



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**Division of Social Services**

## **North Carolina Department of Health and Human Services Child Welfare Pre-Service Training: Core**

### **Participant Workbook Week Five**

**December 2025**



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## Instructions

This course was designed to guide child welfare professionals through the knowledge, skills, and behaviors needed to engage with families needing child protection services. The workbook is structured to help you engage in the lesson through reflection and analysis throughout each week of training. Have this workbook readily available as you go through each session to create a long-lasting resource you can reference in the future.

If you use this workbook electronically, the pages have text boxes for you to add notes and reflections. Due to formatting, blank lines will be “pushed” forward onto the next page if you are typing in these boxes. To correct this, when you are done typing in the text box, you may use the delete key to remove extra lines.

## Course Themes

### Core Training Themes

- Pre-Work e-Learning
- Child Welfare Overview, Roles, and Responsibilities
- North Carolina Practice Model
- Essential Function: Communicating
- Core Value: Safety-Focused
- Safety, Risk, and Protective Factors
- Identifying Child Abuse and Neglect
- Legal Authority and Responsibilities, Mandatory Reporting
- Essential Function: Engaging
- Core Value: Family-Centered Practice
- Introductory Learning Lab (Communicating and Engaging)
- Essential Function: Assessing
- Safety-Organized Practice (SOP) and Structured Decision Making (SDM)
- Assessing Learning Lab
- Core Value: Trauma-Informed Practice
- Trauma-Informed Practice Learning Lab
- Essential Function: Planning
- Considerations for Child Welfare Practice and Family Engagement
- Essential Function: Implementing
- Disproportionality in Child Welfare Services
- Indian Child Welfare Act (ICWA)
- Engaging Families Through Family-Centered Practice
- Narrative Interviewing with Learning Lab
- Crucial Conversations
- Engaging Families with Core Values and Essential Functions
- Involving Fathers, Non-Resident Parents, and Relatives with Learning Lab
- Collateral Contacts
- Using Family-Centered Practice to Engage Families Learning Lab

- Harm and Worry Statements
- Child and Family Teams (CFT) and CFT Meetings
- Child and Family Team Meeting Learning Lab
- SMART Goals with SMART Goals Learning Lab
- Quality Contacts with Learning Lab
- Ambivalence, the Change Process, and Conflict Management
- Overview of Child Welfare Processes: Intake and CPS Assessments
- Intake and CPS Assessments Learning Lab
- Overview of Child Welfare Processes: In-Home Services
- In-Home Services Learning
- Overview of Child Welfare Processes: Permanency Planning Services
- Permanency Planning Services Learning Lab
- Key Factors Impacting Families and Engaging Communities
- Documentation
- Documentation Learning Lab
- Caseworker Well-Being, Self-Care, Self-Awareness, and Worker Safety

## Training Overview

Training begins at 9:00 a.m. and ends at 4:00 p.m. If a holiday falls on the Monday of training, the training will begin on Tuesday at 9:00 a.m. This schedule is subject to change if a holiday falls during the training week or other circumstances occur. The time for ending training on Fridays may vary and trainees need to be prepared to stay the entire day.

Attendance is mandatory. If there is an emergency, the trainee must contact the classroom trainer and their supervisor as soon as they realize they will not be able to attend training or if they will be late to training. If a trainee must miss training time in the classroom, it is the trainee's responsibility to develop a plan to make up missed material.

### Pre-Work Online e-Learning Modules

There is required pre-work for the North Carolina Child Welfare Pre-Service Training in the form of online e-Learning modules. Completion of the e-Learnings is required prior to attendance at the classroom-based training. The following are the online e-Learning modules:

1. Introduction to North Carolina Child Welfare Script
2. Child Welfare Process Overview
3. Introduction to Human Development
4. Maslow's Hierarchy of Needs
5. History of Social Work and Child Welfare Legislation
6. North Carolina Worker Practice Standards

### Foundation Training

Foundation Training is instructor-led training for child welfare new hires who do not have a social work or child welfare-related degree. Staff with prior experience in child welfare or a social work degree are exempt from Foundation Training. The purpose of this training is to provide a foundation and introduction to social work and child welfare. After completing Foundation training, new hires will continue their training and job preparation with Core Training. Foundation Training is 28 hours (4 days) in length.

### Core Training

Core Training is required for all new child welfare staff, regardless of degree or experience. This course will provide an overview of the roles and responsibilities of a child welfare caseworker in North Carolina, including working with families throughout their involvement with the child welfare system. It will also provide opportunities for skills-based learning labs. Core Training includes 126 hours (18 days) of classroom-based training, completed over six consecutive weeks.

Throughout the Pre-Service Training, learners may be required to complete homework assignments within prescribed timeframes.

In addition to classroom-based learning, learners will receive on-the-job training at their DSS agencies. During this training, supervisors will support new hires by completing an observation tool, coaching, and supervisory consultation.

### **Transfer of Learning**

Transfer of learning means that learners apply the knowledge and skills they learned during the training back to their daily child welfare work at their DSS agencies. During the Pre-Service Training, learners will complete a transfer of learning tool at various points:

- Pre-training
- During training
- Post-training

The transfer of learning tool will enable learners to create a specific action plan they can use to implement the training content on the job. A key component of successful child welfare practice is the involvement of supervisors in the reinforcement of new knowledge and skills. Supervisors will assist new workers in the completion and review of their transfer of learning tool and will support workers to apply what they have learned in training to their child welfare roles and responsibilities through action planning. Completion of the transfer of learning tool is required to complete the training course.

### **Training Evaluations**

At the conclusion of each week of training, learners will complete a training evaluation tool to measure satisfaction with training content and methods. The training evaluation tool is required to complete the training course. Training evaluations will be evaluated and assessed to determine the need for revisions to the training curriculum.

**All matters as stated above are subject to change due to unforeseen circumstances, and with approval.**

## Pre-Service Training: Core Topic Schedule

### Week 1:

- Child Welfare Overview
- North Carolina Practice Model
- Roles and Responsibilities
- Safety, Risk, and Protective Factors
- Introductory Learning Lab
- Assessing Learning Lab
- Safety-Organized Practice (SOP)
- Structured Decision Making (SDM)
- Trauma-Informed Practice

### Week 2:

- Disproportionality in Child Welfare Services
- Considerations for Special Populations
- The Indian Child Welfare Act (ICWA)
- Family Engagement
- Narrative Interviewing
- Quality Contacts
- Structured Decision-Making (SDM)
- Safety Organized Practice (SOP)

### Week 3:

- Developing Goals with Families
- Interviewing Skills
- Family Engagement
- Discord
- Crucial Conversations

### Week 4:

- Intake
- CPS Assessments
- SDM Safety Assessment
- SDM Family Risk Assessment
- SDM Family Strengths and Needs Assessment

### Week 5:

- In-home services
- Permanency

### Week 6:

- Permanency
- Key factors impacting families
- Documentation
- Self-care and worker safety

## Pre-Service Training: Core Week Five Day One Agenda

### Child Welfare in North Carolina Pre-Service Training: Core

Welcome and Introductions

#### Overview of Child Welfare Processes, Part 3: In-Home Services

Engaging Families: In-Home Services

Quality Contacts in In-Home Services

Engaging Families in In-Home Services Learning Lab

#### BREAK

Developing and Monitoring In-Home Family Services Agreements (IH-Case Plan)

Interviewing for Strengths and Needs & Family Service Agreement Development  
Learning Lab

Developing and Monitoring In-Home Family Case Plans (continued)

#### LUNCH

In-Home Services: Safe Case Closure

Safe Case Closure Learning Lab

#### Overview of Child Welfare Process, Part 4: Permanency Planning Services

Placement

#### BREAK

Placement, continued

#### Self-Care Exercise

Mindfulness Activity

## Pre-Service Training: Core Week Five Day One Learning Objectives

<b>Day 1</b>
<b>Overview of Child Welfare Processes, Part 3: In-Home Services</b>
<ul style="list-style-type: none"> <li>• Child welfare professionals will identify specific parental behaviors that are needed to ensure children’s physical and emotional safety.</li> <li>• Child welfare professionals will identify strategies and services to strengthen parental protective capacity.</li> <li>• Child welfare professionals will advocate for services needed for families so that children remain safety within their own homes.</li> <li>• Child welfare professionals will engage community resources to partner with families for needed supportive services.</li> <li>• Child welfare professionals will utilize the In-Home Family Service Agreement to guide planning and service provision to achieve safety, permanency, and well-being outcomes.</li> <li>• Child welfare professionals will collaborate with children and families and will include their voice when completing the In-Home Family Services Agreement.</li> <li>• Child welfare professionals will apply the criteria for safe case closure when making case decisions.</li> <li>• Child welfare professionals will plan for safe case closure with the child and the child’s family.</li> <li>• Child welfare professionals will prepare the child and the child’s family for safe case closure.</li> <li>• Child welfare professionals will inform children and their families that they can request aftercare services from the county DSS agency and obtain the services on a voluntary basis.</li> </ul>
<b>Overview of Child Welfare Process, Part 4: Permanency Planning Services</b>
<ul style="list-style-type: none"> <li>• Child welfare professionals will plan and make decisions about placement with the child and family.</li> <li>• Child welfare professionals will prepare the child, the child’s family, and the placement provider for placement.</li> <li>• Child welfare professionals will support and provide services to the child and their placement provider to increase placement stability.</li> </ul>



- Child welfare professionals will identify cultural norms and traditions for both children and caregivers to appropriately match for placement.
- Child welfare professionals will use the identified matching criteria to make placement decisions.
- Child welfare professionals will make placement decisions based on considerations for special populations such as LGBTIA+, infants exposed to substances, medically fragile children, sibling groups, pregnant and parenting teens, adolescents, and older youth

## Core Week 5 Day 1

### Child Welfare Process Part 3: In-Home Services

#### Goals of In-Home Services

To maintain the safety of children

To strengthen parental capacity to protect and nurture children

To maintain children in their own homes

#### Notes

## Legal Basis: In-Home Services

North Carolina State Law
<b>N.C.G.S § 7B-300</b> “The director of the department of social services in each county of the State shall establish protective services for juveniles alleged to be abused, neglected, or dependent.”
<b>10A NCAC 70A .0107 (d) When abuse, neglect, or dependency is found</b> “In all cases in which abuse, neglect, or dependency is found, the county director shall determine whether protective services are needed and, if so, shall develop, implement, and oversee an intervention plan to ensure that there is adequate care for the victim child or children.”

In-Home Services are legally mandated in North Carolina, requiring county directors to provide protective services and develop intervention plans when abuse, neglect, or dependency is found, to ensure children receive adequate care within their homes.

10A NCAC 70A .0107 (d) states that when abuse, neglect or dependency is found: “In all cases in which abuse, neglect, or dependency is found, the county director shall determine whether protective services are needed and, if so, shall develop, implement, and oversee an intervention plan to ensure that there is adequate care for the victim child or children.”

### Notes

## In-Home Services Policy Requirements

Families who have had:

- Substantiation of abuse, neglect, and/or dependency, or there is a finding of services needed
- Children remaining in the home: While the parents/caretakers have custody, or when the local DSS has filed a juvenile petition and the children has not been removed from the home
- Children who, in the absence of in-home services, would be candidates for DSS custody

In-home services policy requirements include:

Eligibility Criteria: In-home services are provided to families with substantiated findings or a determination of services needed, where children remain in the home and are at risk of entering custody without intervention

Mandated Interventions: County child welfare agencies are required to develop and coordinate services focused on child safety, family preservation, and preventing further abuse or neglect

Legal and Policy Alignment: These services are both legally mandated and guided by DHHS policy to ensure children can safely remain with their families whenever possible

In-Home services policy states that the county child welfare services agency must provide, arrange for, and coordinate interventions and services that focus on:

- Child safety and threat factors and protection
- Family preservation
- The prevention of further abuse or neglect

### Notes

## In-Home Services: Child and Family Team Meetings

Child and Family Team (CFT) meetings are held at regular intervals throughout the life of the In-Home Services.




- To review the Safety Plan
- For quarterly reviews of the Case Plan
- To update the Case Plan to address safety or high-risk concerns
- When requested by the family
- Critical decision points (i.e., out-of-placement)
- When a child is placed with a TSP and parent whereabouts are unknown
- At 6 months, after development of a case plan, when there is a lack of progress/no behavioral change, and the child is in a TSP unable to return home
- Prior to and within 30 days of case closure for repeat recipients of CPS In-Home or received Permanency Planning services to specifically address the plan the family will follow to prevent repeat maltreatment

### Notes

## Quality Contacts in In-Home Services

### Quality Contacts in In-Home Services

A quality contact ensures the safety, permanency and well-being of the children. The contact must include:

-  An assessment of safety and risk of maltreatment
-  An assessment of the family's progress
-  An individual contact with each child

All contacts with a family should serve a purpose, meaning contacts should be directly linked to an activity within the Family Services Agreement. Quality contacts and documentation from those contacts are vital to assessing safety, risks, and progress in achieving needed change.

#### Notes

### In-Home Services: Initial Contact

First contact must be made with 7 days of case opening

Inform the parents of the reason for the in-home services case being opened

Obtain parents signature on the Ongoing Needs and Safety Requirements form (DSS-5010A)

Review any existing safety plan

The first In-Home Services contact must occur within seven days of case opening.

During this visit, the caseworker must inform the parents of the reason for the case, review any existing safety plan, and obtain the parents' signature on the Ongoing Needs and Safety Requirements form (DSS-5010A).

#### Notes

### In-Home Services: Ongoing Contacts

Risk Level	Children	Parents	Home
Moderate	<ul style="list-style-type: none"> <li>• Face-to-Face</li> <li>• Twice per month and 15 days apart                             <ul style="list-style-type: none"> <li>○ Visits may increase due to safety concerns</li> </ul> </li> <li>• Observe interaction with parents once per month</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-Face</li> <li>• Twice per month and 15 days apart</li> </ul>	<ul style="list-style-type: none"> <li>• Once per month</li> </ul>
High	<ul style="list-style-type: none"> <li>• Face-to-Face</li> <li>• Once per week</li> <li>• Observe family interactions twice per month</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-Face</li> <li>• Once per week</li> </ul>	<ul style="list-style-type: none"> <li>• Twice per month</li> <li>• All other children in the home once per month</li> </ul>
Collateral Contacts: Two per month			

Expectations for ongoing In-Home Services visits are:

- Observe Safety: Home visits help build trust with families and allow caseworkers to observe the child’s living environment and interactions, which are essential for assessing safety and risk
- Follow Contact Frequency Based on Risk: While policy requires visits twice per month and 15 days apart, contact frequency should be adjusted based on safety concerns, with supervisor consultation guiding decisions
  - Cases with a high risk rating on the Risk Assessment require weekly face-to-face visits, two of those visits in the home
- Include Non-Resident Parents: Monthly efforts must be made to engage non-resident parents, whether through direct contact, identification attempts, or locating missing parents
- Document Thoroughly and Respect Entry Protocols: caseworkers must assess the physical home environment monthly, obtain permission to enter, and complete the Monthly In-Home Contact Record (DSS-5236), which a supervisor must review

Contact requirements are outlined in In-Home Services Policy, Protocol, and Guidance, Required Contacts for In-Home Services section

**Notes**



## Engaging Families in In-Home Services Learning Lab

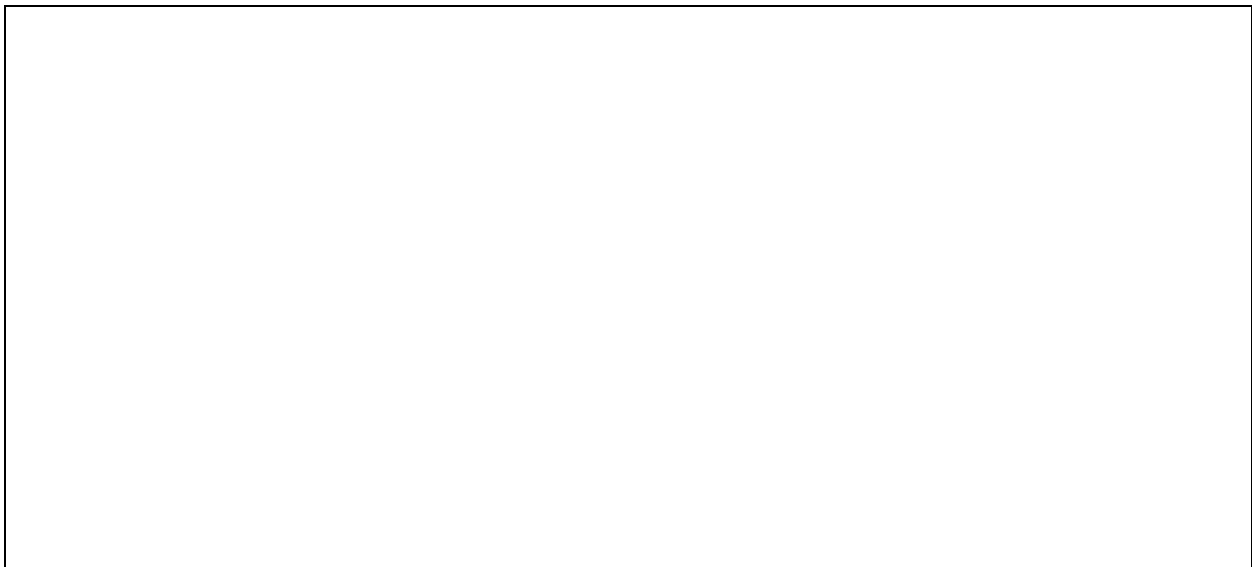
### In-Home Services: A Home Visit

#### Activity: In-Home Services Home Visit Skills Practice

This activity provides an opportunity to practice preparing for a home visit by thinking through what needs to be observed and what information is needed to obtain via interviews, focusing on assessing safety, risks, strengths, and needs.

#### **What to Do:**

**Work with your team to create a poster listing every possible thing you may need to do at an in-home visit. The goal is to write as many items as possible in the time allotted.**



**You will work in small groups and be assigned a card with either a place or person listed on it. Brainstorm with your group what you need to do in that space or with that person on an in-home visit.**



Debrief

**What are some things you will remember from this exercise?**

Key Takeaways

IHS Goal is to safely keep children in their own home

IHS are to strengthen parental protective capacities

IHS are legally mandated

Policy guides frequency of contacts

Notes

## Developing and Monitoring In-Home Family Services Agreements (IH-Case Plan)

### The Purpose of the Case Plan



The Case Plan clarifies the agency's involvement, outlines expectations and goals, highlights family strengths, and serves as a collaborative, evolving plan to support safe and permanent outcomes for children.

The In-Home Family Case Plan, formerly known as the Family Services Agreement, serves the following purposes:

- Clarify with the family the reasons for the county child welfare services agency's involvement
- Identify resources within the family that will help the child achieve a safe, permanent home
- Involve the family in identifying areas that need improvement
- Clarify expectations for behavioral change with all persons involved
- Acknowledge the family's strengths and commitment to their child
- Reiterate that the Family Case Plan is a living document

### Notes

Policy: In-Home Family Services Agreement (Family Case Plan)

The Family Case Plan must be developed with the family to provide a basis for providing services to the family with the primary goal of maintain the children safely in the home of the parent/caretaker

The Initial Family Case Plan must be completed within 30 days of transferring the case to In-Home Services.

Activity: In-Home Family Case Plan Policy Review

The purpose of this activity is to become familiar with the required components of the case plan.

**What to Do:**

Review the “In-Home Family Case Plan” handout that follows this activity, then answer the questions below.

**How do the required components contribute to a clear and concise case plan?**

**What areas feel the most challenging?**

### Handout: In-Home Family Case Plan

In-Home Services Policy, Protocol, Guidance (Oct 2024), Review of Services/Family Services Agreement Section

The Family Case Plan (DSS-5239 In-Home Family Services Agreement) must be developed with the family to provide a basis for providing services to the family with the primary goal of maintaining the child safely in the home of the parent/caretaker. It must:

- Include a statement of whether each child is at imminent or serious risk of foster care. For children so identified, the FSA must document why they are at risk and which efforts or services are directed at preventing removal from the home.
- Be based on the information obtained from the Family Risk Assessment, Family Assessment of Strengths and Needs, Continuing Needs and Safety Requirements, Safety Plan if applicable, and other assessments regarding the needs of the child(ren) and family
- Incorporate relevant components of the Plan of Safe Care form (DSS-6191) should the family include a substance affected infant
- Be developed jointly with parents or primary caretakers, other persons who are involved in and critical to completion of the agreement, and the child if cognitively and emotionally able to participate
- Include input from each child
- Contain services identified and agreed upon with the family to address safety issues and reduce risk
- Identify upcoming court dates
- Describe the specific behaviors that created safety and/or risk to the children
- Describe behavioral changes required to reduce risk
- Identify activities that are measurable, time-limited, that support achievement of each stated objective, and that address all identified safety, risk and/or needs
- Specify how child safety will be maintained and monitored
- Specify the consequences resulting from following the plan successfully or not
- Reflect progress or lack of progress of the family in each of the updates or revisions
- Identify child well-being needs and the services to address those needs
- Clearly state that the child(ren) are at imminent risk of entering county child welfare custody absent specified services (The child is only eligible for IV-E funded CPS In-Home services if agency services are critical to prevent removal from the home); and
- Include signatures of:
  - the parent/caretaker
  - the child, if cognitively and emotionally able to participate. If the child participated but did not sign the agreement, the county child welfare worker must include an explanation of why the child did not sign
  - the county child welfare worker
  - the supervisor.

## Engaging Families to Develop and Monitor the IH-Case Plan

Building on family strengths

Discussing with the family ways in which they have successfully solved problems previously

Writing goals and objectives using the families' own words, acknowledging their family beliefs, values, and traditions, and supporting their ownership

Creating concrete, behaviorally specific goals and objectives tailored to the individual and family needs

Tracking progress with the family and celebrating success along the way

Successfully involving parents and caretakers in all aspects of case planning may be the most critical component in child welfare practice. When parents and caretakers are engaged and have a significant role in case planning activities, they are more motivated to actively commit to achieving the identified goals. Engaged parents are more likely to recognize and agree with the identified needs and problems to be resolved, perceive goals as relevant and attainable, and be satisfied with the planning and decision-making process.

### Notes

## Steps for Creating a Strong Case Plan



Gather information, prioritizing strengths and needs.



Turn needs into goals for behavior change.



Identify formal and informal services to support the change.



Reassess and adjust.



Celebrate success.

## Turning Needs into Goals for Behavior Change



Agree on key needs that should be addressed in this case plan.



Develop a picture of what would be happening in the family's life if the need was being addressed.



Collaborate with the family on how these new behaviors could be observed.



Need refers to the factors that surround safety threats and danger indicators that can be modified to reduce risk

### Notes



## Matching Services to the Family's Needs



Formal



Informal

**Formal services** are organized, professional services provided by non-profits or other institutions. They are typically structured and often require specific qualifications from service providers.

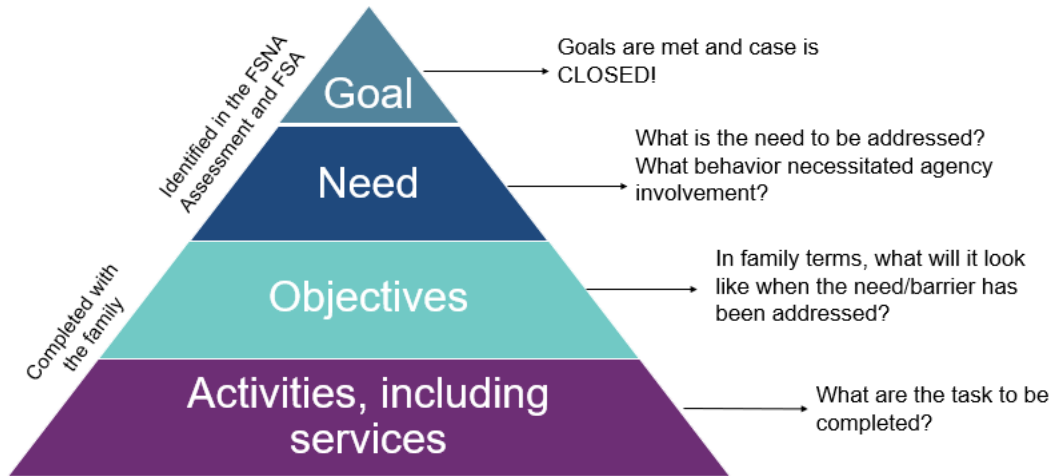
**Informal services** are less structured and more community or relationship-based. They often come from personal networks, community groups, faith-based groups, or volunteer organizations.

Matching services to the family's needs happens through engagement. Consider the following with caretakers as you select services together:

- What services can help establish and sustain new behavior?
- What does the caretaker and child say has helped in the past?
- How can the safety and support network help?

### Notes

## Case Plans



Each Case Plan includes activities, objectives, identified needs/barriers, and family-defined goals. These elements are developed collaboratively with the family to ensure relevance and ownership, using language that reflects the family's perspective.

The success of the Case Plan depends on meaningful engagement with the family and their completion of the agreed-upon activities. Objectives should reflect progress toward addressing concerns, and SMART goals help guide the case toward resolution and closure.

### Notes

Activity: DSS-5239 In-Home Family Services Agreement (Case Plan)

The purpose of this activity is for participants to familiarize themselves with the objectives and activities to address the identified factors in the sections of the case plan.

**What to Do:**

Review the “DSS-5239 In-Home Family Services Agreement (Case Plan)” handout that follows this activity and the DSS-5239 instructions found on the NC Child Welfare website at: <https://policies.ncdhhs.gov/wp-content/uploads/dss-5239ins.pdf>.

Work in pairs to answer the question below:

**What skills and tools have you learned throughout this training that you can utilize to complete this section of the case plan?**

Handout: DSS-5239 In-Home Family Services Agreement (Case Plan)

**NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT**

Case Number:

County:

<b>Case Name:</b>	
<b>Agency Worker Name, Phone Number &amp; Email</b>	
<b>Agency Supervisor Name Phone Number &amp; Email</b>	

This document serves multiple purposes. It:

- Compiles important information about the family and children, including their strengths and needs
- Documents how all participants will work together to achieve the identified goals and the progress toward those goals
- Meets federal and state requirements

<b>Family Demographics</b>	<b>Name &amp; Address</b>	<b>DOB:</b>	<b>Age:</b>
Child		DOB:	Age:
Child		DOB:	Age:
Child		DOB:	Age:
Child		DOB:	Age:
Child		DOB:	Age:
Mother		Phone:	Age:
Father of:		Phone:	Age:
Father of:		Phone:	Age:
Other Caregiver		Phone:	Age:
Other Caregiver		Phone:	Age:

<b>Temporary Safety Provider</b>	<b>Name &amp; Address</b>
Caregiver	
Caregiver	
Caregiver	
Caregiver	

**NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT**

**Strengths & Resources**

Identify family and family member strengths.

Identify services in place for the family & Describe family's use of those services.

Identify natural family supports, including extended family members. Specify current involvement of those supports, including the CFT meeting participants.

The following build upon family strengths and resources to address family issues and needs. They also address the findings of the CPS Assessment, which are based on the NC Child Welfare assessment tools, and provide specific activities to prevent the child(ren) from entering county child welfare custody.

**NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT**

**Objectives and Activities to Address Identified Safety Threats.**

Include safety activities identified on the TPSA that have not been completed. If child(ren) are placed with a Temporary Safety Provider, specify what needs to take place for the child(ren) to return to the care of one or both of their parents and what services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the child(ren).

**Is there a current Safety Threat?**     **Yes, complete this page**     **No, go to objectives and activities**

If there is more than 1 safety threat, duplicate this page for each safety threat.

Describe Behaviors of Concern:	
Objective:	

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes

**Progress toward Addressing the Identified Safety Threats**

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

**NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT**

Is there a Temporary Safety Provider?  Yes  No

Provider Name: \_\_\_\_\_ Child(ren) Name: \_\_\_\_\_

What services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the children?

Comprehensive Provider Assessment completed and approved?  Yes  No

If no, reason:

**NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT**

**Objectives and Activities to Address Identified Factors**

Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children):

Describe Behaviors of Concern:

Objective:

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes

**Progress toward Achieving the Factor**

Review status: Date

Objective Achieved in full

No longer needed

Partially Achieved

Not Completed

Comments:

Review status: Date

Objective Achieved in full

No longer needed

Partially Achieved

Not Completed

Comments:

Review status: Date

Objective Achieved in full

No longer needed

Partially Achieved

Not Completed

Comments:



**NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT**

**Objectives and Activities to Address Identified Factors**

Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children):	
Describe Behaviors of Concern:	
Objective:	

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes

**Progress toward Achieving the Factor**

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

**NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT**  
**Objectives and Activities to Address Identified Factors**

Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children):

Describe Behaviors of Concern:

Objective:

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes

**Progress toward Achieving the Factor**

Review status: Date

Objective Achieved in full

No longer needed

Partially Achieved

Not Completed

Comments:

Review status: Date

Objective Achieved in full

No longer needed

Partially Achieved

Not Completed

Comments:

Review status: Date

Objective Achieved in full

No longer needed

Partially Achieved

Not Completed

Comments:

**NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT**

**Parent/Caretaker Well-Being Needs**

**Parent Name(s):**

Are all the parent(s)/caretaker(s) wellbeing needs (educational, physical health and mental health) incorporated into the objectives and activities of the Family Services Agreement above?  Yes  No

If not, how are these needs being addressed?

**Voluntary Services**

Other needs of the parent/caretaker that may impact achievement of goal

Identify any voluntary services that are not addressed in the Plan:

Progress toward meeting the parent/caretaker voluntary services:

**NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT**

**Child Specific Review** (Complete this section for each child/youth. Make extra copies as needed.)

**Childs Name:**

Service Provider and Contact Information		Needs/Issues/Strengths	Follow Up/Next Steps, if needed
<b>Educational / Developmental</b>	School/Daycare:  Grade: Has the child ever been retained/advanced in a grade? <input type="checkbox"/> Yes: Explain: <input type="checkbox"/> No Services in place, IEP, A/G:	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	Progress / Follow Up / Next Steps, if needed:
<b>Physical / Medical/ Medication</b>	Physician/Address/Phone:  Immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last medical checkup?	Any health needs/issues/strengths (i.e., Allergies, medications)?	Progress / Follow Up / Next Steps, if needed:
<b>Dental</b>	Dentist/Address/Phone:	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
<b>Mental Health / Behavioral Health / Juvenile Justice needs</b>	Date of last dental appointment? Provider/Address/Phone: Diagnosis/Behavior Concern:	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
<b>Social / Other</b>	Activities:	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
<b>Health Insurance</b>	Service Provider & Contact information:	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
<b>Child/Youth's Participation in Case Planning</b>	How was the child provided an opportunity to participate in the development of this In-Home Family Services Agreement and identify their input (concerns, desires)?		

**NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT**

Child(ren):

Is the child at imminent risk of removal?  Yes  No

If Yes, provide clear and concise language regarding the specific reason that the child(ren) is/are at imminent risk of removal if services are not promptly provided to prevent county child welfare agency custody. Absent the following preventative services,

If there is a non-resident parent, describe how they (and their family members) are assisting in the planning of the child(ren)/youth's safety. Describe the engagement of the non-resident parent, if applicable.

If the child cannot be safely maintained in the home, what are the parent's preferences for placement?

Describe any knowledge of the family having American Indian Heritage and agency efforts to notify the tribe if applicable.

**NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT**

**Court**

Is there an open legal action on this case?  Yes  No

If yes, are the orders of the court incorporated into the objectives and activities of the Service Agreement?  
 Yes  No If not, explain:

Date of Next Court Review:

Recommendations regarding the parents/caretakers or barriers for the next court hearing:

**NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT**

**Confidentiality & Signatures** In signing below, I understand that the information obtained during this meeting shall remain **confidential** and not be disclosed. Strict confidentiality rules are necessary for the protection of the child(ren). Information will be shared only for the purpose of providing services to the child and family, and in accordance with North Carolina General Statute and Part V, Privacy Act of 1974. Any information about child abuse or neglect that is not already known to the child welfare agency is subject to child abuse and neglect reporting laws. Any disclosure about intent to harm self or others must be reported to the appropriate authorities to ensure the safety of all involved. My signature indicates that I participated in this meeting for the development and/or update of the Family Services Agreement.

Role	Signature & Comments	Date	Received copy
Parent			<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Worker			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary Safety Provider (if being used)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency/Phone/Email			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency/Phone/Email			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency/Phone/Email			<input type="checkbox"/> Yes <input type="checkbox"/> No
Others invited but unable to attend:			





## Using Goals to Track Change Over Time

Monitor and track progress

Modify goals as needed

The Case Plan is a living document

Tracking progress on case plan activities during monthly visits and team meetings reinforces goals, ensures timely updates, and reflects the evolving nature of the plan as a living document guiding child welfare practice.

### Notes

## Interviewing for Strengths and Needs & Family Service Agreement Development Learning Lab

### Evans Family Case Plan

Activity: Evans Family Case Plan

The purpose of this activity is for participants to review a completed In-home Family Services Agreement (family case plan).

#### **What to Do:**

Review the “Evans Family Case Plan” handout that follows this activity and answer the questions below.

**Where do you notice language consistent with Safety-Organized Practice?**

**What elements of the case plan feel the most family accessible?**

**What components feel like they may require further explanation or require holding a crucial conversation?**

**What opportunities do you see for using the case plan to engage families in the child welfare process?**

Handout: Evans Family Case Plan

County: \_\_\_\_\_ Case Number: \_\_\_\_\_

<b>Case Name:</b>	Shonda Evans
<b>Agency Worker Name, Phone Number &amp; Email</b>	Sam Worker, 777-888-0000, sworker@county.org
<b>Agency Supervisor Name Phone Number &amp; Email</b>	Sawyer Worker 777-888-9999, ssuper@county.org

This document serves multiple purposes. It:

- Compiles important information about the family and children, including their strengths and needs
- Documents how all participants will work together to achieve the identified goals and the progress toward those goals
- Meets federal and state requirements

Family Demographics	Name & Address	DOB:	Age:
Child	Keisha Evans	DOB:	Age: 15 yrs
Child	Kevin Evans	DOB:	Age: 6 yrs
Child	Angela Evans	DOB:	Age: 18 mos
Child		DOB:	Age:
Child		DOB:	Age:
Child		DOB:	Age:
Mother	Shonda Evans	Phone:	Age: 35 yrs
Father of: Keisha, Kevin, Angela	Rudy Evans	Phone:	Age: deceased
Father of:		Phone:	Age:
Other Caregiver		Phone:	Age:
Other Caregiver		Phone:	Age:

Temporary Safety Provider	Name & Address
Caregiver	
Caregiver	
Caregiver	
Caregiver	

## Strengths & Resources

Identify family and family member strengths

- The family has support network in place including Kim Evans (paternal grandmother) and Mrs. Shaver (church member)
- The children are on track for physical and developmental growth
- Mrs. Evans demonstrated knowledge of her children's developmental abilities, such as acknowledging she feels she has been relying too much on Kevin and Keisha to help around the house, instructing Kevin not to bathe Angela prior to DSS intervention, and expressing hesitancy to engage in grief group at night if having to leave the children home alone.
- Mrs. Evans contacted the pediatric on-call number when Angela was injured and took her to see the doctor to be examined the next morning.
- Mrs. Evans accessed community support and services when she accepted meal assistance from church members and arranged for childcare for Kevin and Angela so that she could attend the evening grief group therapy sessions at the church.
- Mrs. Evans expressed willingness to explore how grief might be impacting her behaviors and ability to care for and supervise the children and engage in grief group therapy.

Identify services in place for the family & describe family's use of those services

Mrs. Evans receives Social Security death benefits

Identify natural family supports, including extended family members. Specify current involvement of those supports, including CFT meeting participants.

Mrs. Evans identifies her mother-in-law (Kim Evans) as a daily support and Densie Shaver from church as someone who she trusts to support her with the children.

The following builds upon family strengths and resources to address family issues and needs. They also address the findings of the CPS Assessment, which are based on the NC Child Welfare assessment tools, and provide activities to prevent the child(ren) from entering county child welfare custody.

### Objectives and Activities to Address Identified Safety Threats.

Include safety activities identified on the TPSA that have not been completed. If child(ren) are placed with a Temporary Safety Provider, specify what needs to take place for the child(ren) to return to the care of one or both of their parents and what services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the child(ren).

**Is there a current Safety Threat?  Yes, complete this page  No, go to objectives and activities**

If there is more than 1 safety threat, duplicate this page for each safety threat.

Describe Behaviors of Concern:	It was reported that while Mrs. Evans was sleeping, Kevin gave Angela a bath. Angela slipped and hit her head, resulting in a bruise. Kevin used the oven unsupervised to provide food for himself and Angela.
Objective:	The children will have the supervision they require for their ages and developmental stages.

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes
Mrs. Evans will call Kim Evans when she requires support to care and supervise the children.  Kim Evans will come to the house and care and supervise the children when asked. She will check on the children regularly.	Mrs. Evans and Kim Evans	Every day starting immediately	<ul style="list-style-type: none"> <li>• Incidents of Kevin preparing food for himself and Angela without adult supervision have occurred</li> <li>• Kim Evans has initiated and provided support although Mrs. Evans did not reach out for support</li> </ul>
Mrs. Evans will lock the oven.  Kim Evans will check oven safety when she visits the home	Mrs. Evans and Kim Evans	Every day starting immediately	The oven was locked during the initial home visit. No further concerns during the assessment regarding oven use.
Caseworker will visit the family a minimum of 3 times per month to offer support, resources, and assess to ensure the children’s supervision needs are being met.	DSS	weekly	CW caseworkers have made weekly visits with the family over the last 45 days

**Progress toward Addressing the Identified Safety Threats**

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

Is there a Temporary Safety Provider?  Yes  No

Provider Name: [Redacted]

Child(ren) Name:

What services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the children? [Redacted]

Comprehensive Provider Assessment completed and approved?  Yes  No

If no, reason: [Redacted]

**Objectives and Activities to Address Identified Factors**

Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children): SN2: Caretaking Skills and Practices	
Describe the Behaviors of Concern:	It was reported that while Mrs. Evans was sleeping, Kevin gave Angela a bath. Angela slipped and hit her head, resulting in a bruise. Kevin uses the oven to prepare food without supervision from an adult or older sibling.
Objective:	<p>The children will have supervision that meets their developmental needs.</p> <ul style="list-style-type: none"> <li>This includes an adult who can see and hear Angela at all awake times and intervene to protect Angela if danger is present. During meals and bathing, an adult oversees the activity of monitoring and protecting Angela</li> <li>This includes an adult who can hear Kevin while he is awake and can respond if Kevin asks for assistance or if he is doing something that is dangerous, like using the oven.</li> </ul>

Activities (by Family/Child Welfare Agency)	Who is Responsible	Target Date	Activity Progress Notes
Mrs. Evans will create an adult supervision plan for Angela and Kevin	Mrs. Evans, Kim Evans, CW caseworker	1 month	<ul style="list-style-type: none"> <li>Mrs. Evans has made a list of potential babysitters</li> <li>CW made a referral for childcare vouchers</li> </ul>

**Progress toward Achieving the Factor**

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	

**Objectives and Activities to Address Identified Factors**

Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children): SN1: Emotional/Mental Health	
Describe the Behaviors of Concern:	Mrs. Evans is struggling the symptoms of grief after the death of her husband, described by her as sleeping a lot during the day, feeling sad and hopeless, and at times not having the energy to get out of bed to care for and supervise the children.
Objective:	Mrs. Evans will have coping skills and accessible support that she needs to make sure the children's developmental needs are met fully and consistently.

Activities (by Family/Child Welfare Agency	Who is Responsible	Target Date	Activity Progress Notes
Mrs. Evans will engage in a mental health assessment	Mrs. Evans	3 months	<ul style="list-style-type: none"> <li>CW caseworker made a referral 1 week ago to Sunrise Behavioral Health Services</li> <li>Mrs. Evans has an intake scheduled in 2 weeks</li> </ul>

**Progress toward Achieving the Factor**

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer needed	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Completed	



**Parent/Caretaker Well-Being Needs**

**Parent Name(s):**

Are all the parent(s)/caretaker(s) wellbeing needs (educational, physical health and mental health) incorporated into the objectives and activities of the Family Services Agreement above?  Yes  No

If not, how are these needs being addressed?

**Voluntary Services**

Other needs of the parent/caretaker that may impact achievement of goal

Identify any voluntary services that are not addressed in the Plan:

Sam Worker will look into options for daycare vouchers for Angela.  
Mrs. Evans will seek employment that supports her family's financial needs

Progress toward meeting the parent/caretaker voluntary services:

**Child Specific Review** (Complete this section for each child/youth. Make extra copies as needed.)

**Childs Name:**

Service Provider and Contact Information		Needs/Issues/Strengths	Follow Up/Next Steps, if needed
Educational / Developmental	School/Daycare: _____ Grade: _____ Has the child ever been retained/advanced in a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ Services in place, IEP, A/G: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	Progress / Follow Up / Next Steps, if needed: _____
	Physician/Address/Phone: _____ Immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last medical checkup? _____	Any health needs/issues/strengths (i.e., Allergies, medications)? _____	Progress / Follow Up / Next Steps, if needed: _____
Dental	Dentist/Address/Phone: _____ Date of last dental appointment? _____	Needs/Issues/Strengths: _____	Progress / Follow Up / Next Steps, if needed: _____
Mental Health / Behavioral Health / Juvenile Justice needs	Provider/Address/Phone: _____ Diagnosis/Behavior Concern: _____	Needs/Issues/Strengths: _____	Progress / Follow Up / Next Steps, if needed: _____
Social / Other	Activities: _____	Needs/Issues/Strengths: _____	Progress / Follow Up / Next Steps, if needed: _____
Health Insurance	Service Provider & Contact information: _____	Needs/Issues/Strengths: _____	Progress / Follow Up / Next Steps, if needed: _____
Child/Youth's Participation in Case Planning	How was the child provided an opportunity to participate in the development of this In-Home Family Services Agreement and identify their input (concerns, desires)? _____		

**Child(ren):**

**Is the child at imminent risk of removal?  Yes  No**

**If Yes, provide clear and concise language regarding the specific reasons that the child(ren) is/are at imminent risk of removal if services are not promptly provided to prevent country child welfare agency custody. Absent the following preventative services,**

Harm statement (physical impact): It was reported that while Mrs. Evans was sleeping, Kevin gave Angela a bath, during which Angela slipped and hit her head, resulting in a bruise.

Worry statement: Angela and Kevin may be seriously injured if Mrs. Evans does not provide the children with the supervision they require for their developmental needs or seek support from others, even when offered.

Angela, Kevin, and Keisha's safety and well-being needs may not be met if Mrs. Evans continues to feel grief, which she describes as feeling hopeless and sad, and sleeping during the day.

**If there a non-resident parent, describe how they (and their family members) are assisting in the planning of the child(ren)/youth's safety. Describe the engagement of non-reside parent, if applicable.**

**If the child cannot be safely maintained in the home, what are the parent's preferences for placement?**

Mrs. Evans indicated that Kim Evans, the children's paternal grandmother

**Describe any knowledge of the family having American Indian Heritage and agency efforts to notify the tribe if applicable.**

Ongoing discussion throughout the assessment confirms that the children do not have American Indian Heritage

**Court**

Is there an open legal action on this case?  Yes  No

If yes, are the orders of the court incorporated into the objectives and activities of the Service Agreement?

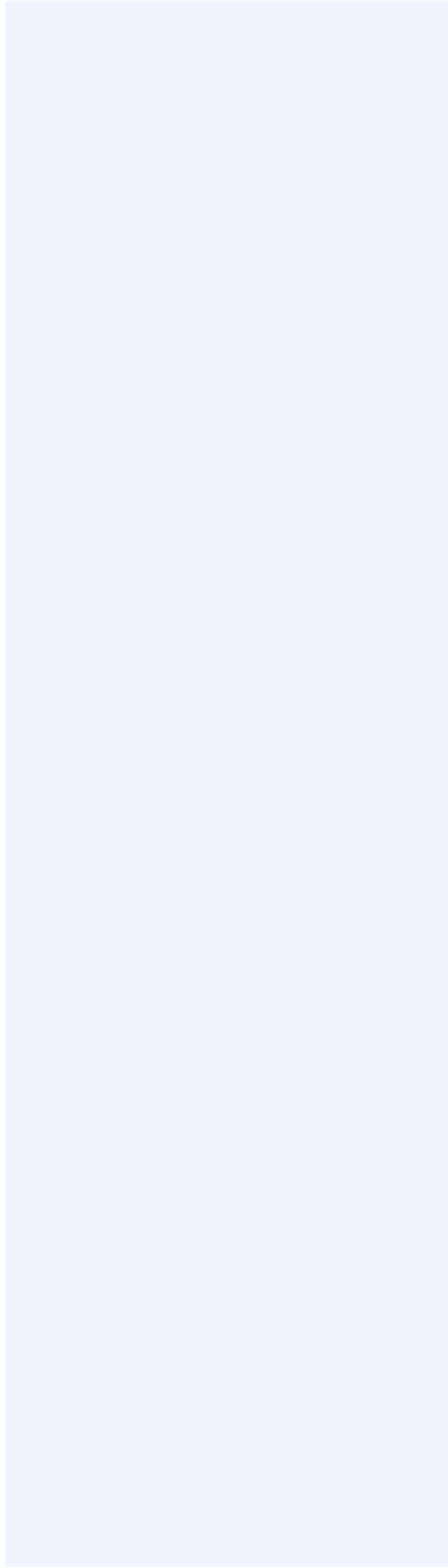
Yes  No If not, explain:



Date of Next Court Review:



Recommendations regarding the parents/caretakers or barriers for the next court hearing:



**Confidentiality & Signatures** In signing below, I understand that the information obtained during this meeting shall remain **confidential** and not be disclosed. Strict confidentiality rules are necessary for the protection of the child(ren). Information will be shared only for the purpose of providing services to the child and family, and in accordance with North Carolina General Statute and Part V, Privacy Act of 1974. Any information about child abuse or neglect that is not already known to the child welfare agency is subject to child abuse and neglect reporting laws. Any disclosure about intent to harm self or others must be reported to the appropriate authorities to ensure the safety of all involved. My signature indicates that I participated in this meeting for the development and/or update of the Family Services Agreement.

Role	Signature & Comments	Date	Received copy <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent			<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Worker			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary Safety Provider (if being used)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency/Phone/Email			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency/Phone/Email			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency/Phone/Email			<input type="checkbox"/> Yes <input type="checkbox"/> No
Others invited but unable to attend:			

## Key Takeaways

The family has the answers

Explore services WITH the family

Families have a voice and a choice; you are there to partner with them

Share the draft of the case plan outline and provide opportunities to revise

Something not working isn't failure; it's an opportunity to revise

Use your seasoned co-workers, community partners and your supervisor!

This work is too important for anyone to do alone!

## Notes

## Developing and Monitoring In-Home Family Case Plans (continued)

### Essential Functions in Action: Building Case Plans



Developing a case plan is a structured, dynamic process that relies on five essential functions:

Communicating: Effective communication establishes the foundation for the case plan

Engaging: Engagement emphasizes building trust and collaboration with the family

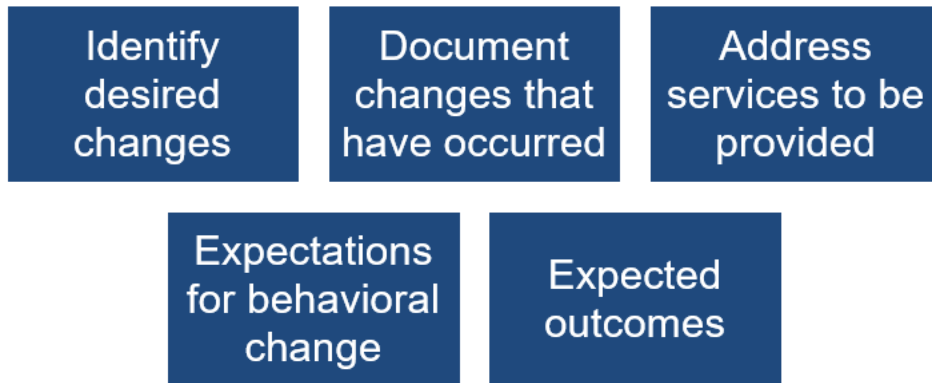
Assessing: Assessment involves gathering comprehensive information about the child and family

Planning: Planning translates assessment findings into structured actions

Implementing: Implementation is the execution and monitoring of the case plan

#### Notes

### In-Home Family Case Plan: Achieving Outcomes



Consider using your regular quality contracts and home visits with the family to ask caretakers and children a version of these three questions.

- What in the current case plan is working well?
- What is harder or less successful?
- What changes are needed?

**Notes**



## Lack of Progress

If there is a lack of progress toward ensuring safety for the child(ren) within their family and reducing risk of future maltreatment, then the agency will need to consider:

- the impact of filing a petition alleging the child is abused, neglected, and/or dependent
- risk to the child if in-home services were no longer provided

Lack of progress includes any or all of the following:

- Efforts to engage are not successful
- Family refuses to follow through with services
- Family participates only marginally, receiving virtually no benefits
- Family does not make sufficient and timely progress in addressing issues that led to the child abuse, neglect, and/or dependency
- Case has been open for six months with a lack of progress and/or with children in the care of a TSP
- Children continue to be at risk of maltreatment

## Addressing Lack of Progress

Utilize the 3 assessment tools to discuss the case in supervision

- Safety
- Future Risk
- Family Strengths/Needs

Use CFT meetings

Evaluate existing safety threats, file petition if not resolved

## Notes

## Conducting Risk Re-Assessment (DSS-5226)

Risk Re-Assessment must be completed when:

- The family case plan is updated
- There is a change in circumstance around risk or safety issues
- The case is being closed for services

The purpose of the Family Risk Re-assessment is to indicate a change in the risk level achieved due to progress on the case plan.

The caseworker must complete the Risk Re-assessment, form DSS-5226, at the following milestones:

- At the 90-day case plan reviews
- When there is a change in circumstances pertaining to risk or safety issues
- Within 30 days prior to case closure

It is not appropriate to do the Risk Re-assessment at the following milestones:

- When the case plan is being developed
- When a new CPS report is made that opens a new CPS Assessment (at this point, a new CPS Assessment Risk Assessment must be completed and applied to the In-Home Services case)

### Notes

## Key Takeaways

Family engagement is key to IH-Case Plan

IH-Case Plan focuses on safety and risk, as well as needs

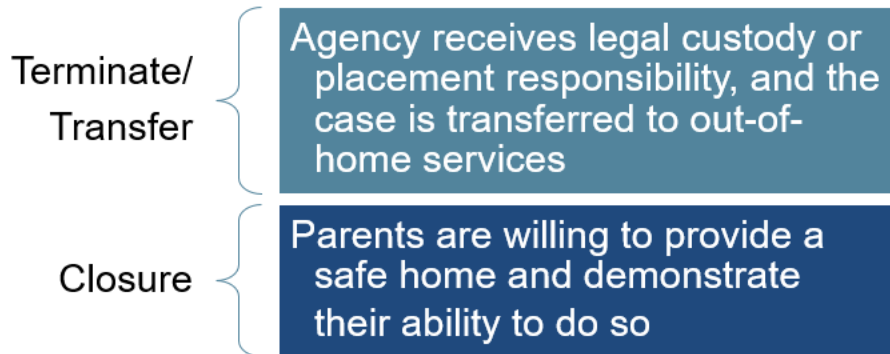
Building support for the family outside of DSS

Policy guides frequency of case plans and types of assessments needed

## Notes

## In-Home Services: Safe Case Closure

### Termination of In-Home Services vs Case Closure



**Termination** of in-home services takes place when there is an increase in both safety and risk factors or a new safety threat, and when it's determined that the child cannot safely remain in the home. In this situation, if the decision is made to remove the child from their home and DSS either takes custody of the child or obtains placement responsibility, then in-home services terminate, and the case transfers to out-of-home services.

**Case closure** of in-home services must occur when parents show they can provide safety for their children, and the risk of future maltreatment is adequately reduced.

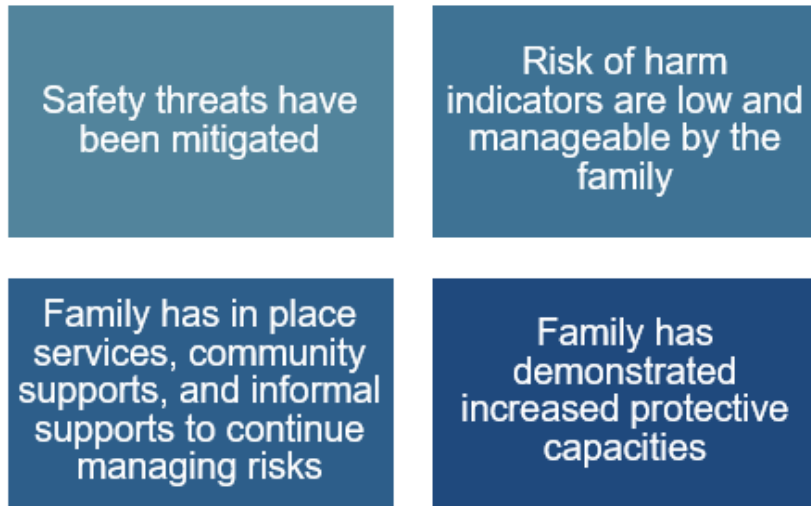
In this situation, the case must still close even if the family has not completed the activities on the case plan.

An in-home services case must be closed once

- The risk re-assessment is completed, and scores are at low risk
- The case is staffed with a supervisor or manager and approved to be closed
- There are no circumstances that would justify an override to moderate risk

### Notes

### Case Closure Considerations



In most in-home services cases, the decision to close a case is made when it is with reasonable certainty that the child will be safe, is no longer at risk, and will not be subjected to further maltreatment.

A CFT must be held within 30 days of closure, and the case plan must be updated to reflect the contributing factors toward the child’s safety, reduced risk, and what services are in place to support the family in preventing future child maltreatment.

The caseworker must then ensure the family is notified in writing when the case is closed within 1 week of the agency’s decision.

**Notes**

## Preparing for Case Closure and Ensuring Success

Start early

Building community

Acknowledge family's feelings

Prepare for setbacks and termination crisis

Develop a plan for closure

Celebrate family's accomplishments

Case closure is not just a checklist; it requires engagement, inclusion of the Child and Family Team (CFT), and family-centered practices

### **Why is using family-centered principles important at case closure?**

## Key Takeaways

Termination happens when both safety and risk increase

Closure happens when the risk of future maltreatment is adequately reduced

A CFT must be done within 30 days of closure

The case plan must be updated to explain the child's increased safety and reduced risk

Develop a plan for case closure

Celebrate the family's success

## Notes

## Safe Case Closure Learning Lab

### Safe Case Closure

Activity: Safe Case Closure

#### **What to Do:**

Work with your group to discuss the question: "What is the main thing you are looking for to safely close a case?"

**Come to a consensus to select only one answer that will be shared with the large group.**

**Who should decide whether the circumstances that brought the family to the attention of Child Protective Services have been resolved?**



## Debrief

Determine if the correct answer is yes or no to the following statements:

1. A caseworker decides to close a case due to lack of activity, stating, “I haven’t seen the family in quite a while, and I haven’t had any referrals on them, so they must be doing OK.”
2. The contributing factors to safety, risk, and maltreatment have been addressed and the risk re-assessment indicates the children are at low risk.
3. Ms. Smith has completed the goals in her IH-FSA and demonstrated consistent changes in the way she disciplines her children. Ms. Smith has joined a community-based mom’s group and continues to meet with her therapist to manage her anxiety.
4. Ms. Jones and her partner have met the goals in their IH-FSA and continue to contact their DSS social worker to assist them with managing their daily tasks, like paying bills, making their appointments for them, etc.
5. A social worker meets with her supervisor to talk about a family in their caseload. The social worker indicates that all goals within the IH-FSA have been completed, all safety concerns have been addressed, and the recent risk re-assessment indicates the children are at low risk. But the social worker does not want to close the case because they know how families who are affected by “substance misuse are”. The social worker shares their own experience with having a parent who struggles with substance misuse. The supervisor directs the social worker to close the case with this family after the social worker makes sure the family has been referred to community support services.

## Notes

### Key Takeaways

Practicing safe case closure is good for the family and DSS

All safety and risk concerns must be addressed before closure

Building support for the family outside of DSS is key to closure

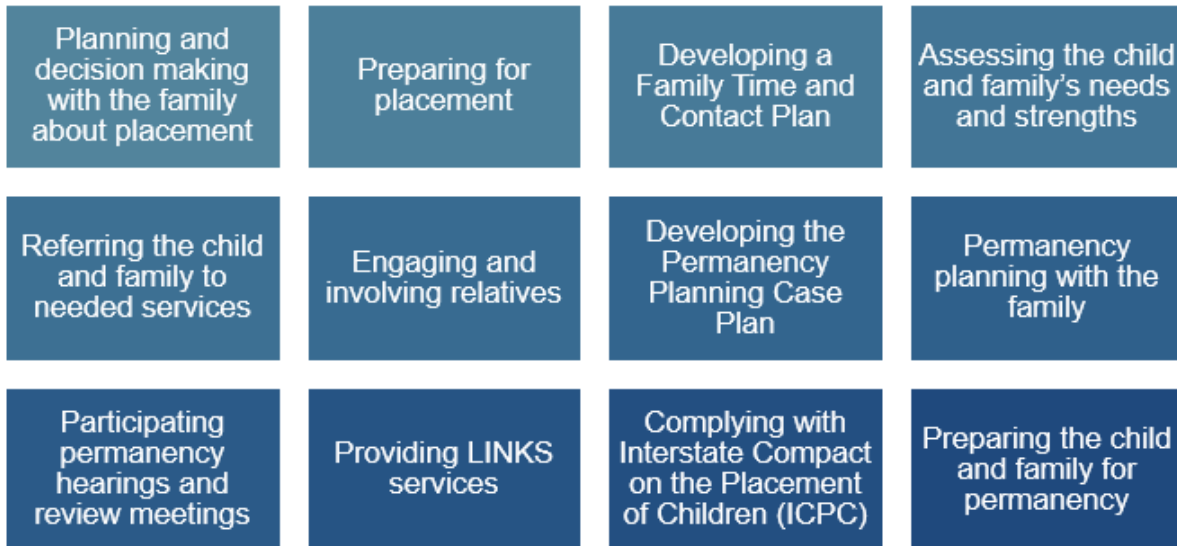
Case Closure is a team decision made with the family

### Notes

## Overview of Child Welfare Process, Part 4: Permanency Planning Services

### Placement

#### Introduction to Permanency Planning Services



Permanency Planning Services are provided to children who must be separated from their own parents or caregivers when they are unable or unwilling to provide adequate protection and care. As a result, the child enters the custody of a North Carolina county child welfare services agency. However, out-of-home placement must not be considered until reasonable efforts have been made to preserve a child's safety, health, and well-being in their own home.

**What are some of the roles and responsibilities of Permanency Planning workers that you remember?**

### Amnoni's Story

Video: Amnoni's Story

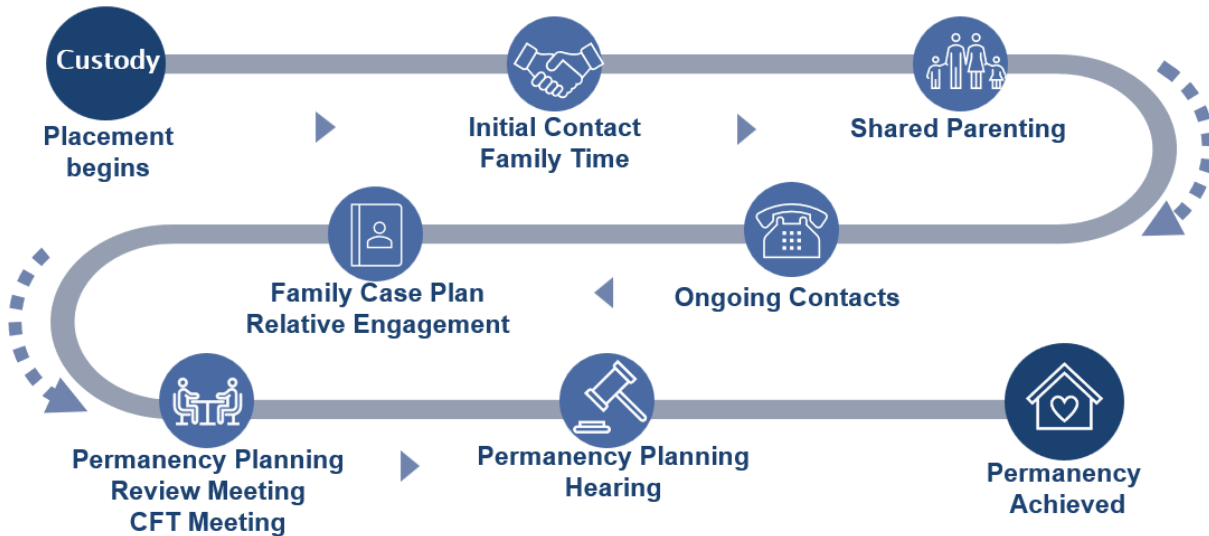
Watch video: <https://www.youtube.com/watch?v=WSMMPGcGc94>

**What surprised you or stood out to you about Amnoni's Story?**

### What is Out-of-Home Care?

- Court-monitored process that includes placement and services
- Placement is temporary and intended to give families time to make changes
- Services are provided to improve conditions that led to removal
- Most children return home to their families
- When children cannot return home, they find permanence through adoption, guardianship, or other means.

### Overview of Permanency Planning Services Process



This diagram does not provide detail on every casework requirement; however, it does demonstrate major milestones in Permanency Planning Services. You will find in practice that tasks are not always linear. See the “Timeframe Requirements for Permanency Planning Services” handout on the next page for a detailed description of timeline requirements.

### Notes

## Handout: Timeframe Requirements for Permanency Planning Services

Permanency Planning requirements begin at the first step of custody. Requirements include major milestones, but tasks may not always be linear.

The Permanency Planning Services manual contains detailed casework duties and should be referenced often.

Timeline	Actions
Custody:	<ul style="list-style-type: none"> <li>• Permanency Planning Services begin when a child is removed from their home and non-secure custody is ordered</li> <li>• The child is placed in out-of-home care with a relative, fictive-kin, or non-relative foster care placement</li> <li>• The first step after placement is determining Foster Care Assistance Benefits and Medical Benefits</li> </ul>
Within 7 days of placement:	<ul style="list-style-type: none"> <li>• The first face-to-face contact with the child must occur</li> <li>• Information from the initial contact is used to complete the Health Summary Form and Child Education Status form</li> <li>• Family Time must also occur</li> </ul>
Within 14 days:	<ul style="list-style-type: none"> <li>• The first Shared Parenting meeting must occur between the child's parents and placement provider</li> <li>• The Family Time and Contact Plan for parents and siblings is developed jointly with the family</li> </ul>
Within 30 days:	<ul style="list-style-type: none"> <li>• The Permanency Planning Case Plan, which is the family case plan and Transitional Living Plan, must be developed</li> <li>• The Transitional Living Plan is required for youth aged 14 and older</li> <li>• Begin diligent search and notification of relatives within 30 days and continue throughout the case</li> <li>• Begin the child's life book within 30 days of placement</li> </ul>
Within 60 days:	<ul style="list-style-type: none"> <li>• The initial Permanency Planning Review (PPR) meeting must occur</li> <li>• During the PPR, update the Permanency Planning Review form, Family Strengths and Needs Assessment, Family Reunification Assessment, and Case Plan</li> </ul>

Frequency	Actions
Every month:	<ul style="list-style-type: none"> <li>• Maintain monthly contact with the child, family, and foster family to assess safety, risk, permanency, and well-being</li> <li>• Case staffing occurs at least monthly and whenever there is a change impacting safety or permanency</li> </ul>
Every 90 days:	<ul style="list-style-type: none"> <li>• PPR meetings occur every 90 days after the initial 60-day review</li> </ul>
Every 6 months:	<ul style="list-style-type: none"> <li>• A permanency planning hearing is held, starting within 90 days of initial disposition</li> </ul>
Every 12 months:	<ul style="list-style-type: none"> <li>• Update the Health Summary Form, Child Education Status form, redetermine benefits, complete a credit check for youth 14+, and update the child's photo</li> </ul>

**Additional requirements:**

- Use ongoing contacts to update the Case Plan, Strengths and Needs Assessment, and Reunification Assessment
- Child and Family Team meetings must occur when there is a change in the permanent plan, placement, school, or upon family request
- Document all contacts, assessments, and casework within 7 days of the work

**Supervision:**

- Regular case staffing with a supervisor is required to ensure policy compliance, address needs, and monitor safety and progress
- May occur in various forms, including office meetings or joint visits
- Supervisors make two-level decisions at various points in Permanency Planning Services cases

The Permanency Planning Services and Cross-Function sections of the policy manual outline procedures for various case circumstances.

## What does a successful placement look like?

A successful placement must:

- Provide everyone with a realistic perception of the placement process
- Minimize the degree of trauma experienced and the likelihood of crisis.
- Increase the child and family's ability to cope
- Maintain and strengthens family relationships
- Engage and empowers families
- Strengthen the family's capacity to care for the child
- Enhance the child's adjustment in placement
- Strengthen the placement provider's ability to care for the child
- Provide post-placement supportive services

When working to ensure safety and permanence for a child, we can be most successful when we can network and interconnect with all the significant people involved in the child's life to create change.

### Notes



## Every Caseworker Plays a Role in Successful Placement



Everyone at the child welfare agency has a responsibility and role in placement in some way to ensure a successful placement:

- **Intake** gets information that is necessary for adequate planning. With every case, there is a possibility of a placement. Hopefully, the information will not be needed, but when it is needed, it is critical.
- **CPS assessment workers** must always deal with the possibility of placement changes. Even when their agency assigns planning to someone else, they often are the people who prepare the child and the family. The CPS assessment worker begins gathering necessary information about daily schedules and routines, and medical, school, and food preferences, so that the child's trauma as a result of placement is lessened.
- **CPS In-home Services workers** work to avoid placement, but the possibility is always there, as it is with the assessors/investigators. In addition to preparing the child and family, the CPS In-Home Services worker has important information to support locating a placement that will be a good match between the placement provider and child.
- **Adoption workers** will support prospective adoptive families to maintain placement stability for the child and support the transition to adoption.
- **Transportation aides and in-home aides** are often with children in some of their more vulnerable moments. They need to understand ways to support children in these moments. Children may also tell things to the aide that the caseworker or placement provider never hears, and that information may be important to understand the child's perspective.
- **Foster home licensing workers** are often the ones who are most familiar with the strengths of the licensed foster parents or relative placement of a child.

## Permanency Planning Services



In NC, out-of-home services are called Permanency Planning Services. The goal of placement services is the same as the mission of child welfare services: to ensure a child's safety while working to achieve permanence for that child.

Permanency Planning Services are designed to:

- Strengthen, preserve, and reunite families
- Help families improve the conditions that caused agency intervention
- Ensure a single, stable, safe, nurturing, and appropriate placement
- Achieve an alternative permanent home for children who cannot return home

### Notes

## Placement Settings in North Carolina

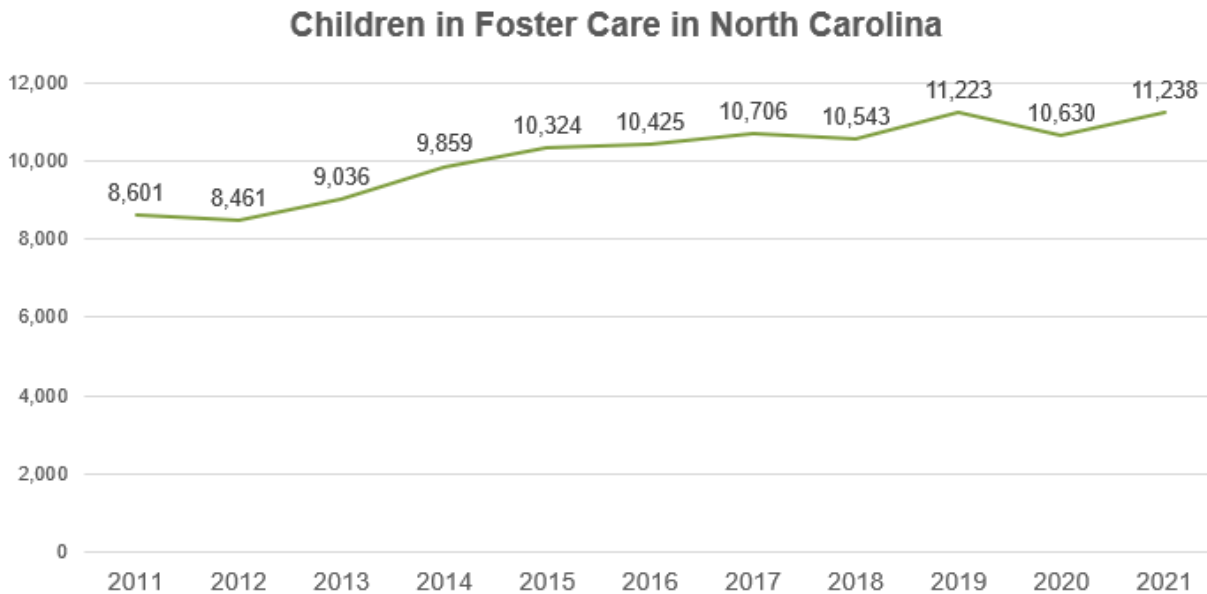
When children are placed in foster care, there are only specific types of placement settings and resources that a child can be placed with. As a social worker, you determine which placement setting will provide the most appropriate level of care for a child based on your assessment of the child's needs. Please note that placement decisions and considerations are made in consultation with the family and are based on what is best for the child.

Placement resources include:

- Relative
- Non-relative kin
- Foster family home
- Therapeutic foster home (TFC)
- Group home
- Child-caring institution
- Foster care facility operated by licensed or approved private child-placing agency
- Foster care facility licensed by NCDHHS
- Foster care facility located in another state and approved by ICPC
- Residential treatment facility
- Licensed residential therapeutic camp
- School or institution operated by NCDHHS

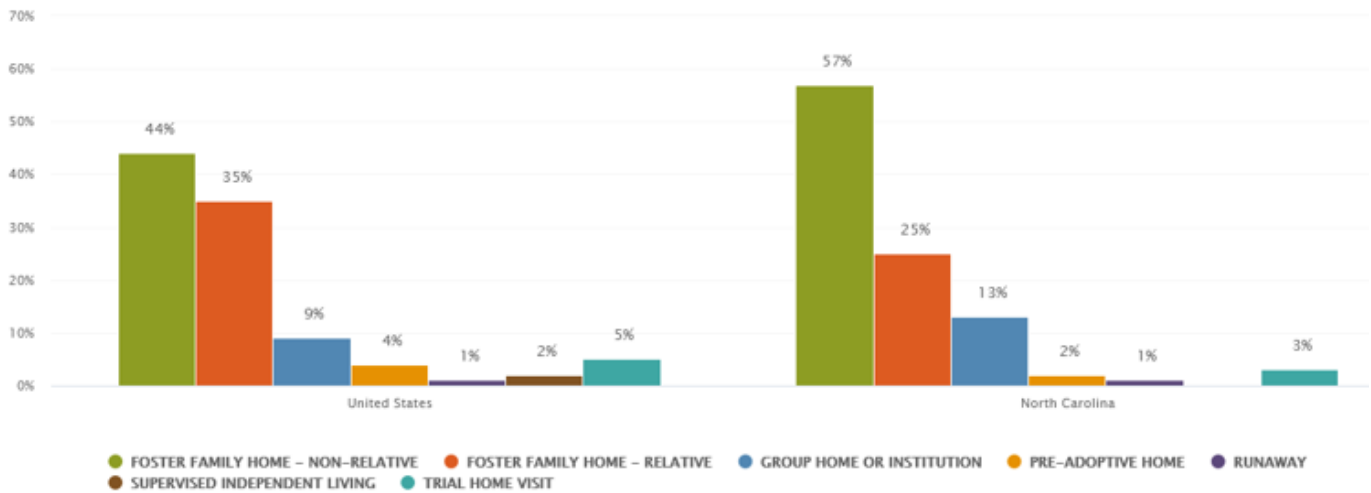
### Notes

## Children in Foster Care in North Carolina



## Children in Foster Care by Placement Type (Percent)-2021

**CHILDREN IN FOSTER CARE BY PLACEMENT TYPE (PERCENT) - 2021**



The Annie E. Casey Foundation. (2025, August). Children in Foster Care in North Carolina. KIDS Count Data Center. [Datacenter.aecf.org](https://datacenter.aecf.org).  
<https://datacenter.aecf.org/data?location=NC#NC/2/35/38/char/0AFCARS>

## Reuniting

Activity: Reuniting

**What did that activity feel like for you?**

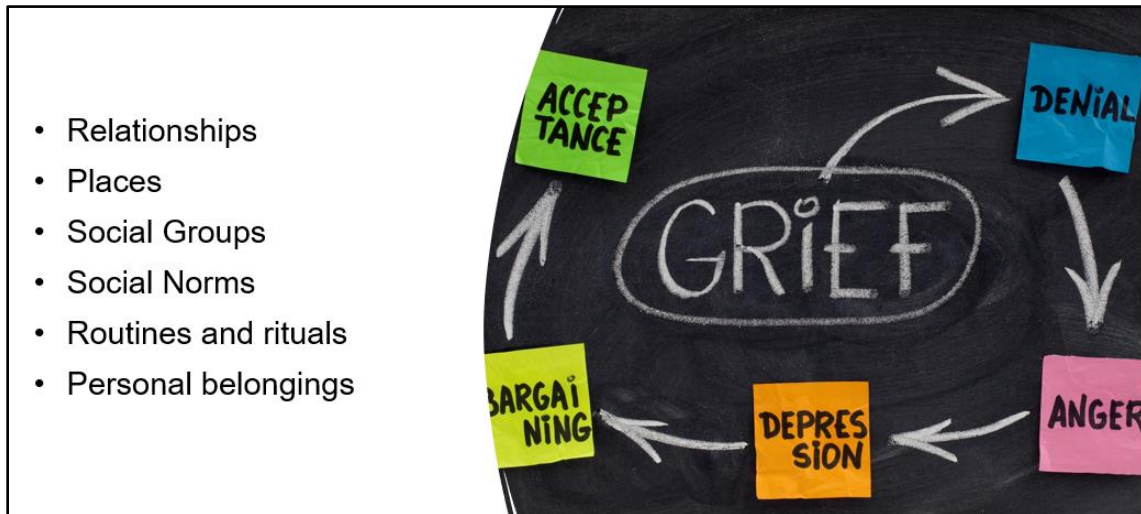
**Did you feel a sense of loss or worry?**

**Were you worried about WHEN we were going to give your phones back? How long would we have them for?**

**Did you feel as though, in addition to losing that significant person or persons, you lost other significant connections? All your other pictures, your contacts, your ability to text or read email, your social media apps, and other apps you use to feel a sense of connection or community?**

**How well could you concentrate on the material we just covered about separation and trauma?**

## Separation, Grief, and Loss



Grief is the normal reaction to loss. Simply put, grief is what you think and feel on the inside following a significant loss. Grief looks different for each child, just as it does for adults. Although we hear about the five stages of grief—denial, bargaining, anger, depression, and acceptance—grief can feel more like a roller coaster than an ordered series of stages. Most children will likely move among the stages of grief for years and may cycle through various stages. Grief is usually not a linear process.

When out-of-home placement cannot be avoided, placement should be structured to minimize trauma to children and their families, decrease the likelihood of a crisis, and reduce the long-term negative effects of separation. As a caseworker, there are many strategies you can use to help minimize this trauma.

### Notes

## Planning for Placement with Children and Families

When you are working with children and families you must give careful consideration to seeking the best first, and only, placement for the child. We want to keep our minds on the following:

- We do everything we can to keep a family together.
- If we cannot keep the family safely together and an out-of-home placement is necessary, it is critical to make the BEST first placement.

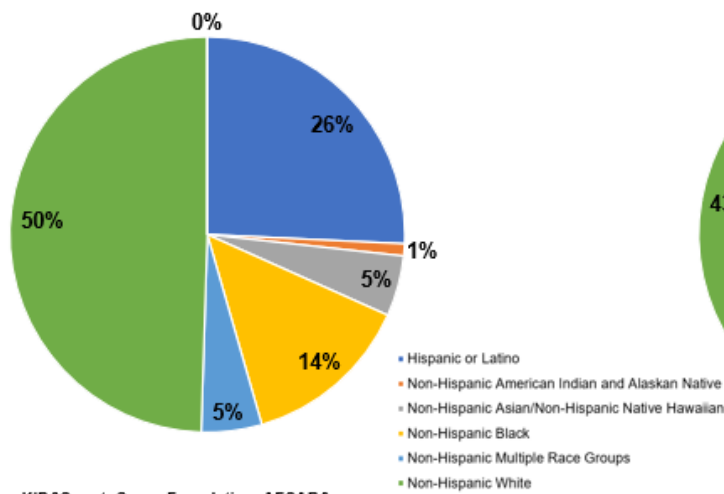
Strategies for partnering with and engaging with families in planning for placement:

- Child and Family Team (CFT) meetings
- Genograms and network maps
- Listening with empathy
- Family's preferences for placement
- Identify relatives and fictive-kin
- Social Norms
- Child's needs, schedule, routines
- Toys, clothing, belongings
- Pre-placement visits
- Prepare for placement
- Support before, during, and after placement

**Imagine you have received a report and have gone out to the home for your assessment and the decision was made that the child needed to be placed in out-of-home care. What do you do first?**

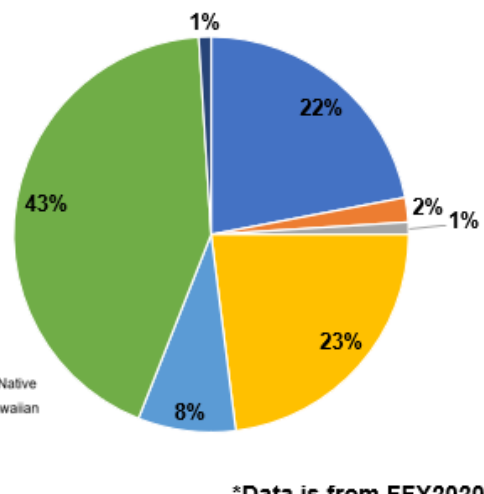
## Disproportionality Considerations in Placement Decisions

**Child Population by Race: United States**



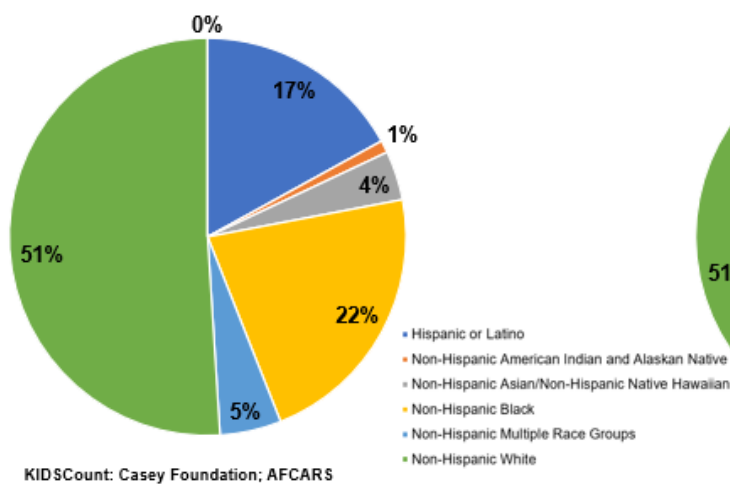
KIDSCount: Casey Foundation; AFCARS

**Children in Foster Care by Race: United States**



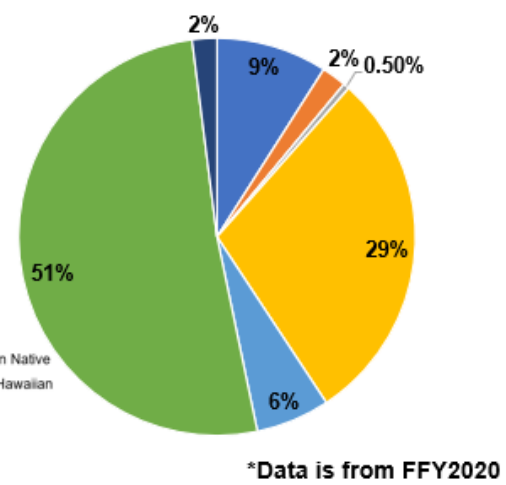
\*Data is from FFY2020

**Child Population by Race: North Carolina**



KIDSCount: Casey Foundation; AFCARS

**Children in Foster Care by Race: North Carolina**



\*Data is from FFY2020

Annie E. Casey Foundation. (n.d.). *KIDS COUNT Data Center*.  
<https://datacenter.kidscount.org/>

### Notes



## Placement Considerations for Special Populations

- Children of color (Black, African American, Hispanic)
- American Indian and Alaskan Native Children
- Substance affected infants
- Medically fragile children
- Children with disabilities
- Pregnant and parenting teens

Each of these groups, just like their peers, is entitled to placement in the least restrictive, most family-like setting close to their parents' homes.

### Notes

## Key Takeaways

Family separation causes grief and loss for children and par

Permanency Planning Services start when a child enters custody

Family engagement is essential

Kinship care promotes stability and identity

Special populations require tailored support

Placement should be thoughtful and intentional

## Notes

## Self-Care Exercise

### Mindfulness Activity

Activity: Mindfulness Activity

Visit: <https://www.uclahealth.org/marc/mpeg/Body-Sound-Meditation.mp3>

- Pause and breathe deeply
- Reflect on what you've learned today
- Let go of stress and tension
- Be present in this moment
- You've done meaningful work—honor that

Pre-Service Training: Core Week 5 Day 2 Agenda

**Child Welfare in North Carolina Pre-Service Training: Core**

Welcome

**Overview of Child Welfare Processes, Part 4: Permanency Planning Services  
(continued)**

Placement

Preparing for Placement Learning Lab

Placement (continued)

**BREAK**

Placement (continued)

Placement Learning Lab

Working with Relatives

**LUNCH**

Working with Relatives (continued)

Diligent Search Learning Lab

Working with Relatives (continued)

**BREAK**

Working with Relatives (continued)

Caseworker Contacts

Family Time

Self-Care Exercise & Wrap-Up

## Pre-Service Training: Core Week Five Day Two Agenda

### Child Welfare in North Carolina Pre-Service Training: Core

Welcome and Introductions

#### Overview of Child Welfare Processes, Part 4: Permanency Planning Services

Placement

Preparing for Placement Learning Lab

Placement (continued)

**BREAK**

Placement (continued)

Placement Learning Lab

Working with Relatives

**LUNCH**

Working with Relatives (continued)

Diligent Search Learning Lab

Working with Relatives (continued)

**BREAK**

Working with Relatives (continued)

Caseworker Contacts

Family Time

**Self-Reflection**

Family Time and Relatives Self-Reflection

## Pre-Service Training: Core Week 5 Day 2 Learning Objectives

Day 2
<p><b>Overview of Child Welfare Process, Part 4: Permanency Planning Services</b></p> <ul style="list-style-type: none"> <li>• Child welfare professionals will plan and make decisions about placement with the child and family.</li> <li>• Child welfare professionals will prepare the child, the child’s family, and the placement provider for placement.</li> <li>• Child welfare professionals will support and provide services to the child and their placement provider to increase placement stability.</li> <li>• Child welfare professionals will identify cultural norms and traditions for both children and caregivers to appropriately match for placement.</li> <li>• Child welfare professionals will use the identified matching criteria to make placement decisions.</li> <li>• Child welfare professionals will make placement decisions based on considerations for special populations such as LGBTIA+, infants exposed to substances, medically fragile children, sibling groups, pregnant and parenting teens, adolescents, and older youth</li> <li>• Child welfare professionals will search for relatives throughout the child and family’s involvement with child welfare agency.</li> <li>• Child welfare professionals will first seek placement with relatives when children are placed in foster care.</li> <li>• Child welfare professionals will engage relatives in the placement process, including considering relatives for placement.</li> <li>• Child welfare professionals will engage and include relatives in the case decision making process.</li> <li>• Child welfare professionals will provide support, resources, and referrals for services to relatives to maintain placement of the child in the relative’s home.</li> <li>• Child welfare professionals will support and facilitate Family Time for children placed in foster care and their families.</li> <li>• Child welfare professionals will find solutions to barriers to Family Time and will mitigate any concerns that arise.</li> </ul>

## Core Week 5 Day 2

### Child Welfare Process Part 4: Permanency Planning Services (continued)

#### Placement

##### Placement Considerations



A child should be placed in the least restrictive, most home-like environment possible, and as close to the child's own home as possible.

#### Notes

### Handout: Placement Considerations

Permanency Planning workers must consider many factors that influence placement-related decisions. As you are making placement decisions with the family, the child's safety needs to be at the forefront. Beyond safety, you should consider factors such as:

- Family preference
- Sibling placement
- Placement with relatives and fictive-kin
- Cultural considerations
- Strengths and needs of the child
- Ability of the placement resource to meet the child's needs
- Location of the child's school and educational stability
- Continued connection to community
- Other needs as appropriate

When identifying potential placement options for children, North Carolina law and policy requires that placement with relatives, fictive-kin, the child's former foster parent who was deemed appropriate, or other persons with legal custody of a sibling, must be considered for children who are removed from their homes and in the custody of a county child welfare services agency. Placement with a legal custodian of a sibling must be considered after all relatives have been excluded. Placement with fictive-kin and former appropriate foster parents must be considered after all relatives and any legal custodians of siblings have been excluded. Once you have exhausted these options, you should consider other licensed foster care placements.

### Relatives

Kinship is the self-defined relationship between two or more people and is based on biological, legal, and/or strong family-like ties. When children cannot be assured safety in their own homes, the best alternative resource can often be found within the extended family and other kin.

In keeping with Federal law, North Carolina law and policy require that, when a child must be removed from their home, the county DSS Director shall give preference to an adult relative or other kin when determining placement provided that (1) the placement is assessed by the agency to be in the best interests of the child in terms of both safety and nurture; and (2) the prospective caregiver and the living situation are assessed and determined to meet relevant standards.

Consideration of relatives and fictive-kin for placement is not only required in policy and federal law, but it also leads to better safety, permanency, and well-being outcomes for children and families. Research shows that when children are placed with relatives and fictive-kin and are supported to maintain connections to relatives, they experience:

- Less trauma
- Stronger cultural identity and connections
- Greater placement stability
- Achievement of permanency more quickly
- Lasting permanency



## Siblings

Siblings must be placed together, whenever possible, unless contrary to the child's well-being or safety. Maintaining and strengthening sibling bonds is a key component to child well-being and permanency outcomes and research has found that when siblings are placed together there are many benefits, including:

- Provides positive support to each sibling
- Serves as a protective factor for children's mental health
- Improves children's school performance
- Better attachment and closeness to placement resources
- Improves adjustment and adaptation to the placement home, which is in part due to children worrying about their siblings in other foster homes or those remaining with their families
- Increases the likelihood of achieving permanency and stability
- Higher rates of reunification, adoption, and guardianship

Placing siblings in the same home should always be the priority. To be separated from siblings adds to the impact of loss and trauma. When siblings can remain together in an out-of-home placement, there can be a greater sense of continuity in the family.

Frequently, older children will have had some responsibilities for caring for younger siblings when in their own homes, and they may feel worried and protective regarding these siblings if separated from them. Likewise, younger siblings may have looked to their older siblings for comfort and guidance.

Because it is important to place siblings together, the agency shall recruit and prepare foster families who are willing to take sibling groups. Foster families need special preparation regarding issues of sibling relationships among children in foster care, as well as the impact of separation and loss on those relationships.

Identifying placement providers that are willing and able to take placement of siblings should be a priority. Some strategies will help you to recruit and support families who can care for sibling groups, including:

- Help families assess their capacity to care for a sibling group so they can be better prepared
- Ensure families who care for sibling groups receive information and access to sufficient resources, such as family support groups, sibling camps, individual and family therapeutic services, and respite care
- If siblings must be separated in an emergency placement, review the case as soon as possible and frequently to plan for how the siblings can be placed with the same family

## Licensed Foster Care Placement

If a relative or non-relative kin cannot be identified as an appropriate placement resource for the child, a licensed foster care placement must be chosen for the child. The full list of licensed foster care placement resources in North Carolina can be found in your Participant Workbook on the page titled "Placement Settings in North Carolina".





When selecting a licensed foster care placement, you must consider a resource that ensures the child is placed:

- In the least restrictive setting
- In the most family-like setting available that best meets the needs of the child
- In proximity to the parent's home
- In a setting that is consistent with the safety and best interests, strengths, and special needs of the child

Keep in mind that Foster Home Licensing Workers are often the ones who are most familiar with the strengths of licensed foster parents and often play a critical role in determining which homes can meet the needs of the children coming into care. The social worker that is making the placement should communicate with the licensing worker as soon as possible to ensure the most appropriate placement made for the child from the very beginning.

No matter the placement resource, the provider must be carefully evaluated and prepared prior to placement to help assure the child will remain in that placement until reunification or another permanent home is achieved.

Relatives, Fictive-kin, and Foster Home Considerations

			
<p>Relatives</p>	<p>Legal custody of a sibling</p>	<p>Fictive-kin and former foster parents</p>	<p>Licensed foster care placement</p>

Consideration of relatives and fictive-kin for placement is not only required in policy and federal law, but it also leads to better safety, permanency, and well-being outcomes for children and families.

Children placed with relatives experience:

- Less trauma
- Stronger personal identity and connections
- Greater placement stability
- Achievement of permanency more quickly
- Lasting permanency

No matter the placement resource, the provider must be carefully evaluated and prepared prior to placement.

**Notes**

## Sibling Placement



### Placing Siblings together:

- Provides positive support to each sibling
- Serves as a protective factor for children’s mental health
- Improves children’s school performance
- Better attachment and closeness to placement resources
- Improves adjustment and adaptation to the placement home, which is in part due to children worrying about their siblings in other foster homes or those remaining with their families
- Increases the likelihood of achieving permanency and stability
- Higher rates of reunification, adoption, and guardianship

The Fostering Connections to Success and Increasing Adoptions Act of 2008, P.L. 110-351 requires that agencies make reasonable efforts to place siblings removed from their home in the same foster care, adoptive, or guardianship placement, unless it is contrary to the safety or well-being of any of the siblings to do so.

### Notes

## Preparing for Placement Learning Lab

### Preparing for Placement

#### Activity: Preparing for Placement

The purpose of this activity is for participants to develop strategies for preparing children, families, and placement resources for placement.

#### **What to Do:**

Work with your team to generate a list of things you should do or say to prepare the person or persons your team has been assigned for positive placement. Feel free to get creative and think deeply as you generate your list!

When you have your list, write your ideas on the flip chart paper. At the end, your team will be asked to report back to the larger group.

#### **Ideas**

A large, empty rectangular box with a thin black border, intended for participants to write their ideas on flip chart paper.

## Placement Requirements and Actions

### Activity: Placement Requirements, Timelines, and Actions Review

The purpose of this activity is to explore requirements, timelines, and actions related to placement.

#### What to Do:

In your small group, review the placement handouts that follow this activity and then complete the placement strategies table with your group partners. Designate one person in your group to research the child placement policy found in the Cross Function Topics NC Child Welfare Manual website: <https://policies.ncdhhs.gov/wp-content/uploads/Cross-Functions-June-2025.pdf>.

**Placement Strategies Table**

<b>What are the policy requirements around placements and placement changes?</b>	<b>What placement changes timelines do you need to make note of?</b>

**What actions are you responsible to prepare for placement stability?**

## Handout: Pre-Placement Actions

<b>Preparing the Parents</b>	<b>Preparing the Child</b>	<b>Preparing the Placement Resource</b>
Reason for removal	Consider age and development	Medical information
Details about placement provider	Pictures of the placement provider	Medications, glasses, hearing aids, etc.
Intent to reunify	Details about provider, home, neighborhood	Child's routines, favorite foods, schedule
Child's schedule and routine	Reason for removal	Upcoming appointments
Ask for child's special items	Help pack toys, clothes, etc.	Educational needs
Listen with empathy	What to expect	Strengths and needs
Placement preferences	Explain provider "rules"	Behavioral information
What to expect	Agency contact information	History of abuse and neglect
Agency contact information	Contact with parents	Placement history
Contact with the child	Contact with siblings	Permanency goal
Legal Process	Answer questions	Agency contact information



## Handout: Discipline Policy for Children in Agency Custody

**Corporal Punishment is not allowed**

Children who have been abused or neglected do not respond appropriately to corporal punishment, since often they have already experienced and survived extreme discipline from their parents.

**Kinship Care Providers**

Kinship care providers may not be aware of the impact of abuse and may be reluctant to agree to a non- corporal punishment policy. The agency shall discuss and formalize a child-specific alternative discipline plan for children in agency custody.

**Licensed Providers**

Agency policy and practice shall ensure that licensed placement providers are verbally informed of and provided with written policy addressing the following issues regarding discipline:

- Child discipline must be appropriate to the child's chronological age, intelligence, emotional make- up, and experience
- No cruel, severe, or unusual punishment shall be allowed
- Corporal punishment is prohibited
- Deprivation of a meal for punishment, isolation for more than one-hour, verbal abuse, humiliation, or threats about the child or family will not be tolerated

**Voluntary Placement Agreements (VPA)**

Voluntary Placement Agreements (VPA) should not be used in cases of abuse or neglect. A VPA may be appropriate when:

- a parent or guardian is requesting time-limited placement due to a family crisis; or
- the Court orders a parent to arrange for placement for a child adjudicated delinquent or undisciplined

The agreement shall be signed by the agency representative and the parent or guardian. A VPA does not confer on the agency the degree of authority and control that judicially obtained legal custody confers. A VPA cannot exceed 90 consecutive days without a court hearing that results in a judicial determination that the placement is in the best interests of the child.

### **Kinship Guardianship Assistance Program (KinGAP)**

**What:** Legal guardianship is granted to an individual who demonstrates a strong commitment to permanently caring for youth between the ages of 14-17 and who demonstrates a strong attachment to the prospective legal guardian. Monthly cash assistance begins the month after legal guardianship is established.

**When:** Court determines that reunification and adoption are not appropriate permanency options for a youth 14-17 years old who is the placement responsibility of a County DSS and has been placed in the licensed foster home of the prospective guardian for a minimum of 6 months.

### Pre-Placement Visits

- Child and Family Team (CFT) meetings
- Only a few hours in length
- Allow the child to experience the home at different times of day
- Tour of the home
- Help make child feel comfortable
- Single, trusting relationship with someone in the home
- Maintain continuity; adhere to schedules and routines

Pre-placement visits can help children and their families have a better idea of what to expect in placement, feel more in control, increase their confidence, and make the subsequent placement feel less scary or threatening.

Pre-placement visits can also help to prevent a crisis, as small changes can be perceived as less overwhelming, and coping strategies can be more easily conceived. In general, best practice has found that two or three preplacement visits in as many days can help ease the transition and remove some fear of the unknown. Some children will require additional time, and pre-placement visits should be individualized to meet each child's needs.

#### Notes

## Placement Stability and Preventing Placement Disruption



# PLAN

# PREPARE

# SUPPORT

Placement stability refers to providing a child or youth in foster care with a stable, secure, long-term family environment in which to live. It creates opportunities for children and youth to develop meaningful relationships with a family, which leads to many benefits, including a greater sense of self and a reduced risk of negative outcomes once the child or youth leaves care.

Increasing placement stability will benefit children by:

- Creating a greater sense of safety and well-being
- Providing emotional safety, reducing behavioral issues
- Developing a greater sense of self and belonging
- Increasing the likelihood of developing positive adult relationships
- Reducing the risk of negative outcomes once they leave care, such as homelessness, substance use, teen pregnancy, and educational completion

### Notes

## Having the Right People Ask the Right Questions

Video: Raven's Story-Young Adult, Formerly in Foster Care: Having the Right People Ask the Right Questions

Watch: <https://youtu.be/d0IYXNeNxyY>

In this video, Raven shares her story about entering care, being separated from her brother, the importance of speaking up, and the impact of finding a permanent, caring person that is supportive and willing to help.

**As you watch the video, write down some of the things that Raven shares and that you observe in the video**

## Engaging and Supporting Youth in Placement

- Heard
- Respected
- Valued
- Trusted
- Appreciated
- Empowered
- Safe
- Comfortable



Youth-adult partnership requires sharing information, having honest conversations, respecting varied experiences and opinions, and setting clear expectations about roles and decision-making

Youth should be engaged in:

- Planning for placement
- Assessing their strength and needs
- Identifying relatives, non-relative-kin, and others with whom they have or would like to have a connection
- Developing their goals and objectives in the case plan
- Discussions around their education and employment opportunities
- Planning for their successful transition to adulthood
- Decisions around service delivery, case planning, and permanency

### Notes

## Normalcy: Equal Treatment for Foster Youth

Video: Normalcy: Equal Treatment for Foster Youth.

Watch: <https://www.youtube.com/watch?v=jnrlv2vLzEE> to hear Elbert's story about his experience in foster care and the importance of normalcy. At the end of the video, you will be asked to share your observations and reflections in a group discussion.

**What does normalcy mean from the perspective of a foster youth?**

**What are some of the examples of “normal” activities that were cherished by the youth?**

**What are some other activities that are considered “normal” for all youth?**

**What stood out for you when the youth gave his “Words of Advice”?**

**What is one thing you will remember to ask youth on your caseload?**

## Normalcy in Out-of-Home Care

Normalcy is the ability to easily take part in activities that promote well-being, personal growth, and development

Normalcy allows youth the opportunity to:

- Pursue their interests
- Do the same activities as their peers
- Build skills for their future
- Build a caring relationship with out-of-home care providers
- Providers have the authority to provide or withhold permission for normal childhood activities, including overnight activities, for up to 72 hours

Children in out-of-home care have the right to have a normal childhood or adolescence, and the people involved in their lives, including you, are responsible for creating as much normalcy as possible.

The Reasonable and Prudent Parent Standard, as mandated by federal legislation and enacted in North Carolina in 2015, enhances normalcy for children living in out-of-home care.

This law requires out-of-home care providers to apply the Reasonable and Prudent Parent Standard when making decisions involving children placed in their care, allowing them to participate in age- and developmentally appropriate activities.

### Notes



## Life Books

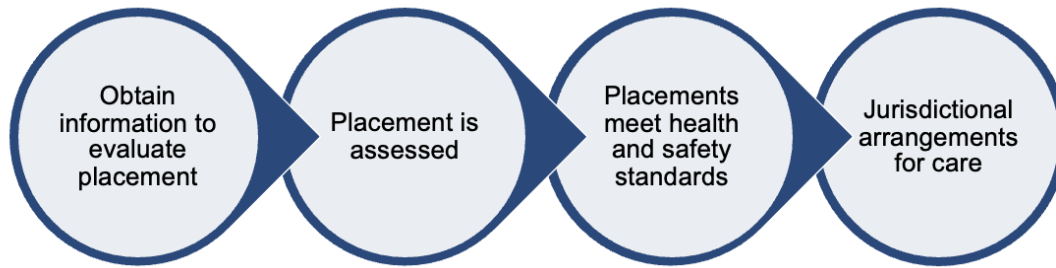
**Life Books**  
One page, one picture, and one story at a time



Creating a life book is a process that continues throughout the child's journey to permanency. When children reach permanency, you will provide them with their life book. The life book is one page, one picture, and one story at a time. It can begin in the present moment and unfold into future events

### Notes

## Interstate Compact on the Placement of Children



The Interstate Compact on the Placement of Children regulates the interstate movement of children. The Compact is a uniform law that has been enacted by all states. The Compact is the best means to ensure protection and services to children who are placed across state lines for child placement services or adoption. Interjurisdictional issues can have an impact on planning and achieving permanency across state lines, which is why every state needs to comply with ICPC rules.

### Notes

## Key Takeaways

Placement is temporary

Services are provided to improve conditions that led to removal

Placement is traumatizing and results in grief and loss

Planning for placement must occur with the child and family

Relatives, legal custody of a sibling, fictive -kin, and licensed foster care placements

Preparation of the child, family, and placement provider is key

Authentically engaging youth leads to positive outcomes

## Notes

## Placement Learning Lab

### ReMoved Part 3: Love is Never Wasted

Video: ReMoved Part 3

Watch the video: ReMoved Part 3: Love is Never Wasted. Capture any observations and reflections you have as watch the video in the box below.

**What are some things you heard mom say to Kevi?**

**How did mom try to take care of Kevi in her own mind?**

**Did the social worker say or do anything to try to reassure the mom?**

**Did the caseworker ask mom about placement options?**

**What was Kevi wearing at the office?**

**Describe what you saw when it showed Kevi and mom at home.**

**What effects of trauma did you just see?**

**What glimpse into mom’s story did you get?**

**Kevi was playing. What happened?**

**Note anything you want to remember from the ending.**

## Working with Relatives

### Kinship Care and Bias

Sometimes our own biases prevent us from observing the strengths of others. As we have discussed, bias, when unchecked, impacts your case practice and the children and families you work with. Bias towards relative caregivers is not uncommon in child welfare. However, when we are aware of our bias, we can mitigate it so that we can engage with families with empathy and understanding. Our experiences and histories with our own families influence our biases we need to continually assess and address our biases.

Activity: Kinship Care and Bias

This activity will demonstrate to learners the biases they may hold, specifically as they relate to relative caregivers.

**What to Do:**

In your groups, discuss the following questions about families and record your answers on the flip chart. Nominate one person as the reporter of your group who will share what you discussed with the larger group.

**How is it possible for kinship caregivers to raise children who have been abused or neglected by their parents? After all, “the apple doesn’t fall far from the tree.”**

**Who is included in your definition of family?**

**What was your own experience with the type, frequency, and duration of contacts with your family and extended family members?**

**Think of your own nuclear and extended family. Are there people within your family who are struggling or experiencing great difficulty? Are there others who have greater strengths and more resources? Are those with greater resources willing to share their resources and help other members of the family who are in need of help?**



## Importance of Relative Connections



Kinship is the self-defined relationship between two or more people. It is based on biological, legal, and/or strong family-like ties, and “fictive-kin” is defined as an individual who has a substantial relationship with the child. Most people have loosely structured kinship networks that are available in times of difficulty. When children cannot be assured safety in their own homes, the best alternative resource can often be found within the child’s extended family and other kin. Informal kinship care arrangements are commonplace in times of shared crisis for many families. Such arrangements are most effective when other family members and community resources provide emotional and tangible support to the care provider.

### Notes

## Engaging Relatives

- Ownership of family’s needs
- Bring their own resources to address needs
- Reduce likelihood of placement outside kinship network
- Provide system of oversight

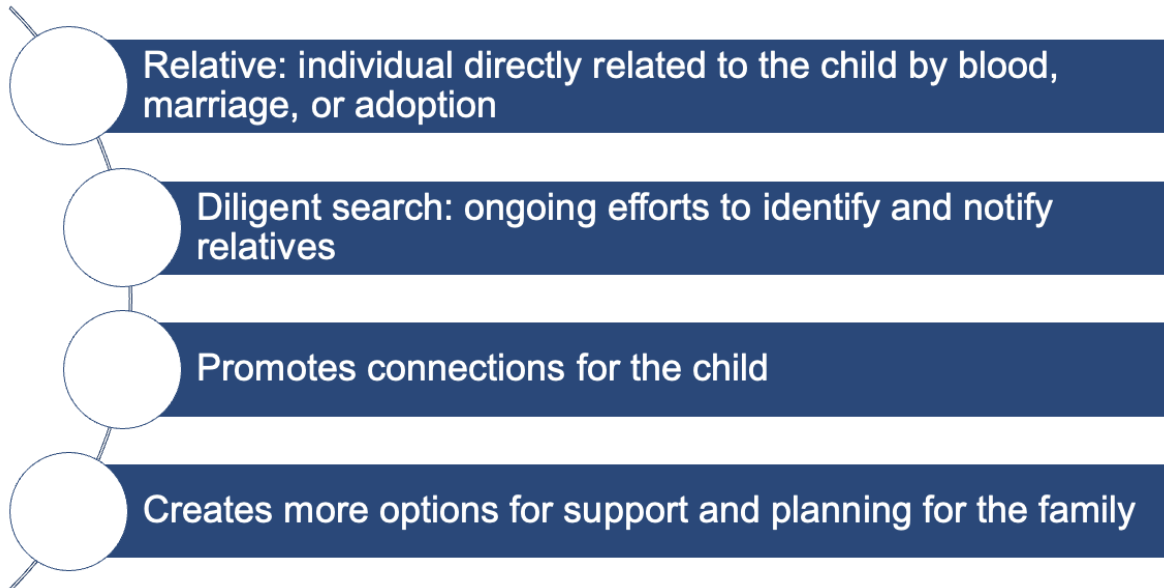


Whether licensed as a foster home or not, kinship care providers should be valued and treated as partners with the child’s family and your agency. Engaging with relatives encourages their participation as a support and resource for the family, including involvement in case planning. You should engage with members of the kinship network and share responsibility with them for planning. This will help the child and their family, the relatives, and other fictive-kin to take ownership of the family’s needs, to bring their own resources to address those needs, to reduce the likelihood of child placement outside the kinship network, and to provide a system of oversight to the family’s progress in the resolution of the issues.

The kinship network’s understanding offers insight into the historical perspective on problems faced by the family, as well as the efforts to address those issues. Always respect the opinions of parents and relatives about their own family, as well as their beliefs, values, traditions, and heritage.

### Notes

## Identifying and Notifying Relatives



The goal of identifying extended family members or other fictive kin is to promote connections for the child and to create more options for support and planning for the family, parents, and the child. In addition, notifying relatives ensures that they are given consideration and an opportunity to be placement resources and/or to be able to participate in the child’s care plan.

### Required Forms:

- Relative Notification Letter (DSS-5317)
- Relative Interest Form (DSS-5316)
- Relative Search Information (DSS-5318) must be used to document efforts

### Notes

## Diligent Search Learning Lab

### Diligent Search: Kahlil's Story

#### Activity: Diligent Search Skills Practice

The purpose of this activity is to explore the process of connecting children with relatives and examine how personal biases may impact that process.

#### **What to Do:**

Read the "Kahlil's Story" handout and answer the Part One questions in Kahlil's handout.

Your training facilitator will then lead a role play exercise to demonstrate. After the exercise, you will be placed into a small group to role play a conversation with one of Kahlil's relatives:

- Group 1: Great-Aunt Rosa
- Group 2: Cousin Malcom
- Group 3: Aunt Inez

After a four-minute role play exercise, answer the Part Two questions with your group and write the answers on your group's flipchart.

Handout: Diligent Search: Kahlil’s Story

Kahlil is a 16-year-old boy who has been in foster care for the past 13 months. He is living in a relative foster home with his grandmother and his goal is guardianship with a relative. His grandmother was recently diagnosed with terminal cancer and will be unable to continue to care for Kahlil. To stabilize his placement, we want to explore other connections due to his grandmother’s health concerns. In the past few months, the worker and the grandmother talked with Kahlil about her illness and imminent death in very clear words, “I have been diagnosed with cancer, and I am not going to live much longer.” The grandmother and worker encouraged Kahlil to ask questions and to say what he was thinking and feeling about her news and his future. There is a sense of urgency to strengthen his connections both exploring placement options and preserving familial relationships.

The Diligent Search results revealed:

- 1st cousin: Malcolm, 26, lives within a 30-minute drive, manager of a fitness club
- Paternal Aunt Inez, 47, lives within a 20-minute drive, Head Start teacher
- Maternal Great Aunt Rosa, 70, lives in the same community, retired nurse

Part One Questions:

**Who did you decide to contact?**

**Who did you decide not to contact? Explain why not.**

**How does bias play a role in who you decide to contact or not?**

Part Two Questions:

After the role-play activity, answer the remaining questions

**How did you connect? What methods will you use to make contacts?**

**What are some things you planned to do and say during your conversation, letter, or email with the connection?**

**How will you anticipate and manage, resistance, questions, and confidentiality?**

**What do you want to achieve in contacting and engaging with the potential connection?**

Part 3 Debrief Questions:

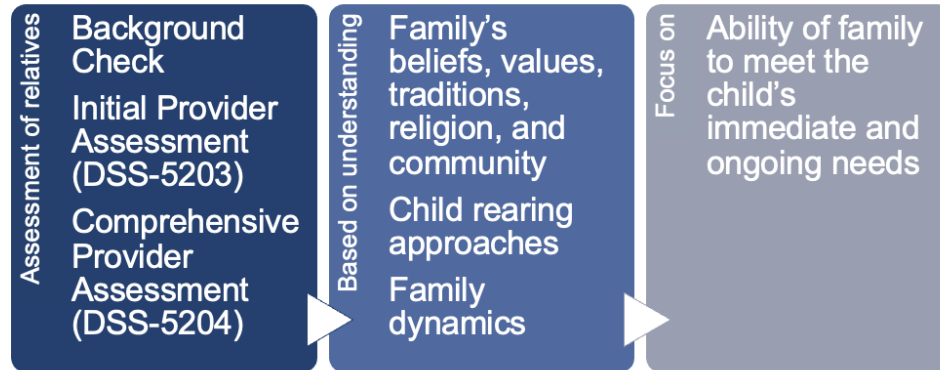
**What are the potential opportunities you see in searching for connections?**

**What would stop you from searching for connections?**

**What are some lessons that you all learned from through this activity?**

Placement with Relatives and Kin

**License families in, not rule them out**



A thorough assessment must be conducted to evaluate the suitability of the placement for any potential kinship care provider. The following forms must be completed:

- Initial Provider Assessment (DSS-5203), which is completed prior to placement
- Comprehensive Assessment (DSS-5204), which is completed within 30 days of the child entering custody if the child is already placed out of the home, or within 30 days of the child’s placement in the home of the kinship provider (if placed after entering custody)

Child welfare agencies should prioritize placement with relatives to preserve family bonds and continuity of traditions, values, beliefs, and community

Even if parents disagree, agencies must diligently explore kinship options, support relatives through ambivalence, and help them make informed decisions about caring for the child

Agencies must clearly communicate the option to become licensed foster parents, along with the benefits (e.g., board payments, Medicaid, childcare)

They should also provide access to agency and community resources to help relatives overcome barriers to placement and licensing

Licensing decisions should be guided by the philosophy of “licensing families in.” Agencies must assess kinship placements with family-centered sensitivity and offer reasonable assistance or waivers for non-safety-related requirements, especially in emergency placements or financially strained households

**Notes**



## Changing Roles and Boundaries

Imagine one of your relatives was suddenly providing care as a kinship care provider. While there are many benefits to kinship care, it does not come without its challenges, one of those being changing roles and boundaries.

### Activity: Changing Roles and Boundaries

The purpose of this activity is to increase empathy for the families' changing roles and boundaries when relatives become caregivers.

#### **What to Do:**

With your group, discuss the questions below and write some of the ideas that your group discusses on the sticky notes. Designate one person to act as your group's spokesperson and have them place the sticky notes on the corresponding flip chart papers when the brainstorming time is up.

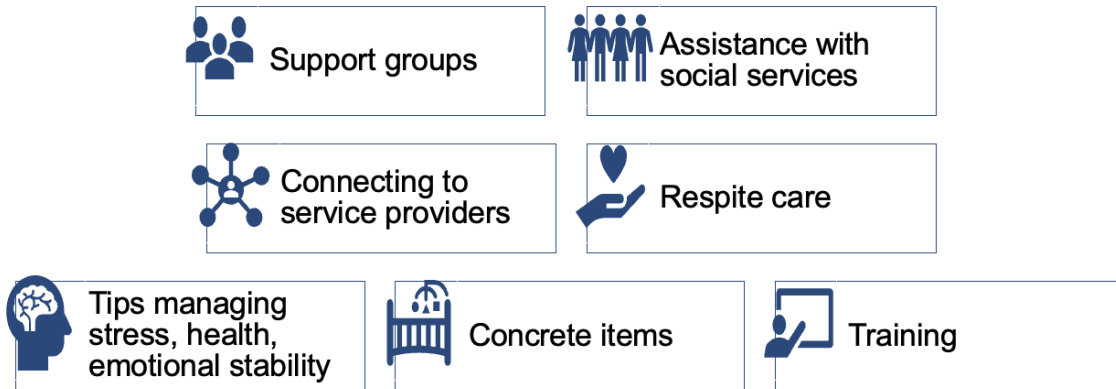
**What are some of the roles and boundaries that you think may change when a relative becomes a kinship caregiver?**

**How might this impact the relative caregiver?**

**What about the child they are caring for?**

**What about the child's parents?**

## Supporting Relatives



Kinship care providers may have a greater need for services due to their age and restricted income levels, especially those who are caring for more than one child or sibling group. Kinship care providers have many concerns, including the following:

- Financial security
- Preparing their home for incoming children, such as the need for additional furniture or expanded living space
- Child’s behavioral and emotional needs from related trauma
- Decisions related to the child’s education and health care
- Disruption in family relationships
- Affordable childcare and after-school care
- Interactions with the child welfare system

### Notes

### Kinship Family: You Get a Call, Do You Want These Kids?

Video: Kinship Family: You Get a Call, Do You Want these Kids?

Watch the video: [Kinship Family](#).

After the video, discuss the questions in your handout among your table or small group.

**How did Bruce and Brenda create normal experiences for their grandchildren?**

**What could the system have done differently to support Bruce and Brenda and their grandchildren? How does your agency support kinship families (i.e., emotionally, financially, etc.)?**

**What system barriers did Bruce and Brenda encounter?**

**How might the system unintentionally be creating barriers when facilitating normalcy in kinship settings?**

**What did the family say about providing a safe and stable environment?**

**What images in the video suggest that the family was promoting healthy development for their grandchildren? What outcomes would you expect to see?**

### Key Takeaways

Children and families benefit from relative connections

Engaging relatives supports the child and family

Requirements to engage and notify relatives

Placement with relatives is the preferred option

Kinship providers need support and services

### Notes

## Caseworker Contacts

### Purpose of Contacts



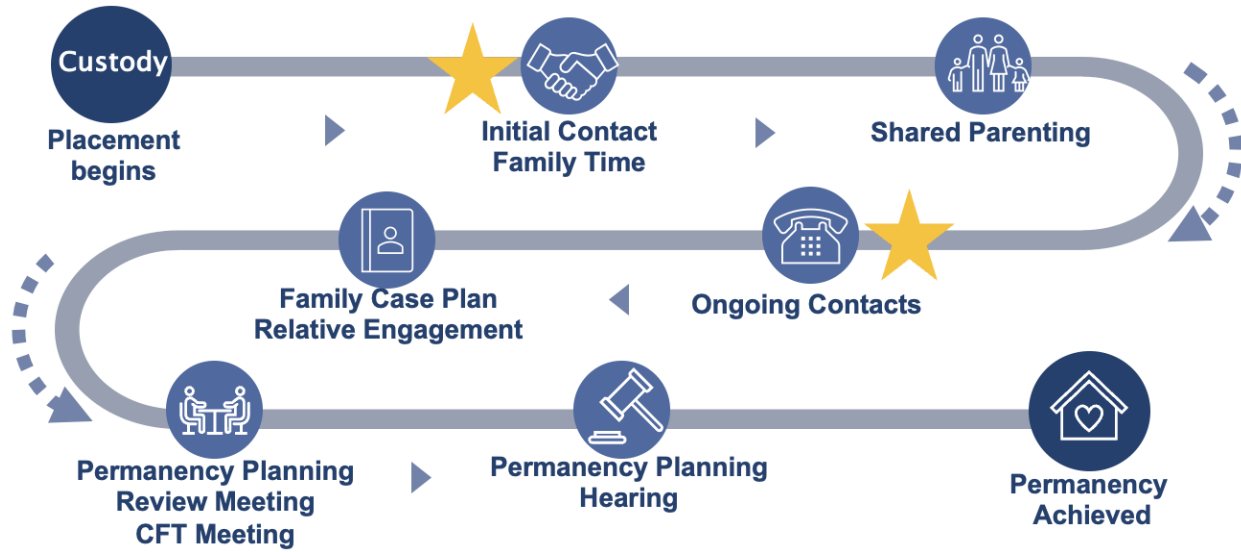
Child welfare best practice relies on quality contacts between caseworkers and children, parents, and resource parents.

Quality contacts ensure child safety, support permanency planning, and promote the well-being of children and their families.

Quality contacts provide important opportunities for case workers to assess the child, parents, placement providers, and the home, ensuring safety, identifying strengths and needs, and developing the Family Case Plan jointly.

### Notes

### Overview of Permanency Planning Services Process



Initial contact must occur within seven days of placement and then on an ongoing basis.

#### Notes



## Caseworker Contacts Policy Requirements

	Initial Contacts	Ongoing Contacts
<b>Child</b>	<ul style="list-style-type: none"> <li>• Within 7 days of placement</li> <li>• Within 7 days of any subsequent placements</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face contact monthly</li> <li>• Majority in the residence</li> <li>• More frequent contact as indicated by the child's needs</li> </ul>
<b>Parents</b>	<ul style="list-style-type: none"> <li>• Within 7 days of initial placement</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly</li> <li>• Half of the contacts in the parent's home</li> </ul>
<b>Placement Provider</b>	<ul style="list-style-type: none"> <li>• Within 7 days of placement</li> </ul>	<ul style="list-style-type: none"> <li>• At least one provider monthly</li> <li>• All providers quarterly</li> <li>• Assess the home quarterly</li> </ul>

Quality engagement during visits with children in out-of-home care is a key element of effective casework practice, as it supports an accurate assessment of safety, permanency, and well-being. Out-of-home placement is one of the most traumatic events that can occur in a family's life. A timely check regarding adjustment to placement, answering questions the child and family may have, and addressing any concerns is trauma-informed. Let's review the policy requirements for initial and ongoing contacts with children, their parents, and the placement resource.

There is a required Monthly Permanency Planning Contact Record form (DSS-5295) that must be used to document your contacts.

### Notes

## Handout: Frequency of Contacts during Provision of Permanency Planning Services

<b>Worker</b>	<b>Type of Contact</b>	<b>With Whom</b>	<b>Frequency</b>
Permanency Planning Worker	Face-to-Face	Child, Child's Parents/Caregivers, and Placement Provider	Face-to-face contact with the child and at least one placement provider (if more than one resides in the home) must occur within 7 days of initial and subsequent placements.  Face-to-face contact must be made with all parents or caregivers within 7 days of initial placement
Permanency Planning Worker	Face-to-Face	Child	At least once monthly (which includes alone time)  The majority of the visits (4 out of 6) must be held in the child's residence
Permanency Planning Worker	Face-to-Face	Placement Provider (licensed or kinship)	Monthly, with at least one placement provider (if more than one adult caretaker resides in the home)  At least once per quarter with both spouses and any other adult caretakers who reside in the home
Permanency Planning Worker	Type Not Specified	Collaterals (persons significant to the child's case other than placement providers)	Contact when indicated by the child and family's needs
Permanency Planning Worker	Face-to-Face	Child's Parents	Face-to-face contact with all parents or caregivers at least monthly, if reunification is the primary or secondary plan  If the parent is living in a home to which the child could be returned, half of these contacts must be held in the parent's home (3 out of 6)

Worker	Type of Contact	With Whom	Frequency
Foster Home Licensing Worker	Face-to-Face	Placement Provider	Minimum of quarterly, with at least half of these visits occurring in the foster home  Coordinate with Permanency Planning workers whenever possible

## Family Time

### Family Time

Family Time “is the single most important factor in maintaining the relationship between the child and the...parent while the child is in placement.”

—Peg Hess, Kathleen Proch, Visiting: The Heart of Reunification



Family Time is the single most important factor in maintaining the relationship between the child and parent while in placement. Parents should remain a vital part of their children’s lives by attending appointments, school events, and participating in their daily care and routines. Research shows that inadequate family time can impede parental engagement, inhibit healthy parent-child bonding, disrupt and damage relationships, delay permanency, and perpetuate trauma for both children and parents.

Out-of-home care encompasses the importance of family and should always operate as a support for the family rather than as a substitute for the parent.

Out-of-home care encompasses the importance of family and should always operate as a support for the family rather than as a substitute for the parent.

**What do you think are some of the purposes and benefits of Family Time?**

## What is Family Time?



### Child

- *Keep a connection*
- *Mitigate grief*
- *Worth reaffirmed*
- *Assurance their parents "exist"*
- *Re-establish and strengthen relationship with parents*



### Parent

- *Remain attached*
- *Stay motivated*
- *Practice and improve parenting skills*
- *Understand child's needs*
- *Mitigate grief*
- *Re-establish and strengthen relationship with child*
- *Demonstrate attachment and parenting abilities*

### Activity: What is Family Time?

The purpose of this activity is to explore the importance of how we label activities and how those labels inform families and ourselves.

#### What to Do:

In your small group, discuss why we say, "Family Time" instead of "visit" or "contact." Nominate one person from your group to report out to the larger group after the timer is up.

#### Notes

## Self-Reflection

### Family Time and Relatives Self-Reflection

Take a few minutes to journal your responses to the questions above in your workbook (starting on the next page).

**What role does spending time with family play in your life today?**

**What importance did family time have on your childhood development?**

**What role did your relatives play during your childhood?**

**How important are your relationships with family members to you today?**

## Pre-Service Training: Core Week 5 Day 3 Agenda

### Child Welfare in North Carolina Pre-Service Training: Core

Welcome

#### Overview of Child Welfare Processes Part 4: Permanency Planning Services (continued)

Family Time, Continued

Family Time Learning Lab

**BREAK**

Family Time Learning Lab, Continued

Shared Parenting

Shared Parenting Learning Lab

**LUNCH**

Permanency Planning Case Plan

**BREAK**

Permanency and Permanency Planning

Homework Reminder

Self-Reflection

## Pre-Service Training: Core Week 5 Day 3 Learning Objectives

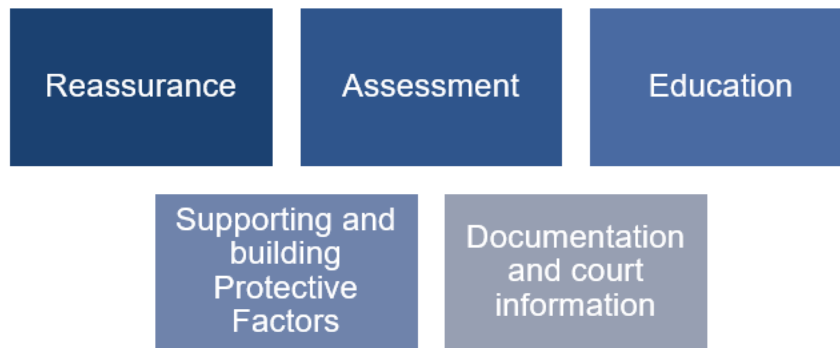
<b>Day 3</b>
<p><b>Overview of Child Welfare Process, Part 4: Permanency Planning Services</b></p> <ul style="list-style-type: none"> <li>• Child welfare professionals will support and facilitate Family Time for children placed in foster care and their families.</li> <li>• Child welfare professionals will find solutions to barriers to Family Time and will mitigate any concerns that arise.</li> <li>• Child welfare professionals will facilitate and support Shared Parenting, including Shared Parenting meetings.</li> <li>• Child welfare professionals will identify how a child and family's culture may impact Shared Parenting</li> <li>• Child welfare professionals will mitigate any issues or concerns that may arise in Shared Parenting</li> <li>• Child welfare professionals will utilize the Permanency Planning Family Service Agreement to guide case planning and service provision to achieve safety, permanency, and well-being outcomes.</li> <li>• Child welfare professionals will collaborate with children and families and will include their voice when discussing and completing the Permanency Planning Family Services Agreement.</li> <li>• Child welfare professionals will determine the most appropriate permanency option in collaboration with the child, the child's parents, and the permanency resource (if different than the child's parents), as well as the court and legal parties.</li> <li>• Child welfare professionals will include the child, the child's parents, the child's team, and the court when creating and making changes to the permanency plan.</li> <li>• Child welfare professionals will prepare the child, the child's parents, and the permanency resource (if different than the child's parents) for permanency.</li> <li>• Child welfare professionals will prepare for and attend permanency hearings and Permanency Planning Review meetings as required in policy and statute.</li> <li>• Child welfare professionals will utilize the Permanency Planning Family Service Agreement to guide case planning and service provision to achieve safety, permanency, and well-being outcomes.</li> <li>• Child welfare professionals will collaborate with children and families and will include their voice when discussing and completing the Permanency Planning Family Services Agreement.</li> </ul>



- Child welfare professionals will apply the criteria for safe case closure when making case decisions.
- Child welfare professionals will plan for permanency and safe case closure with the child, the child's family, and the placement provider.
- Child welfare professionals will prepare the child, the child's family, and the placement provider for permanency and safe case closure.
- Child welfare professionals will plan with and support youth as they transition to adulthood.
- Child welfare professionals will inform children and their families that they can request aftercare services from the county DSS agency and obtain the services on a voluntary basis.

## Child Welfare Process: Permanency Planning Services (continued)

What is Family Time?



Family Time between parents and children in out-of-home care is an underutilized service that can be the most significant assistance provided for safe reunification or family participation in planning another permanent home for their child. Family Time can stir up ambivalent feelings in the parents, extended family, foster family, and workers. Facilitating quality Family Time requires the use of the following fundamentals:

- Reaching an agreement with the parent about the child's needs to be met in Family Time.
- Preparing parents for their child's reactions and how to give their child their full attention at each Family Time.
- Reminding parents immediately before and during Family Time of how they plan to meet the particular needs of their child.
- Helping parents express and cope with their feelings to encourage them to visit consistently.
- Recognizing and celebrating the parent's strengths in responding to their child's needs during Family Time.

### Notes

## Handout: Building Protective Factors During Casework Visits



CENTER FOR THE STUDY  
OF SOCIAL POLICY'S

**strengthening families**  
A PROTECTIVE FACTORS FRAMEWORK

### BUILDING PROTECTIVE FACTORS DURING CASEWORK VISITS

Casework visits are opportunities to engage with caregivers and children in ways that both support the family and build protective factors. Your interactions with the caregiver and child are small interventions that can help the family move toward meeting goals in their case plan. Visits allow you to observe and reinforce what is going right, while also gently providing support, advice and encouragement when caregivers or children are struggling. The following tips can help caseworkers build protective factors among the families they serve.

#### Parental Resilience

- Project a positive and strengths-based approach to the family.
- Encourage the caregiver to talk about stresses or challenges they are experiencing (either in caring for the child or in life in general). Provide empathetic support and help the caregiver to problem solve around these challenges.
- Validate and support good decisions.
- Ask what the caregiver enjoys doing with the child and emphasize opportunities to build these activities into regular routines.
- Support the family as key decision-makers throughout the case planning process.
- Encourage the caregiver to explore his or her own past experiences of trauma and to address how those experiences might impact them in the present.
- Normalize the fact that parenting is stressful and help the caregiver plan out responses to stressful parenting situations.
- Encourage self-care strategies.

#### Knowledge of Parenting and Child Development

- Observe parent-child interactions and provide positive coaching around supporting child development, nurturing the child or behavior management strategies.
- Model nurturing behavior in your interactions with the child.
- Model appropriate expectations for the child.
- When the caregiver's expectations are not in line with the child's developmental stage, engage the caregiver in a conversation about how to provide more developmentally appropriate responses.
- Ask the caregiver about his or her parenting challenges and recommend resources that can be used to address those challenges.
- Connect the caregiver to parenting education classes or resources as part of case planning.
- Help the caregiver to value the caregiving role by underlining the positive impact that nurturing care has on a child.
- Provide "just in time" parenting education (i.e., information a caregiver needs when new parenting issues arise). Provide and discuss tip sheets related to issues the child or caregiver is dealing with.
- Help the caregiver identify trusted informants who can provide parenting information.



CENTER FOR THE STUDY  
OF SOCIAL POLICY'S

**strengthening families**  
A PROTECTIVE FACTORS FRAMEWORK

### Social Connections

- Model good relational behavior and use the case management process to help the caregiver strengthen relational skills.
- Help the caregiver reflect on the dynamics in his or her existing relationships and identify supporters who contribute positively.
- Encourage the caregiver to expand or deepen his or her social network.
- Encourage the caregiver to address personal or family issues (e.g., anxiety, depression) that serve as barriers to developing healthy social connections.

### Concrete Support in Times of Need

- Help the caregiver to identify concrete needs that are causing stress in the family and connect the caregiver with resources to address those needs.
- Encourage help seeking behavior.
- Work with the family to understand any past experience with service systems and any stigma they attach to certain services.
- Help the family to navigate complex systems by explaining eligibility requirements, helping to fill out forms or making a warm handoff to someone who can help the family access the services they need.
- Help caregivers understand their role as an advocate for themselves and their children.

### Social Emotional Competence of Children

- Provide warm and consistent support to the child.
- Look for signs of trauma in the child. When a child exhibits signs of trauma, connect the child and caregiver to mental health resources and help the caregiver to understand and interpret the behavior as stemming from trauma.
- Increase the caregiver's awareness of the importance of early relationships.
- Help the caregiver fully understand the importance of their role in nurturing the child's social-emotional development.
- Provide the caregiver with concrete tips and resources to help build the child's social and emotional competence.
- Encourage family play by bringing play supplies (e.g., a board game, crayons) to the visit.
- Connect the family to resources that support the child's social-emotional development.
- Help the caregiver address the child's attachment issues and/or challenging behaviors.
- Teach and model social skills, such as sharing, taking turns and positive conflict resolution.

## Family Time Policy Requirements

Must occur between parents and child within 7 calendar days of placement

Occurs in the least restrictive setting

Consider child, family, and placement provider's schedules first

Assess need for supervised Family Time on ongoing basis

Family Time and Contact Plan (DSS-5242) is developed with the parent and child

Access the "DSS-5242 Family Time and Contact Plan" on the state website:  
<https://policies.ncdhhs.gov/wp-content/uploads/dss-5242-ia.pdf>

Family Time is a crucial component that must take place between the parents and the child within seven calendar days of the child entering agency custody. To ensure the needs of both the child and the parents are met, a Family Time and Contact plan must be developed collaboratively within 14 days of the child's placement. Whenever possible, Family Time should be arranged in the least restrictive setting, with the agency office being used only as a last resort. The necessity for supervised Family Time must be evaluated continually to support the well-being of the child and family.

### Notes

### During Family Time

Assess the parent's ability to respond to the child	Prepare the child and parent for reunification	Assist parents to understand the child's needs	Guide and observe parents' responses
Observe the parent's relationship with their child	Observe changes in the parent's behavior	Observe the child's reactions and responses	Provide evidence to support the permanent plan

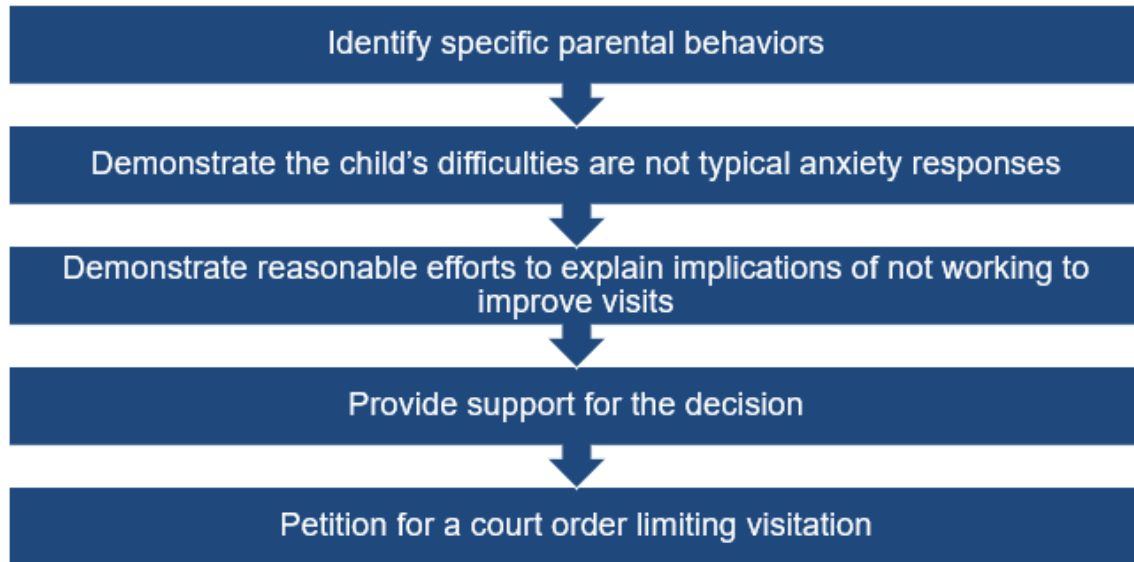
The county child welfare agency should observe the interaction between the child and the parent, documenting the activities that took place and how the time was spent.

County child welfare workers should use Family Time to:

- Assess the parent's ability to respond to the child's needs
- Prepare the child and parent for reunification
- Assist parents in understanding the child's needs and behaviors
- Guide and observe parents' responses to the child's behaviors
- Observe the parent's relationship with their child
- Observe changes in the parents' behavior over time
- Observe the child's reactions and responses to the parent
- Document all the above and thus provide evidence to support the permanent plan

### Notes

### Restriction of Family Time



Family Time is a fundamental right for all children in foster care and their families. It is NOT an exceptional or elective service, nor is it to be used as a bonus or reward

- Family Time and Contact Plans are required, and Family Time must continue until the court orders termination of Family Time, or termination of parental rights
- Requirements to be met before restriction or termination of Family Time
- Changes in the visitation plan as a result of the parent's substance use must not occur unless there is an unsafe environment for the child

The Family Time Policy can be found in the NC Child Welfare Manual: Permanency Planning Services: <https://policies.ncdhhs.gov/wp-content/uploads/Permanency-Planning-Manual-September-2025.pdf>.

#### Notes

## Sibling Visitation

### Sibling Visitation

- Sibling bonds are among the strongest human experiences
- Siblings must have frequent and ongoing visitation
- Family Time with siblings must occur within 7 calendar days of placement

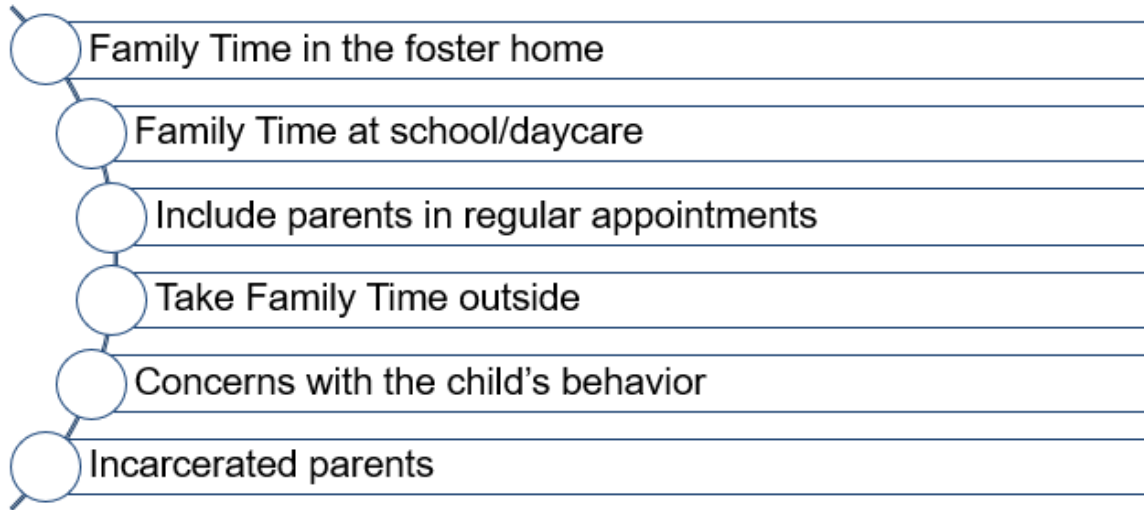


Preserving connections between siblings is critical for children who have been removed from their families. Sibling bonds are among the strongest humans ever experience. They are emotionally powerful and critically important not only in childhood but throughout a lifetime. Sibling relationships can provide a significant source of continuity, which allows children to maintain a positive sense of identity as well as knowledge of their family history. It also keeps them connected with their cultural background.

### Notes



## Busting the Barriers to Family Time



Many factors can complicate Family Time, however, as a child welfare professional, it is your responsibility to ensure and facilitate quality Family Time between the child and their parent, even in the face of those challenges.

### Activity: Busting Barriers to Family Time

The purpose of this activity is to explore potential worries or concerns they may have about facilitating Family Time.

#### What to Do:

Think of some barriers or worries you might have about facilitating Family Time. Write down one worry or barrier per sticky note. When time is up, place your sticky notes on the flip chart paper at the front of the room.

#### Notes

### Handout: Busting Barriers to Family Time

The following strategies to help you facilitate Family Time. Many of these strategies will support facilitating Family Time in the least restrictive and most natural environment for the child and their parent.

#### **Family Time in the foster home:**

- Allows the parent to observe a positive approach to childcare and allows the child to see all those who care for them as allies
- Promotes a sense of partnership between the placement provider and the child's parents and is a potential permanent resource for the future

#### **Family Time at school or in daycare:**

- Most children would welcome lunch with their parents, which is something most schools allow and encourage
- Allows parents to learn about this important aspect of their child's life and meet their child's teacher or daycare provider

#### **Include parents in regular appointments:**

- Participating in doctor or dentist appointments gives parents an opportunity to take responsibility for medical concerns and keeps them informed
- May reassure the child, who may be fearful about the appointment.

#### **Take Family Time outside:**

- Parks, playgrounds, fast-food restaurants, and other places allow for Family Time that more closely resembles normal parent-child interaction

#### **Concerns with the child's behavior or reactions before and after Family Time:**

- Where children exhibit concerning behavior, seek out mental health professionals to help interpret the emotions and reactions children may exhibit before deciding to modify the Family Time

#### **Incarcerated parents:**

- At every age, children need to be able to see and have contact with their parents. When parents are incarcerated, it can be challenging to overcome the many barriers to keeping children and their parents connected. The role of caregivers and caseworkers in helping to keep these connections in place is especially important in the face of parental incarceration. Without a supportive caregiver and the opportunity for regular contact, it will be hard for the parent-child relationship to stay strong.
- The known is always easier than the imagined. When possible, be truthful with children about their parents' whereabouts. This may mean different explanations at each stage of development, but truthfulness minimizes anxiety at any age
- Show children pictures and videos of their parents and vice versa
- Have children write letters to their parents and read them letters their parents have sent them

- Prepare children for what to expect at the facility. Talk with children about the facility, its rules, and why they need to respect the rules
- Use technology. Some facilities have tablet programs with communication apps for families

**Recruit volunteers:**

- Recruit volunteers as Family Time Specialists. Transportation and the need for supervision should not limit the opportunity for Family Time. Volunteers may also become role models and mentors.

### Facilitating Quality Time



The quality of time a parent spends with their child is critical for the strength of relationships of all families, especially a family involved with the child welfare system. Likewise, many factors may affect the quality of time a parent and child spend together. This includes who is present, where the time together is spent, how the time together is spent, whether attention is focused or divided, the ability of the parent or child to be emotionally present, the physical health and social, emotional, and psychological health of a parent or child, and numerous other stressors or stimuli. As a child welfare professional, you have the responsibility of addressing these factors and facilitating quality Family Time between the child and their parent.

#### Notes

### Handout: Facilitating Quality Family Time

The quality of time a parent spends with their child is critical for the strength of relationships of all families, especially a family involved with the child welfare system. Likewise, many factors may affect the quality of time a parent and child spend together. This includes who is present, where the time together is spent, how the time together is spent, whether attention is focused or divided, the ability of the parent or child to be emotionally present, the physical health and social, emotional, and psychological health of a parent or child, and numerous other stressors or stimuli.

Be mindful that removal, even when necessary and for short periods, is traumatic to both children and their parents. Although there is no generally accepted way to structure Family Time to optimize chances for reunification, families that spend time together regularly have a greater likelihood of timely reunification, and frequent family connections may also decrease depression, anxiety, and externalizing problem behaviors in children. While there is variation in how child welfare agencies approach Family Time, typically the goal is to increase the number and length of Family Time while reducing agency oversight until the family is ready for reunification. The following are strategies to help plan for, prepare, facilitate, and address after quality Family Time occurs.

#### **Planning for Family Time:**

- Take all steps necessary to assure the parent that family time will be a top priority before removal.
- Arrange the family time as soon as possible after removal. Given the trauma that removal causes both children and their parents, it is important for family time to occur as soon as possible, ideally within 24 to 48 hours, unless there is a clear and present safety threat to the child. The actual timing may depend on the parents' circumstances and safety factors.
- Family time should occur as often as possible, especially at the outset. As family time continues, the age of the child is a significant factor in determining how often children should see their parents. Infants and young children may need short visits daily or every other day to maintain their connection with a parent; young children of school age may need slightly less frequent visits if they can connect with parents on the phone each day. And older school-aged children and teens may be able to go a few more days between visits as longer time with parents once or twice a week may work better.
- Speak with the parents as early as possible to identify family members, friends, or other trusted adults the parents may know that can help where supervised visitation may be necessary.
- Ensure that family time is a central part of every case plan.
- Remain aware that frequent Family Time can help reduce trauma to both parents and children and can help the family move toward permanency sooner.
- Understand where and how visits occur to affect the quality of Family Time. Arrange for Family Time to occur in natural and unsupervised environments, absent identified the immediate danger of harm to the child.

- Provide continuity in transportation for visits with the parents. Transportation should be done by the same staff in the same vehicle as much as possible, as routine helps to reduce stress.
- Think of Family Time broadly as involving the parent as much as possible in day-to-day child-rearing activities that allow for parental participation in normal daily experiences of their children's lives, such as school activities, doctor appointments, recreational activities, assistance with schoolwork in the placement home, religious service, and on birthdays and holidays.
- Ensure the Family Time and Contact Plan is individualized, will advance the child's permanency goal, and is guided by both strengths and concerns regarding the child, the parent, and the relationship.
- Routinely review the level of supervision needed for the parent-child relationship and Family Time.
- Identify other primary adult attachment figures in the child's life who can be included in Family Time to help the child feel secure and safe.
- Include ongoing contact, such as virtual and telephone contact, in addition to scheduled face-to-face contact.
- Consider cultural factors in determining the place for Family Time, such as a place of worship or the home of a friend or relative where the family's home language is spoken.

#### **Preparing for Family Time:**

- Family time should occur in places that provide as homelike and familiar of a setting as possible, while also maintaining safety.
- The visiting space should be comfortable, clean, and relatively quiet, and include age-appropriate toys and activities.
- Prepare the child and parents by setting realistic expectations, suggesting parenting strategies, and offering guidance on structuring the visit. Acknowledge any fears expressed and reassure the parent and the child.
- Work with the parent to set an intention for each Family Time, clearly identifying a desire or a focus that will strengthen the parent-child relationship. For example, if reunification is the permanency goal consider suggesting the following activities, cuddling and reading together, playing on the floor together, feeding or bathing the child, talking and using words while playing, practicing nurturing interactions, reading the child's cues to match their needs, any family or cultural rituals like hair styling, prayers, or birthday songs.
- Ensure the placement provider is aware of Family Time and will help to prepare the child.
- Encourage the parent to bring toys, food, or meaningful items from home. Encourage the placement provider to send a favorite toy or comfort item with the child.
- Placement providers can also help children prepare for visits and transition afterward. They may transport children to and from visits and, in some cases,

monitor the visits or offer ongoing coaching or support to the child's parents. When the placement provider and the child's parents work as parenting partners, both during and outside of visits, the benefits include more normalcy for children, sharing of information, easing of children's concerns about friction between the placement provider and their parent, and a greater chance for successful reunification.

**During Family Time:**

- What happens during family time depends on many factors, including the identified case goals, the age of the child, how long the visits have been happening, the location of the visit, and even the time of year.
- Family Time and Contact Plans should include a parenting skills component, so the interaction during the visit may be a chance for the parent to practice new ways to engage their child.
- Assess for safety during Family Time
- Whenever possible, and approved by the court, unsupervised Family Time should occur.
- Create opportunities for the parent to accompany the placement provider on a visit to the child's doctor or a school event, which can further enhance the connection between parents and their children.
- Routinely encourage the parent to help the child feel secure and safe.
- Observe interactions between the parent and child to determine if they are developmentally appropriate and to assess the level of engagement.
- Help the parent understand the child's behaviors are connected to their emotions.
- Consider how to assist the parent and placement provider in sharing normal duties of parenting.

**After Family Time:**

- At the conclusion of each visit, provide additional feedback.
- The transparency of the feedback process helps to build trust between yourself and the parent.
- Discuss with the parent what worked and what needs to be worked on next time.
- Check-in with the placement provider to hear the child's reaction and provide support.

## Family Time Learning Lab

### Family Time: Lou Richards

The purpose of this activity is to assist in broadening understanding about the array of services that can be provided to families to support goal achievement.

#### Activity: Family Time: Lou Richards

The purpose of this activity is to assist the learners in broadening their lens about the array of services that can be provided to families to support goal achievement.

#### What to Do:

Read the “Lou Richards” scenario below, then answer the Part One Questions.

The training facilitator will then lead a role play exercise. Answer the Part Two Questions.

You will then be sorted into groups to act out a conversation with people from the scenario:

Group #1: Conversation with Lou and the resource parent: Preparing parents for their child’s reactions and how to give their child their full attention at each Family Time

Group #2: Conversation with Lou and his sister, who is driving him to the visits: Reminding parents immediately before and during Family Time of how they plan to meet the particular needs of their child

Group #3: Conversation with Lou and his sister, who is driving him to the visits: Helping parents express and cope with their feelings in order to encourage them to visit consistently

Group #4: Conversation with Lou, the resource parent, and Lou’s sister: Recognizing and celebrating the parents’ strengths in responding to their child’s needs during Family Time



Lou Richards Scenario

Mother: Alexandra Richards – 25-year-old; White  
Father: Lou Richards – 25-year-old; White  
Children: Victoria Richards – 7-year-old; White; female  
Troy Richards – 4-year-old; White; male

**Background**

Lou is a 25-year-old recovering cocaine and methamphetamine addict who started abusing marijuana and alcohol as a teenager and eventually began selling drugs. His 7-year-old daughter, Victoria, is a shy child who likes to draw, and his son, Troy, is a very active 4-year-old. Their mother, Alexandra, has been in and out of their lives due to mental health hospitalizations and is currently in prison for selling drugs. Lou has limited parenting experience as a single parent and thought of parenting as the mother’s job. The children have been in foster care for the past 2 months while their father was in drug treatment. The worker and resource parents met with Lou while he was in the treatment program. Lou saw the children as soon as allowed by the treatment facility and the DSS agency. Lou was depressed by the end of the visit because Victoria hugged him, yet hardly spoke or made eye contact and Troy had to be pulled off the top of the table, and the couch, and redirected endlessly. Lou described himself hopelessly as a “basket case with two kids he cannot control.” Lou is questioning if he can pull this off and if he should continue visits. Lou’s discouragement was heightened by the guilt he feels about how his choices have harmed his children.

Part One Questions:

**How is Lou feeling?**

**Why might Lou feel that way?**

**Part Two Questions:**

**What did the facilitator say and do to engage Lou?**

**What did the facilitator do to demonstrate 'mobilizing services' by focusing on strengthening Lou's awareness and ability to meet his children's needs during the visits?**

**Small Group Discussion**

Have a conversation in your small group about your assigned fundamental. Be prepared to share the results of your conversation and highlight opportunities to involve the family's team to support successful Family Time.

**Notes**

## Family Time Reflection Activity

As difficult as it may be at times, it is our job to work out a means to provide services that are in the best interest of the child. While the child is in placement, there may be no more important service than maintaining the connection between the child and their significant others.

### Activity: Family Time Reflection

The purpose of this activity is to reflect on how they can support Family Time to achieve positive outcomes and reunify children with their families as soon as possible.

#### **What to Do:**

Think about and answer the following questions:

**How can I identify and address trauma and stress experienced during Family Time?**

**In what ways can I acknowledge my own biases, privilege, and the power I hold, to ensure fairness in decision-making and planning for Family Time?**

**What is my level of understanding regarding the five protective factors, and how do they relate to Family Time?**

**How can I support and facilitate Family Time to achieve positive outcomes?**

### Key Takeaways

Family Time has several benefits

Maintains and improves the parent-child relationship

Opportunity for parents to improve their parenting skills

Good indicator of the possibility of reunification

Preserving connections between siblings is critical

### Notes

## Shared Parenting

Have you ever missed a milestone?

Activity: Missed Milestones

The purpose of this activity is to reflect on what it is like to miss milestones and take on a child welfare-involved parent's perspective of what it feels like to miss out on important life milestones.

**What to Do:**

**Reflect on the milestones you may have missed with family and friends during the past weeks of training.**

**Jot down everything you do with your child or everything that someone you know, and love, does with their child**

Draw a line through everything that you, or the parent of the child you were thinking about, could give up. You know, the things that are really not that important.

**What was the easiest part of this activity?**

**What was hard about the crossing out part?**

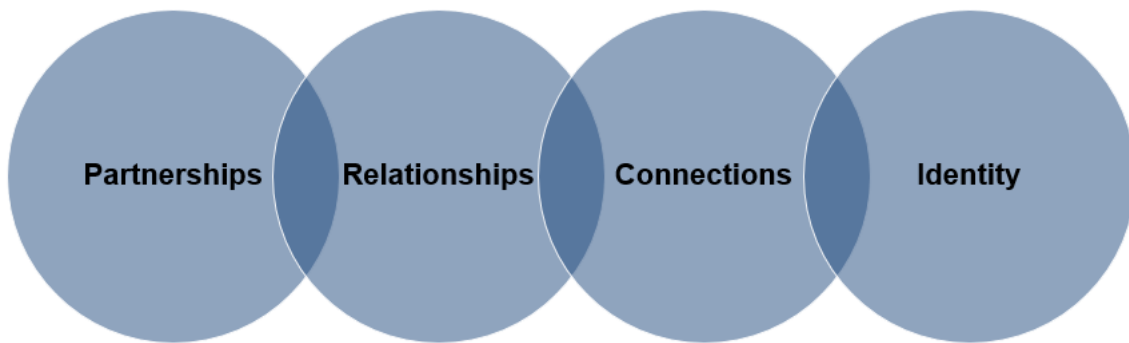
**Why was this hard?**

**What did you cross out?**

Find a partner and discuss your feelings about this exercise.

**What did you and your partner discuss while you were crossing out things?**

## What is Shared Parenting



Shared parenting is a practice in which foster parents cultivate positive, supportive relationships with the child’s parents. Shared parenting relationships are based on trust while keeping the safety and best interests of the child in focus.

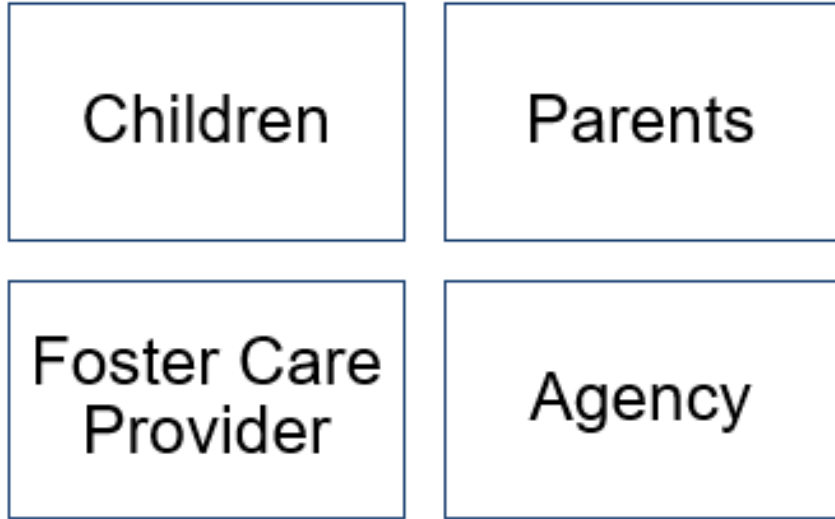
Foster parents must engage in shared parenting by:

- Developing partnerships with children and their parents
- Helping children maintain and develop relationships that will keep them connected to their past
- Helping children build a positive self-identity and positive familial, cultural, and racial identity

### Notes

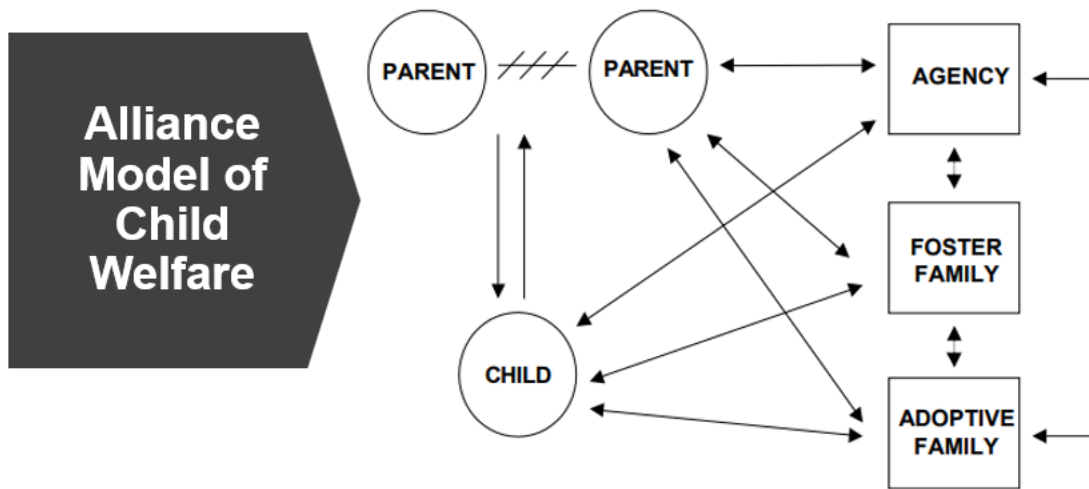


Benefits of Shared Parenting



Notes

### Alliance Model of Child Welfare



The Alliance Model promotes collaborative partnerships among parents, foster/adoptive families, and child welfare agencies to support a child’s safety, permanence, and well-being. It emphasizes shared parenting, where all key adults form a united team to build a positive alliance with the child’s parents.

When adults are aligned, children benefit emotionally and psychologically, allowing them to focus on healthy development, and prioritizing the preservation and strengthening of the child’s attachment to their family . The partnerships between these adults impact all future attachments between the child and others.

#### Notes

### Shared Parenting Meetings

Similarities	Differences
Family-centered meetings	Not about “the case”
Utilize Principles of Partnership	Child not present
Planning is important to success	Not on “set” schedule
Initiated early in the case	Fewer attendees
Meet the needs of the child	Worker not present at every contact

North Carolina’s child welfare reform includes shared parenting meetings, which foster communication and planning between foster parents and the child’s parents about the child’s daily care and needs. Shared parenting emphasizes respectful collaboration, consistent caregiving practices, and nonjudgmental communication to support the child’s well-being.

While both shared parenting and Child and Family Team (CFT) meetings are family-centered and initiated early, shared parenting meetings focus on caregiving—not case planning—and typically involve fewer participants and more flexible scheduling. The CFT does not qualify as a shared parenting meeting even though the parents may meet at that meeting for the first time.

**Notes**

## Handout: Shared Parenting Benefits Everyone!

**Benefits for the Child**

- Consistency of care is more likely
- Child does not have to develop separate alliances
- Child can relax and attend to growing and playing (vs. worrying about the parents)
- Child's needs are more fully met because their foster parents are more fully informed (and vice versa)
- Minimizes the trauma of placement for both children and parents by preserving and nurturing children's relationships with their parents, siblings, and extended family

**Benefits for the Child's Parents**

- Able to play a role in the child's adjustment to the foster home
- Feel valued through sharing their insights with the foster parents
- Experience decreased anxiety about the care their child is receiving
- Learn new skills for managing difficult behaviors
- Minimizes the trauma of placement for both children and parents by preserving and nurturing children's relationships with their parents, siblings, and extended family

**Benefits for the Foster Parents**

- Gain valuable information that will ease the child's adjustment to the home
- Child's behavior may improve
- Experience fewer conflicts with the child's parents related to the care of the child
- May be able to continue to play a role in a child's life after reunification
- Helps foster parents make reasonable and prudent parenting decisions that are in-line with the child's parents' decisions and/or wishes

**Benefits for the Agency**

- Reduces worker time needed for transportation and supervision of visits
- Increased placement stability
- Plan for permanency may proceed more quickly
- Establishes trusting relationships by reassuring the child's parents that their children are well cared for
- Creates positive, ongoing connections among everyone involved in caring for the child
- Improves family engagement through the life of the case by immediately demonstrating to the child's parents that social workers can be trusted to follow through on their promises and commitments.

## Shared Parenting Policy Requirements

### Activity: Shared Parenting Policy Requirements Review

The purpose of this activity is to think comprehensively about shared parenting and policy requirements related to shared parenting.

#### **What to Do:**

With your group, review the “hared Parenting” handouts and then discuss the questions below with your group.

#### Discussion Questions:

##### **How will you prepare the child’s parent?**

##### **How will you prepare the child for shared parenting?**

##### **How will you prepare the foster parent?**

**How will the needs and interests of the child be recognized during the meeting?**

**How will you support a family-centered and trauma-informed environment in the meeting?**

## Handout: Shared Parenting

### Preparing for the meeting

It will be your responsibility to facilitate the first shared parenting meeting between the foster parents and the child's parents. Before the first shared parenting meeting, you must:

- Be aware that you do not impose your own biases about a parent's previous decisions
- Model positive communication about the child's parent to the foster parent and about the foster parent to the child's parent
- Brief the foster parents about any fears or needs of the child's parents and help the foster parents understand these needs
- Be prepared to discuss how the needs and interests of the child will be recognized during the shared parenting meeting
- Plan for the child's parent to visit with the child, if appropriate
- Make visitation arrangements when the child is visiting with their parent before or after the meeting
- Encourage the foster parents to share with the child's parents a positive attribute they see in the child

### Planning for the meeting

As you plan for the first shared parenting meeting, consider the following questions:

- What issues need to be addressed at the first meeting?
- How will you prepare the child's parent for the meeting?
- How will you prepare the foster parent for the meeting?
- Will the child's parent visit with the child before or after the shared parenting meeting?
- How will the needs and interests of the child be recognized during the shared parenting meeting?

You must facilitate a shared parenting meeting between the child's parents and their foster parents within 14 days of placement to ensure that the partnership has a strong beginning and is supported by the agency. This requires advanced planning so that both families understand the purpose of the meeting (to discuss the care of the child, not "the case"). This will include preparation of the foster parents and the child's parents to exchange information essential to shared parenting, including:

- Medical information
- School progress
- Sleeping habits
- Eating habits
- Response to discipline
- Any of the child's strengths and needs

### Facilitating the meeting

When you are deciding when and where the shared parenting meeting should be held, you should:

- Take into consideration the work schedules of the foster and the child's parents, as well as the child's schedule, especially if there is a need for childcare during the meeting
- Engage the child's parents and the foster parents in determining the meeting location by asking them where they would like to meet. Meeting in a neutral location that allows for privacy is important. The following can be good options:
  - A neighborhood recreation center or social center
  - The library
  - A child's therapist's office

During the initial shared parenting meeting, support the foster parents and the child's parents in sharing as much information as possible about the child with each other. Parents need to be empowered. They are an excellent resource for gaining insights into the needs of the child. You should initially focus on items that might seem simple but can be very important, such as:

Asking for a picture of the family to have for the child

Discussing the child's favorite foods, toys, clothes, activities, likes, and dislikes.

Hygiene preferences, including a preference for showers over baths, hair care needs, and whether the child requires assistance for dental care

Any fears the child has, including unusual fears or those that are considered typical childhood fears

Educational needs of the child, such as IEP or behavior support plans, and roles and responsibilities around parent-teacher conferences

Medical needs of the child, such as any medications they are taking, allergies, and who should make doctor's appointments for the child

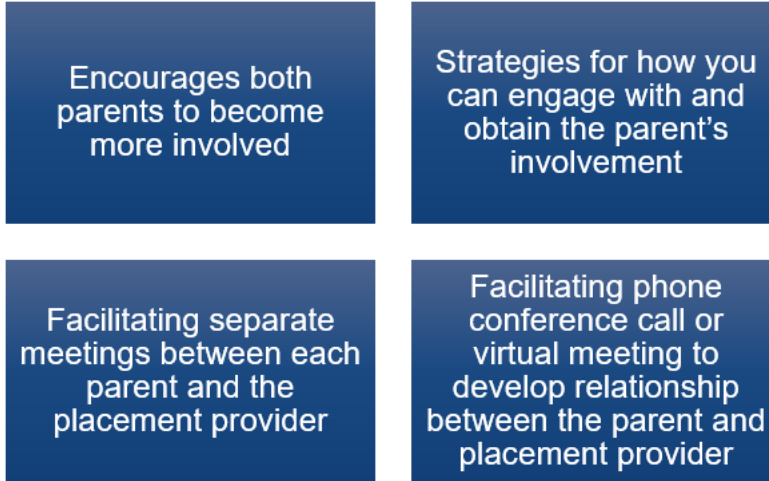
Routines or schedules, like an important blanket, stuffed animal, bedtime ritual that should be maintained, and how the child likes to be comforted. Outline specifics such as schedules, roles, and responsibilities.

Encourage the child's parents and foster parents to discuss openly the child's specific needs and how those needs can be met during the meeting.

Shared parenting meetings must meet confidentiality standards. Foster parents need to know about medical conditions that a child may have. Rediscovery of the information is prohibited without the consent of the child, parent, or guardian. County child welfare workers must avoid sharing information about the child's parents with the foster parents, and vice versa, if it is not information that is pertinent to the child's care. Inform the child's parents and placement providers that information shared within a shared parenting meeting remains confidential. Remind learners to discuss any questions with their supervisors and seek out agency policy around specific situations for the sharing of information.



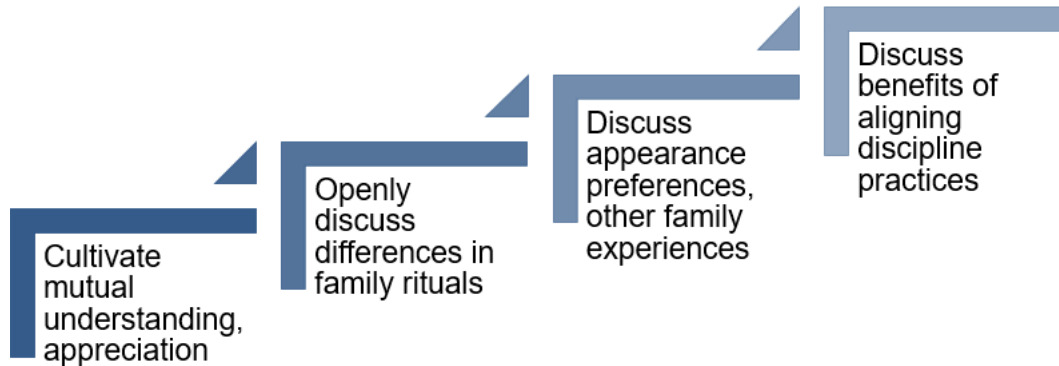
## Involving Fathers and Non-Residential Parents



Child welfare staff are responsible for engaging both resident and non-resident parents in shared parenting, making every effort to locate and include absent parents early in the process. Involving absent or non-resident parents can provide valuable insights into the child's development and may support future reunification. Be sure to use flexible strategies, such as separate meetings or virtual options, to accommodate parent needs and foster respectful collaboration with placement providers.

### Notes

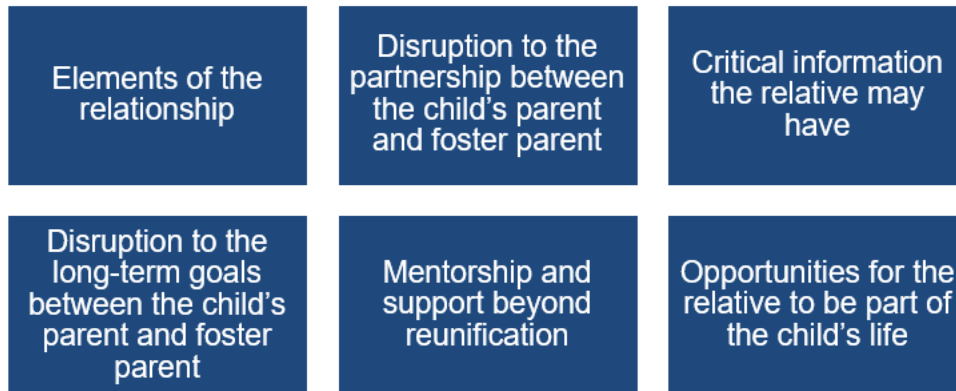
## Considerations in Shared Parenting



Planning for shared parenting meetings includes facilitating an exchange between the child’s parents and foster parents to ensure traditions are honored during placement. Help both parties understand and appreciate family differences, including religious practices, family rituals, appearance preferences, and discipline strategies. It is important to align caregiving practices across homes to provide consistency for the child and support a smoother transitions and emotional stability.

### Notes

## Including Relatives in Shared Parenting Meetings



It will be your responsibility to decide whether to include relatives in shared parenting meetings by using the listed considerations. Children that are placed with kinship foster parents will present unique strengths and challenges to shared parenting. Keep in mind the changing roles and boundaries for relative caregivers.

### Notes

## Busting Barriers and Shared Parenting Strategies

- Recognize and talk openly about concerns
- Recognize family strengths
- Share information essential to shared parental responsibilities
- Set clear boundaries and ground rules
- Encourage exchange of information
- Support facilitation of Family Time in the foster parent's home
- Anticipate conflict

Shared parenting offers many benefits but also presents challenges, such as emotional tension between parents and foster parents, divided loyalties for the child, and potential safety concerns.

### Notes

## Shared Parenting Learning Lab

### Shared Parenting Reflection and Action Planning

There are positives and challenges concerning shared parenting for the child, family, placement providers, and yourself. However, there are strategies you can implement to address these challenges and ensure a successful shared parenting partnership.

#### Activity: Shared Parenting Reflection and Action Planning

The purpose of this activity is to spark energy around encouraging shared parenting at the agency and preparing all involved entities in shared parenting for a shared parenting meeting once back at the office.

#### **What to Do:**

Find a partner and discuss how you can support shared parenting and what that would look like in your practice. Make a list of what you can do:

#### **What can we do so that the parents we work with won't miss these milestones?**

#### **What would your practice look like to save the plate from shattering?**

Then write your answers on the flip chart papers provided. As groups share their lists, cross off anything on your list that another group mentions.

Complete the "Shared Parenting Reflection and Action Plan" worksheet on the following page.

Worksheet: Shared Parenting Reflection and Action Plan

Reflect on how you can support shared parenting to achieve positive outcomes for children and families.

**One thing I can do next week to encourage and support shared parenting partnerships in my agency is...**

**One thing I can do to help a child's parents understand the benefits of shared parenting is...**

**One thing I can do next week to support foster parents as they learn about shared parenting is...**

**One question I have for my supervisor/ team is...**

### Key Takeaways

Family Time has several benefits

Maintains and improves the parent-child relationship

Opportunity for parents to improve their parenting skills

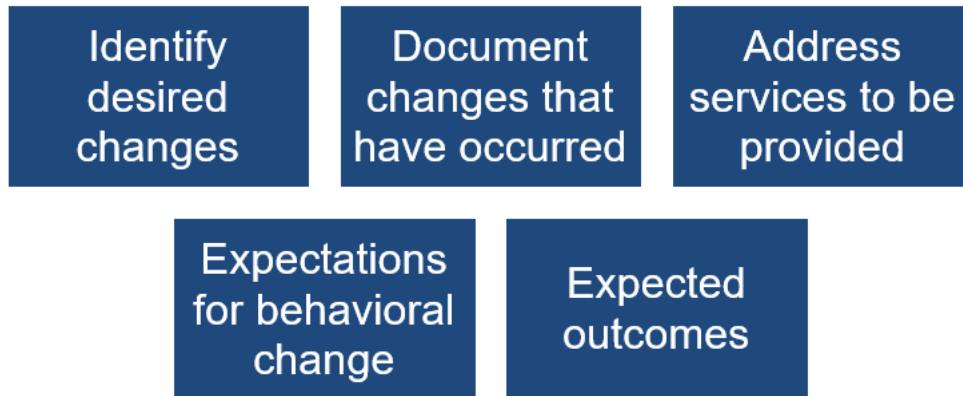
Good indicator of the possibility of reunification

Preserving connections between siblings is critical

### Notes

## Permanency Planning Case Plan

### Permanency Planning Case Plan: Achieving Outcomes



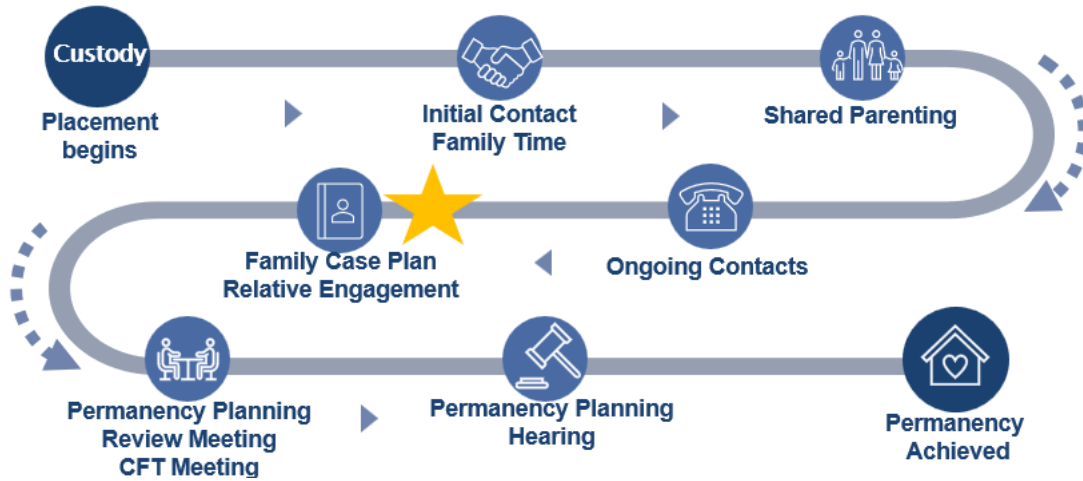
The Permanency Planning Case Plan outlines the collaborative steps needed to achieve a safe, permanent home for the child, involving the family, agency, and community supports.

- It clarifies the reasons for agency involvement, identifies family needs, and sets expectations for behavioral change and progress
- The plan must document desired behavior changes, services to be provided, and target outcomes, while also acknowledging family strengths
- It serves as a structured framework guiding the agency’s work with the child and family throughout the permanency process

#### Notes



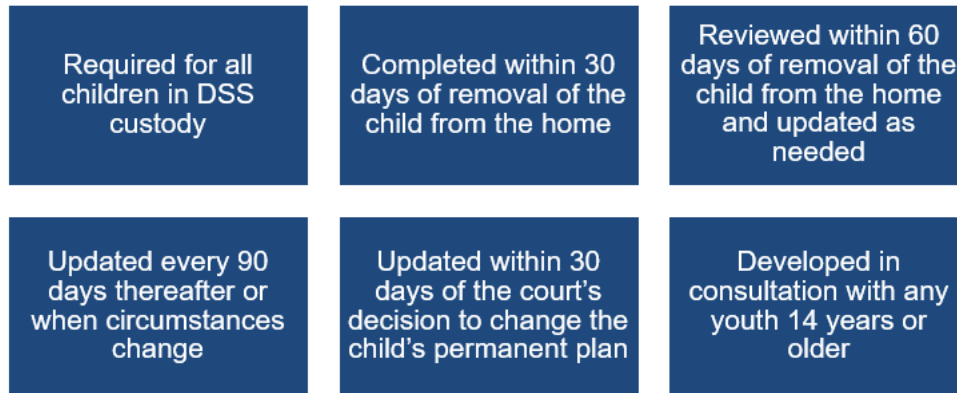
### Overview of Permanency Planning Services Process



Within 30 days of placement, the Permanency Planning Case Plan and Transitional Living Plan will be developed. You will also update the family's Permanency Planning Family Case Plan each time a Permanency Planning Review Meeting occurs. We'll talk more about the policy requirements next.

#### Notes

## Permanency Planning Case Plan: Policy Requirements



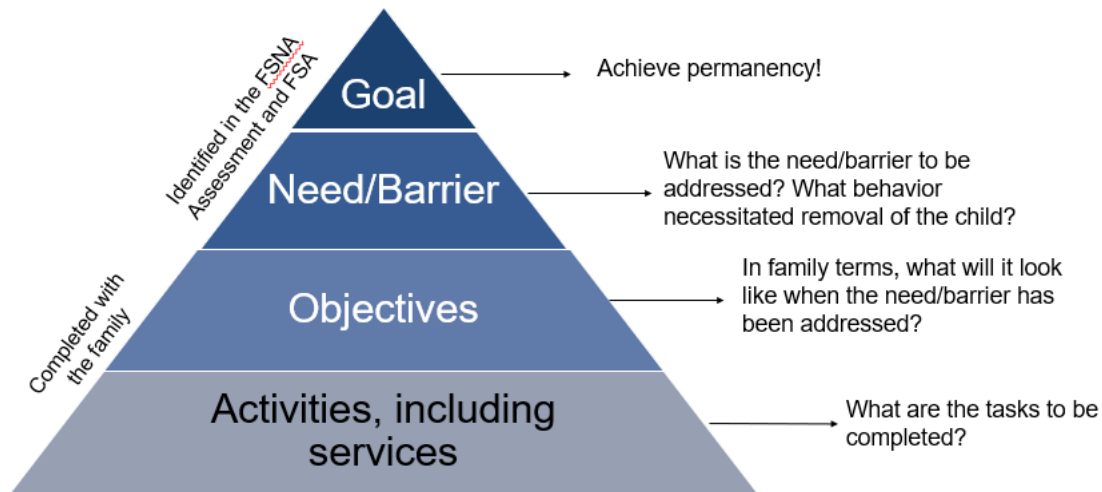
The Permanency Planning Case Plan is used to establish objectives and activities that support the child in achieving the goal of a safe and permanent home. Follow along in the Permanency Planning Services NC Child Welfare Manual as we review the policy requirement for the Permanency Planning Case Plan.

The Permanency Planning Case Plan must be:

- Completed within 30 days of removal of the child from the home
- Reviewed within 60 days of removal of the child from the home and updated as needed
- Updated every 90 days thereafter or when circumstances change (these updates track with required Permanency Planning Reviews that we will talk about later today)
- Updated within 30 days of the court's decision to change the child's permanent plan
- Developed in consultation with any youth who has attained the age of 14 years or older

### Notes

## Permanency Planning Case Plan Form (DSS-5240)



Consider following along by pulling up the DSS-5240 Permanency Planning Family Services Agreement from the state website [DSS-5240ia-Final.pdf](#).

The Permanency Planning Case Plan is a structured tool used to guide service delivery, document progress, and support behavioral change toward achieving a safe, permanent home for the child

It includes five key sections: family demographics, objectives and activities, parent well-being needs, court information, and signatures from all involved parties

Objectives and activities must be individualized, behaviorally specific, and developed in partnership with the family, reflecting their strengths, needs, and barriers to permanency

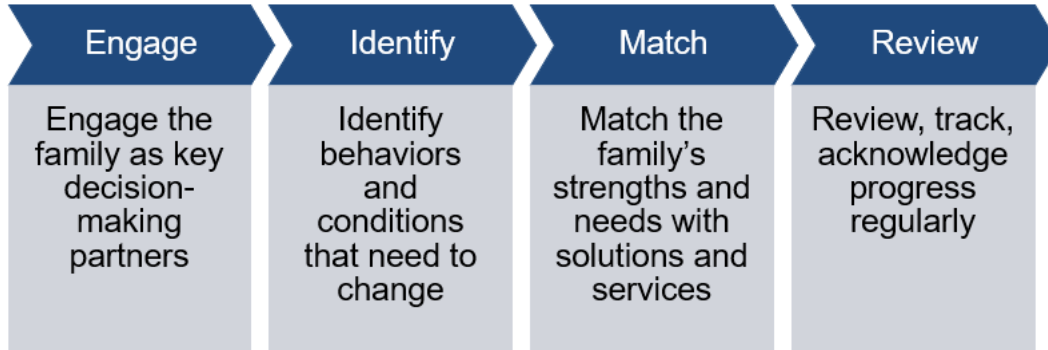
The Case Plan is a living document that must remain current and relevant, with ongoing updates based on family progress and changing circumstances

It must be completed with the family

Ultimately, the plan supports the family’s journey toward permanency by aligning services, expectations, and measurable outcomes that address safety, well-being, and reunification goals

### Notes

### Engagement of Family in Decision-Making and Agreements

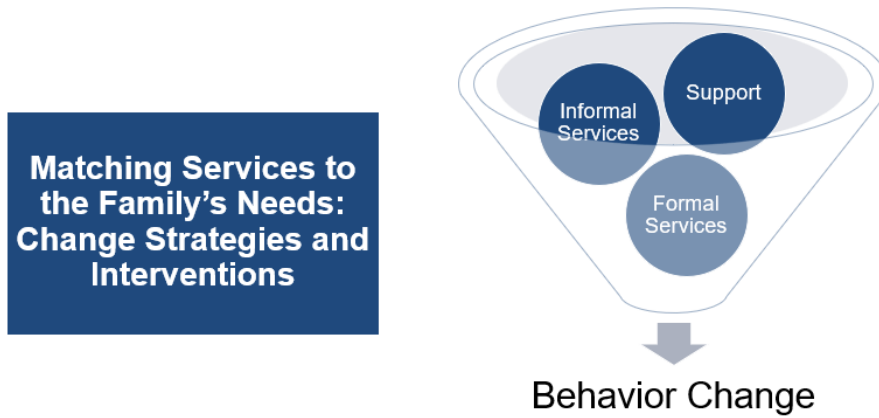


Decision-making and creation of the Permanency Planning Services Agreement are best done with the involvement of the child's parents and other family members. When families are engaged in the planning and decision-making process, they are more likely to recognize and agree with the identified needs and problems to be resolved, perceive goals as relevant and attainable, be satisfied with the planning and decision-making process, and actively participate in the plan and work toward its requirements.

Consider the Mind Map from Week 4 Day 3 regarding In-Home Case Plan.

**What might you change or add when considering the Permanency Planning Case Plan?**

## Matching Services to the Family's Needs: Change Strategies and Interventions



The Permanency Planning Case Plan must reflect the unique strengths and needs of the child and family, using assessments to guide behaviorally specific, SMART goals and tailored interventions.

- Change strategies are actions taken by the child, parents, and support networks and should be individualized, evidence-based, and matched to the family's circumstances to strengthen protective factors and reduce risk
- Interventions should address both child and parent needs, including trauma, emotional well-being, and parenting challenges, with a focus on building capacity for safe caregiving

### Notes

### Key Takeaways

Identify behaviors and conditions to change

Match strengths and needs with solutions and services

Identify resources within the family

Assessment of progress is ongoing

Engage family as key decision-making partners

Strategies, interventions must match specific outcomes

### Notes

## Permanency and Permanency Planning

### What is Permanency

#### Activity: What is Permanency?

The purpose of this activity is to think critically about what permanency is and what it entails before covering the topic in more detail.

#### **What to Do:**

Silently and individually walk around and visit each flip chart question, and add ideas to each flip chart paper.

We've talked about permanency throughout this training, but what is permanency? What does it mean?

#### **What is the first thing that comes to your mind when you think of permanency?**

#### **What does the term permanency mean to you?**

#### **What does permanency mean for the child?**

**What does permanency for the child's family?**

**What does permanency mean for the permanency resource?**

**What does permanency mean for the child welfare system?**



### What is Permanency?



Permanency in child welfare refers to a legally secure, nurturing relationship with at least one committed adult, achieved through timely and goal-oriented planning. The Permanency Planning Case Plan outlines the child’s permanency goal, required tasks, and roles of all involved, including parents, relatives, and professionals.

Agencies must pursue permanent resolutions such as reunification, guardianship, adoption, APPLA, Custody, or Reinstatement of parental rights with a commitment to never giving up on achieving permanency for any child.

The Fostering Connections Act supports permanency by promoting relative caregiving, adoption incentives, and planning for older youth transitioning out of care.

**Notes**

### Handout: What is Permanency

Permanency is a term used in child welfare to mean a lasting and nurturing family for a child. Permanence is defined as a “positive, nurturing relationship with at least one adult that is characterized by mutual commitment and is legally secure.” Permanency planning for each child involves establishing a goal for permanency, setting tasks required to achieve the goal, and determining the roles and responsibilities of all involved, including the child’s parents, relatives, social worker, children, and other members of the child and family team. When children are placed in out-of-home care, child welfare agencies must find safe, permanent homes for them as quickly as possible.

The Fostering Connections Act of 2008 promotes permanent families by emphasizing the importance of identifying and supporting relative caregivers, increasing incentives for children to be adopted, and providing increased support and planning for older children who exit foster care.

There are many different permanency options for children and their families. Your agency must be committed to a permanent resolution of the child’s foster care status.

Permanent resolutions include:

- Reunification
- Guardianship
- Custody
- Another Planned Permanent Living Arrangement (APPLA) is reserved only for youth ages 16- 18
- Reinstatement of Parental Rights (RPR) or
- Adoption

For children and youth in the custody and placement responsibility of the county child welfare services agency, permanence occurs when they have a lasting, nurturing, legally secure relationship with at least one adult that is characterized by mutual commitment. In most circumstances, children can be reunited with their families, but in some cases, children find homes with relatives or adoptive families. Permanency planning promotes a permanent living situation:

- For every child entering the foster care system,
- With an adult with whom the child has a continuous, reciprocal relationship, and
- Within a minimum amount of time.

When helping children and families achieve permanency, child welfare professionals must balance an array of issues, including the needs of the child and the family, as well as legal requirements. For instance, families may be experiencing issues such as substance abuse, mental illness, or domestic violence, which may increase the risk of child maltreatment. Child welfare agencies use a variety of strategies to achieve permanency for children. Permanency planning involves decisive, time-limited, and goal-oriented activities to maintain children within their families of origin or place them with other permanent families.

You must never cease efforts to obtain permanency for children and youth and it is your responsibility to never give up on permanency for children. In child welfare, children will have a primary and secondary permanency goal that you will be simultaneously working to achieve. One of the primary goals of child welfare is to achieve a safe and permanent home for children. It is a generally held belief in child welfare that children belong with their families. Research and experience tell us that is where most children belong. However, we also believe that children deserve permanence in their lives. If a child's family is not able to provide a safe, stable home for their child, something else must be done. That is why in addition to our primary plan we also construct, with the family, a secondary plan of permanence, also called concurrent planning.

## Handout: Permanency Plan Options

The county child welfare services agency must be committed to a permanent resolution of the child's foster care status. Permanent resolutions include:

- Reunification
- Guardianship
- Custody
- Another Planned Permanent Living Arrangement (APPLA)
- Reinstatement of Parental Rights (RPR)
- Adoption

### **Reunification**

To return the child to their parents or caretaker from whom the child was removed.

### **Reinstatement of Parental Rights**

Reinstatement of Parental Rights, or RPR, is a permanent plan that makes it possible for parents who had their rights terminated to have them reinstated under certain strict conditions. Circumstances that would allow this permanency option are very narrow.

Three conditions must be met to consider filing a motion for RPR:

1. The youth is at least 12 years of age or if under age 12, extraordinary circumstances exist that warrant consideration of reinstatement of parental rights;
2. The youth does not have a legal parent, is not in an adoptive placement, and is not likely to be adopted within a reasonable period; and
3. The order terminating parental rights was entered at least 3 years prior unless the youth's plan is no longer adoption.

### **Adoption**

To take a child into one's own family by a legal process and raise as one's own child. Adoption is the permanency plan offering the most stability to the child who cannot return to their parents.

### **Legal Guardianship (with relatives or other kin)**

To be legally placed in charge of the affairs of a minor:

- The custodian has the authority to make important decisions (marriage; enlisting in the armed forces; school enrollment; any necessary remedial, psychological, medical, or surgical treatment) concerning the child and is not subject to supervision by the social services agency.
- The child cannot be removed without court proceedings.
- If the youth is between 14 and 17 years of age, the youth may be eligible for Kinship Guardianship Assistance Program (KinGAP).
- The child's parents continue to have visitation rights unless visits or parental rights have been terminated by the court.

**Legal Custody**

To act in a parental role for a minor as outlined by a court order.

- Legal Custody is less “legally secure” than adoption or guardianship.
- Legal Custody may be terminated based on a change in circumstances, regardless of the fitness of the guardian.
- The specific rights and responsibilities of the legal custodian are spelled out in the court order and may be as extensive as that of a guardian or the rights and responsibilities may be limited.

**Another Planned Permanent Living Arrangement (APPLA)**

To reside in a family setting that has been maintained for at least the previous 6 concurrent months.

- Other permanency options have been determined to be inappropriate.
- DSS retains legal custody.
- This plan shall only be an appropriate primary permanency plan for youth who are aged 16 or 17.
- The youth and caregiver have made a mutual commitment of emotional support.
- The youth and caregiver are requesting that the placement be made permanent.

## Concurrent Planning

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Expedites permanency

---

Minimizes separation

---

Maximizes attachment and permanent connections

---

Supports child well-being

---

Keeps siblings together

---

Empowers parents

---

First placement is last placement

---

Engages relatives and support systems

---

Communication about permanency

Concurrent planning is a dual-track approach in child welfare that supports reunification while simultaneously preparing an alternative permanency plan, such as adoption or guardianship, to ensure timely and stable outcomes for children.

- It requires active efforts toward both plans from the start of a case, with full transparency and involvement of parents, caregivers, and support systems
- The approach helps minimize disruptions, maintain sibling connections, and engage families in planning, while ensuring the child’s first placement can be their permanent one
- North Carolina law mandates concurrent planning for all children in foster care, and agencies must continuously assess progress and readiness for reunification or alternative permanency options

### Notes

## Handout: What is Concurrent Planning

### Concurrent Planning

Concurrent planning is a type of permanency planning in which reunification services are provided to the family of the child at the same time that an alternative permanency plan is made for the child, in case reunification efforts are not successful.

Concurrent planning is an approach that seeks to shorten a child's stay in foster care by promoting more than one permanent family solution at a time. While reunification is the primary case plan for a child in foster care, concurrent planning involves the parallel pursuit of an alternative permanency goal, such as adoption or guardianship, that would best serve the child. By considering all reasonable options for permanency as soon as a child enters foster care and pursuing those that would best meet their needs, concurrent planning works to advance the child's best interests and achieve timely permanence. To be effective, concurrent planning requires not only the identification of an alternative plan but also the implementation of active efforts toward both plans simultaneously with the full knowledge of all participants.

Concurrent planning has many goals and benefits. By engaging in concurrent planning, agencies will:

- Expedite sustainable permanency through reunification, kinship care, adoption, or guardianship
- Minimize a child's separation from their parents, relatives, and caregivers while maximizing attachment and permanent connections
- Keep siblings together
- Empower parents by involving them in alternative placement plans when reunification is not possible
- Ensure a child's first placement is the last placement
- Engage a family's relatives and support system immediately for potential placement and permanency plan discussions and actions
- Communicate with parents directly at intake and throughout a case regarding their children's need for permanence, case plan progress, and the agency's concurrent planning policy
- Support child well-being through the ongoing relationship between the child's parents and their placement resource

North Carolina law requires agencies to establish concurrent permanency plans for each child in foster care. County child welfare agencies must make diligent efforts to achieve both the primary and secondary permanent plans. Concurrent planning is required and must continue throughout the life of the case unless one of the following circumstances occurs:

- A permanent plan is or has been achieved; or
- A post-TPR review hearing is held, and a concurrent plan is deemed to not be in the child's best interest. If it is determined to be in the best interest of the child to have a concurrent plan, it must be outlined in the court order.

In concurrent permanency planning, relatives and like-kin should be identified early and assessed for their interest as a possible permanent placement for the child. If the court determines reunification to be inconsistent with the child's health or safety, relatives and like-kin that have been assessed to be appropriate resources for a child may become the permanent placement resource. Adoption by a relative, like-kin, or foster family should always be considered as a secondary permanent plan. If neither reunification nor adoption is possible, custody or guardianship with relatives, kin, or foster parents provides another permanency option. If the juvenile court determines the primary plan is not possible because it is inconsistent with the child's needs for safety and permanence, the secondary plan should be implemented. Agencies must also consider the potential of the first or current out-of-home placement resource to be able and willing to both support reunification efforts and be a possible permanent placement for the child if reunification is not achieved.

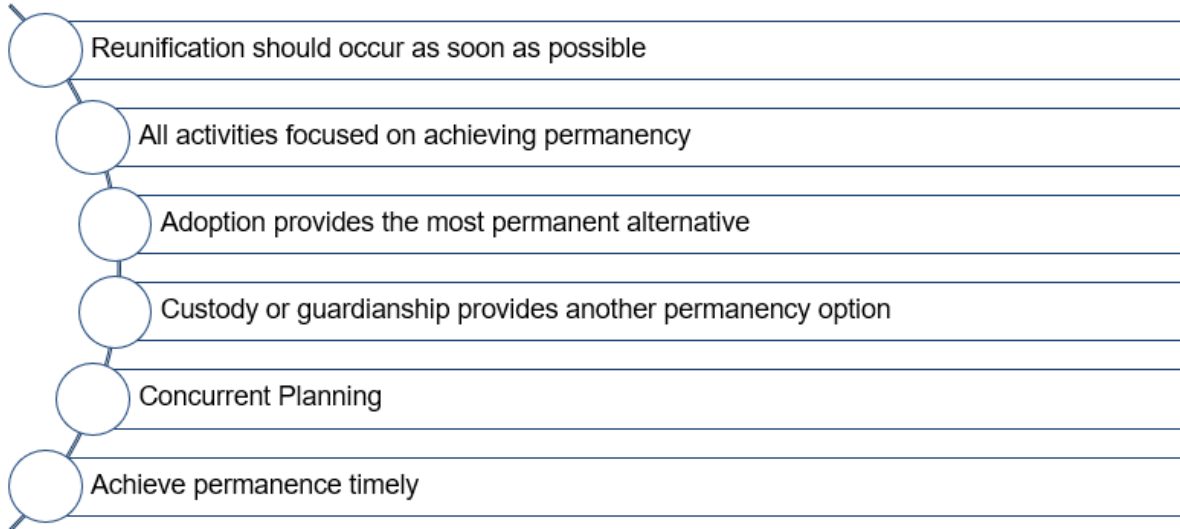
Children and families must be engaged in developing the child's concurrent permanency plan. You will develop the secondary permanent plan jointly with the family. Parents and caregivers will participate in the development of the secondary plan during both in-home services and permanency planning services. The secondary plan is discussed with the family and documented on the Family Services Agreement at the time of the development of the plan. This way, there are no surprises for the family. If the services agreement objectives are not met or safety is not achieved and maintained, then the concurrent plan can become effective.

Concurrent planning is a way to keep the concept of permanence in our minds and the family's mind while we work to ensure safe and permanent homes for children. In concurrent planning, you will use the Family Strengths and Needs Assessment and the Family Reunification Assessment, which we will talk about in more detail in a few minutes, to assess and identify if the family is unlikely to achieve reunification. Using these tools, you will assess family strengths while at the same time checking for family dynamics or circumstances that make family reunification unlikely. This approach strives to balance a child's need for permanency with the recognition that parents have the capacity for change.

Successful concurrent planning depends on clear goal setting and time limits in engaging with families whose children are in out-of-home care. It begins with your initial contact with all involved parties and continues throughout the case. It involves the continuous reassessment of the likelihood of reunification or the possibility of an alternative permanent placement for a child, as well as ongoing engagement with the child's family regarding progress toward reunification or concurrent planning. Well-prepared foster and adoptive families help ensure that concurrent planning is a success. Foster families who agree to take part in concurrent planning should be ready for all possible permanency outcomes and be aware of their ability to manage anxiety, stress, and loss. They should also assess what support they may have available from families and friends. When concurrent planning is well-supported and implemented effectively, it can provide an efficient and compassionate approach to helping parents and placement providers work together toward the best interests of the child and expedite permanency



## Permanency Planning Activities



Permanency planning involves goal-oriented casework and decision-making to ensure children in out-of-home care achieve safe, stable, and lasting family relationships as quickly as possible.

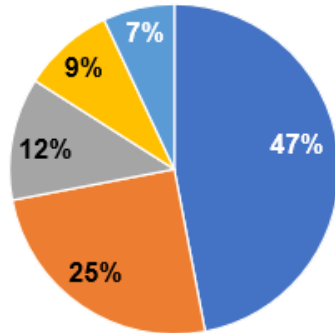
- Agencies must pursue reunification when safe and appropriate, while also preparing alternative permanent plans such as adoption, guardianship, or custody
- Concurrent planning is a key strategy, requiring simultaneous efforts toward both primary and secondary permanency goals, with clear timeframes for achieving each
- Permanency efforts must continue regardless of a child’s age, behavior, or treatment status, and should include collaboration with families and potential permanent caregivers throughout the process

Permanency planning activities should not cease because a child is in intensive treatment (i.e., PRTFs, state hospitals, etc.). You should continue working to find ways to include the child’s parents/caregivers/prospective permanent homes in the treatment plan to help the child step down to a safe and permanent home.

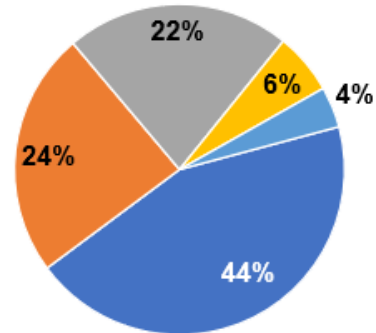
### Notes

## Permanency Data

Permanency by Type: United States



Permanency by Type: North Carolina



■ Reunification ■ Adoption ■ Guardianship ■ Transition to Adulthood ■ Other

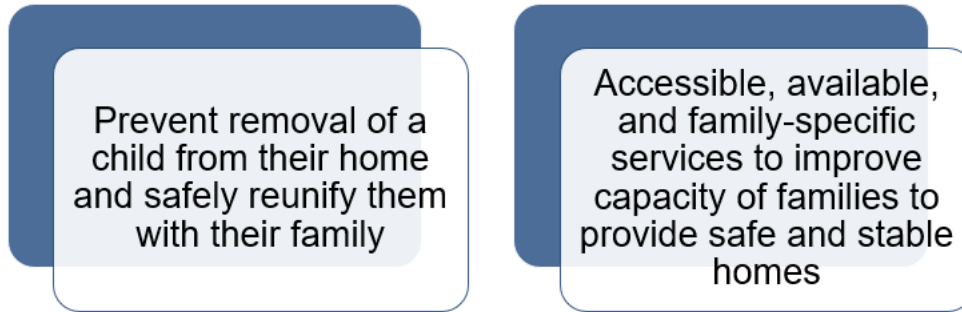
KIDSCount: Casey Foundation; AFCARS

\*Data is from FFY2021

This slide compares the percentage of children reaching permanency by permanency reason in the U.S. and North Carolina during the federal fiscal year 2021. As you can see, not every permanency option that is available in North Carolina is included in this data. This data specifically includes permanency by reunification, adoptions, guardianship, and transition to adulthood. In addition, the data includes a category of other, which is the death of a child; living with other relatives; runaway; and transfer to another agency.

### Notes

## Reunification: Reasonable Efforts



Reunification is the planned process of reconnecting children in out-of-home care with their families through services and supports that promote safe and stable family relationships. Child welfare professionals are legally required to make reasonable efforts to prevent removal and to reunify families, using accessible, family-specific services tailored to family needs.

These efforts include therapy, parenting support, substance use treatment, and ongoing engagement to help families address safety concerns and meet reunification goals. Under federal law, reasonable efforts may be waived when serious circumstances—such as aggravated abuse or prior termination of parental rights—make reunification unsafe or inappropriate.

### Notes

### Handout: Reasonable Efforts

Family reunification is the planned process of reconnecting children in out-of-home care with their families using a variety of services and supports to the children, their families, and their foster parents or other service providers. It aims to help children and families achieve and maintain, at any time, their optimal level of reconnection from full reentry of the child into the family system to other forms of contact, such as Family Time, that affirm the child's membership in the family.

Child welfare agencies are required to make reasonable efforts to not only prevent the removal of a child from their home but to also safely reunify them with their family. Federal law has long required child welfare agencies to demonstrate they made reasonable efforts to provide assistance and services to prevent removal and to make it possible for a child who has been placed in out-of-home care to be reunited with their family. Reasonable efforts are services and supports that are provided by the child welfare agency to assist a family in addressing the problems that place a child at risk of harm with the goal of preventing the need for foster care or reducing the time the child must stay in an out-of-home placement.

Generally, reasonable efforts consist of accessible, available, and culturally appropriate services that are designed to improve the capacity of families to provide safe and stable homes for their children. These services may include family therapy, parenting classes, treatment for substance use, respite care, parent support groups, home visiting programs, and community-based family support services. Reasonable efforts also refer to the activities of social workers, including assessing for safety and quality contacts with children and families, that are performed on an ongoing basis to ensure that parents and other family members are participating in needed services and are making progress on the family's goals.

When the court determines that reunification is not in the best interests of the child, efforts should be made to finalize another permanent placement for the child. Under the Adoption and Safe Families Act of 1997 (ASFA), while reasonable efforts to preserve and reunify families are still required, the child's health and safety constitute the paramount concern in determining the extent to which reasonable efforts should be made. Under the provisions of ASFA, reasonable efforts to preserve or reunify the family are not required when the court has determined any of the following circumstances apply:

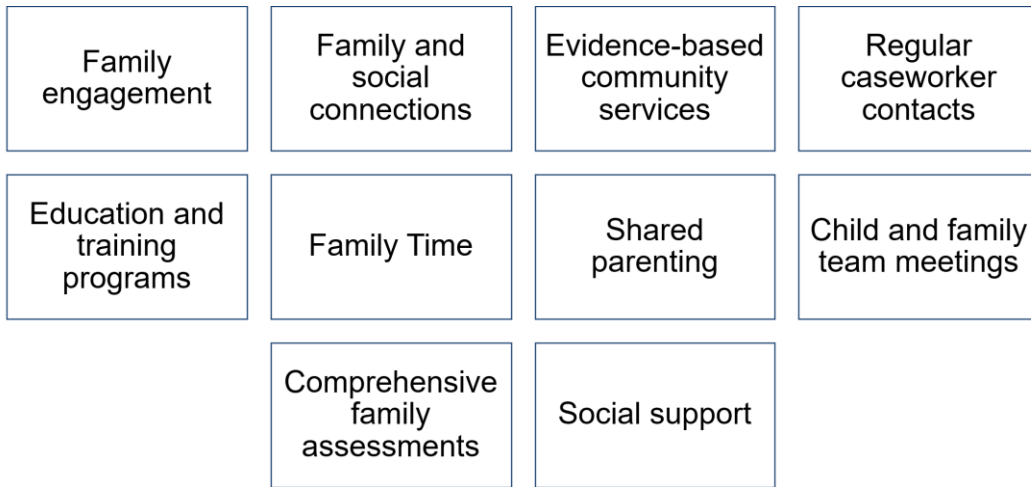
- The parent subjected the child to aggravated circumstances. The definition of aggravated circumstances includes: Sexual abuse; chronic physical or emotional abuse; torture; abandonment; chronic or toxic exposure to alcohol or controlled substances that causes impairment of or addiction in the juvenile; any other act, practice, or conduct that increased the enormity or added to the injurious consequences of the abuse or neglect.
- The parent committed the murder of another child of the parent.
- The parent committed voluntary manslaughter of another child of the parent.
- The parent aided or abetted, attempted, conspired, or solicited to commit such a murder or voluntary manslaughter.

- The parent committed a felony assault that resulted in serious bodily injury to the child or another child of the parent.
- The parental rights of the parent to a sibling of the child were terminated involuntarily.

**Reasonable Efforts Checklist**

- Were all reasonable efforts made to protect the child in his/her home?
- Were reasonable efforts made to offer safe, permanent, nurturing, substitute care in the least restrictive, most homelike setting where visitation with the birth parents can be easily arranged, if appropriate?
- Were the child and parents prepared for the removal and separation and explained the reasons for removal, the legal process involved, and the need for an Out-of-Home Services Agreement?
- Was the placement resource chosen based on the child's needs, provided with the necessary information prior to the child's arrival, and provided with sufficient resources to meet the child's physical, medical, and psychological needs?
- Were reunification services made available to the child and his parents, guardian, or custodian after removal from the home, unless the juvenile court determined that reunification would be futile or inconsistent with the child's need for a safe, permanent home within a reasonable amount of time?
- Was the placement resource chosen based on the child's needs, provided with the necessary information prior to the child's arrival, and provided with sufficient resources to meet the child's physical, medical, and psychological needs?

### Supporting Reunification



As a child welfare professional, you are required to make reasonable efforts to not only prevent the removal of a child from their home but to also safely reunify them with their family. Federal law has long required child welfare agencies to demonstrate they made reasonable efforts to provide assistance and services to prevent removal and to make it possible for a child who has been placed in out-of-home care to be reunited with their family. Reasonable efforts are services and supports that are provided by the child welfare agency to assist a family in addressing the problems that place a child at risk of harm with the goal of preventing the need for foster care or reducing the time the child must stay in an out-of-home placement.

#### Notes

## Reunification: Policy Requirements

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Issues that precipitated removal have been addressed and resolved

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Risk has been reduced

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Parents have made changes in behavior and circumstances

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Parent has demonstrated capacity and willingness to provide appropriate care

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Child's safety and care is expected to remain secure

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Supports from the agency and community are in place

Reunification is the preferred permanency option when safety concerns have been resolved, and parents demonstrate the ability to provide adequate care; it must remain a primary or secondary plan until the court determines otherwise

County child welfare workers must assess readiness for reunification through structured tools, observation of Family Time, and planning activities, with judicial review required before a child can return home

Family Reunification Services support families in resolving the conditions that led to removal and building protective factors to ensure long-term safety and stability

Legal exceptions to reunification apply when the court finds aggravated circumstances or serious harm, in which case alternative permanency options must be pursued

### Notes

### Handout: Reunification

Reference Rylan's Law: Before a county child welfare services agency can recommend that physical custody of a child be returned to the parent(s) or caretaker from which the child was removed, the agency must first observe the parent(s) or caretaker and child together for a minimum of two visits. Each visit must:

- Be at least one hour in duration; and
- Be held at least seven (7) days apart

Review the Family Reunification Services policy in Cross-Function that is provided under the Family First Prevention Services Act, including eligibility, goals and objectives, and types of services

According to N.C.G.S. § 7B-101 (18b), reunification is defined as placement of the juvenile in the home of either parent or placement of the juvenile in the home of a guardian or custodian from whose home the child was removed by court order

Reunification with the parents, guardians, or custodian from whom the child is removed must be the primary or secondary plan unless the juvenile court makes findings under G.S. 7B901(c) or G.S. 7B-906.1(d)(3), that the permanent plan is or has been achieved, or the court makes written findings that reunification efforts clearly would be unsuccessful or would be inconsistent with the juvenile's health or safety

Legal reasons when reunification is not required as a permanent plan: (From 7B - 901(c))

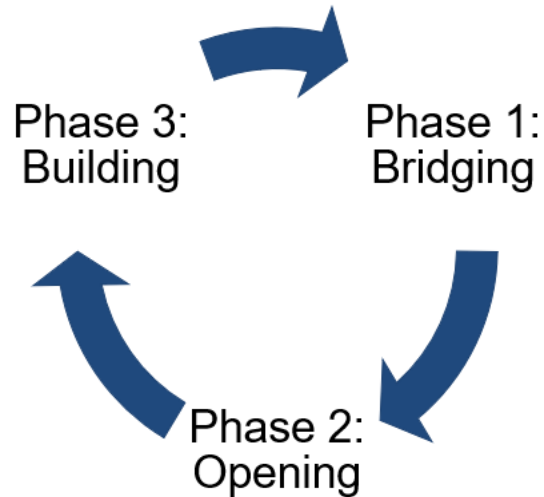
1. A court of competent jurisdiction has determined that the parent has committed or encouraged the commission of, or allowed the continuation of, any of the following upon the juvenile:
  - a. Sexual abuse
  - b. Chronic physical or emotional abuse
  - c. Torture
  - d. Abandonment
  - e. Chronic or toxic exposure to alcohol or controlled substances that causes impairment of or addiction in the juvenile
  - f. Any other act, practice, or conduct that increased the enormity or added to the injurious consequences of the abuse or neglect
2. A court of competent jurisdiction has terminated involuntarily the parental rights of the parent to another child of the parent
3. A court of competent jurisdiction has determined that (i) the parent has committed murder or voluntary manslaughter of another child of the parent; (ii) has aided, abetted, attempted, conspired, or solicited to commit murder or voluntary manslaughter of the child or another child of the parent; (iii) has committed a felony assault resulting in serious bodily injury to the child or another



child of the parent; (iv) has committed sexual abuse against the child or another child of the parent; or (v) has been required to register as a sex offender on any government-administered registry

If reunification efforts cease, relatives and kin who have been assessed to be appropriate resources for a child may become the permanent placement resource for the child. If there are no appropriate relatives or kin alternatives, consideration should be made early to place the child in a foster family home where the foster parents are trained to work with the parents toward reunification. The foster parent should also be considered first as a potential adoptive resource if reunification does not occur in a reasonable amount of time

### Three Phases of Reunification



#### Activity: Three Phases of Reunification

The purpose of this activity is to explore the three phases of reunification and strategize what actions they might take to support and facilitate reunification.

#### **What to Do:**

Your group will be assigned one of the phases of reunification and given a flip chart paper. Write your phase number and name at the top of your flip chart paper.

With your group, review the “Three Phases of Reunification” handout that follows this activity. Brainstorm some strategies to answer the questions that follow your assigned phase. And write them on your flip chart paper. Be prepared to share what you discussed with the larger group.

#### Debrief Discussion Questions:

**How will you know which phase a family is in?**

**What is one thing you will remember to do with families on your caseload?**

Handout: Three Phases of Reunification

Phase 1: Bridging

- Creating a connection between the child’s home and the foster family.
- Preserving the child’s history:
  - The child may have accomplished a new developmental task or gone into a different stage.
  - Families may have missed these events and the feelings that go with them.
  - This should occur continually while the child is in placement so that the parents stay connected to the child's life.
- Informing the child of family events on an ongoing basis. This gives the child the opportunity to ask questions about what is going on at home and to continue to feel a part of their family.
- Transferring strategies: Foster parents and the child’s parents should discuss the child’s daily routine, favorite foods, etc. In addition, foster parents should share successful strategies that have worked with the child, such as behavior management techniques.
- Modeling cooperation: Seeing the adults work together provides important modeling for the child and prevents the child from feeling that they must choose between sets of parents.
- Strategies and Tasks:
  - Meeting with the foster parents: Encourage them to share their feelings about the child’s departure, praise them on their accomplishments, and outline the gains they made during the child’s stay with their family.
  - Establishing the parent-foster parent relationship: Bring both sets of parents together to get to know each other. As the families become more comfortable with each other, they will be more comfortable asking for and sharing advice.

Question

**What are some other strategies or tasks that you could use in this phase?**

Phase 2: Opening

- Re-fitting a child into a family that has adapted to their absence and re-shifted their roles within the family. This takes place on a physical and psychological level by finding tasks for all members to participate in to help reunite the family successfully.
- Strategies and Tasks:
  - Physical space: Make space for the child and their things.
  - Family image: Family meetings can be a forum for family members to discuss their feelings, hopes, and fears about the reunified family.
  - Social/educational environment: Parents need to reintegrate the child into the community by registering them for school, going on a walking tour of the neighborhood, etc.

Question

**What are some other strategies or tasks that you could use in this phase?**

Phase 3: Building

- There is usually a honeymoon phase of about two weeks following reunification, and family members need to be encouraged to think about and feel positively about what will happen when the honeymoon is over.
- In this phase, you are looking for opportunities to highlight the sense of family that is forming and to praise parents and other family members for using new strategies and applying new skills
- Strategies and Tasks:
  - Family meetings: These will provide families with an important outlet for their feelings, and you will need to teach them how to conduct them on a regular basis.
  - Recreation: Provide families with an opportunity to play and have fun together.
  - Traditions and rituals: Family members can discuss their traditions and institute new ones, such as a “family day.”

Question

**What are some other strategies or tasks that you could use in this phase**

## Family Reunification Assessment (DSS-5227)

Evaluates risk, visitation compliance, safety, and permanency recommendations

- Family Risk Reassessment
- Visitation Plan Evaluation
- Reunification Safety Assessment
- Recommendation Summary

Indicates if a child can return home or if a new permanency recommendation should be made to the court.

### Notes

### Key Takeaways

Permanency in child welfare describes a legally secure, nurturing relationship with at least one committed adult

The Permanency Planning Case Plan outlines the child's permanency goal, required tasks, and roles of all involved

Concurrent supports reunification while simultaneously preparing an alternative permanency plan

Reunification is the planned process of reconnecting children in out-of-home care with their families

### Notes

## Homework Reminder

As a reminder, you have a couple of homework assignments to complete before returning for Core Week 6.

- Review of the Initial Safety Provider Assessment and Comprehensive Assessment with your supervisor, discuss their use, and review completed assessments. Spend some time with your supervisor discussing any questions or observations you have now that you have looked at some live documents
- Review a completed Family Reunification Assessment with your supervisor. Discuss the case and the reunification plan with the worker who is assigned the case and, if possible, participate in a child and family team meeting on that case



### Self-Reflection

**Write down the topics covered this week that you believe will support families in achieving reunification more quickly:**

**Write down actions you will remember to take when they work with families on their caseload:**

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