TO YOUNG ADULTS

Frequency: Once or twice a week for as much time as the youth needs.

Allow the youth to have a say in frequency, length and when the virtual visits occur. Youth are capable of understanding the concerns and issues related to COVID-19. The adults need to explore with the youth the questions and concerns they have. Do not assume there are no issues because the youth doesn't bring it up. Losing connections with school and friends has a large impact on youth. Research indicates that connections with friends is strongest at this age. Some youth may have lost a job, income or housing. Be sure to convey your concerns for these aspects of your child's life.

Previous stress may increase how the youth handle today's issues. They are looking for stability, concrete actions to address problems and reassurance that they have a support system that will help them through this time.

- Talk about day to day activities
- Ask about school and how online learning is going. Support the youth's learning. If appropriate contact the youth's teacher
- Help with homework/talk about virtual school. There are a lot of changes happening, so check in and see how you can help
- Be open about your concerns, health and how you are handling the current situation
- Check with the youth about their therapy and how it is going (or not)
- Play charades—write down different movies, people, animals, etc. and pull one out of a hat for each turn. On your kid's turn, pull something out of the hat and hold it up to the screen so they can see it but you can't. Take turns acting them out with each other and having the other person guess
- Draw/sketch together
- Try a hair-braiding/hair-do tutorial together (learn how to French braid your own hair, etc.)
- Create a book for each other while contact is limited, like a journal

- Share a snack together
- Cook together - parents can talk a child through making a favorite family dish. Or do other learning activities together via the internet. Other activities are household tasks, hobbies, languages, music, repairs, sports, etc.
- Have the youth teach you something or show you how to use internet apps
- GET ACTIVE! Do a "virtual workout" together…you can play an actual workout video or make up your own. Activity is good for reducing anxiety!

Ways to Ensure Your Child/Youth Maintains Important Connections

- **Advocate that your child/youth has visits with siblings, other relatives**
- **Advocate that the child/youth can have time and resources to maintain connections with their friends**
- **Advocate for the child/youth to have other necessary services delivered virtually (e.g., therapy). Virtual visits with their therapists or treatment group are possible**

Family Interaction:
Suporting Out-of-Home
Care Providers

This job aid helps the Child Welfare Professional and out of home care provider curate a meaningful, virtual family interaction between a child and their loved ones.

Preserving family connections is a priority in Child Welfare. Establishing virtual interactions between parents and siblings is one way to ensure family members stay connected when a child is placed in out-of-home care in an unlicensed/licensed placement. In fact, research done prior to COVID-19 pandemic established that video visits between incarcerated parents and their children can still provide meaningful visits.

Family Interactions can increase stress for everyone involved so it is important you have enough information in advance to help facilitate a successful experience. When you are prepared ahead of time it increases the likelihood you'll be regulated and available to help everyone else stay calm before, during and after the virtual interaction. These efforts will benefit the child/youth and once virtual interactions become routine, the level of support you need to provide is likely to decrease. Once everyone is familiar with how the virtual interactions work, you may find that the family interaction provides you with time to yourself.

Child Welfare Professionals can provide tools to support the out-of-home care provider's knowledge of virtual platforms. This will ensure the out-of-home care provider feels competent to troubleshoot any technology errors that arise before or during the virtual family interaction. These advanced efforts go a long way to improving the virtual experience for all. When access is a barrier, refer to "Virtual Access: Low or No Cost Internet & Technology Options." Below are ideas for how the family members might want to spend their virtual time together. The ideas are categorized by the developmental age of the child who is in out-of-home care. Refer to the document entitled, "Developmental Ages & Stages" for related considerations.

Tips for Out-of-Home Care Providers:

- Be open to ideas that the parent/caregiver suggests. Ask for their ideas for how to spend the time
- Decide how the time will be spent before the visit
- Ensure identifying information (e.g., addresses, phone numbers, passwords, or SSNs) is concealed and not visible during the video conference
- Prepare materials (e.g., have crafts, ingredients, etc. on hand)
- Stay patient when technology presents challenges
- Respect the child/youth's space while still being available to provide appropriate supervision and troubleshoot
- Anticipate the child/youth's virtual experience may bring up difficult feelings
- Expect children to react to uncomfortable feelings by being silly, clingy, whiney, or otherwise act out

Burnson, C. (2020, March 25). Successful video visits with young children. National Council on Crime and Delinquency.

https://www.nccdglobal.org/blog/successful-video-visits-young-children

Washington State, Department of Children and Families. (n.d.) Caregiver tip-sheet for remote visitation [PDF file].

Wentz, R. (2020, March 31). Virtual visits: Recommendations by age and access resources [PDF file].

NEWBORNS AND INFANTS

Frequency: Daily contact for 10 to 15 minutes

Newborns first recognize their parent by their eyes, voice and smell. Hold the infant and direct the screen so the child can see the parent's face, invite the parent to talk or sing to the infant. This encourages the infant to remember the parent and will help to maintain or enhance their connection to their parent. Feeding the child during the visit also helps the infant relate nourishment to both the you and the birth parent.

1. Prepare adults and older children involved in the interaction with an infant. Talk about what will happen, how long the visit will be, and how you will say goodbye.

2. Get at eye level. You should position the baby so that they can make eye contact with the person on the screen, making it as normal an interaction as possible.

3. Be consistent. Make video chat a regular event so it becomes part of the baby's routine. Make it seem normal, not over, or undervalued, but something that is a regular part of their life.

4. Work with the technology. Choose mobile rather than desktop for the baby. All the buttons at a desktop computer can be distracting to the baby and take away from the interaction. Lag time and glitches in technology can also hinder the experience for the infant. If mom or dad is frozen on the screen, you holding the baby should explain that the internet is not working correctly.

5. When the infant is old enough to sit in a chair or highchair the caregiver can set the phone/tablet in front the child. Give the child something to eat. This allows the child and parent to interact with close facial contact.

6. If you have some item that has the scent of the parent or the child's home, place that item on the child.

7. Put toys in front of the child, and let the parent watch the baby play.

8. Talk with each other about the baby's likes and dislikes and current routines.

> **Consider the common 'language barrier' between adults and children. Play is the young child's native language. When parents ask a question they may get a response or two. Introduce play, and now, you're 'speaking' the child's language. This is will support a more sustained interaction.**

TODDLERS to PRESCHOOLERS

Frequency: Daily contact for 15 to 30 minutes

Children this age have a lot of experience with seeing things on a screen. At first, they may not recognize the difference between a TV show and a live interaction with the parent. It is important to prepare the parent to be interactive in developmentally appropriate ways, so the child learns that they are interacting with a known adult in "real-time" and not passively watching the screen. With repeated visits the child will learn the difference. For example, the child may touch the screen to touch the parent. This is a good sign the child is making a connection. Children this age have short attention spans and need to move a lot. As these young children are developing fast, the adults will need to try different activities since what works one visit may not work on the next visit.

1. Have many different activities planned. Be willing to allow the child to change activities. They are seldom able to sit for an entire book or story.

2. The child may run out of the view on the screen. As much as possible to follow the child. Or have the phone/tablet placed to see the entire room.

3. You, the parent and child will probably need to have a three-way interaction to keep the child engaged. Some of the joy at this age is watching them play, learn and have fun. A good visit is not measured by how much the child talks directly to the parent. Just as in face-to-face visits much of the time is just allowing the child to play.

4. As with all children eating together is a bonding activity. "Share" a snack or meal together.

5. Some apps like Zoom allow the parent to select an activity from the internet (a book, a game, a virtual field trip) and this will also be displayed on the device that the caregiver is using.

6. Encourage parents to ask what they are doing, such as: "Where are you going?" "What are you doing right now?" "That looks like fun!" "Where are you running to so fast?"

7. Go with the flow of what children are doing rather than trying to gain their focus.

8. Come up with some playful activities that can be done over video beforehand. Some FaceTime apps have silly games and filters. Classics like telling jokes or riddles, singing songs, finger plays, peek-a-boo, and puppet shows are fun with all ages. With your help, the child can gather things to show their parent or worker, such as art projects or favorite stuffed animals. Children and adults can "share" a snack over video. Storytelling is a powerful way to engage children. These do not need to be elaborate, pre-planned stories but can be as simple as an imaginary trip to the park. For older children (approximately 5 years and up): Verbal games for verbal children can help avoid stale questions. Examples are, Would You Rather, 20 Questions, Two Truths, and a Lie, I Spy, and charades. Pencil and paper games such as Pictionary, tic-tac-toe, or Bingo are also fun for older children.

9. Follow the child's lead. If the child loses attention while listening to a book, switch to something more interactive. If you are using something mobile, like a phone or tablet, try a change of scenery by moving into another room or even outside.

10. Set out toys for the child at the beginning of the visit, and engage in some pretend play with the child.

11. Set up a teddy bear picnic and set the phone or computer with the parent up on a small chair so the child can serve them tea and those delicious pretend cookies.

12. Keep in mind that remote visits will require your continued involvement to keep the interactions going, but try to watch for opportunities where you can fade into the background and let the parent engage with their child.

13. Children this age love to show things off. Maybe the child can give the parent a tour of their room, their artwork, or their favorite toys.

SCHOOL AGE

Frequency: 30-45 minutes 3 to 4 times a week. Daily calls are better.

School age children will be impacted by the loss of school, teachers, friends and the routines created by the COVID-19 pandemic. They will know about the virus and some of the impacts it is having on the people in their lives. Being asked to stay inside or at home will be difficult for most children this age. They know about smart phones, the internet and often know more about options and activities on the world wide web. Get the child involved in planning the virtual visit. Answer their questions about the virus, your health and what is happening. Children this age usually do not understand death as we do as adults. What seems like a short time to adults seems like FOREVER to school age children.

1. There are many activities on websites that are designed for children of different grades. Make the visits fun.

2. Check with the child's teacher about how the online teaching is occurring for the child. Support the child to do their homework. Apps like Zoom allow the child to share their screen with a parent so they can view the homework with the parent. Or the parent may be able to obtain information for parents being shared by the school. Take a photo of the homework and send it to the parent.

3. Teach the child a new skill during the call: learn a song, play a musical instrument, a dance, a religious prayer, etc.

4. Plan for the next visit together. What does the child wish to do? What can the child teach the parent?

5. Have visits with other relatives, siblings, friends or pets involved.

6. Invite the parent to show the child where you are, their bedroom, their yard so they can see that these things are still there.

7. Set up a contest or game between the child and parent to do until your next visit.

8. Advocate that your child have contact with siblings and friends during this time.

TEENAGERS to YOUNG ADULTS

Frequency: Once or twice a week for as much time as the youth needs.

Allow the youth to have a say in frequency, length and when the virtual visits occur. Youth are capable of understanding the concerns and issues related to COVID-19. The adults need to explore with the youth the questions and concerns they have. Do not assume if they do not bring up the issue that there are no issues. Losing connections with school and friends has a large impact on youth. Research indicates that connections with friends is strongest at this age. Some youth may have lost a job, income or housing. Past traumas may increase the stress of how to handle today's issues. They are looking for stability, concrete actions to address problems and reassurance that they have a support system that will help them through this time.

Invite the parent to do any of the following with the youth during the virtual contact:

1. Talk about day to day activities.

2. Ask about school and how online learning is going. Support the youth's learning. If appropriate contact the youth's teacher.

3. Advocate that the youth can have time and resources to maintain connections with their friends.

4. Create a book for each other while contact is limited, like a journal.

5. Cook together - parents can talk a child through making a favorite family dish. Or do other learning activities together via the internet. Other activities are household tasks, hobbies, languages, music, repairs, sports, etc.

6. Check with the youth about their therapy and how it is going (or not). Advocate for the youth to have therapy. There can be virtual visits with their therapists or treatment group.

7. Be open about your concerns, health and how you are handling the current situation.

8. Have the youth teach you something or show you how to use internet apps.

Session Two

- Review application of the WI Safety Model during virtual contacts

- Network with colleagues to advance effective strategies

Identifying Present and Impending Danger Threats

The COVID-19 pandemic may require you to gather information differently, however, it does not alter what information you gather and assess. The information gathering requirements outlined in the Child Protective Services (CPS) Access & Initial Assessment Standards, the Ongoing Services Standards, and the Safety Intervention Standards continue to apply.

The technical definition identifies that CPS makes decisions about safety in two-time frames – Present Danger and Impending Danger.

Children are **safe** when they are not exposed to danger **or** if there are dangers to them, their parents or caregivers protect them from the danger.

Children are **unsafe** when they are exposed to danger **and** their parents or caregivers are not able to or do not protect them from the danger.

Clarity about Present and Impending Danger threats will increase your confidence when you apply the decision tree found on page 23.

Questions for CPS Reports

The purpose of this job aid is to provide questions to ask the reporter at Access. It includes questions specific to determining the impact of the COVID-19 pandemic on child, adult, & family functioning, and worker safety.

Child Protective Service (CPS) completes the following safety tasks when a reporter calls the child welfare agency with a concern:

- Gathers information related to present and possible/likely impending danger threats to child safety; and
- Makes screening, urgency, and response time decisions based on threats to child safety.

The following template serves as a guide to gather information from the reporter. It is vital that every section of the report is filled out to assess the reporter's concern and decide what to do next. The COVID-19 pandemic may impact the amount of information available to a reporter. In this case, the CPS Professional continues to apply due diligence to the inquiry process, documenting "Reporter was asked and did not know" when the information is not known to the reporter. When CPS decides to initiate contact with the family to assess the concern, the information in the report helps the CPS professional determine the best approach to engage the family.

Child Welfare Statutes and Standards mandate specific information items. Relevant questions are listed in each section to help you elicit necessary information. The sample questions are provided as a guide and support. It is not intended you ask every question unless a CPS supervisor directs you differently.

COVID-19 specific questions are included in this box. They can be found in the child, adult, and family functioning sections, as well as the changes in circumstances.

Steps to Take	Example of what to tell the Reporter
☐ Start the call	• "Hello! You have reached _____ Child Protective Services. Do you have a concern about a child or children?
	• Ok, you've reached the right place. To ensure your concern is heard, I will ask you a series of questions that will help us make a sound decision about what to do next.
	• The interview typically takes 20 minutes from start to finish. Will that work with your schedule?"
☐ Address the Reporter's Emotional Need	• "It's common for people to experience a wide range of emotions during the interview. When someone is concerned about a child's safety it is typical to feel disappointed, frustrated, and relieved. Sometimes people feel all three at once. It's also common for people to tell me they feel guilty for calling or guilty for not calling sooner. All these feelings are ok.
	• During the interview, please feel free to tell me what you need. For example, I've been asked to slow down, restate a question, or explain the reason for my question. Please don't hesitate to let me know what I can do. It's my job to support the most productive use of our time."
☐ Engage the Reporter	• "I want to provide some general information about CPS before we get started. Next, I'll share what to expect during and after our interview.
	• First, Child Protective Services (CPS) is a specialized field of the Child Welfare System. My job today is to gather enough information to identify if a child may be unsafe, abused or neglected, or be at risk of abuse or neglect.
	• Once I gather the information, I'll advance it to a CPS supervisor. The supervisor reviews the information and makes the decision about what to do next. For that reason, I will not be able to provide you with a decision at the end of the interview.
	• Now, I have some questions to ask you that will help us better understand your concerns and what is going on with the family. I may need to stop you or ask for clarification on my end. If I do that, I intend to ensure I have complete information for our decision, not to interrupt you!"

Tips

• Start by answering with a smile, convey warmth and security in your tone of voice.

• Count to 10 (silently) after asking a question. This gives the reporter time to think and respond.

• Soften your face and relax it so your voice has inflection and isn't tense or flat.

• Each interview must include responses to every item in the Access report. When a reporter does not know the answer, simply write "information unknown to the caller" to clarify the question was asked but did not know the information.

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Launch the CPS report in eWiSACWIS and then ask the following questions to document the information you receive from the reporter.

Narrative Tab ●○○○○

Alleged Maltreatment

a.) Describe alleged maltreatment: current and past; the surrounding circumstances; and the frequency; or intervention or services needed for the child

Immediate
- "What do you have concerns about?"
- "What have you observed (or heard) about the alleged maltreatment?" "Can you describe, in detail, the maltreatment (severe, multiple injuries, unexplained injuries, child unsupervised)?"
- "Are there multiple alleged victims in the home?"
- "Where did the alleged maltreatment occur?"
- **Dirty house reports** are common but often hard to document. Ask the reporter when they saw the home last, what did they see, smell, feel.
- **If the report is about physical discipline, ask:**
    - "Under what circumstances is this kind of discipline used?"
    - "Does the parent/caregiver use an object?"
    - "Where on the body did they hit the child?"
    - "Do they use this kind of discipline with all the children in the home or only a couple of them?"

- **Concerns about drug or alcohol use:**
    - "What substance is the adult using?"
    - "How often are they using?"
    - "Do they use at home or somewhere else?"
    - "Where are the children when they are using?"
    - "Do you know how the parent behaves when they are under the influence?"
    - "When the parent is using is there another adult who can shield the child from the effects of the parent's use?"

Surrounding circumstances
- "What, in your view, are the worst aspects of the behavior you are describing?"
- "What do you think is the cause of the problem?"
- "Does another parent/caregiver in the home know about the maltreatment? How have they responded?"

Intervention or services needed
- "I hear you saying that things are not right with this family. What would have to happen for you to know that the problems had been resolved and you no longer had to worry?"
- "You probably thought long and hard before calling us. In your opinion, what would it take to make a difference for these children?"

Child's injury or condition

b.) Describe the child(ren)'s injury or condition as a result of the alleged maltreatment or service needed.

- "Describe the injury in detail including size, location, color?" "Is it a bruise, laceration, scrape, cut, burn?"
- "Has the child received medical treatment?" "Do they need medical attention?"
- In addition to the injury, or when there isn't one:
- "What is the general condition of the child?
- "In your opinion, what would stand out to a CPS professional about the child's condition?"

Child's location and functioning

> c.) Describe the child(ren)'s current location, school/daycare including dismissal time, functioning, including special needs, if any, and highlighting current vulnerability.

- "Where does the child attend school/daycare?" "Do you know what days/times they are there?"
- "Is the child at grade level?"
- "Do any of the children have special needs or disabilities?" "If yes, can you describe them?"
- "How do their needs affect their functioning?"
- "Do they have friends?"
- "What concerns do you have about their development?"
- "What are the visitation schedule details?"
- "You said that the child always seems 'miserable' and 'withdrawn'. Are there any times when you have seen them come out of her shell?" "What are they like then?"
- "If this problem is solved, what difference will it make for the child(ren)? How will their lives be different?"
- "What do the children say they want to be different?" "Or if they haven't said, what would they say if you asked them?"
- If parents are in separate households, get details about visitation schedule and when the child(ren) will see the other parent next.

> - "Do you have any reason to believe the child has been exposed to someone who has contracted COVID-19?"
> - "How has the child's life changed since the COVID-19 pandemic?" "How have they adjusted?" "How do you know?"
> - "On any given day, are people outside of the house seeing the child?" "Are those people professionals who are required to tell someone if the child is in danger? Like a teacher, or therapist?"

Record Checks

> d.) Document relevant information from CPS history, CCAP and Sex Offender Registry-Reverse Address checks
> - CPS history for information about family and alleged maltreater found on the Prior Involvement Tab in eWiSACWIS.
> - Consolidated Court Automated Program (CCAP) for criminal records Sex Offender Registry-Reverse Address check
> - Note: If no relevant information found, document that checks were completed

Access to the Child

Note: This refers specifically to the alleged maltreater.

> e) Describe when the alleged maltreater will have access to the child.
> - "Do they live with the family?"

- "Do they provide direct care to the child?"
- "Are there Family Court Custody arrangements?"
- "Do you know what they are?"

Changes in Circumstances

f.) Describe any changes in circumstances that may make it difficult to fulfill CPS responsibilities
- May include worker safety concerns.
- Information that family is homeless or transient or has plans to move.

Worker Safety
- Is there anyone in the home who might have been exposed to someone who has contracted COVID-19?
- Are there any people in the home who have underlying health conditions that increase their chances of contracting COVID-19?

Domestic Violence

g.) Describe presence of domestic violence, if applicable, including the demonstration of power and control and entitlement within the home.
- "Do you know if anyone else in the home besides the child has been hurt or assaulted?" "If yes, who?"
- "Have the police ever been called to the house to stop fighting among the family members?" "If yes, tell me about that."
- "Have the children said that one of their caregivers is a victim of violence or is acting violently in the home?"
- "Do family members appear to be afraid of or intimidated by the alleged maltreater?"
- "Have you witnessed an argument and sensed that it was escalating?"

If the answers to the above four questions indicate the presence of domestic violence in the home, or if it appears that a family member is violent, aggressive, or controlling, these additional questions can assist with assessing the risk of danger to family members.
- "Has the violence changed or increased over time?" "How often does it happen?"
- "Has anyone made threats to hurt or kill him/herself, another family member or pets?"
- "Do you know if there any weapons in the home?" "If yes, what kinds?" "Who had access?"
- "Has the violent parent or caregiver threatened to run off with the child(ren) or threatened to take full custody of the child(ren)?"
- "Are you aware of circumstances in which the parent/caregiver has been criticized or threatened for seeking help or community resources, such as medical, mental health, parenting assistance, childcare, legal action etc.?"
- "Has a family member stalked another family member?" "Has anyone ever taken a family member hostage?"

Family Response

h.) Describe how the family may respond to intervention by the agency, including the parental protective capacities

Family Response to Intervention:
- "Is the family aware the report is being made?"
- "How might the family respond to a CPS professional?"

- "Do you have concerns for the CPS professional's safety?"
- "Is there another agency or resource that would do a better job than us?" "Or that the family would receive better?"
- "If no, do you know of another agency or resources that CPS can partner with to help this family?"

Parental Protective Capacities:
- "You mentioned that it is not always like this. Can you tell me what is happening when the situation is OK?" "What is different about those times?"

Cognitive- what the parent thinks
- "Are the parents concerned about this problem?" "How do you know they are concerned?" "What have they already done to try and resolve it?" "What do you think they will try next?"

Behavioral- what the parent does
- "It sounds like this has happened before. What have you seen the family do to sort this out in the past?"
- "What have you seen this Mom/Dad do that let you know they are protective of their child(ren) and can keep them safe?"
- "Are there times when they call on other people to help solve problems?" "When do they do that?" "Who do they call on most often?"

Emotional- what the parent feels
- "Are there times when the parent/caregiver is attentive and nurturing rather than what you're concerned about?" "Tell me more about those times." "What have you seen the parent or child do instead?" "What do you think contributed to the parent's/caregiver's ability to be protective during those times?"

American Indian Heritage

It is required to ask if the child(ren) have any known American Indian heritage.

An eWiSACWIS record check for child's American Indian heritage and tribe can be done.

- "Do you have reason to believe the child or family has American Indian ancestry, or is enrolled with the tribe?"
- "If yes, which tribes and where?"
- If reporter has no information note, "Reporter was asked and indicated they did not know."

Note: Tribes must be notified within 24 hours of receiving information, regardless of screening decision. When Menominee tribe is identified they must be sent the CPS report.

Other People

If this report is advanced for further assessment, the next CPS professional completes an assessment to determine if the child is unsafe. For that reason, we ask the reporter about other people who might have information on the family.

Document the names and contact information of other people who may have information regarding the child or family.

- "Are there other people who may have information that is helpful?" "Do you have their contact information?"
- "I'm curious who else might have more information about this family?" · "Which other adults in this child(ren)'s life shares your concerns?"
- "Would other people who know the family agree with your perspective?"
- "Who knows the family better than you do?

Participant Tab ●●○○○

Directions to the house

If known, directions to the house.
- "Where does the child live?"

Household Members | Access Participants

Click the Add/Edit button to search the participants in the CPS Report.

Enter the full name, age, birth date, gender, race and ethnicity and relationship and role in the household. You must identify an Alleged Victim, Report Name and Reporter. For the person making the report, do not select additional roles beyond "Reporter" unless that person is a member of the household. Check for accurate spellings, ages, addresses, and phone numbers.

Reporter Information

While reporters are kept confidential, their contact information is important. If a reporter wants to remain anonymous, it is fine.

- "Could I please have your contact information? We keep your name confidential. Sometimes there are additional questions and someone at the agency may contact you to note how each person is either related or knows one another.

Reporter's Motivation for calling at this time.
Document the reporter's motivation and source of information, if possible.

"What prompted you to call today?"
"How do you know the information?"
"How is this behavior or pattern a problem for you?"
"Does the family see you as someone who would have their best interest in mind?"
"Have you done anything (other than notifying us) to address the problem?"
"This situation sounds serious. What do you think should happen?" "How would that solve this problem?"
"What difference will it make for you if the problem is resolved?"

It is vital to get the family's address and phone number.

- "Are there any family or friends who temporarily call this residence home?"
- "Does anyone stay occasionally?"
- "Are there any other children who are in the home even if it is not every day (shared custody)?"
- "Do any of the children in the household have a parent who lives at a different address?"

Allegation Tab ●●●○○

On the Allegation page, select an Alleged Victim from the drop-down.

Alleged Vitctim

Gather who the alleged victim is and how the alleged maltreater is related to them.

You will need to categorize the alleged maltreatment as Neglect, Physical Abuse, Sexual Abuse or Emotional Abuse.

Allegation Detail

Record where and when the incident occurred. Enter the date or approximate date of the alleged maltreatment.

If the allegations are regarding a child who is already in out-of-home care, please note that.

Primary Allegation Narrative

(parent, guardian, legal custodian, sibling, foster parent or anyone living in the child's dwelling)

Concerns of maltreatment in the home where the child resides is considered a Primary case. If the child has more than one residence (i.e. parents share custody) the report should be written on the home where the maltreatment occurred. If the reporter does not know who the alleged maltreater is the case will always be a Primary Caregiver case.

Gather as much information as you can regarding the alleged maltreatment.
Make sure you ask clarifying questions when the reporter makes "vague" comments. Ask the reporter exactly what they mean.
Find out the child's current location. Are they expected to be somewhere other than home over the next few days?
Make sure you gather information about every child in the house whether or not they were identified as a victim.

Parent or Adult

i.)Describe the parents or adults in the parental role: current location, functioning, and parenting practices and views of child(ren).

In the event that you are gathering information about alleged maltreatment in the family home you will need to ask questions about the adults in the home: do they work, what is their schedule, how do they function as an adult and parent; are there known mental health disorders or alcohol/drug concerns.

•"Do you have any reason to believe any of the adults in the home have been exposed to someone who has contracted COVID-19?"
•"How has the adult's life changed since the COVID-19 pandemic? How have they adjusted? How do you know?"

Adult Functioning

Describe the family functioning, strengths, and current stressors

- •"You described this Mom/Dad as 'angry' and 'abusive.' Are there times you see them be playful, sweet or nurturing to their children?" "What is different about them then?" "What type of situations are they at their best?"
  - •"What lets you know that Mom/Dad are doing their very best?"

Parenting practice/views of children

- • "If you were to imagine the parent giving advice to a new mother or father, what would they say is most important for a new parent to know about parenting?"
- • "From your knowledge of the parent, how did they learn to parent?"
- • "How would the parent describe their child to a new teacher?"
- • "What have you seen or heard that tells you about the parent's relationship with the child?"

Family Functioning

j.) Describe the family functioning, strengths, and current stressors

•"The COVID-19 outbreak has impacted many families. On a scale of 1-10 how has the COVID-19 pandemic increased the family's stress? One being, not at all, and ten being, their stress level is through the roof."
- • "What makes them that number?"
- • "What would it take to decrease the number by one point?" (In other words, what would it take to reduce their stress in a small way?)?

Family Functioning

- • "What does a typical day look like in the family?"

Family Strengths

- • "What do you see as positive about the relationship between these parents and their children?"
- •"How does this family usually solve problems?" "What have you seen them doing?"

Current Stressors

- • "What do you think this family needs to do to protect their children?" "Are the parents capable of doing that?" "Do they have the resources (financial, emotional support, etc.) to make a change?"
- • "Are there aspects of your relationship with the family that, in coordination with our involvement or other community services, might help to influence them for the better?"
- • "What do you imagine we could do to improve this situation?"

Relationship to the Child

k.) Document the name of the alleged maltreater and the relationship to the child. How they are related to the child
- • "Who is the alleged maltreater?"
- • "Who is the alleged victim(s)?"
- • "How is the alleged maltreater related to the child?"
- • "When and where did the incident occur?"
- **If the child is in out-of-home care, note that.**

Secondary

(relatives not living in the home, childcare staff, youth justice center, residential facility staff, teachers)

These are concerns about an adult in the child's life who does not share the same home. You will have to note in the report the answers to the questions regarding the parents.

Prior Involvement Tab ●●●●○

Confirm case type.
- "Are the parents aware of the alleged maltreater?"
- "Did the parents contribute to the alleged maltreatment in any way?"
- "How they have responded if they are aware?"

Non-Caregiver

(family friend; stranger; neighbor; peer)

This alleged maltreater has not supervised the child or exercised control over them. They have never lived with the child.
- "Are the parents aware of the alleged maltreater?"
- "Did the parents contribute to the alleged maltreatment in any way?"
- "How they have responded if they are aware?

Previous CPS History

The Prior Involvement Tab is a view only tab with columns that can be sorted and hyperlinks to the Access Report and Initial Assessment pages. The system will automatically search all participants in the Access Report and return any prior involvement.

Worker Recommendation

At the end of the report, you will be asked to recommend a "screening decision".

Decision Tab ●●●●●

Ending the Call

Steps to Take	Example of what to tell the Reporter
☐ End the call	•"Thank you for taking the time to answer my questions. Like I mentioned earlier, it is my job to gather enough information to identify if a child may be unsafe, abused or neglected, or be at risk of abuse or neglect. Your job of notifying CPS of your concern is done; however, I'd like to gather some final information on what you think should happen next. Thank you for your ideas. Like I mentioned earlier, I will now advance the information to a CPS supervisor for review. The CPS supervisor decides within 24 hours of this interview, sometimes sooner when the situation is urgent. If I need additional information from you to help us decide, what is the best phone number to reach you at? Ok, before we end the interview, what remaining questions do you have for me?"

Questions to Explore when Assessing Mental Health, Substance Use &/or Domestic Violence

The purpose of this job aid is to help the Child Protective Services Professional (CPS) gather information when CPS is concerned about substance use, mental health, or domestic violence. The COVID-19 pandemic has the potential to exacerbate symptoms of mental health and increase substance use. Likewise, it is possible domestic violence will increase in severity. This job aid includes questions to explore with household members to assist CPS in understanding these issues, as well as the impact the COVID-19 outbreak is having on them. In addition, it includes resources to refer people to when evaluations and court-ordered services are not needed.

A child is **safe** when there is an absence of present or impending danger to a child or routinely demonstrated parent or caregiver protective capacities to assure that a child is protected from danger.

A child is **unsafe** when there is present or impending danger to a child and insufficient parent or caregiver protective capacities to assure that a child is protected.

Sufficient and relevant information is gathered to ensure sound safety decision making. Appendix V of the *Safety Intervention Standards* lists information needed to support safety decisions. Included in the list is information about household member's mental health and substance use as well as the presence of domestic violence. When mental health or substance use is a concern to CPS, the CPS Professional gathers quality information that is: 1.) relevant to the concern and 2.) sufficient to understanding whether mental health, substance use, &/or domestic violence pose a danger to a child.

The decision about danger is made when the CPS Professional applies the definition of Present Danger or the threshold criteria for Impending Danger (OVOIS) and determines if the danger is likely to result in severe harm and whether there is a parent who can shield the child from that danger. When CPS determines a child is unsafe, they must take protective action in the form of a Protective/Safety Plan or through placement. Handouts on pages x-y provide the CPS Professional with potential questions to explore during the information gathering process. See Appendix I and VI of the *Safety Intervention Standards* for information regarding the application of the Present Danger definition and Impending Danger threshold criteria. Consult with your supervisor when questions arise during the assessment and planning process.

Information to Explore and Understand

What is the pattern that precipitates the onset of signs/symptoms of mental health concerns:

- When the mental health concern first presented.

- How signs/symptoms have progressed over time.

- What signs and symptoms are.

- How COVID-19 has impacted the frequency, intensity, and duration of signs/symptoms: Increased? Decreased?

- What exceptions there are to signs/symptoms. Times they did not experience them at the same frequency, intensity, duration. What was going on in their life at that time.

- What precipitates the onset of signs/symptoms (i.e., lack of structure/routine, lack of social connection, contact with a certain person).

- How often the circumstances that precipitate an onset occur throughout the day/week/month.

- Who else is concerned about the signs/symptoms that are described (e.g., significant other, friend, etc.).

- What other events and circumstances co-occur with when there is an onset of symptoms (i.e., stop engaging/connecting with other people, home condition deteriorates).

- What helps when there is an onset of symptoms. What helps them stabilize (e.g., is there a crisis plan in place, or could one be created with the help of a professional).

Questions to Explore with a Household Member

- "In my work I talk to lots of people about sensitive topics. I will extend respect to you while we talk. When you need a break from the topic, let me know and we can take five minutes to reset. Let's get started, I'll check in to see if you want a break as we go."

- "When did you or someone else first notice signs that mental health was a concern?"

- "How has your or someone else's concern changed over time? Has the concern increased or decreased?"

- "Tell me about the times in your life when you, or someone else was not concerned about your mental health?"

- "The current crisis of the COVID-19 pandemic has caused a lot of stress. What is the impact on your mental health?"

- "What typically happens before you or someone else notices signs that your mental health might need more attention?

- "When have you experienced these signs in the past? Who has been there to support you?"

- "Who is there to support you the next time you or someone else notices those same signs?"

- "When I talk to people about their mental health and signs that they might need help, they usually describe other circumstances or events that are going on at the same time. What else is going on when you notice you need help with your mental health?"

Information to Explore and Understand	Questions to Explore with a Household Member
What the impact is. **Cognitive- how the signs/symptoms of mental health concerns impact what they think:** • When signs/symptoms are present what the impact on their ability to problem solve is. Are they able to use effective judgment and make reasonable decisions. • Reality orientation - How it impacts their ability to accurately assess reality.	•"When people talk to me about their mental health, I hear how it impacts what they think, feel and do. I am going to ask some questions to help me understand: •"Tell me how you solve problems." •"When your mental health gives you problems, how does it impact your ability to make decisions and stay connected to your responsibilities and the needs of others around you?"
Emotional- how it impacts how they feel: • When signs/symptoms of the mental health concern are present, how the person feels and reacts (i.e., guilt, shame, remorse, anger, sadness, etc.)? • How the person reacts to the onset of the signs/symptoms (e.g., withdrawal, absence, striking out)?	•"Mental health concerns impact people's feelings and reactions differently. Tell me what feelings come up for you when you first notice the signs that you need help." •"What type of reactions have the people around you come to expect from you when your mental health is a concern?" •"How would the people who care about you say you react?"
Behavioral-how it impacts what they do: • What they do when their mental health is a concern. • What they do when they notice the onset of signs/symptoms. • How the child/youth experiences it. • When the parent does not get help, what the impact on child/youth is (e.g., parent recovers by withdrawing, sleeping, striking out, etc.)?	•"People tell me different things they do when their mental health becomes a concern. Tell me what you typically do." •"What about when you reach out for help. How do you do it? Who do you call? How do they typically help? •"When your mental health is a concern, where is your child/youth and what are they doing? Do they share with you how they think and feel?" •"What about when you get help. Where is your child/youth and what are they doing? Have they ever shared how they think and feel when you ask for help?"

Information to Explore and Understand

What is the pattern of substance use:

• When substance use began and how has it progressed.

• When does it happen now.

• How COVID-19 has impacted use: Increased? Decreased?

• What exceptions to use are: Times they did not engage in use at the same frequency or intensity. What was going on in their life at that time.

• What precipitates use (i.e., use to cope with stress, celebrate, reward self)?

• How often the circumstances that precipitate use occur throughout the day/week/month (i.e., evening comes once a day, weekends come four times a month).

• Who else participates in the use (e.g., significant other, friend, dealer, no one, or someone else).

• What other events and circumstances co-occur with use (i.e., does it occur on the weekend, at night, during special occasions, etc.).

• How long the use lasts once it starts.

Questions to Explore with a Household Member

•"In my work I've learned that people start using as early as childhood. When did you start?"

•"Since then, how has your use looked over time?

•"Tell me about the times in your life when you did not use?"

•"The current crisis of the COVID-19 pandemic has caused a lot of stress. Would you say you are using more, or less right now?"

•"What typically happens before you use? How often do similar circumstances happen throughout the day/week/month?"

•"When you use, who is typically with you?"

•"When I talk to people about use, they usually describe other circumstances or events that are going on at the same time, what else is going on when you use?"

Information to Explore and Understand	Questions to Explore with a Household Member
What the impact is: **Cognitive- how substance use impacts what they think:** • How substance use impacts the ability to problem solve. • How substance use effects judgment and decision making. • Reality orientation - How substance use impacts ability to accurately assess reality.	•"When people tell me about their use, I hear how it impacts what they think, feel and do. I'm going to ask some questions to help me understand: •"Tell me how you solve problems when you are using." •"When you are sober again and you think back on your use, do you agree with the thoughts you had, and the decisions you made while using?" •"When you use how does it impact your ability to stay connected to your responsibilities and the needs of others around you?"
Emotional- how substance use impacts how they feel: • When using, how the person feels and reacts when using. • After use and when getting sober, how the person reacts to use (i.e., guilt, shame, remorse, anger, sadness, etc.).	•"Use impacts people's feelings and reactions differently. Tell me what feelings come up for you when you're using." •"How would the people who care about you say you react when using?" •"When stop using and are getting sober, how do you feel? What type of reactions have the people around you come to expect?"
Behavioral-how substance use impacts what they do: • What they do when they use. • What they do after they use and are getting sober. • When substance use occurs what the child/youth experiences (e.g., withdrawal, absence, striking out). • After use and when sober, what the impact on child/youth is (e.g., parent recovers by withdrawing, sleeping, striking out, etc.).	•"People tell me different things they do when they use. Tell me what you typically do." •"What about when you stop and start getting sober. What do you do then?" •"When you are using, where is your child/youth and what are they doing? Do they share with you how they think and feel when you are using?" •"What about when you stop using? Where is your child/youth and what are they doing? Have they ever shared how they think and feel when you're getting sober?"

When you suspect or know of domestic violence, and you're meeting virtually, be sure to meet privately with family members to specifically assess for Present Danger (Child is subject to present/active domestic violence) and Impending Danger (One or both parents/caregivers are violent). For example, the Child Protective Services (CPS) Professional is clear with all family members that CPS speaks with household members individually as a matter of protocol. Then when it's time to speak with the adult victim, state something to the effect of, 'It's a beautiful day out and I'm ready to get outside and enjoy the weather. Why don't we both grab our phones and head out for a walk while we talk.'

The following list of considerations generated by Safe & Together assist the CPS Professional when determining how the danger of domestic violence plays out in a family:

"Remain vigilant against assuming the changes in the family functioning are solely related to the pandemic when they may actually be the result of the perpetrator's coercive control intersecting with the current context."

-Safe & Together Model (2020)

Safe and Together Institute. (2020). A safe and together model Covid-19 practice guide [PDF file].
https://safeandtogetherinstitute.com/wp-content/uploads/2020/03/COVID19_QUICK-GUIDE_FINAL-032720.pdf

Questions to Ask Yourself

What are the adult and child suvrivor's current hopes and fears? These may have changed since the pandemic.

Do any of the household members have health issues that make them particularly vulnerable to COVID-19?

What was the perpetrator's behavior like before the pandemic? How did the perpetrator threaten or cause harm?

Establishing this baseline behavior pattern helps the CPS Professional understand if the situation is deterioriting or improving in the current context of the COVID-19 pandemic.

Questions to Ask the Adult Survivor

- "How have recent events changed the way you think about the future?"
- "What worries keep you up at night?"
- "What's your child's biggest fear right now?"
- "What gives you hope throughout the day? What about for your child?"

- "Which household members have underlying health conditions that put them at risk of contracting COVID-19?"

- "When I talk to people who live with dangerous partners, I hear about things their partner does to scare and hurt them. I've learned that abuse can include violence, but it doesn't have to. Sometimes, it's about threats, or intimidation. It might be a partner who limits access to finances, or restricts connections, even forbidding certain people from communicating. I commonly hear that they have been told if they ever ask for help the the children will be taken away. This makes it especially hard to open up to people like me who work in CPS." -And-

- "In order to make the most informed decisions, I need to understand what <insert perpetrator's name> says or does to threaten you or put you in real danger."

Questions to Ask Yourself	Questions to Ask the Adult Survivor
	• "Typically, perpetrators engage in a pattern of dangerous behaviors that become predictable to the people they hurt. To learn if there is a pattern, I need to know the type of behaviors that you have come to predict, and at what critical times or circumstances it occurs."
	• "On any given day, what did you 'brace' yourself for?"
	• "What did you say to the children, or do to shield them from the danger?

Has the perpetrator's mental health or substance use changed since the pandmic began and how has this impacted the pattern of coercive control?
 	
• Consider an increase in depression, anxiety, sucidality;
  • Ask about behaviors associated with these changes;
  • Increased depression, suicidality in people with histories of coercive control (with or without physical violence) should be taken as an increased risk for danger and lethality to others.
• Consider the perpetrator's loss of access to support services that might have mitigated perpetration (e.g., perpetrator intervention program or substance abuse treatment or monitoring by probation)
	• Has \<insert perpetrator's name\> seemed more withdrawn, sad, unmotivated than usual? How do you know? What have you seen them do, or heard them say?
	• Has \<insert perpetrator's name\> been more nervous or worried than usual? How do you know? What have you seen them do or heard them say?
	• Are you concerned \<insert perpetrator's name\> would take their own life, and die by suicide? How come?
	• What services were in place to help \<insert the perpetrator's name\> before the COVID-19 pandemic?
	• Is \<insert perpetrator's name\> still receiving those services? Are they working? What tells you that?

Questions to Ask Yourself	Questions to Ask the Adult Survivor
How is the survivor impacted by the perpetartor's behavior following the COVID-19 pandemic?	• What do you do to cope with the stress related to <insert perpetrator's name> behavior?
Is it exacerbating the survivor's substance use or impacting mental health? Is the perpetrator actively interfering with virtual or other service delivery efforts?	• When I talk to people in dangerous situations, it's common for their mental health to be impacted by the dangerous environment, they live in. On a scale of 1-10 how is your mental health in the last 2-3 weeks? What makes you that number? • It's also common for me to learn that people in dangerous situations use substances to cope with the stress they are under. What substances do you currently use? • How has <insert perpetrator's name> tried to prevent you from getting the help you need virtually or otherwise?
How has the pandemic changed the perpetrator's ability to entrap, control, or monitor family members' movements and activities (in and out of the house)?	• What is <insert perpetrator's name> doing or saying to keep you away from other people? • How is <insert perpetrator's name> limiting your ability to connect with others in-person or virtually? • How does <insert perpetrator's name> keep track of what you and the children do during the day?
What critical supports have been lost in the current situation (e.g., courts are closed; family members cannot visit the house or are police not enforcing intervention orders)? How can we reduce isolation and access to supports?	• What supports have you lost during the COVID-19 pandemic? • How has the loss impacted your sense of safety? • If anything was possible right now, what supports would you want in place right away? • How would the supports you mentioned help reduce your feelings of isolation? • What would need to happen to make sure you had access to the supports you mentioned?
Due to social isolation, is there increased monitoring, or interferring with outside contact, and actual abuse?	• As a CPS Professional, I learn what happens behind closed doors. For some people, it means their partner is keeping track of their behavior more, or that more abuse is happening because there is no fear of someone from outside noticing. What is true in your house? Is there increased monitoring &/or abuse? What about attempts to interfere with your contact with others? Has that interference increased?

Questions to Ask Yourself

Is there increased interference of the relationship between the other parent and the children?

Are there any factors related to the current sitaution that have reduced the immediate danger (e.g., the perpetrator is now working more due to the needs of his employment or new family members living in the house are acting as a buffer)?

Questions to Ask the Adult Survivor

- How has <insert perpetrator's name> gotten in between your relationship with <insert names of children>?
- What worries you about how <insert perpetrator's name> does this?

- It's possible the COVID-19 pandemic has created a change in circumstance that decreases <insert perpetrator's name> dangerous behaviors. Have you noticed anything that <insert perpetrator's name> has said or done that tells you the immediate danger is reduced right now?

Virtual Support for People Living with Mental Health Disorders

This job aid highlights support options for people who are experiencing mental health disorders. Includes app, phone support, and online meetings. These services are supportive and cannot be used to control an identified danger threat.

The COVID-19 pandemic and related physical distancing measures have impacted people who experience symptoms of compromised mental health. Connection is critical to recovery. Physical distancing measures challenge a person's ability to get the type of support needed to continue. Access to necessary services has become a barrier to many. The services listed here can be accessed at no cost using a smartphone or computer.

Phone and Online Support

Organization	Service	Method	Website
Crisis Text Line:	Offers 24/7 trained crisis counselors if you text "NAMI" to 741741	Provides phone support	N/A
NAMI Warmline directory	Provides emotional and preventative care support, non-crisis	Offers phone support	https://www.nami.org/NAMI/media/NAMI-Media/BlogImageArchive/2020/NAMI-National-HelpLine-WarmLine-Directory-3-11-20.pdf
NAMI	Hosts online community discussion groups	Hosts online community discussion groups to facilitate peer support	https://www.nami.org/About-NAMI/Join-NAMI/Register
7 Cups	Provides emotional support through volunteers, accessible 24/7	Offers online chat forum	https://www.7cups.com/
18Percent	Offers peer-to-peer support for people experiencing a range of mental health issues	Hosts online support community	https://18percent.org/
Support Group Central	Hosts virtual support groups on various mental health conditions	Provides online support groups	https://www.supportgroupcentral.com
For Like Minds	Provides people who are experiencing mental health, substance use disorders, or stressful life events	Offers online support network	https://www.forlikeminds.com/

Organization	Service	Method	Website
Emotions Anonymous	Offer weekly online meetings facilitated by nonprofessionals	Hosts online meetings	https://emotionsanonymous.org/
The Tribe Wellness Community	Hosts peer support groups, including groups focused on: addition, anxiety, depression, HIV/AIDS, LGBT, marriage/family, OCD, and teens	Provides online peer support groups	https://support.therapytribe.com/

Meditation Apps

Calm
Cost: free and subscription option

Headspace
Cost: free and subscription option

Intimind, Spanish language
Cost: free and subscription option

Liberate, content created by & for people in the black & African communities
Cost: free

National Alliance on Mental Illness. (2020, May 12). Covid-19 information and resource guide [PDF file].
www.nami.org/covid-19

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Virtual Support for People who Misuse Substances

This job aid highlights support options for people who are experiencing presumed or confirmed substance abuse disorder. These services are supportive and cannot be used to control an identified danger threat.

The COVID-19 pandemic and related physical distancing measures have impacted people who struggle with substance abuse. Treatment and recovery services require people to weigh the need for help and risk of exposure to COVID-19. As a result, a person's ability to get the type of support needed is compromised. This is particularly problematic because connection is critical to maintaining sobriety and recovering.

Access to necessary services for people struggling with substance abuse is not new. In fact, dating back to 1949, Alcoholics Anonymous (AA) found creative ways to reach people who were unable to attend meetings in person. Specifically, they found ways to use the General Service Office to provide confidential correspondence for members who did not have access to a meeting in their town, or who were homebound due to differing abilities.

Seventy-one years later and it's time to get creative again in 2020. Below is a list of alternative options for people who struggle with alcohol and other drugs.

1. Online Zoom meetings and other video conferencing platforms offer meetings for AA, Smart Recovery, Lifering, Al-Anon, etc
2. Communities that offer recovery support through text, voice, and video chats
3. Recovery-oriented podcasts
4. Reading materials and recovery literature
5. Phone calls to sponsors, recovery coaches, and recovery support.
6. Recovery apps on your smartphone and tablets.
7. Telehealth options with therapists, recovery programs, treatment programs, and other supports over video conferencing.
8. YouTube videos on recovery speakers and recovery support.
9. Reddit forums on recovery and sobriety communities.
10. Taking time and making effort for healthy living choices around nutrition, exercise, yoga, meditation, time for fun, learning, and personal growth.

The services listed here can be accessed at no cost using a smartphone or computer.

Podcasts
- Landmark Recovery Radio
- The Betrayed, The Addicted, The Expert

Benson, A. (2020, March 18). Covid-19: Online and remote resources for addiction support. Partnership for Drug-Free Kids. https://drugfree.org/parent-blog/covid-19-online-and-remote-resources-for-addiction-support/

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Free Apps
Apps below track habits, and offer meditation, and a community of peers
- **Connections** Evidence-based, multipurpose app that tracks sobriety and encourages connection with supportive peers and Addiction Policy Forum counselors
- **Nomo** Developed by a person in recovery; tracks progress to the minute and earn chips when you reach milestones, send notifications to partners when you need support
- **Sober Grid** Large online sober-support community and peer counseling
- **Sober Tool** Counts days sober and money saved, developed by a Harvard-educated licensed chemical dependency and certified alcohol addiction counselor

Phone and Online Support

Organization	Service	Method	Website
Substance Abuse and Mental Health Services Administration	Offer referrals to local treatment and support services through a federal hotline	Phone	https://www.samhsa.gov/find-help/national-helpline
SMART Recovery	Provides abstinence-based supportive services using a cognitive behavioral therapy tool kit	Provides online meetings	https://www.smartrecovery.org/
AA-Alcoholics Anonymous	Offer 12-step abstinence program, includes extensive online resources	Includes extensive online resources	https://aa-intergroup.org/oiaa/meetings/
Narcotics Anonymous	Provides meetings worldwide for people experiencing addiction to drugs, includes virtual meeting options	Utilizes Zoom, Skype and other platforms	https://www.na.org/
Cocaine Anonymous Online	Offers support for people using and abusing cocaine	Utilize email and voice-only conference calls	https://ca.org/
Recovery Dharma	Provides support for individuals in recovery using Buddhist practices	Offers directory of daily online meditations and meetings	https://recoverydharma.online/

Organization	Serivce	Method	Website
Women for Sobriety	Offers women help to recover from substance use disorders	Provides phone support and online gatherings	https://womenforsobriety.org/
Life Ring	Provides practical, secular support	Offers online meetings	https://www.lifering.org/online-meetings
Moderation Management	Offers support to people who seek to moderate their drinking, not abstain	Includes international network of online meetings	http://www.moderation.org/
In the Rooms	Provides support to people with substance use disorders using a variety of approaches	Includes online meetings	https://www.intherooms.com/home/

Virtual Support for People Living with Domestic Violence

This job aid highlights support options for people who are experiencing presumed or confirmed domestic violence. These services are supportive and cannot be used to control an identified danger threat.

Adult survivors of domestic violence may be further entrapped in their home due to the COVID-19 pandemic, and public safety measures may inadvertently provide increased opportunity for perpetrators to exercise power and control through coercive behaviors that are dangerous to the adult survivor and possibly the children. For example, perpetrators may take advantage of the fact the adult survivor is unable to leave or seek help. The following phone and online support is offered virtually at no cost.

Organization	Service	Method	Website
National Domestic Violence Hotline	Provides 24/7 support to survivors	Call phone number: if phone is not safe, website/text is an option	P: 1-800-799-SAFE (7233) T: LOVIS to 22522 (English) T: AMORES to 22522 (Espanol) W: thehotline.org
StrongHearts Native Helpline	Offers support and advocacy from 7 a.m.-10 p.m. (CT) for American Indians and Alaska Natives	Call phone number	P: 1-844-7NATIVE (762-8483) W: strongheartshelpline.org
RAINN	Connects survivors of sexual assault to local service providers who can provide a series of free services	Offers phone support	P: 1-800-656-HOPE (4673) (English & Espanol)

Virtual Support for Parents/Caregivers in Disciplinary Approaches and Parenting Practices

This job aid highlights support options for people who would benefit from support in their disciplinary approaches & parenting practices. These services are supportive and cannot be used to control an identified danger threat.

The COVID-19 pandemic, and related outcomes, have increased stress for most families. People are worried about health and physical well-being, as well as financial stability. Compounding the stress, parents/caregivers were suddenly asked to participate in their children's education in a way they never have been before. These new responsibilities increased pressure for parents to perform in ways they are not trained to do. At the same time these new responsibilities emerged, parents/caregivers were suddenly without the same access to their support networks, both formal and informal. There was no time to prepare for this new role, or related responsibilities. It goes without saying that parent/caregiver stress is on the rise. For that reason, it is important for Child Welfare Professionals to refer families to supportive services to strengthen parent/caregiver approaches to discipline and parenting practices. Access to related community services has been challenging during the COVID-19 pandemic. For that reason phone and online supports are an alternative, virtual option, available at no cost.

Organization	Service	Method
National Parent Hotline	Provides a trained advocate to offer emotional support, Monday-Friday 12 p.m.-5:00 p.m.	P: 1 (855) 4A PARENT or 1(855) 427-2736
Parenting Beyond Punishment Parent Support Group	Provides an online support group to support parents in peaceful parenting options	Online support group on Facebook, private, closed group
Collaborative Problem Solving	Offers online support group for parents who seek to implement collaborative problem solving in their parenting practices.	Online support group on Facebook, private, closed group
Hand in Hand Parenting Group	Supports parents when parenting gets hard, includes free online class	Online support group on Facebook, private, closed group
Concious Parenting for the Culture	Provides a safe and welcoming space for African American parents to talk to one another about parenting practices and challenges	Online support group on Facebook, private, closed group

Organization	Service	Method
Latinx Parents Practicing NonViolence	Hosts an inclusive space for self-identifying Latinx parents and caregivers to explore positive parenting	Online support group on Facebook, private, closed group
Play Nicely	Program for parents to participate in when they're concerned about their young child hurting other children, includes interactive training on different disciplinary	W: https://www.childrenshospitalvanderbilt.org/program/play-nicely-healthy-discipline-program
Stop Spanking	Provides videos on spanking, including its effect on brain development	W: https://stopspanking.org/resources/. chchildrenshospitalvanderbilt.org/program/play-nicely-healthy-discipline-program childrenshospitalvanderbilt.org/program/play-nicely-healthy-discipline-program

Three Houses:
Engaging Children/Youth about the CPS Concern

The purpose of this job aid is to help the Child Protective Services (CPS) Professional prepare and apply the Three Houses tool when engaging children/youth about a CPS concern.

The Three Houses tool helps the Child Welfare Professional interview a child/youth to understand their perspective on life at home. This includes what is going well, is a worry, and hoped for in the future. The use of the Three Houses template provides a focal point for the child/youth and helps to organize their thinking into categories. Application of the Three Houses supports a balanced perspective about what is going well and is worrisome at home. It also focuses on the child/youth's hope for the future. The information learned during this exercise can be shared with other family members and helps to communicate the child/youth's perspective. In this way, it may inform planning efforts. To start, the Child Welfare Professional simply uses pen and paper to draw and label the houses. The child/youth can fill the information in while the Child Welfare Professional asks relevant, clarifying questions.

Preparing to use the *Three Houses* Tool with School-Age Children

1. Gather background information about the child
2. Prepare materials - Paper and pen or whiteboard in Zoom
3. Inform parents and whenever possible, obtain permission to talk to the child
4. Decide where to meet with the child
5. Decided if the parents will be present
6. Talk with children separately or together

Process for using the *Three Houses* with School-Age Children

1. Introduce your role and the Three Houses to the Child
2. Explain how the Three Houses information will be used
3. Create the child's Three Houses
   a. Decide which house to start with
   b. Decide whether to draw or write
   c. Work with each house
   d. "House of Good Things"
   e. "House of Worries"
   f. "House of Hopes & Dreams"
   g. Gather final information
4. Explain what will happen next and obtain the child's permission to show their Three Houses to others
5. Close the session with the child
6. Include a copy of the child's Three Houses in the file
7. Present the child's Three Houses to parents and others
8. Share other people in the household's Three Houses with the child (e.g., sibling's Three Houses)
9. Involve the child in the ongoing assessment and planning, when applicable
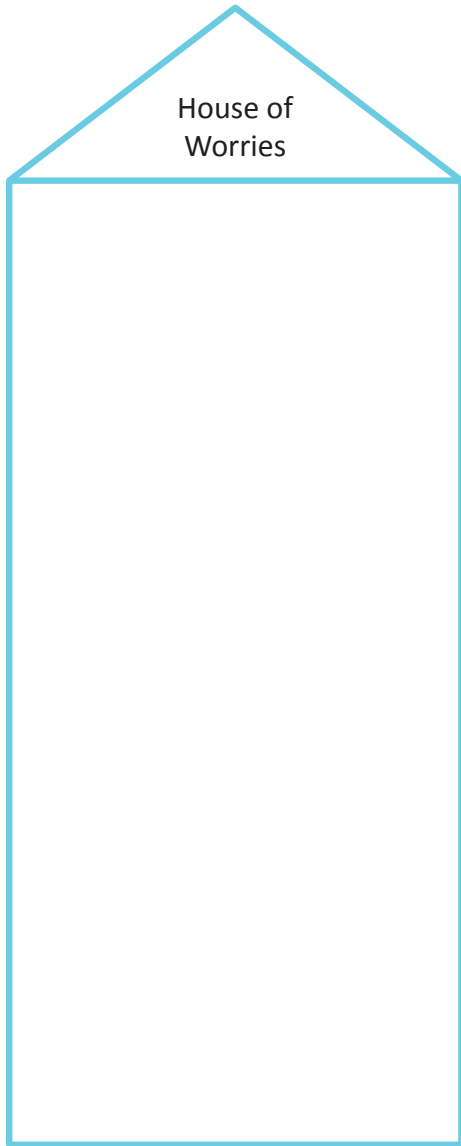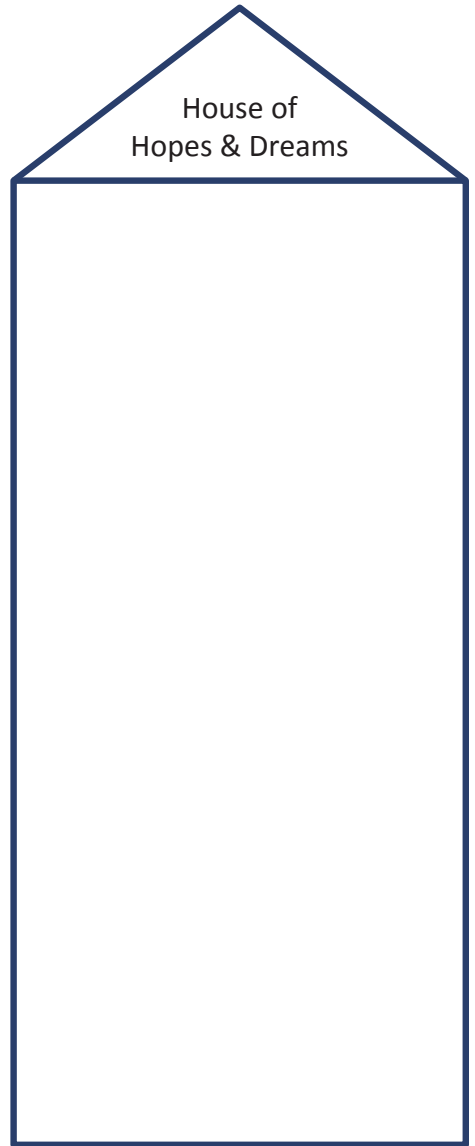
Modifications for Youth

- Engage them about their outer world (i.e., school, sports, work, and friends, etc.) before talking about the Three Houses
- Emphasize:
  - the importance of their views and their significance to you
  - the value you hold for mutual, open and transparent conversation
  - the commitment you have for consent to share (i.e., it's important to be really clear on who will see the Three Houses and how the information will be used- you don't want the youth to feel surprised or confused when the information is shared with others)
  - the choices available
    - Draw or write houses
    - Pick which house to start with
    - Complete houses on own, or with CPS Professional
    - How/when to share (when it is an option)
- Maintain a conversational tone
- Use different categories for the houses:
  - "House of Good Things" = "Good/Okay Things/ Strengths"
  - "House of Worries" = "Bad stuff/Not so Good Things"
  - "House of Hopes & Dreams" = "Hopes & Dreams for the Future"
- Consider using technology (i.e., Three Houses app)

House of
Worries

House of
Good Things

House of
Hopes & Dreams

COVID-19 Pandemic:
A CHANGE IN CIRCUMSTANCE

This primer for Child Protective Services Professionals is intended to support the application of critical thinking skills in order to arrive at a professional judgement concerning COVID-19's impact on the safety assessment process- including questions to explore and information to gather for CPS decision-making.

The COVID-19 pandemic has impacted our lives at multiple levels. In addition to concerns about health and medical needs, there is the potential loss of income, or the requirement to continue working. Parents and caregivers cannot delegate responsibilities to other adults in usual ways. Children and youth are not in school. It is no longer easy to send a child/youth to a friend's house. Put simply, adult and child functioning look different in a pandemic. Mental health symptoms may emerge or persist in more severe ways. Use of substances may increase while access to supportive services is complicated by physical distancing measures. Rates of domestic violence are on the rise and children are isolated from traditional support networks (i.e., teachers, coaches, therapists, doctors, friends, and other family). The current pandemic has created a universal change in circumstance. As a result of the outbreak, and related outcomes, experts, and the public wonder aloud if children are safe where they live.

No doubt, the magnitude of the pandemic has affected everyone. Now more than ever, Child Protective Services (CPS) must apply the Wisconsin Safety Model to understand how these changing circumstances play out in unique ways for each adult and child in the household. For the purposes of this primer, the term adult refers to the parent, caregiver, and in/formal provider. Child refers to anyone under 18 years of age. The term household refers to a child's family of origin and out-of-home care placement setting.

As mentioned, the change in circumstances due to the COVID-19 pandemic is global. It has been felt universally by all people. There are three reasons the CPS Professional is concerned with the current change in circumstance:

Uncontrolled or new danger: The change in circumstance may bring about a change in adult functioning that activates known or additional danger. Think about CPS cases that are currently open for Ongoing Services at your agency. These are children who are already classified as unsafe. How might the change in circumstances cause danger to become active (e.g., parent's drinking occurs at different times and under different circumstances due to changes in their schedule) or safety service provider's availability is no longer reliable (e.g., provider cuts back on hours to take care of their own children).

In these instances, the danger may no longer be controlled, and safety must be reassessed. What does the danger now look like? Are services still available as needed? Is the parent still able and willing? These answers will help the CPS Professional decide if the change in circumstance requires modification to the Safety Plan, and if so, in what ways.

In other instances, new danger may emerge because of the change in circumstances brought on by the COVID-19 pandemic. Take for example the adult who is employed at the local grocery store. Their work hours and childcare needs increased at the same time. There is no one to provide supervision for the child while the adult is at work. The adult leaves the child home alone, or with an adult who is dangerous. New danger can surface in biological and placement homes. In these cases, CPS needs to assess whether these dangers result in an unsafe child so they can take appropriate action (i.e., modify Safety Plan, develop Risk Plans, or placement).

The Assessment of Adult and Child Functioning: In addition to specific concerns about how the outbreak impacts children whom CPS has already classified as unsafe, CPS is interested in understanding how the outbreak is impacting families when taking a new CPS report or completing an Initial Assessment. This information helps CPS understand the impact to adult and child functioning. In the case of Initial Assessment, analysis of adult and child functioning will inform the assessment of safety. It is likely staff at Access and Initial Assessment will routinely hear how the pandemic has impacted families (e.g., loss of jobs, services, social connections). All this information is considered in the context of adult and child functioning and ultimately the technical definitions of Present and Impending danger are applied to determine if it is likely to result in severe harm to a child. For example, CPS notes an observable condition related to a parent's anxiety. The CPS Professional must apply the technical definitions and criteria for Present and Impending Danger to determine if the observable condition is likely to result in severe harm to the child.

It is critical the CPS Professional receives supervisory support when analyzing severity. Not every family impacted by COVID-19 needs CPS's intervention. The deciding factors come down to whether the child is likely to be harmed in a severe way AND whether the parent/caregiver can shield them from the identified danger. Determining whether the change in circumstances related to the COVID-19 outbreak is a safety concern requires you to ask yourself "What is the difference between the risk of something that could lead to harm, and severe harm being a likely result." Seemingly subtle, the difference is significant. Consider the 14-year-old who is left home alone unsupervised while the parent goes to work. Depending on what you know about the child's functioning it could result in harm to the child, but it is not likely to result in severe harm for most 14-year old's. This would be different if we were talking about a 3-year-old. The determination of whether something concerning in a family is risk OR something that results in a child being unsafe where CPS must take action to shield the child from the identified danger comes down to understanding ...safety. This is an important distinction because the CPS Professional is not required to intervene in the same ways.

Service Provision When the assessment results in a professional judgement that the child is safe, but could be at risk of potential harm, the CPS Professional shifts to keeping a watchful eye on the observable condition(s) for the remainder of the assessment period. For example, the observable condition that is not yet out-of-control. If the information indicates it could become uncontrollable, the CPS Professional may recommend voluntary, supportive services to the family. For example, an adult who is a relative provider may experience increased stress and fewer breaks from caregiving. As a result, they may benefit from supportive services to help reduce stress and increase breaks so that it does not negatively impact the placement later.

When keeping a watchful eye on an observable condition that poses a risk to the child, but does not yet meet the technical definition of a child who is unsafe, the CPS Professional seeks to answer "How might this condition escalate? What information or observations would require me to reassess whether this is likely to result in severe harm (i.e., could it become dangerous?)? What services can I offer now to help prevent the observable condition from escalating?

In this primer we will discuss how the COVID-19 pandemic impacts the CPS Professional's assessment of child safety. This primer will discuss children who are unsafe and at risk of becoming unsafe. In both instances, it is paramount for the CPS Professional to acknowledge the change in circumstances due to COVID-19 and to ask relevant questions to determine its impact on adult and child functioning. Critical information about adult and child functioning is gathered at each stage in the CPS process: Access, Initial Assessment, and Ongoing Services.

At each phase of CPS involvement, information to relevant questions inform the CPS Professional's answer to the question: how has the change in circumstances (i.e., pandemic) impacted this child and that adult's functioning? As we know, people can experience similar changes in circumstances in very different ways. For example, two different adults may lose employment during the pandemic. One may be living on the fringes of poverty and the other well established. It is the CPS Professional's job to determine how the loss of employment increases the risk of danger and the adult's ability to shield the child from it. Will the adult who lost their job become depressed and unable to provide supervision? Or cope with substance abuse? Or, is the loss of job a welcome relief? In all instances, the adult's functioning matters to the extent it answers: how does this impact the child? Read on for more support when assessing adult and child functioning in the context of the COVID-19 pandemic.

Step One: Gather Critical Information

CPS practice standards highlight the critical information CPS Professionals must gather to support the assessment of child safety. Information related to child, adult, and family functioning is relevant to CPS's responsibility to determine if a child is unsafe. This was true before the COVID-19 pandemic and remains true today. COVID-19 has simply given us a reason to revisit information gathering to determine if it changed aspects of functioning in a way that impacts child safety.

Step Two: Conclude how the child is vulnerable due to change in circumstance

Any child with significant vulnerabilities could be in greater danger, so pay attention to these families. In addition to a child's age and physical/cognitive abilities, assess how the change in circumstances impact the child's functioning and thereby increases vulnerability in these ways:

- **Behaviors**
  - ☐ Are they considered irritable or provocative by others (e.g., change in structure and routine has increased the child's provocative behaviors and adult perceives child to be "pushing buttons" and irritating others in the household)?
  - ☐ Passive or withdrawn (e.g., lack of social connection, routine and structure is causing the child to "shut down" or withdraw)?
  - ☐ Afraid to ask for help (e.g., child perceives the adult is stressed and stops making needs known)?

- **Dependence**
  - ☐ Is the child powerless? (i.e.., to what extent does the child rely on the adult for basic care?)
  - ☐ Unable to self-protect? (i.e., to what extent does the child rely on the adult to intervene on their behalf?)

- **Illness**
  - ☐ Is there a preexisting medical condition?
  - ☐ Is the child experiencing symptoms that require medical attention?
  - ☐ Has the COVID-19 outbreak limited the child's access to medical professionals?

- **Invisibility**
  - ☐ How much contact does the child have with other adults outside of the home?
  - ☐ Increased access to dangerous adults?
  - ☐ Lack of access to service provision?

Step Three: Determine how the change in circumstance effects the adult's functioning and its impact on the child

- Behaviors- how has the change in circumstance influenced what the parent/caregiver does?
- Perceptions- what is the parent/caregiver's perception of the change in circumstance?
- Attitudes- how does the parent/caregiver feel about the change in circumstance?
- Beliefs- what does the parent/caregiver think about the change in circumstance?
- Situation- what has changed in the parent/caregiver's life because of the change in circumstance? What does this mean for them?
- Condition- is there a new or re-emerging condition because of the change in circumstance?

Step Four: Decide if the child is in danger in new or additonal ways

A change in circumstance must be evaluated to determine if it results in danger to a child. During Initial Assessment and Ongoing Services, a change in circumstance requires CPS to reassess the understanding of danger so CPS understands how the change in circumstance impacts the previous safety determination. CPS cares about change in circumstances for two primary reasons: 1.) impact on child vulnerability, and 2.) effect on parent or caregiver's behaviors, perceptions, attitudes, beliefs, situation, or condition. When the impact has the potential to result in severe harm to the child, it means there may be Present, Impending, or Placement Danger that CPS must take appropriate steps to control.

Use the Wisconsin Safety Model to support decisions about danger. This will direct whether you need to take protective action. When the change in circumstance does not result in danger to a child, the situation may benefit from new or different supportive services aimed at reducing risk. We are not talking about all levels of risk, or its full scope. Instead we are focused on conditions where CPS is very concerned. It is through the application of threshold criteria that the distinction is made between those things that are dangerous and therefore must be controlled, and those things which are high risk and could possibly become dangerous sometime.

Step Five: Act

When danger is identified, CPS takes Protective Action to ensure the child is safe immediately. This happens through a Protective/Safety Plan or Placement. When the danger is related to an existing placement, it results in a change in placement. Once the child is safe, CPS can start or continue work with the parent/caregiver so they can eventually shield the child from the identified danger on their own, without CPS's oversight.

As previously stated, not all change in circumstances are likely to cause severe harm to a child. For example, a change in circumstances may temporarily alter the adult's life in positive ways (e.g., the CARE Act 2020 includes new and increased benefits for people experiencing unemployment). Or, it may reveal new or different ways to provide case management and related services. CPS also assesses changes in circumstances to ensure continued progress towards case closure.

Session Three

- Review application for the WI Safety Model during virtual contacts

- Network with Colleagues to advance effective strategies

COVID-19 Pandemic:
Impact on Safety Service Providers

This job aid helps the Child Protective Services (CPS) Professional consider the impact of the COVID-19 pandemic on Safety Service Providers.

When CPS determines a child is unsafe they work with parents to develop and implement a Protective or Safety Plan. A critical part of this requires the CPS Professional to engage and vet informal and formal safety service providers to ensure the child remains safe until the parent can do so safely, and without CPS's oversight. For our purpose here the term provider will be used to refer to In/formal Safety Service Providers.

During the COVID-19 pandemic service providers have also experienced a change in circumstance. This means service providers who were performing essential roles on Protective or Safety Plans may not be able to continue to provide services identified in the plan. Assessing a provider's functioning is important to fulfilling CPS's responsibility to assure the plan remains sufficient, feasible and sustainable. Start by getting the provider's perspective on this change by asking questions like, "How has your availability changed because of the pandemic? or, "What is your accessibility like right now? How has it changed? and "Is your role still a good fit at this time?"

In addition to gathering the provider's perspective, the CPS Professional continues to evaluate the provider's performance to determine if the plan remains sufficient, feasible (realistic), and sustainable (least intrusive) for everyone involved. The form helps the CPS Professional determine if COVID-19 has impacted the provider's ability to fulfill their role. The document assists the CPS Professional in deciding if modifications need to be made to the Protective or Safety Plan because there are changes to provider availability, accessibility, or suitability. When there are changes in service provision due to COVID-19 it should be documented in accordance with the CPS practice standards.

In instances where the current service provider is no longer an option, the CPS Professional is encouraged to work closely with parents and caregivers to identify and fully consider available safety management services/ options, including informal supports to meet the intended purpose(s) of services, actions and activities identified in the Safety or Protective Plan (see DCF Order #24). See the handout Ensuring the Sufficiency, Feasibility and Sustainability of the Safety Plan for more specific questions the CPS Professional can reflect on when evaluating the Safety Plan. Questions like, "Who in your life have you been in touch with by phone or videoconference?" or, "Are there cousins, grandparents, or friend of the family who you are talking to via phone, video, or social media?" *Partnering to Identify Informal Supports & Safety Service Providers* will help the CPS Professional understand who in the family's life might be eligible to act as an informal service provider. State Permanency Consultants (SPC's) can also assist CPS Professionals to identify potential informal service providers.

Informal supports may include a family member, close friend, neighbor, or other individuals identified by the family. The "Provider Role & Responsibilities Checklist" can be used to help the CPS Professional decide if potential informal options are acceptable alternatives.

Check with a Supervisor

Any significant changes to Protective or Safety Plans should be made in consultation with supervisors and when necessary, legal counsel.

'My Safety House:' Engaging Children in Safety Planning

The purpose of this job aid is to provide an overview of the elements of a Safety House and an outline of prompts to use when completing it with a school age child.

A Safety Plan is implemented to shield a child from an identified danger when a parent cannot do it without CPS oversight. Children have valuable insight into what it will take to ensure their safety through a Safety Plan. For this reason, it is important to understand what it will take, from the child's perspective, to ensure it is "working" properly and making the intended difference in the child's life.

This handout provides an outline of the elements that comprise 'My Safety House' and provides prompts to use the tool. Also included is a handout with the template of the 'Safety House.' This template can be replicated using pen and paper or the whiteboard function in Zoom.

Elements of the *Safety House*

1. Inside the Safety House
2. Visiting the Safety House: The outer semi-circle
3. The Red Circle: Unsafe people
4. The Roof: Rules of the Safety House
5. The Safety Path: Scaling the Progress to Safety

Preparing to use the *Safety House* Tool with School-Age Children

1. Prepare
2. Inform parent before working with the child
3. Is there anyone who might live with you or come to visit who you would not feel completely safe with?
4. Remember we talked about how all those adults are talking together to make a Safety Plan?
    a. If the beginning of the path is where everyone was very worried about the danger, and the end of the path at the front door is where all of those worries have been sorted out and you are completely safe, where do you think things are right now? Draw the Safety House outline
    b. Put child in their Safety House
    c. Define other people who live in their Safety House
    d. Discuss who comes to visit the Safety House
    e. Establish who the child does not want to live/visit the Safety House
    f. Talk about what people do in the Safety House
    g. Discuss what people do when they visit the Safety House
    h. Establish rules for the Safety House
    i. Develop a path to the Safety House
5. Talk with the child about what happens next
6. Show the child's Safety House to others

Prompt Sheet for Using the 'My Safety House' Template

The purpose of this job aid is to prompt the Child Protective Services Professional with questions to ask when using 'My Safety House' to engage a school-age child about what it will take for the Safety Plan to work.

1. Inside the Safety House: The inner circle and inside the four walls
Inner circle:
- Child draws her or himself in the inner circle (leaving space to draw others).
- Who else would live in your Safety House with you?

Inside the house:
- What are the important things that _____ (eg Mummy and Daddy) would do in your Safety House to make sure that you are safe?
- Are there any important objects or things that need to be in your Safety House to make sure that you are always safe?

2. Visiting the Safety House: The outer circle
- Who would/will come to visit you in your Safety House to help make sure that you are safe?
- When _____ (each of the safety people identified above) come to visit you in your Safety House, what are the important things that they need to do to help you be safe?

3. The red circle: Unsafe people
- Is there anyone who might live with you or come to visit who you would not feel completely safe with?

4. The roof
- "Remember we talked about how all those adults are talking together to make a Safety Plan? One of the things they are trying to decide is what the rules of the safety plan should be. What do you think? What would the rules of the house be so that you and everyone would know that nothing like _____ (use specific worries) would ever happen again?"
- "What else?"
- "If your _____ (sister/brother/Nana etc) was here, what would they say?"

5. The Safety Path
- If the beginning of the path is that you feel worried that Mum will start using drugs again and then not be able to look after you properly and the end of the path at the door is that everything in your Safety House is happening and you're not worried at all that Mum will use drugs again, where are you right now?
- If the beginning of the path is that you feel very worried that if you go home to live with Mum (or have an overnight stay) that Mum will start using drugs again and then not be able to look after you properly and the end of the path at the door is that everything in your Safety House is happening and you're not worried at all that Mum will use drugs again, where are you right now?

My Safety House
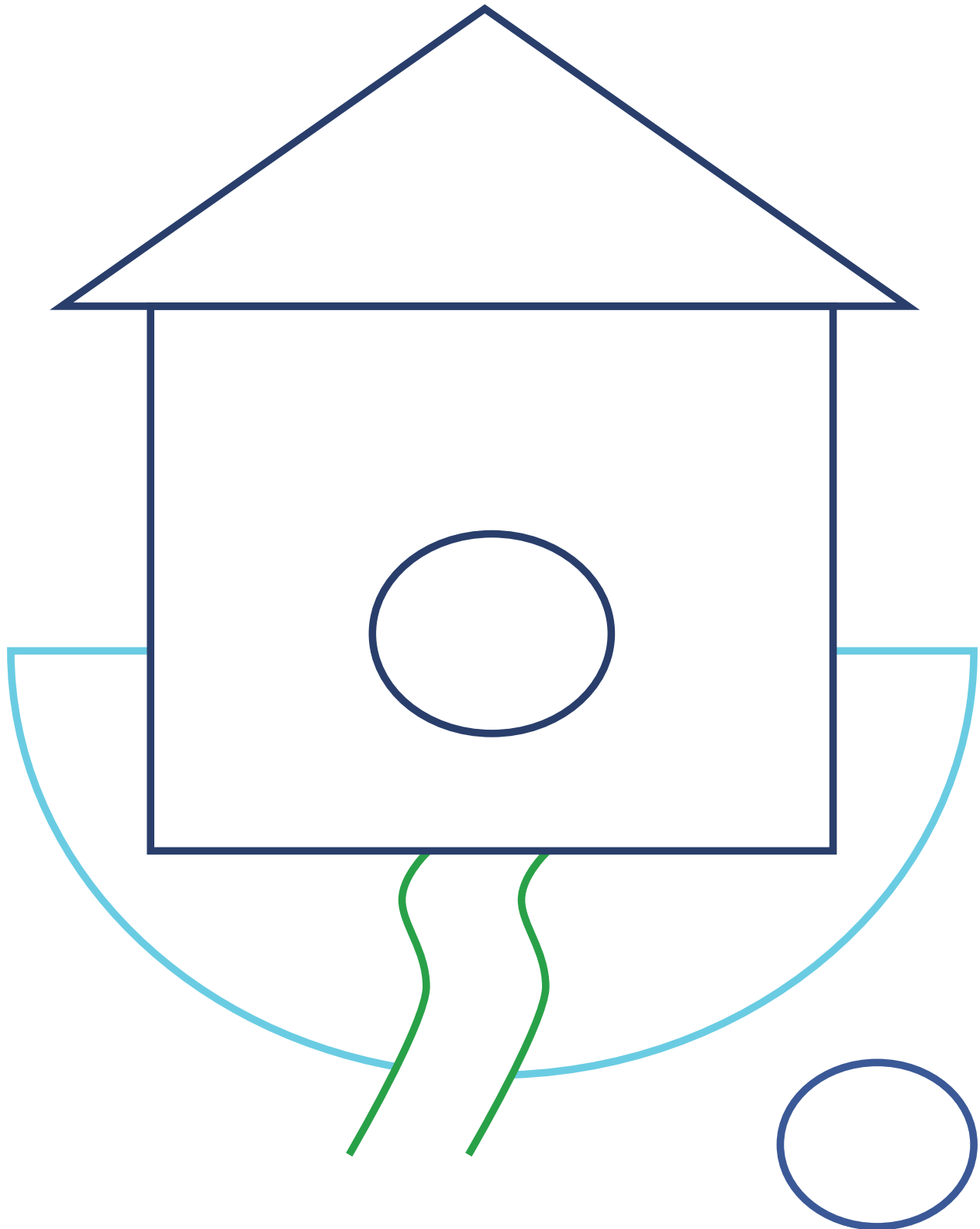
Virtual Contact with Safety Service Providers

This job aid helps the Child Protective Services (CPS) Professional conduct virtual meetings with the family and providers when a child is determined to be unsafe and there is a Protective or Safety Plan in place to ensure the child is safe.

When a child is unsafe, CPS takes protective action (i.e., implements a Protective/Safety Plan, or pursues placement). When the protective action includes a Protective or Safety Plan, CPS recruits informal providers (e.g., friends, relatives, and other people in a family's network), or formal providers (e.g., professionals hired by CPS to assist, for example, parent aid) to step in and shied a child from danger during critical times and circumstances when a parent or caregiver is not able to on their own. For our purpose here the term provider will be used to refer to In/formal Safety Service Providers.

Providers are essential partners to CPS and the family. When providers are not fulfilling their roles and responsibilities, an unsafe child is likely to experience danger because the provider is not there to shield the child from it. For this reason, it is important the CPS Professional routinely monitors the Protective or Safety Plan in accordance with practice standards. An aspect of monitoring the plan includes talking to the family and providers about how the plan is working. In this way, the CPS Professional learns if there are changes to adult or child functioning, and about the quality/frequency/availability and accessibility of necessary services. When the proper implementation of the plan is impacted by one or more of these variables, the CPS Professional modifies the plan to ensure the unsafe child is shielded from danger during critical times and circumstances.

Technology can be used to increase participation in these meetings so that the CPS Professional can meet with the family and providers together to discuss the implementation of the plan, and together make modifications. Meeting jointly with the family and providers reinforces the collaborative nature of the work and highlights the importance of transparent conversations. Families generally appreciate being included in conversations with providers because it puts the family at the center and demonstrates respect. Specifically, it puts the saying "nothing without me" into practice. In other words, if you are meeting to talk about my parenting and my children, then invite me to hear what is talked about, rather than doing it behind closed doors.

When in doubt...

The following includes steps to take when facilitating a virtual meeting between the family and providers. As you discuss the implementation of a Protective or Safety Plan, keep in mind the material you read about in the primer entitled, COVID-19 Pandemic: A Change in Circumstances. This document, and others listed below, will support you as you decide if modifications are necessary.
- Ensuring the Safety Plan is Sufficient, Feasible, and Sustainable
- Safety Service Provider Role & Responsibilities Checklist

Check with a Supervisor

Before Meeting

- Read the Protective/Safety Plan
- Review the danger and how it is being controlled
- Clarify roles and responsibliites
- Mail and request returns of all necessary Release(s) of Information
- Practice the various functions of the vritual platform needed during the meeting
- Prepare to help providers understand how the technology works
- Draft an agenda
- Consider what information providers need to review in advance

During Meeting

- Confirm the identity of participants when they enter the meeting space and before you share confidential information
- Ask participants to speak loudly and clearly
- Check to see if family &/or providers can hear each other and understand the information being shared
- Make sure technology is working properly for everyone on phone/video
- Decide how to manage one person talking at a time
- Determine how someone will alert others that they cannot hear what is being said (e.g., use chat box, raise hand)
- Agree on how to reduce background noise (e.g., only using microphone when speaking, mute otherwise)
- Affirm confidentiality and discuss Release(s) of Information
- Share your screen so family &/or providers can see the plan
- Use the whiteboard to take notes and make them visible to family &/or providers
- Focus the conversation on roles and responsibilities
  - Who is or will be performing what tasks or activities?
  - When are tasks/actions/activities occurring?
  - How will others know it is occurring?
- Confirm contact information for everyone to ensure communication after the meeting

After Meeting

- Redistribute the plan when modifications are made (if shared electronically be sure it is encrypted)
- Update your supervisor with the status of the Protective/Safety Plan
- Document in eWiSACWIS
- Monitor the plan in accordance with practice standards

Ensuring the Safety Plan is Sufficient, Feasible, and Sustainable

This job aid helps the Child Protective Services Professional (CPS) evaluate the Safety Plan to determine if modifications are needed to ensure it is working.

We evaluate Safety Plans based on whether they are sufficient (enough), feasible (realistic), and sustainable (least intrusive). These evaluations occur at standard intervals. Below is a series of questions to get a CPS Professional started in their evaluation of a Safety Plan. It is not exhaustive.

The questions invite the CPS Professional to consider the quality of a Safety Plan so that modifications can be made when necessary. CPS Professionals remain steadfast in their commitment to child safety. Now more than ever they seek to renew that commitment amid balancing public health and child safety concerns in the community. Given the rapidly changing circumstances related to the COVID-19 pandemic, it may be necessary to evaluate Safety Plans at greater frequency to ensure they are accurate and provide the protection needed. For that reason, supervisors and practitioners alike will find these questions useful.

As a quick refresher when we talk about sufficient, feasible, and sustainable, we mean:

SUFFICIENT: are the right safety service controls in place at the right time at the right level?

FEASIBLE: is the Safety Plan 'do-able;' meaning, it is not too much or too little from everyone's perspective (i.e., CPS, parents, children, and providers)?

SUSTAINABLE: can the Safety Plan be carried on into the near future; is it least restrictive?

Instructions

Take all the information you've learned into account, respond to the following questions to the best of your ability. The responses will help you determine if the Safety Plan, as is, is sufficient, feasible, and sustainable for your continued work with the family:

Sufficient

1. Are the right safety service controls in place at the right time at the right level?

☐ Yes   ☐ No

2. Is there adequate depth of information to support decision-making?

☐ Yes   ☐ No

3. Did the CPS professional consider the judgements of others, and also take ultimate responsibility for CPS decision-making (i.e., the current CPS professional did not rely on others, like law enforcement, medical, school staff, or family members, to make CPS decisions about danger and how to shield the child from it)?

☐ Yes   ☐ No

4. Are decisions supported by facts and observations?

☐ Yes   ☐ No

5. Do all interventions shield the child from danger?

☐   ☐

6. Is the schedule for services clearly articulated?

☐ Yes   ☐ No

7. Is the role of providers described in sufficient detail? Do they know exactly what they must do and the intent of that action?

☐ Yes   ☐ No

8. Does the Safety Plan utilize providers that the family would consider to be "least intrusive" in their view of the family?

☐ Yes   ☐ No

9. Based on what you know about the Impending Danger and how the child is being shielded from it by the Safety Plan, is the danger being controlled at the level needed right now?

☐ Yes   ☐ No

10. When the answer is "no" to the above question, where is there a mismatch (i.e., safety service controls are not at the right level or during the right times and circumstances, OR there is more than necessary)?

☐ Yes   ☐ No

> 🔍 **Clue**
>
> When all the answers to the above questions are "yes" it is a clue the Safety Plan is likely *sufficient*.
>
> If you answered "no" to any of the questions above it is a clue the Safety Plan likely needs modification so that the Impending Danger Threat is controlled at the right time and circumstances. Talk to your supervisor or staff about what aspects of the Safety Plan are not sufficient.

Feasible

1. Is the Safety Plan 'do-able;' meaning it is not too much or too little from everyone's perspective (i.e., CPS, parents, children, and providers)?

☐   ☐

2. Does the Safety Plan avoid relying on parental promises to control previously uncontrollable behavior?

☐   ☐

3. Were the parents active in the development of the Safety Plan?

☐ Yes   ☐ No

4. Does everyone involved (i.e., CPS, parents, children, and providers) understand their intended roles? And, have the resources been available to continue as is?

☐ Yes   ☐ No

> 🔍 **Clue**
>
> When all the answers to the above questions are "yes" it is a clue that the Safety Plan is likely *feasible* for everyone involved in implementing the Safety Plan.
>
> If you answered "no" to any of the questions above, it is a clue the Safety Plan likely needs modification so that it is realistic or "do-able for everyone involved. Talk to your supervisor or staff about what aspects of the Safety Plan are not sufficient.

Sustainable

1. Can the Safety Plan be carried on into the near future; is it least restrictive?

☐ Yes   ☐ No

2. Are the parents capable of reliably performing all activities required of them? Can they maintain this across time?

☐ Yes   ☐ No

3. Does the Safety Plan avoid taking over responsibilities the parent is capable of performing?
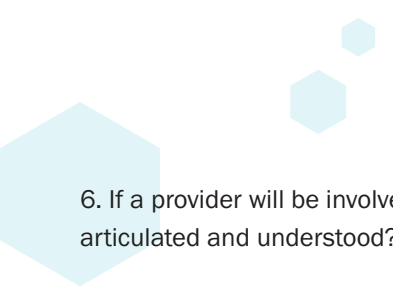
☐ Yes   ☐ No

4. Does the Safety Plan integrate providers who can continue as part of the family support network after CPS is gone?

☐ Yes   ☐ No

5. Can the role of the providers be reasonably sustained across time?

☐ Yes   ☐ No

6. If a provider will be involved in the case plan too, is the priority on safety control responses articulated and understood? Is there a way to track this?

☐ Yes ☐ No

> 🔍 **Clue**
>
> When all the answers to the above questions are "yes," it is a clue that the Safety Plan is likely *sustainable* for everyone involved in implementing the Safety Plan.
>
> If you answered "no" to any of the questions above, it is a clue the Safety Plan likely needs modification so that it is sustainable across time, for everyone involved. Talk to your supervisor or staff about what aspects of the Safety Plan are not sufficient.

Partnering to Identify
Informal Supports/ Safety Service Providers

This job aid supports Child Welfare Professionals in their efforts to partner with families to identify who in in their lives may be a potential support or even informal safety service provider in the case of a Protective or Safety Plan.

In the field of Child Welfare, we value the importance of connections. The COVID-19 pandemic and related stay at home orders, highlights the significance of connections in new ways. The availability of supports and safety service providers has been compromised by the pandemic and the related changes in circumstances. For that reason, Child Protective Services (CPS) Professionals are getting more creative in partnering with families to identify who in their lives the child welfare can engage and vet to determine if they are eligible to offer informal supports, or serve in the capacity of an informal safety service provider. The questions below can be asked to help the family identify potential supports/safety service providers, and spark conversations about how they might help.

- How many "friends" do you have on Facebook? Which friends recently liked something you posted? Which of those friends would you pick up the phone to call?
- Who helped you celebrate important milestones? Graduation? First job? Birth of a child? Marriage?
- Who knows your birthday and still reaches out to you to wish you well?
- Who did you celebrate the holidays with last year? Previous years?
- Who will you call when I leave here today?
- Who do you call for parenting advice?
- Who gives you parenting advice even if you don't want it?
- Who do you call when you need to vent?
- What faith communities have been a part of your life over the years? Who have you stayed connected with?
- What community resources have you found are helpful? In what ways?
- When you need help at work, who do you feel comfortable confiding in for help on the job?
- Who do you call when you need help running an errand?
- Who do you call if you need someone to watch the kids for a little bit?
- Who have you called when you feel proud of your accomplishments?
- Who do you call when you experience an emergency (i.e., car breaks down)?
- Who in the past has "dropped everything" to help you out?
- We all make mistakes. What "bridges" are you worried you have burned? Is it possible for them to be repaired with some help? What kind of help would make a difference in the relationship?

Safety Service Provider Role & Responsibilities Checklist

This job aid can be used by the CPS Professional to determine if a formal or informal provider is suitable for their role. It can also be used to evaluate the safety service provider's performance over time.

Safety Service Provider Name:

Safety Service Provider Type:
◻ Informal   ◻ Formal

Check all the safety control responses the provider performs:

Separation

◻ Recreational Activities   ◻ Daycare   ◻ Respite Care

Concrete Resources

◻ Food/Clothing Services   ◻ Housing Assistance   ◻ Transportation   ◻ Household Support

Social Connection & Emotional Support

◻ Social Supports

Supervision & Monitoring

◻ Supervision/Observation

Parenting & Home Management

◻ Basic Home Management   ◻ Unique Child Condition Service   ◻ Basic Parenting Assistance

Medical Services

◻ In-Home Health Care

Crisis Management

◻ Crisis Services

List the Impending Danger Threats that the safety service provider shields the child(ren) from, and identify the critical time and circumstances when they perform this function:

Impending Danger Threat

_____

_____

_____

Critical Times & Circumstances

_____

_____

_____

_____

_____

_____

_____

_____
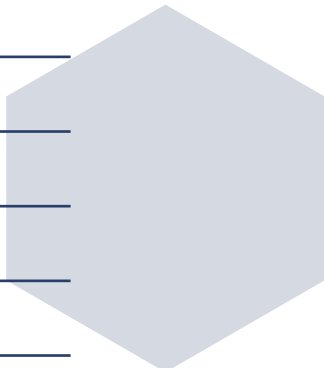
Providers must have a clear understanding of why the child is not safe and how the Impending Danger Threats play out in the family. Ask the following questions to help you answer Q1 below.

- How does the provider view the danger to the child (i.e., how do they conceptualize the problem)?

- What has the provider said/done that tells you they understand the Impending Danger Threat and critical times and circumstances when it is active?

- How does the provider think s/he is shielding the child from the danger (i.e., what is their practical, concrete understanding about what their role is preventing and how do they think they are ensuring the child is not severely harmed?

Q1 The provider understands the Impending Danger Threats: ☐ yes ☐ no

Providers must understand the child's need for protection and see that as the priority. Both formal and informal safety response providers must understand and respect:

- CPS's role

- CP's need to take primary responsibility for assuring child safety in the current family circumstances

- CP's authority to direct their actions with the family and act accordingly

Q2 Aligns with CPS agency: ☐ yes ☐ no

They must have a clear understanding of what they are being asked to do and a thorough understanding of how they will spend their time when in the home (i.e., they know their job description). Pay attention to whether or not the providers distinguish between control and change. Ask the following questions to help you answer Q3 below:

- On a scale of 1-10, how confident are you that the provider understands their role? What makes you this number? What would it take to move up 1 point on the scale?

- On a scale of 1-10, one being the least and ten being the most, how confident are you the provider is the right fit for the job? What makes you this number? What would it take to move up 1 point on the scale?

Q3 Understands Function: ☐ **yes** ☐ **no**

Knowing the critical time and circumstances when danger is active, determines the providers schedule. Formal service providers must have availability that is flexible enough to meet the family's need. Providers must be available when needed and be able to maintain that availability as long as the Safety Plan is needed. In both instances, the provider must understand why that particular schedule is critical to assuring child safety. Ask the following questions to help you answer Q4 below:

- When does the provider think they are responsible to shield the child from danger (i.e., what is their understanding of the schedule and their need to be available)?

- What, if any, life circumstances might change the provider's availability (e.g., is there a pressing health condition, upcoming move or vacation, change in work schedule, or job transition, etc)

Q4 Provider is available at Critical Times & Circumstances: ☐ **yes** ☐ **no**

It is important to have confidence in a provider's ability to follow through with the Safety Plan. Ask the following questions to help you answer Q5 below:

- How would you describe the provider's commitment to the schedule?

- What tells you, you can count on them to perform their responsibility?

Q5 Provider is trustworthy & committed: ☐ **yes** ☐ **no**

The relationship between the caregivers and provider will be critical to the success of the Safety Plan. Even under good circumstances, it is often difficult for families to maintain their participation in a Safety Plan. If the provider's attitude is punitive or judgmental, it is likely to exacerbate the caregiver and impact their motivation/willingness to implement the Safety Plan. Everyone who works with the caregivers should be committed to encouraging them to resume their role as primary protector of the child as soon as possible. Ask the following questions to help you answer Q6 below:

- What does the provider think and feel about the family and their need for CPS intervention?

- What does the provider do that makes you think they are supporting and encouraging the caregiver's efforts?

Q6 Provider is supportive & encouraging: ☐ yes ☐ no

The Safety Plan is stronger if the provider has a clear picture of what problems require intervention and what that intervention should look like. Ask the questions below to help you answer Q7 below:

- What constitutes a problem that would require the provider to intervene?

- When a problem arises what will the provider do to solve it, and how do they plan to let the CPS professional know?

- How would you describe the provider's level of assertiveness with each of the adult household members? What examples have you seen that tell you they are comfortable and confident to assert themselves when necessary?

Q7 Provider recognizes signs of a problem and knows what to do: ☐ yes ☐ no

Virtual Support for Loved Ones

This job aid highlights support options for people who love those experiencing substance misuse. Includes phone support, and online meetings.

The COVID-19 pandemic and related physical distancing measures have impacted people who struggle with substance misuse. Services are no longer accessible in the same ways or are limited in their availability. Friends and family members are stepping in to provide increased support from a distance. This can become taxing for the person offering support. The following services are available for those who love someone who is experiences addiction (e.g., relative providers). The services listed here can be accessed at no cost using a smartphone or computer.

Phone and Online Support

Organization	Service	Method	Website
Nar-Anon	Offers a support network to those affected by someone else's addiction	Live chat and forum available	https://www.naranonchat.com/
Al-Anon	Utilize a 12-step focus for friends and relatives with a loved one who struggles with alcohol use disorder, or other substances	Phone and online meetings	https://al-anon.org/
Families Anonymous	Provides 12-step meetings for friends and family with a loved one who struggles with alcohol or other drugs	Online meetings	https://www.familiesanonymous.org/
SMART Recovery Friends & Family	Offers secular, cognitive-behavioral-based program for families and friends of someone recovering from substance abuse	Online meetings	https://www.smartrecovery.org/family/

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