

**NORTH CAROLINA DIVISION OF SOCIAL SERVICES  
FAMILY SERVICES MANUAL  
VOLUME I: CHILDREN'S SERVICES  
CHAPTER VIII: CHILD PROTECTIVE SERVICES**

**CHANGE # 10-2009**

**CPS IN-HOME SERVICES**

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**I. INTRODUCTION**

CPS In-Home Services are a legally mandated and integral part of the Children's Services continuum and is provided to families who have had a Substantiation of abuse, neglect, dependency, or a finding of Services Needed ([for more detailed information on possible case decision findings, please refer to Chapter VIII; Section 1408 – Investigative and Family Assessments](#)). The purpose of CPS In-Home Services is to maintain the safety of the child while helping the parent/caretaker to learn more effective parenting practices.

North Carolina's practice model unites System of Care philosophy with our Multiple Response System. MRS and SOC will help North Carolina achieve the safety of children while helping the parent/caretaker to learn more effective parenting practices. To understand this practice model it is important to understand what it means to provide a family-centered approach to the delivery of services.

**II. FAMILY-CENTERED APPROACH**

The foundational philosophy of the NC Multiple Response System as well as the NC System of Care is family-centered practice. CPS In-Home Services are family centered. Family-centered practice focuses on the family with full knowledge and appreciation for its dynamics.

The System of Care Principles are:

- Interagency Collaboration
- Individualized strengths based care
- Cultural competence
- Child and Family involvement
- Community Based services
- Accountability

The six family- centered principles of partnership are:

- Everyone desires respect
- Everyone needs to be heard
- Everyone has strengths
- Judgments can wait
- Partners share power
- Partnership is a process

The underlying beliefs of a family-centered approach to child welfare are as follows:

- Safety of the child is the first concern.
- Children have the right to their family.
- The family is the fundamental resource for the nurturing of children.
- Parents should be supported in their efforts to care for their children.
- Families are diverse and have the right to be respected for their special cultural, racial, ethnic, and religious traditions; children can flourish in different types of families.
- A crisis is an opportunity for change.
- Inappropriate intervention can do harm.
- Families who seem hopeless can grow and change.
- Family members are our colleagues.
- It is our job to instill hope.

This practice model, where the principles of family-centered practice reflect the belief that the family is its own primary source of intervention and determines who its members are is the major focus for CPS In-Home Services. The family is viewed as a system within a larger social and environmental context. As a result, interventions focus on accessing the family's immediate and extended community through needs assessment, resource identification and service delivery. Family-centered practice respects the family's right of self-control and capabilities, and assumes they have the capacity to grow and change when provided the proper supportive interventions. Family-centered practice develops strengths, enhances potential, and empowers families to identify and resolve their own problems. This practice model through the application of family-centered principles of partnership allows agencies to achieve safe, permanent, nurturing homes for children.

### III. CHILD AND FAMILY TEAMS AND THE TEAM APPROACH

The main vehicle for delivering the CPS In-home Services practice model is through Child and Family Team (CFT) decision making. A Child and Family Team (CFT) are family members and their community supports that come together to create, implement and update a plan with the child, youth and family. The plan builds on the strengths of the child, youth and family and addresses their needs, desires and dreams. CFT **meetings** utilize a team approach to improve the agency's process; to encourage the involvement, support and "buy-in" of the family, extended family, and the community to the agency's decisions; and to develop specific, individualized, and appropriate interventions for children and families.

CFT **meetings** recognize and respect the family as the expert on its own children. **A CFT meeting genuinely engages families in the planning process, jointly develops specific safety plans for children at risk, and designs in-home or out-of-home services and supports for families.**

To learn more regarding the required use of CFT **meetings**, please refer to [Chapter VII - Child and Family Team Meetings](#).

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It is important that the CPS social worker begin talking with the family about CFT [meetings](#) even prior to a case decision being made. Beginning discussions during the CPS Assessment should include conversations regarding who is included in the family, and who is important even if they are not related. Laying this ground work will help ensure that at the face-to-face meeting within 7 days following the case decision the family will be prepared.

Child and Family Team meetings should be discussed during every contact thereafter to assist the family in identifying and sustaining appropriate supports. Please refer to [Chapter VII - Child and Family Team Meetings](#) for guidance on the frequency of CFT [meetings](#).

For policy guidance on conducting a Child and Family Team meeting with a family that has experienced domestic violence, please refer to [Chapter VIII; Section 1409 - Domestic Violence](#). It provides discussion questions for county DSS and facilitators to consider when deciding whether to go forward with a joint CFT meeting including the adult victim/non-offending parent and the perpetrator of violence. Also, it discusses some examples of safety preparations for the meeting.

#### **IV. CPS IN-HOME SERVICES PRACTICE**

With an emphasis on the delivery of services using a System of Care philosophy incorporated with the Multiple Response System the agency shall provide, arrange for, and coordinate interventions and services, as needed that shall focus on child safety and protection, family preservation and the prevention of further abuse or neglect. When the county Department of Social Services (DSS) initially becomes involved with a family during the CPS assessment phase, the social worker's chief focus is on the child's safety and protection. After a Substantiation of abuse, neglect, dependency, or a finding of Services Needed, the primary concern continues to be the child's safety and protection. The agency is responsible for making reasonable efforts to maintain the child safely in the home, but when safety in the child's own home cannot be assured, the agency is mandated to take immediate action to protect the child by providing safe, nurturing substitute care.

CPS In-Home Services begin at the conclusion of the CPS Assessment, where all of the information gathered during the fact finding process shall be incorporated into **one** case decision and **one** [Report to Central Registry / CPS Application \(DSS-5104\)](#) and a decision has been made to Substantiate abuse, neglect or dependency or there is a finding of Services Needed. [Please refer to Chapter VIII; Section 1408 - Investigative and Family Assessments](#) for guidance on completing a CPS Assessment. All required Structured Decision Making Tools shall be completed. All individuals making reports shall receive the required written notices within five working days of the completion of the assessment.

The CPS Assessment case decision shall be reported to:

- The caretakers or parents alleged to have abused or neglected the child
- The primary caretakers or parents with whom the child resided at the time the agency initiated the assessment

- Other parents as appropriate
- Any agency in which the court has vested legal custody
- The licensing authority (as appropriate)
- The Central Registry / Responsible Individuals List (as appropriate)

#### **A. NEW ALLEGATIONS RECEIVED DURING THE PROVISION OF SERVICES**

Any new allegation and/or incident that meet the legal definitions of abuse, neglect or dependency received at any time during the course of CPS In-Home Services shall be documented as a new report and the agency shall conduct a prompt and thorough CPS Assessment.

If a case is open for In-Home Services following a Substantiation or a finding of Services Needed and new allegations of abuse, neglect or dependency are received by the agency, those allegations reported should be screened independently. If accepted, the report should be assessed independently of the In-Home Services case.

If the new allegations are accepted as an Investigative Assessment and during the course of the assessment it is determined that the new allegations identify risk and safety issues that would require In-Home Services, the finding should be to Substantiate. The new allegations should be assessed independently of the original report regardless of the length of time that the In-Home case has been open. The identified safety and risk factors should be incorporated into the existing [In-Home Family Services Agreement \(DSS-5239\)](#). An example of this would be an In-Home Services case opened as the result of Substantiation for physical abuse. New allegations are received regarding physical abuse, and the assessment is taken as an Investigative assessment.

As a result of the assessment of the physical abuse allegations, it is determined that there are safety and risk factors related to the allegations. Relative to the new allegations, the agency makes the case decision to Substantiate. The In-Home Family Services Agreement is amended to address the new issues in addition to the original ones. If the assessment determines that there are no safety or risk factors, the agency's new case decision would be [to](#) Unsubstantiate.

The social worker would notify the family of the decision not to substantiate the new allegations but explain that the ongoing CPS In-Home Services would continue based on the Substantiation on the original allegations until successful completion of the In-Home Family Services Agreement. If the new allegations are accepted as a Family Assessment and during the course of the assessment, it is determined that the new allegations identify risk and safety factors that would require CPS In-Home Services, the additional finding would be Services Needed.

If at the completion of the assessment, the only needs that are identified are those that were uncovered during the previous assessment and none related to the new allegations, the case decision should be additional Services Not Recommended. An example of this would be an In-Home Services case that is open for services needed related to inappropriate discipline. A new report is accepted for a family assessment with allegations related to improper supervision. During the assessment, risk and safety factors related to the new allegations are found. The new case decision should be to make a finding of additional Services Needed. The social worker would work with the family to make needed amendments to the In-Home Family Services Agreement. If during the assessment, no risk and safety factors related to the new allegations are uncovered, the finding would be additional Services Not Recommended. There should be concise documentation in the record stating that the risk and safety factors related to the original assessment continue and services shall continue to reduce the original risk level through the provision on In-Home Services. Throughout the assessment, there should be communication with the family explaining that the new assessment is not meant to re-assess the original report and that the service being provided to reduce the original risk level will continue through the provision of In-Home Services.

Please note that the In-Home Services case may be open because of an Investigative Assessment but new allegations are received and accepted as a Family Assessment. If new safety and risk factors are uncovered, the case decision would be additional Services Needed. If no new safety and risk factors are uncovered then the decision would be additional Services Not Recommended. The reverse situation may also exist. A CPS In-Home Services case is open because of a previous CPS Family Assessment that resulted in a finding of Services Needed. A new report with allegations resulting in the decision to accept the case for an Investigative Assessment occurs.

If the result of the Investigative Assessment uncovers new safety and risk factors, the new case decision would be to Substantiate. If no new safety and risk factors are uncovered, the new case decision would be Unsubstantiated. If the case decision is to Substantiate or find Services Needed the social worker should work with the family to amend the In-Home Family Services Agreement accordingly. If the new case decision is unsubstantiated or a finding of additional Services Not Recommended, there should be concise documentation in the record stating that the risk and safety factors related to the original assessment continue and services shall continue to reduce the original risk issues through the provision on In-Home Services. Throughout the CPS assessment, there should be communication with the family explaining that the new assessment is not meant to re-assess the original report and that the service being provided to reduce the original risk level will continue through the provision of In-Home Services.

## **B. IN-HOME SERVICES SERVICE DELIVERY**

It is important to note that while approaching families in a manner consistent with System of Care and MRS, using family centered practice principles remains imperative. In-Home Services social workers maintain a single focus while preparing for two different outcomes. This section provides information on the laws, policies, and good practice standards regarding the provision of CPS In-Home Services.

CPS In-Home Services:

- Provides the most intensive services and contacts to families with the greatest needs, while those with fewer needs receive less intensive services/contacts
- Delivers services within the context of the family's own community culture
- Enables social workers to better identify risks in their work with families
- Allows social workers to offer the most intensive services to families with the greatest need
- Engages children, youth and families in the planning process while producing better outcomes of safety, permanence, and well-being for children
- Encourages families to develop a support network and how this support network can assist them in planning for coping with future challenges.

Social workers assume many roles with parents/caretakers during CPS In-Home Services. Being familiar with community resources, they act as a **resource**. Social workers act as **models**, demonstrating how to acknowledge anger and how to work out differences so that anger does not escalate to violence. Social workers act as **coaches**, providing feedback about the missteps, but also providing praise for the positive steps. Social workers act as **mentors**, giving information, instruction, guidance and mentoring regarding parenting skills. Social workers are **teachers**, helping parents learn to problem-solve, think through situations, make decisions and experience both failure and success.

Social workers also **represent the authority of the State** when this becomes necessary, as when the parent harms the child. At this point, the social worker must assume the role to protect the child legally. This authority undergirds all of the work with the parent/caretaker.

Social workers also work with children/youth during CPS In-Home Services. Children have information about how their family is progressing from their perspective. Children should be involved in setting goals as well as reporting on the progress towards achieving those goals. While conversations with children will necessarily be different from those with adults, we do not want to overlook the value of their input. In order to effectively communicate with children in this way, it is important that social workers possess an understanding of developmental stages and be willing to communicate with the child in the way that is most comfortable for the child.

The provision of CPS In-Home Services has the following goals:

- To maintain the safety of children;
- To strengthen the family's capacity to protect and nurture its children;  
and
- To maintain children in their own families;

### **C. STRUCTURED DECISION MAKING TOOLS**

The use of the structured tools is meant to guide CPS social workers and families through the assessment. Social workers are encouraged to bring these tools to every home visit so that a discussion surrounding these issues can take place. Completing these tools with the family makes the CPS process transparent and allows families to be a part of the process and to feel that they are part of the assessment. Keep in mind that the home visit is more than just completing the tools. Completing the tools is just one piece of what should be happening on home visits.

#### **1. The North Carolina Family Risk Assessment ([DSS-5230](#))**

The North Carolina Family Risk Assessment ([DSS-5230](#)) shall be completed and documented at the following intervals:

- Prior to the time of the case decision to substantiate abuse, neglect, dependency, or a finding of services needed; and
- When a new CPS report is received and accepted during an open In-Home Services case.

The Family Risk Assessment is a useful tool to assess initial risk. When completed with the family it serves as a mechanism to partner with the family. Often families are harder on themselves, while it brings their behavior that is causing the risk into focus. This can lead to rich discussion with the family that might not otherwise occur.

#### **2. The North Carolina Family Assessment of Strengths and Needs ([DSS-5229](#))**

The North Carolina Family Assessment of Strengths and Needs ([DSS-5229](#)) shall be completed at the following intervals:

- During any CPS Assessment that involves a family caretaker prior to the case decision and

**a. For CPS In-Home Services cases:**

- At the time of the In-Home Family Services Agreement updates
- Within 30 days prior to case closure
- With an involved noncustodial parent at concurrent time frames

Completing the North Carolina Family Assessment of Strength and Needs (FASN) is yet another way in which CPS social workers can involve families. The FASN serves as the basis for the In Home Services agreement. This is an opportunity for the family to have input on what services are determined to be necessary.

It is also to involve families in a comprehensive discussion that recognizes strengths. When the family is allowed to participate, it is easier to view DSS as a partner in the process, and to develop meaningful service agreements. It is easier to gain a families cooperation if they are able to "see" what it going on. Involving them in the identification of strength and needs allows this to occur.

**b. Child/Family Well-Being**

In cases that were substantiated or have a finding of services needed and opened for more than thirty days from the date of case decision, there shall be documentation in the case record, on the North Carolina Family Assessment of Strengths and Needs and on the Family Services Agreement that includes but is not limited to the following items as they are applicable. If they are not applicable, please note that:

Child/Family Education Needs:

- 1) Special education classes, when applicable;
- 2) Normal grade placement, if child is school age;
- 3) Services to meet the identified educational needs, unless no unusual educational needs are identified;
- 4) Early intervention services, unless these services are not needed;

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- 5) Advocacy efforts with the school, unless the child is not school age or there have been no identified needs that are unmet by the school; and
- 6) How the educational needs of the child/family have been included in the case planning, unless the child is not school age or has no identified education needs.

Child/Family Physical Health Needs:

- 1) Whether the child/family has received preventive health care and if not, the efforts the agency will take to ensure that this care is obtained;
- 2) Whether the child/family has received preventive dental care and if not, the efforts the agency will take to ensure that this care is obtained;
- 3) Whether the child/family has up-to-date immunizations and if not, what efforts the agency will take to obtain them;
- 4) Whether the child/family is receiving treatment for identified health needs and if not, what efforts the agency will take to obtain the treatment;
- 5) Whether the child/family is receiving treatment for identified dental needs and if not, what efforts the agency will take to obtain the treatment.

Child/Family Mental Health Needs:

Whether the child/family is receiving appropriate treatment for any identified mental health needs and if not, what efforts the agency will take to obtain such treatment.

If the family needs assistance in meeting any of these identified needs, the **social** worker should attempt to provide information, services or referrals to meet the need. For example, if the parent has not provided preventive dental care for the child because of finances, the social worker would provide the name and telephone number of a local dentist that accepts Medicaid.

**Please Note:** The lack of adherence to the Well Being issues would not be a reason to initiate court proceedings against the parent if it was not a part of the substantiation or finding of services needed or seen as a risk/safety concern.

If issues need to be addressed, they may be included in the Family Services Agreement, but they are not reasons to keep the case open when it would otherwise be closed for services.

**3. The Case Decision Summary / Initial Case Plan ([DSS-5228](#))**

The Case Decision Summary / Initial Case Plan ([DSS-5228](#)) shall be completed at the time of the case decision and serves as the **Initial Case Plan**. For a complete discussion of the Case Decision Summary please refer to [Chapter VIII; Section 1408 - Investigative and Family Assessments](#).

**4. Family Risk Reassessment with CPS In-Home Services**

Most of the information necessary for completing the North Carolina Family Risk Reassessment ([DSS-5226](#)) is gathered throughout the course of the Investigative or Family Assessment. This, along with the North Carolina Family Assessment of Strengths and Needs will assist the CPS In-Home Services social worker in determining risk of future abuse and/or neglect as well as assist in formulating the Family Services Agreement. The Family Risk Reassessment assists the social worker in determining the required service level intensity. Failure to complete thorough assessments can jeopardize the child's safety and affect the quality of other decisions made during CPS In-Home Services and delivery. The process is a continuous one.

Family Risk Reassessment updates shall be completed when the child remains in the home and CPS In-Home Services are being provided, or when the agency has legal custody and the child has not been removed from the home. The Family Risk Reassessment shall be completed at the following intervals with the family, when CPS In-Home Services are being provided:

- At the time of the Family Services Agreement updates
- Whenever a significant change occurs in the family; and
- Within 30 days prior to case closure

The Family Risk Reassessment process provides an opportunity for the CPS In-Home Services social worker and the family to reevaluate progress or lack of progress around those particular areas of concern that have been determined to affect the risk of harm to the children. The Family Risk Reassessment is used to guide decision making following the provision of services of clients while assessing a change in behavior that mitigates the identified risk factors.

While the initial assessment projects a risk level prior to the agency service provision, the reassessment takes into account the provision of services. The reassessment of each family provides an efficient mechanism to assess changes in family risk due to the provision of services.

At reassessment, a family may be continued for services or the case may be closed.

In arriving at an assessment of risk, the social worker should assume that overall risk is a balance between factors that escalate risk of abuse/neglect and family strengths. The balance should be assessed based on number, degree, and interaction of risk factors and strengths. Patterns, or clusters, of risk factors commonly found in serious child abuse and neglect cases should receive added weight in making an overall assessment of risk. These clusters of risk factors are mutually reinforcing and, therefore, increase the risk of abuse/neglect with which they are associated. Similarly, family strengths that combine to indicate and/or support social competence and a capacity for forming positive interpersonal relationships should receive special attention in determining an overall level of risk. See [http://www.urban.org/uploadedpdf/311351\\_vulnerable\\_families.pdf](http://www.urban.org/uploadedpdf/311351_vulnerable_families.pdf) for a brief discussion regarding risk issues.

## V. DEVELOPING THE IN-HOME FAMILY SERVICES AGREEMENT

The In-Home Family Services Agreement is completed for all cases assigned in which the family is receiving CPS In-Home Services after substantiation or a finding of services needed case decision is made. The agreement will also be used to document a plan of voluntary services to families.

The purpose of the In-Home Family Services Agreement is to specify a plan to respond to the conditions or needs that threaten a child's safety and place him or her at risk of future harm while identifying and building on the family's strengths. The conditions and needs of the family, as well as family strengths, are identified through the results of the Safety Assessment, Risk Assessment, and the Family Assessment of the Strengths and Needs. They are reflected in the documentation of the Case Decision Summary as part of the Family Assessment of Strengths and Needs Summary which will serve as the Initial Case Plan.

The In-Home Family Services Agreement ([DSS-5239](#)) addresses the needs of the family identified in the Family Assessment of Strengths and Needs, safety issues and the future risk of harm to the child. It also outlines a plan to meet those needs contingent upon the actions and activities of the family and the social worker. Although priority needs will be addressed first, the family needs to be aware of all of the needs that must be addressed with target dates based on the appropriate priority level. Other needs may also be addressed in the agreement when the family requests voluntary services. Additionally, the In-Home Family Services Agreement must identify the child and family well-being issues and include a plan for how the social worker and family will ensure these issues are addressed ([DSS-5239ins](#)) **However, failure to resolve the well-being issues will not result in continuation of involuntary services.**

**A. THE FAMILY SERVICES AGREEMENT**

The Family Services Agreement shall be developed with the family, to provide a basis for providing services to the family. .

It shall:

- Be based on the information obtained from the Safety Assessment, Family Risk Assessment, and Family Assessment of Strengths and Needs;
- Be developed jointly with parents or primary caretakers, their personal support systems, any other persons who are involved in and critical to the successful completion of the agreement and the safety and welfare of the children, and the child if cognitively and emotionally able to participate;
- Contain objectives, activities that are measurable, time-limited, describe specific desired outcomes, and identify necessary behavior changes;
- Specify the outcomes or consequences resulting from following the plan successfully or not; and
- Reflect progress or lack of progress of the family in each of the updates or revisions.

Both custodial and noncustodial parents should participate in the development of the agreement. Data collected by the Urban Institute indicated that although paternity is known for more than 80 percent of foster children, just 54 percent of these foster children had contact with their fathers in the past year.<sup>1</sup> Involving a noncustodial parent and or their relative supports in the planning for a child could possibly prevent future maltreatment, placement, and lengthy stays for children in foster care. Even if a parent is incarcerated, (in-state or out-of-state), they should be contacted to determine if they can assist in identifying any strengths or needs of the family, receive their input on the In-Home Family Services Agreement, determine if there are any possible relatives that may be a resource in supporting the child, and determine what level of involvement they can maintain particularly around the planning for and contact with their child. To locate a parent that is in prison, contact the [NC Department of Corrections](http://www.doc.state.nc.us/dop/index.htm) Records Office at 919-716-3200. Contact numbers and addresses for specific prisons can be found on the NC Division of Prisons website <http://www.doc.state.nc.us/dop/index.htm>. All inmates have a case manager or social worker that can assist in contacting a prisoner.

If a noncustodial parent is not involved in the planning, it may be beneficial to ask what it would take them to become involved as well as if they have any relatives that may be a resource in supporting the child.

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<sup>1</sup> Malm, Karin. "Getting Noncustodial Dads Involved in the Lives of Foster Children." *Caring for Children: Facts and Perspectives Brief No. 3* November 2003.

Documentation should reflect this discussion. An example of this would be a noncustodial parent who has expressed a desire not to be involved in the child's life, who has never been involvement in the child's life, who refuses any contact with the child, provides no possible relative supports and refuses to cooperate with the social worker in the development of an agreement

**Prior to completing the In-Home Family Services Agreement, a North Carolina Family Assessment of Strengths and Needs should be completed with an involved noncustodial parent.**

For CPS In-Home Services, the In-Home Family Services Agreement shall be:

- Completed with the family within 30 days of the assessment case decision to substantiate or a finding of services needed;
- Updated at least every three months thereafter to coincide with the Family Assessment of Strengths and Needs and Risk Reassessment updates or whenever family circumstances warrant a change.

All county DSS should use the Child and Family Team meetings to develop the Family Services Agreement or update it if circumstances warrant changes ([please see Chapter VII - Child and Family Team Meetings](#)). If the Agreement is not completed within 30 days, documentation shall reflect diligent efforts made or rationale for extra time to develop the plan. **If the Agreement is not updated, documentation shall reflect diligent efforts to engage the family or rationale for continuing the previous plan.**

## **B. DOMESTIC VIOLENCE CASES**

With cases involving domestic violence, because the safety of children is closely linked to the safety of the non-offending parent/adult victim, a situation involving domestic violence also requires a secondary focus that includes the safety of the adult victim. The responsibility of the perpetrator of domestic violence to stop abusive behavior and the capacity and willingness of the non-offending parent/adult victim to take appropriate actions to protect the child are issues that must be addressed during the provision of In-Home Services.

During the provision of CPS In-Home Services, at no time is the non-offending parent/adult victim to be placed in danger by having to be interviewed, develop service agreements, or meet with the perpetrator of violence against them. The children will also not be interviewed with, or required to be in the presence of the violent adult. Separate Family Services Agreements should be completed with the non-offending parent/adult victim and the perpetrator of domestic violence.

**The perpetrator of domestic violence should not have access to the non-offending parent/adult victim's Family Services Agreement.** For further policy and enhanced practice resources on providing CPS In-Home Services to cases involving domestic violence, please refer to [Chapter VIII: Section 1409 - Domestic Violence](#).

C. THE DISCUSSION AND DOCUMENTATION OF THE IN-HOME FAMILY SERVICES AGREEMENT

The Family Services Agreement developed with the family should be the result of formal and informal assessments with the family as well as taking into consideration what they see as important to them. Below is a discussion of the various aspects of the agreement that should be included in the documentation and discussion with the family.

1. Identify needs from the Family Assessment of Strengths and Needs that affect the child's present safety or places the child at future risk of harm. The greatest need should be addressed first in the In-Home Family Services Agreement. Only one need per page should be addressed. In identifying needs of the family, please be sure that the safety and risk assessment concerns of the family are incorporated into the service agreement.  
  
If needs from an involved noncustodial parent are identified, their needs should also be addressed within the In-Home Family Services Agreement either on the same one or on a separate agreement.
2. Specify the **conditions/behaviors** affecting the child's present safety or that put the child at risk of future harm as identified in the Family Assessment of Strengths and Needs and the Initial Case Plan of the Case Decision Summary. Having participated in the completion of the FASN the family should have helped to identify areas of need, therefore this should not be a surprise to the family.
3. When developing **objectives**, describe specifically what the desired behavior/condition or expected changes will look like when the need is met so the caregiver and the social worker are clear about what is expected and when it has been accomplished. The family should be involved in the development of these outcome statements.
4. List the activities that are planned to correct the identified need/behavior and the date the activity should be completed (or begun, as appropriate). **Activities should state what will be done, where it will be done, who will do it and when it will be begun/completed.**
5. The caregiver should also have input into decisions concerning who will be service providers, as needed. Also listed here should be the specific activities the social worker agrees to do to assist the family in successfully completing the agreement as well as activities that both formal and informal supports agree to do. This allows the family to see clearly that this is a team effort and they are not alone.
6. The family may request **voluntary services** in addition to the services addressed in the agreement to address identified needs. The family's objectives or voluntary services accepted by the family should be documented.

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One example may be to collaborate with Work First in order to develop a plan together with a caregiver to discuss their employment situation. When there is a case decision of services recommended, the voluntary services form may also be used to document voluntary services (not code 215 services) that are being provided to the family at their request.

Another example is to collaborate with a Family Resource Center or a Community Based, centralized source for the family that provides information and referral. Examples that are often incorporated in a Family Resource Center program can include parent education, after school programs, and an array of other services unique to the community.

7. Specific **effective services** should be evaluated and updated at least every six months for each child. Revisions may be done every three months when the In-Home Family Services Agreement is updated for quarterly reviews. The child is only eligible for IV-E funded in-home services if agency services are critical to prevent removal from the home.
8. **Specify what action will be taken if the safety and future risk of harm to the child becomes unacceptable**, up to and including, the possibility of the agency filing a petition for custody or removal of the child from the home, if necessary. The social worker should explain that the primary goal is to maintain the child safely in the home of the parent/caregiver, but if the child's safety is compromised, the agency will take steps to ensure the safety of the child, which may include filing a petition.

A discussion should be held with the family regarding issues of behavior change or lack of that could impact the safety and future risk of harm of the children. When discussing issues of behavior change it is important to discuss the behaviors of the parent/caretaker that are continuing to create risk, not just that they have not completed an activity of the service agreement. Although we value the decisions of the family in the development of the In-Home Services agreement, safety and repeat maltreatment concerns must be addressed. Clearly defined goals and involvement of the family in their development will help alleviate confusion or resistance. Consequences of behavior change should also be clearly stated so that the alternative process is outlined.

CPS In-Home Services social workers need to identify extended family members early and assess them for their capacity and willingness to care for the child. These support persons can be accessed to support the child and family while the child is in the home. Knowing which family members can best meet the child's needs becomes particularly important when the child must be removed.

9. Allowing the family to be involved in placement decision making **when out-of-home care of the child is needed** reflects a family-centered approach. It emphasizes the importance of parental involvement and facilitates the development of the casework relationship.

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Parents who are involved in out-of-home placement planning are usually less likely to disrupt, sabotage, or interrupt the placement. The plan for out-of-home placement should include the family's ideas on options for care if the child should be removed from the home. It then becomes the social worker's responsibility to assess any placement resource/safety resource, if out-of-home placement appears imminent, to ensure that it is a safe and nurturing environment for the child.

10. The family should be reminded that completion of the In-Home Services Agreement **might** mean case **closure**. Whenever the desired outcome of the agreement is achieved, the child is safe and the risk to the child is reduced to an acceptable level, the case will be closed for services. The agency shall terminate CPS In-Home Services when:
  - a. Parents or caregivers are willing to provide a safe home and demonstrate their ability to do so; or
  - b. The agency receives legal custody and/or placement responsibility.
11. The **signatures** of the parent/caregiver, the child if cognitively and emotionally able to participate, the social worker and the supervisor are all required on the In-Home Family Services Agreement. If the child was able to participate but did not sign the agreement, the social worker should include an explanation of why the child did not sign. By signing the agreement, the family, the social worker, the child(ren) and any others who were involved with the development of the plan agree to work toward meeting the identified needs. Other signatures may include service providers, community representatives, or family members and friends who have a role with the parent or child and support the plan. These signatures are optional and not required.

If a caregiver refuses to sign the In-Home Family Services Agreement, the social worker should try to address the caregiver's concerns and stress the need for working together to prevent the removal of the child from the home. The caregiver may verbally agree even if they refuse to sign the agreement.

The social worker must note that the caregiver has agreed to each need and activity if he or she refuses to sign the agreement. If the caregiver refuses to sign the agreement **and** verbally refuses to agree to its provisions, the agency has the responsibility to ensure that the child is safe whether the child is in their own home or in another type of placement.

The social worker may petition for court involvement ordering the family to work in compliance toward case goals, without petitioning for custody of the child. The court hearing that results from the petition can bring the court's authority on the parent and the court order can then contain the plan for the family. This gives immediate authority to the agency if the situation deteriorates to the point of removal and petitioning for custody.

The date the signature was received must be documented on the form and there is room for signatures for three reviews. A copy of the agreement must be given to all parties involved in the completion of the agreement and the date the copy was provided must be recorded on the In-Home Family Services Agreement.

## VI. IMPLEMENTING THE CPS IN-HOME FAMILY SERVICES AGREEMENT

CPS In-Home Services involves arranging for and providing services to help the family change the maltreating behavior. CPS In-Home Services social workers must achieve a balance in helping families by performing actual tasks for them when needed and by empowering them to perform the required tasks themselves. The CPS In-Home Services social worker is as active a participant in helping design and implements the services as the family. Once the services are agreed upon, they should be written into the Family Services Agreement. Regular contact with the family and significant others is critical in maintaining the child's safety and in knowing which services are most relevant. CPS In-Home Services provides the most intensive services and contacts to families with the greatest needs, while those with fewer needs receive less intensive services/contacts.

### A. CPS IN-HOME INTENSIVE/HIGH SERVICES

If the initial Risk Assessment documents the overall risk rating to be **high or intensive** and there are safety issues, the agency will provide CPS In-Home Intensive/High Services. These services are provided to children and their families, after there has been a substantiation of child abuse, neglect, dependency or a finding of services needed and the child is determined to be a reasonable candidate for foster care in the absence of preventive services. Services include activities such as:

- Monitoring, expanding and updating the In-Home Services Agreement to address identified areas of need
- Routine case supervisory activities
- Maintenance of contact with the family and others significant to the case
- Working with the parents on the status of the case and case goals
- Giving information, instruction, guidance and mentoring regarding parenting skills
- Referral or monitoring of service as appropriate, including referrals to DSS-provided clinical treatment
- Ongoing determination of appropriateness of need for out-of-home placement

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- Documentation of In-Home Services\_Intensive/High activities

For cases where the risk is rated as high or intensive, **weekly face-to-face contact** shall be maintained with the family. This is to ensure the safety of all children in the home. Given that families have various schedules this may require multiple visits to the home to ensure that every member of the family is seen. This visit should include a discussion of the identified risk related behaviors while assessing the current safety of the children. Using the structured decision making tools can be useful to facilitate this discussion.

At a minimum, the following requirements shall be in effect:

- All children substantiated as abused, neglected, or dependent, or identified as "services needed" and their parents or primary caretakers shall be seen face to face two times per month.
- All other children (unsubstantiated or found "services recommended" or "services not recommended") residing in the home shall be seen face-to-face 1 time per month.
- Every other week the social worker shall be required to have face-to-face contact with as many significant family members as necessary to ensure the children's safety. This face-to-face contact should include a discussion of the risk factors and behaviors identified during the assessment.
- Two collateral contacts per month with service providers significant to the case; mental health therapist or case manager, school, childcare, Work First, or other professionals working with the family are some examples. These contacts may be made at the Child and Family Team Meeting if the child's safety can be ensured in the process.

Documentation should include the identity of the person the social worker talked with, when the conversation took place, and what observations have been made of the family's progress or barriers toward case goals.

- When a family's progress is not able to be documented and risk is not reduced due to a lack of progress or behavior change after 3 months, there should be a facilitated Child and Family Team meeting to address the behavior change issues, set deadlines for behavior change and to outline the court process.
- If after 6 months there are no activities completed on the Family Services Agreement nor any behavioral changes demonstrated that mitigate risk, by the family, there shall be a Child and Family Team meeting that should be facilitated that advises the family court action will be pursued by the filing of a petition.

This CFT meeting shall be an examination of the Family Services Agreement and the barriers that prevent successful completion (note that these barriers may not lie within the family's control). Because Family Services Agreements are a family-driven process, it is critical for the agency to remember that they have a defined role in assisting families to achieve their plan. After evaluating the Family Services Agreement and the barriers to its successful completion in the CFT meeting, it may be determined that support from the agency may need to extend to calling a service provider with the family or driving them to their first appointment with that service provider or even attending the appointment with the family to assist them in successfully navigating the service provider's system. ***Note: it is not necessary to wait 6 months if the risk factors associated with the case dictate that a CFT be held sooner.***

The social worker and supervisor shall staff the case frequently enough to ensure the safety of all victim children. Issues to be discussed include but are not limited to, risk, safety, the family's strengths and needs, and the family's progress.

#### 1. Case Contact Reduction

Once the family has demonstrated a reduction of the behaviors that were identified during the assessment to create risk, the case contacts may be reduced. Once the assessment process accurately reflects reduction of risk, the overall risk factor may be documented as moderate, thereby removing the requirement of weekly contacts and stepping down the case to CPS In-Home Services moderate. It is important to note that the key here is accurate documentation of the family's progress.

Case contacts with family members may not be reduced while the case remains open for CPS In-Home Intensive/High Services except for the following circumstances.

- If the child is in a safe, stable placement with a safety resource person, contact with the child may be reduced although the risk rating is still high. **Contact with** the parent remains required.
- If the child is in a safe, stable placement with a safety resource person, contact with the child may be reduced if the parent "disappears".
- If Intensive Family Preservation Services (IFPS) is in place, these contacts will be documented and shared with in-home services social worker.

Contacts will remain as set forth above until the risk level in the home is reduced.

**Note:** The first underlying belief of family-centered practice is that the safety of the child is the first concern. No child should be interviewed in such a manner that compromises his or her safety. It is expected that a child will be interviewed in private if necessary to ensure his or her safety.

During the provision of CPS In-Home Services, there is nothing that prevents the social worker from interviewing the children alone. Social workers should use their professional judgment in deciding how children will be interviewed. In many cases, interviewing the family together can provide vital information about family dynamics and may trigger discussions that otherwise would not be held. However, attention should be paid to verbal and non-verbal cues from the child that might lead the social worker to feel that this child needs to be interviewed in a different setting also. This might be in another room on the same day or at school on another day. Each child should be interviewed in the way that will best provide safety and build rapport with the child. Building a bond of trust with the child can be especially important to them if foster care placement must occur.

At each quarterly Child and Family Team Meeting, the team is to convene to discuss what level of progress has been made since the last meeting.

If the team determines that the family is showing progress but the risk continues to stay intensive/high, another meeting is scheduled. When the team determines that no progress has occurred and risk remains high or intensive, and/or the case has been open for 90 days, the agency should explore the following options:

- Accepted referral to IFPS if available
- Petition the Court for adjudication and family compliance
- Petition for Non-Secure Custody
- Due to exceptional situations, extend CPS In-Home Intensive/High Services

- Family initiated placement as a result of the Child and Family Team

The philosophy behind assessing the above options is that the team is making every reasonable effort to address service needs that place children at risk of removal from their family homes. Additionally, the family is supported by the team and is empowered to achieve permanency for the child/ren.

It is imperative that the Risk Reassessment, the Family Assessment of Strengths and Needs, the Service Agreement are used as working documents in the team meetings.

Note: All Child and Family Team meetings conducted while the case has a High or Intensive risk rating will have a facilitator, except those that involve case closure.

## **B. INTENSIVE FAMILY PRESERVATION SERVICES**

Intensive Family Preservation Services (please refer to the [IFPS Family Service Manual](#)), where available, provides intensive, in-home crisis intervention services designed to help families with children at imminent risk of being removed from the home. These services are time limited (a maximum of six weeks) and are characterized by very small caseloads for workers, 24-hour availability of staff, and the provision of services primarily in the child's home. Evaluations of IFPS programs in North Carolina indicate that IFPS is very effective at helping children remain safely in their home.

IFPS should be considered as an option for all cases in which there is a risk rating of high or intensive risk. When IFPS is chosen as a service delivery option, the following guidelines are to be followed:

- Provide all documentation required by the IFPS program as part of the referral process. This includes all relevant referral information and necessary DSS forms (e.g. DSS-5147, [DSS-5231](#), and DSS-5027). This information should be provided to IFPS programs before they start working with the referred family.
- There must be a rating of "Intensive" or "High" risk as well as a substantiation of child neglect, dependency or a finding of services needed. In cases involving any substantiation of abuse, there must be a risk rating of intensive, high or moderate.
- At least during the time IFPS is involved with the family, the IFPS social worker is to be a member of the Child and Family Team. This partnering will assist in prioritizing IFPS activities towards addressing the existing high risk factors.

- Contacts by the IFPS social worker, during their period of service, can be counted for the individual weekly contacts as long as this purpose is documented. Additionally, the Department of Social Services social worker must maintain weekly contact with the IFPS social worker and document discussion regarding progress towards case activities. (These contacts can either be over the telephone, via e-mail, or in person). The ongoing DSS social worker should see the family twice per month while IFPS is involved.
- The IFPS social worker is to provide the DSS social worker with written documentation regarding case objectives per IFPS policy.
- Upon completion of IFPS, the DSS social worker will again facilitate a meeting with the IFPS social worker (preferably a Child and Family Team) to discuss, with the family, progress achieved towards case objectives. This meeting should occur within (7) days of completion of Intensive Family Preservation Services.

#### **C. CPS IN-HOME MODERATE SERVICES.**

When there has been a substantiation of child abuse, neglect, dependency, or finding of services needed and the initial risk assessment rating is moderate, the children and their caretakers will be provided CPS In-Home Moderate Services.

These services are provided to children defined, as reasonable candidates for foster care and in the absence of preventive services would be in foster care. The purpose of CPS In-Home Moderate Services is to maintain the safety of the child while helping the parent to modify the harmful behavior that induces risk to the child. To accomplish this, the social worker must continually assess the safety and risk to the child and, should it become necessary, take action to prevent any further harm. Simultaneously, the social worker must actively support the parent's efforts to change and include them with all decision making throughout the life of the in-home services.

CPS In-Home Moderate Services include activities such as:

- Monitoring, expanding and updating the In-Home Services Agreement to address identified areas of need
- Routine case supervisory activities
- Maintenance of contact with the family and others significant to the case
- Working with the parents on the status of the case and case goals
- Giving information, instruction, guidance and mentoring regarding parenting skills

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- Referral or monitoring of service as appropriate, including referrals to DSS-provided clinical treatment
- Ongoing determination of appropriateness of need for out-of-home placement
- Documentation of CPS In-Home Moderate activities

**Case Contacts for CPS In-Home Moderate Services:**

- All children substantiated or found to be "In Need of Services" for abuse, neglect, or dependency and their parents or primary caretakers shall be seen face to face two times per month.
- During visits with family members, risk and safety issues should be addressed and progress should be discussed. The family's well being needs should also be discussed during these visits, as well as their strengths and needs. Documentation of the visits should include who was seen, where, when, and progress toward meeting the goals of the case plan.
- Two collateral contacts per month with someone significant to the case; Mental health therapist or case manager, school, child care, family members, Work First or other professionals working with the family. Documentation should include whom the social worker talked with, when, and what observations have been made of the family's progress or barriers toward case goals.
- Option to reduce contacts for moderate risk cases is allowable upon supervisor and social worker discussion of rationale. The decision to reduce contacts should only be made after a discussion with the family and collaterals and there is a clear reduction in risk. A reduction in contacts should be based on the family's progress on changing the identified behaviors, and the lessening of safety concerns in the home. Reducing risk during moderate risk allows there to be a natural progression towards case closure. The family has tangible evidence of their progress.
- When a family's progress is not able to be documented and risk is not reduced due to a lack of progress or behavior change after 3 months, there should be a facilitated Child and Family Team meeting to address the behavior change issues, set deadlines for behavior change and to outline the court process.

- If after 6 months there is not documented progress due to behavior change or lack of progress a Child and Family Team meeting shall be facilitated that advises the family court action will be pursued by the filing of a petition. Note: it is not necessary to wait 6 months if the risk factors associated with the case dictate that a CFT be held sooner.
- The social work supervisor and Social worker shall staff the case frequently enough to ensure the safety of all victim children. Issues to be discussed include but are not limited to, risk, safety, the family's strengths and needs, and the family's progress.

**Note:** The first underlying belief of family-centered practice is that the safety of the child is the first concern. No child should be interviewed in such a manner that compromises his or her safety. It is expected that a child will be interviewed in private if necessary to ensure his or her safety.

During the provision of CPS In-Home Services, there is nothing that prevents the social worker from interviewing the children alone. Social workers should use their professional judgment in deciding how children will be interviewed. In many cases, interviewing the family together can provide vital information about family dynamics and may trigger discussions that otherwise would not be held.

However, attention should be paid to verbal and non-verbal cues from the child that might lead the social worker to feel that this child needs to be interviewed in a different setting also. This might be in another room on the same day or at school on another day. Each child should be interviewed in the way that will best provide safety and build rapport with the child. Building a bond of trust with the child can be especially important to them if foster care placement must occur.

#### **D. FAMILY SUPPORT SERVICES**

Family Support Services, or Non-Intensive Family Preservation Services ([NIFPS Family Services Manual](#)), are voluntary services and can be provided by the agency, within the agency outside of CPS, or in a community agency. They may be offered to families who have been assessed for safety and risk with a resulting risk level of low (and some moderate) and the agency can "walk away from" this family. Families for whom these services would not be considered appropriate are those who have identified safety related issues in their situation or who are current recipients of CPS In-Home Services or out of home placement ordered by the Juvenile Court.

One of the System of Care principles is involving community based services and supports to assist a family. Family Support Services (FSS) are community-based services to promote the well-being of children and families. They are designed to increase the family's strengths and stability, to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and otherwise to enhance child development.

Family Support Services are a group of interrelated assessment, prevention, education or treatment services and activities designed to enhance parents' abilities to become self-sufficient and care for their children. They are also intended to increase children's school performance and behavior; self-esteem and leadership skills. Family and marital relationships, domestic violence, substance abuse, housing, poverty and finances, childcare, juvenile delinquency, mental health, and physical health and wellness are all areas of potential concentration for these services. By providing these services, rather than focusing on the details of a specific incident, social workers and families focus on the children and families' strengths to address areas of need. Social workers then offer to help families meet needs identified during an assessment. However should concerns arise that would warrant a CPS assessment a new report shall be made.

Family Support Services are voluntary on the client's behalf in that they may be:

- refused upon initial offer by the agency;
- refused and ended at any time during service provision; or
- ended by the client at the conclusion of the service provision.

The client has the right to refuse the services for any reason at any time. The agency cannot justify initiating involuntary services or court action based solely upon the client's refusal of services.

FSS may be provided by the Child Welfare unit of the local agency or any other unit or team in the agency that may be more appropriate, such as Work First Family Services. The agency may provide the services directly or connect families with resources in their communities or through their informal support system such as mental health, family resource centers, domestic violence programs or faith based organizations, to name but a few. It is the responsibility of the local agency to organize itself in the manner to provide the best support possible for the client and to work collaboratively with community agencies to provide informal and community-based services. The services will be provided in coordinated effort with parents, children and community resources.

#### **1. County Options**

Potential referral sources for FSS include, but are not limited to families who have:

- been reported to the agency as possible abuse/neglect/dependency situations, but "screened out" for CPS **Assessments** and the CPS reporter's information indicated potential service areas;
- been assessed by agency's CPS unit for the presence of neglect/dependency and unsubstantiated or found "not in need of services", yet the family could benefit from the offer of FSS;

- contacted the agency independently to request services due to a non-safety related issue they recognize to exist in their homes.

## **2. Case contacts by the DSS provided Family Support Services**

Because the risk is low in this family, service provision will be considered fluid and loosely structured. This will allow for increased collaboration and “ownership” of the process on the client’s behalf.

Face to face, contact with an adult family member will be maintained on a monthly basis. Other family contacts should be utilized as effective and appropriate. When planning contacts the social worker must consider the requirement that case progress be assessed on a quarterly basis. The individual need and availability of the client, and others important to the case are also important factors to consider when planning case contacts.

Duties of the Social Worker and Child and Family Team with a Family Receiving Family Support Services

If the family accepts FSS, the agency will conduct a thorough intra-agency check to ascertain and identify service providers currently working with the family. If the family is receiving services, the agency will then decide the most appropriate case manager for completing the assessment. The agency may use the Risk Assessment and Family Assessment of Strengths and Needs to assist in planning with the family, which was a part of the CPS intervention.

The case manager will contact the family within 7 days and explain the available services and possible providers. This contact may be in any form deemed appropriate and expedient. Best practice methods would suggest that the initial contact is face-to-face but this may not be possible. The social worker should adequately document the contact (or attempts to do so), the discussion of requested service needs and agency services offered, and the client’s response. An appointment should be made to discuss further the family's need and agency services and to formulate a plan mutually to meet them. All services provided to the family should be reported on the DSS-5027 and the family should sign for these services.

For each family who receives FSS, a CFT will be recommended. This team could be as small as the appropriate family member(s) and the social worker, but additional members could include members of the family’s support network, the social work supervisor, community resource providers and other professionals involved with the family. The premise is that families should be at the center of the planning process.

Service implementation will include convening a CFT meeting for conducting a thorough assessment of service needs. The assessment tools completed during the provision of CPS **Assessment** or In-Home Services can be utilized. This will always be done in cooperation with and full knowledge of the family. The social worker will fully explain the family's rights to make service decisions, privacy and confidentiality, open communication with the agency and other service providers, and record retention and access. The meeting will also be utilized to have the client sign all necessary applications and release of information forms. This form will include information such as client's rights, the necessity of a CPS **Assessment** should any risk to children be suspected, confidentiality, information sharing, and record availability.

An initial mutually agreed upon Family Services Agreement will be formulated at this time. The agency will document its activities on the family's behalf along with those of the client or others. This will be signed and dated by all parties/agencies accepting service responsibility and the client. Service provision need not be performed by the agency if another provider is more appropriate or accessible. The agency must maintain its responsibility to either actually provide the services or facilitate their provision through another source.

On going assessment is perhaps the most critical aspect of supportive services to families in that it is the only method of accurately gauging the situation and molding services to match it. It is recognized that no family or client exists in a vacuum and that if one aspect of a particular situation is altered others are affected. On-going assessment allows all stakeholders to monitor the situation for progress, strengths, needs, and other possible areas of service implications.

The assessment can be documented on the Family Assessment of Strengths and Needs tool. It will be conducted as needed but no less often than one time per quarter. It will be done with the client and all applicable stakeholders and service providers. The Family Services Agreement should also be updated as necessary, but no less than once every quarter.

#### **E. QUARTERLY REASSESSMENTS OF THE IN-HOME FAMILY SERVICES AGREEMENT**

Family Service Agreements are only valuable if they are current and relevant. Time frames for reviews are the maximum period of time between reviews. If major changes occur that affect the objectives or activities, or that affect the risk to the child, a Child and Family Team Meeting should be scheduled and the plan updated as soon as possible.

Quarterly assessments of the Family Services Agreement are formal discussions with the parent and Child and Family Team about the progress that is being made. However, since every contact with the parent will involve a discussion of the progress on the Family Services Agreement, this formal assessment will bring few surprises. It is important nonetheless to document the successful steps and the items that remain to be accomplished. The social worker shall complete a Risk Reassessment as well as a Family Assessment of Strengths and Needs at the time of the Family Services Agreement review. These tools should assist in determining the family's progress.

As the work with the family has progressed, changes to the Family Services Agreement will be necessary. It is important to reiterate with the parent the accomplishments that have been made. This is particularly important if other risk factors have surfaced. The social worker will also need to address next steps with the parent at the time of the quarterly review. Of particular importance will be discussions about how long the agency has been involved with the family, what changes have or have not been made and what next steps will be needed.

If the parent has had enough time to demonstrate commitment to the plan and the activities in it, the social worker may need to increase discussions of legal custody and alternative permanent plans in order to help nudge the parent along.

If there is a lack of progress or behavior change that mitigates risk after 3 months, there should be a facilitated Child and Family Team meeting to address the behavior change issues, set deadlines for change and to outline the court process.

If after 6 months there is not documented progress due to behavior change or lack of progress a Child and Family Team meeting should be facilitated that advises the family court action will be pursued by the filing of a petition.

If the parent has been intermittently successful or successful only on minor items and the social worker continues to have concerns for the child's safety, then decisions regarding legal custody will need to be made immediately if they have not been made before the quarterly review.

## **VII. TRANSFER OF CASES**

Sometimes during the provision of CPS In-Home Services, the family will relocate to another county in the State. Whether the family informs the agency of the move or the agency discovers the fact, the agency shall request the new county of residence to provide CPS In-Home Services to the family.

The new county will be responsible for overall case management responsibilities and updating the Family Services Agreement. The original county shall provide a copy of pertinent information from the case record to the new county. The new county of residence is responsible for the provision of CPS In-Home Services as soon as the agency is aware that the family has moved into their county.

Both counties should discuss whether immediate contact should be made with the family to assure the safety of the child. Good practice dictates that, unless there is an immediate need for the child/family to be seen, the child should be seen within 72 hours of the notification to the new county that the family has relocated to their area.

In determining which county has overall case management responsibilities, please refer to [Chapter V - Jurisdiction in Child Welfare](#).

## **VIII. TERMINATION OF CPS IN-HOME SERVICES AND FAMILY SUPPORT SERVICES**

Family Support Services will be completed upon the client's request, when clients move out of the agency's jurisdiction, by mutual decision, or by individual determination of the client or the agency. The case may be closed if another agency becomes the primary service provider and assumes case management responsibilities. The agency will communicate in writing with the client within 7 days to inform them that the case has been closed and reasons for that decision.

The agency shall terminate CPS In-Home Services when:

- Parents or caregivers are willing to provide a safe home and demonstrate their ability to do so; or
- The agency receives legal custody or placement responsibility.

### **A. WHEN PARENTS ARE WILLING TO PROVIDE A SAFE HOME AND DEMONSTRATE THEIR ABILITY TO DO SO**

CPS social workers need to be involved with the family only for as long as the child's safety is at risk. As the social worker works with the family, there should be ongoing examination of the level of safety and risk. When it appears that those levels have been significantly reduced, a CFT should be convened to discuss closure and plan for how the family will sustain the changes they have made. Within 30 days prior to closure of the CPS In-Home Services case there should be supporting documentation, written or verbal, from service providers and or person(s) significant to the case. By engaging service providers and other significant person(s) in a discussion regarding case closure, you are able to communicate the progress you believe the family has made and check-in with others regarding any remaining concerns. This would also be a time to discuss any referrals for wrap-around services. A routine conversation with service providers emphasize SOC, service array, and communicate the message that child welfare is a community issue.

Documentation shall:

- Support the rationale for case closure; and

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- Indicate that the decision was a shared decision made by the social worker and the CPS supervisor or supervisor's designee at a minimum.
- Show that the well-being issues have been addressed

The agency shall notify the family in writing that the case is closed for Child Protective Services within 7 days of the agency's decision to close the case.

While both the social worker and the family will have discussed the eventual outcome as work has progressed, a formal notification to the family that CPS services will be terminated needs to be communicated to the family within 7 days of the agency's decision to close the case. Verbal acknowledgements of the strengths and accomplishments the family has demonstrated should also be a part of the notification. The CPS In-Home Services social worker should also provide information on services the family may access if the need arises.

**B. WHEN PARENTS ARE UNABLE TO DEMONSTRATE THEIR ABILITY TO PROVIDE A SAFE HOME**

During the provision of In-Home Services there may be times when parents are unable to demonstrate their ability to provide a safe home for their children. A discussion should be held with the family regarding placement options for the children. Every effort should be made to allow the family an opportunity to identify "kin" that would be willing and able to accept placement of the children as a safety resource. Please refer to [Chapter IV, Section 1201](#) for a discussion regarding kinship assessments.

Once an appropriate safety resource has been identified, it is vital that a discussion be held with the parents regarding their behaviors that have created risk to their children and what behavior changes are needed to mitigate the risk factors for the children to return to the home. If there is a lack of progress or behavior change that mitigates risk after 3 months, there should be a facilitated Child and Family Team meeting to address the behavior change issues, set deadlines for change and to outline the court process.

If after 6 months there is not documented progress due to behavior change or lack of progress a Child and Family Team meeting should be facilitated that advises the family that court action will be pursued by the filing of a petition and a decision made whether or not custody will be sought. Also a determination must be made regarding the child being able to remain with the safety resource as an out of home placement (licensed or not) or if the child should be placed elsewhere. The parents should also be informed of the agency's obligation to notify close adult relatives of the child should the child be removed from their custody (Refer to Section 1201 Relative Notification, for more information).

If it is not possible to return the children to the home from which they were removed; the CPS In-Home Services case can not be closed until legal permanence has been obtained for the children. Please refer to [Chapter X - The Juvenile Court and Child Welfare](#) or [Chapter IV; Section 1201; VI - Permanency Planning](#) for a discussion of permanency options.

**C. PREPARING THE CHILD AND THE FAMILY FOR REMOVAL**

The parents shall be appropriately prepared for placement by explaining:

- The reason for the removal;
- Appropriate details about the placement;
- What to expect from the placement provider and social worker;
- How to reach the social worker or agency;
- When the next contact with the child will occur; and
- The legal process.

The child shall be prepared to his level of understanding explaining:

- The reason for the removal;
- Appropriate details about the placement;
- What to expect from the placement provider and social worker;
- How to reach the social worker or agency;
- When the next contact with his parents will occur; and
- When the next contact with his siblings will occur.

Preparing children and parents for placement can be accomplished even when the removal is an emergency. Social workers need to enlist the cooperation of the parent in helping the child understand the need for a new living arrangement. If the parent cannot do this, the social worker must take this role with the child. Even very young children can understand that a change is being made and that the parent cannot care properly for the child at this time.

It is generally helpful if the social worker can provide pictures of the placement resource when the child does not know the resource. This can be done on the way to the foster home and can help the child begin to master the move. The social worker must ensure that the child and the placement provider are seen within the first week of the initial placement and subsequent placements in order to assess the child's adjustment, or there shall be documentation to reflect diligent efforts. If possible, the child should be seen within 24 hours of the move.

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Young children have a different concept of time and they have vivid imaginations. In strange surroundings, they imagine that terrible things have happened to the parent or that they will never see members of the family again. The social worker is the child's link to his family in the first few hours of the move. For information regarding petitioning for legal custody, please refer [Chapter IV; Section 1201 - Child Placement](#).

**D. WHEN REMOVAL IS IMMEDIATE**

**The agency shall make reasonable efforts to protect the child in his own home and to prevent placement. If the child must be removed, the removal shall require supervisory approval. For a discussion of reasonable efforts please refer to [Chapter X - The Juvenile Court and Child Welfare](#). Additionally, the agency shall provide notification of the child's removal to his or her adult relatives (please refer to [Chapter IV; Section 1201; VI - Relative Notification for requirements](#)).**

Upon filing a petition, a non-secure order should only be requested when a child is at imminent risk. A hearing shall be held within 7 days when a child is removed from home by a non-secure order and may be postponed for no more than 10 business days with the parent's consent. The non-secure order shall give specific sanction for a placement other than a licensed placement provider.

In determining where a child shall be placed, the court needs complete information regarding other family members. The North Carolina Adoption and Safe Families Act includes the following statement: "In placing a juvenile in non-secure custody, the court shall first consider whether a relative of the juvenile is willing and able to provide proper care and supervision of the juvenile in a safe home. If the court finds that the relative is willing and able to provide proper care and supervision in a safe home, then the court shall order placement of the juvenile with the relative unless the court finds that placement with the relative would be contrary to the best interest of the juvenile." It is clear that DSS staff must assess the willingness and ability of each relative to provide proper care and supervision in a safe home prior to placement.

North Carolina statute defines safe home as "a home in which the child is not at substantial risk of physical or emotional abuse or neglect." While a complete home study is not required by statute, the assessment must be sufficiently thorough to allow the court to make an informed decision. Again, the Kinship Care Initial Assessment ([DSS-5203](#)) and the Kinship Care Comprehensive Assessment ([DSS-5204](#)) and the [Kinship Care Comprehensive Assessment instructions \(DSS-5204ins\)](#) will assist the social worker in assessing a possible placement.

In addition to the relative's willingness and ability to care for the child safely, DSS staff needs to assess the extent to which the placement with a relative is in the best interest of the child. This is a very important decision. The law makes it clear that the judicial process must be directed toward the goal of ensuring "a safe, permanent home for the child within a reasonable period of time".

The definition of "permanency" originally developed by the *Families for Kids* initiative is a positive, nurturing relationship with at least one adult that is characterized by mutual commitment and is legally secure. Consequently, county DSS staff should not recommend placement with a relative if it means separating siblings unless placing siblings together is contrary to their developmental, treatment or safety needs. Siblings shall be placed together whenever possible, unless contrary to the child's developmental, treatment, or safety needs.

Neither should the agency neglect an alternative placement that has greater potential for becoming a safe, permanent home within a reasonable period of time. It is not uncommon that someone not related to the child by blood or marriage has a more positive and nurturing, kinship-type relationship with the child than anyone related by blood or marriage. Older children should be allowed to have an important voice in these types of decisions. If the kinship caregiver wishes to be licensed as a foster parent, the agency is required to determine whether or not the family meets state licensing requirements, thus enabling them to receive foster care assistance payments, Medicaid, and other benefits. Since foster care placement, even with licensed relatives, is not a permanent plan, the kinship care providers should be assessed for their interest and ability to adopt the child or to assume guardianship or legal custody. If the court orders placement of the child with a relative, the agency shall remain involved with both the family providing placement and the birth family until the child's ongoing safety is assured. If the child is placed in non-relative placement, foster care services begin and CPS In-Home Services are terminated.

#### **E. WHEN THE AGENCY RECEIVES LEGAL CUSTODY OR PLACEMENT RESPONSIBILITY**

When the items in the Family Services Agreement, have not been successful, the social worker must take immediate action to protect the child. Sometimes the action will involve an immediate petition for removal of the child from the home. Sometimes, parents are able to discuss an alternate living situation for the child that will assure his safety. A Child and Family Team meeting must be convened when the social worker and supervisor believe the child cannot be maintained safely in his or her own home under current circumstances. If a child's immediate safety is threatened, the social worker must ensure the child's safety first and convene a Child and Family Team meeting as soon as possible (i.e., the next working day). The CFT ensures that the birth parents, foster parents, and all service providers are working cooperatively towards a safe, permanent plan for the child.

**When removal from the home is required, the agency shall assess whether any relatives are willing and able to care for the child. The agency shall evaluate if such placement would be in the child's best interest.** A criminal record check must be performed on possible kinship providers. If the social worker has conducted assessments of the relevant family members, the child may be placed with a relative.

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It is important to ask if the child is a member of an Indian tribe or is eligible for membership. The Indian Child Welfare Act ([ICWA](#)) applies to federally recognized Indian tribes within child custody proceedings. If an Indian child is identified, it remains the responsibility of the county department of social services to complete CPS In-Home Services. Please refer [Chapter IV; Section 1201 - Placement Decision Making](#) for direction on how to proceed if placing an Indian child.

**When the initial placement is with relatives or other non-licensed persons, documentation shall show that the agency assessed the placement resource before making the placement. If continuing placement is recommended or planned with a non-licensed relative or other non-licensed person, the agency shall conduct a thorough assessment of the placement provider. Assessments shall be documented on the Kinship Care Initial Assessment ([DSS-5203](#)) and the Kinship Care Comprehensive Assessment ([DSS-5204](#)) and the [Kinship Care Comprehensive Assessment \(DSS-5204ins\)](#).**

Whenever children are placed with a relative, the court should sanction this plan. The following may result if court action is not obtained:

- The child may be removed from the home precipitously without adequate protections to insure safety or prevent an untimely or inappropriate return;
- Parents may feel coerced, or feel they have no choice, but to agree to out of home placement;
- Parents' rights to be heard in court (due process) is being violated if this placement is done to avoid court involvement;

An assessment must be conducted prior to placement both to evaluate the relative's ability and their willingness to provide a temporary and/or permanent placement for the child. An evaluation must be done to determine if the placement is in the child's best interest.

The placement of children with relatives, even if fully evaluated in advance of the placement, does not relieve the agency of the continuing duty to provide services to the child and his family. It is not appropriate to put the burden for resolving the child's permanent placement issue on relatives or others with whom the child has resided. If relative placement becomes the permanent plan for the child, DSS must be involved in the resolution of the custody issue prior to case closure.

When the child enters the legal custody or placement responsibility of the agency, CPS In-Home Services are terminated and foster care services begin.

**IX. EXPANDED PRACTICE**

**A. STUCK CASES**

At times, the social worker will encounter a CPS In-Home Services case that gets "stuck." These are situations where the risk remains moderate and the family is not making any progress or simply not cooperating. If there are no high-risk issues present, the following course of actions should occur:

- Discussion between the social worker and supervisor.
- With the Assessment Tools as a guide, evaluate the:
  1. Safety - Have other reports been received, assessed, and a finding of substantiated or "in Need of Services" found? Are there current safety issues?
  2. Future Risk- Using the Risk Re-assessment, what is the risk, in what areas and how does risk affect the children now and since working with them?
  3. Family Strengths/Needs- Using the Family Strengths and Needs Assessment, what identified family issues remain unaddressed?
- Utilize the Child and Family Team meeting to determine possible resolutions to bring down the risk and allow the family to achieve their objectives.
- If safety and risk issues warrant, file a petition to have the case adjudicated in Juvenile Court.
- After discussion of the issues, it is decided to close the case at moderate risk, all services offered to the family as well as their response and any progress should be documented.
- A letter should be sent to the family notifying them of the closure decision, and indicating that their lack of progress will be considered if future protection issues should arise.

**B. CHRONIC NEGLECT CASES**

Counties also experience families that have been provided CPS In-Home Services in past, have closed CPS Services to the family, and a new report is made and accepted to be assessed. A CFT shall be held within *30 days* when the assessment decision is to substantiate the report or find the family in need of services.

CPS In-Home Services shall be provided again to the family. This cycle may happen several times leading to a description of the incidents or choices the family makes as being chronic, a frequent recurrence of neglect.

When conducting the Child and Family Team meeting, it is important to allow each participant to discuss their concerns of the recurring neglect as well as if they are able to support altering them for the better in hopes of providing safe care for the child.

One of the underlying beliefs of the family-centered approach continues to be that the safety of the child is the first concern. The social worker should explain that the primary goal is to maintain the child safely in the home of the caregiver, but if the child's safety is compromised, the agency will take steps to ensure the safety of the child. This may include filing a petition for custody or removal of the child from the home.

## **X. DOCUMENTATION**

CPS In-Home Service requires that all activities be documented.

Documentation of CPS In-Home Services shall:

- Include completion of the Risk Reassessment at required intervals;
- Include completion of the Family Assessment of Strengths and Needs at required intervals;
- Include a description of the ongoing assessment of risk, safety, and health of the child;
- Describe actions taken and services provided;
- Support the need for continuing agency involvement; and
- Be prompt and current within seven days.