



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

June 2026



**PUBLIC
KNOWLEDGE®**

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Instructions

This course was designed to guide child welfare professionals in developing the knowledge, skills, and behaviors needed to engage with families in need of 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-Learning 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 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 completing and reviewing their transfer of learning tool and will support them in applying 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

Child Welfare Processes, Part 3: In-Home Services

In-Home Services Overview

Quality Contacts in In-Home Services

Engaging Families in In-Home Services Learning Lab

BREAK

In-Home Family Case Plans

Developing the In-Home Family Case Plan Learning Lab

Progress to Case Closure Guide

LUNCH

Progress to Case Closure Guide continued

BREAK

In-Home Services: Safe Case Closure

Safe Case Closure Learning Lab

Overview of Child Welfare Process, Part 4:

Permanency Planning Services

Permanency Planning Overview

Permanency and Permanency Planning

Self-Care Exercise

Mindfulness Activity

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

Day 1
Overview of Child Welfare Processes, Part 3: In-Home Services
In-Home Services Overview
• Identify ways to ensure children's physical and emotional safety • Identify ways to strengthen parental protective capacity • Strategize ways to foster and advocate for services needed for families so that children remain safely within their own homes • Identify ways to engage community resources to partner with families for needed supportive services • Advocate for services needed for families so that children remain safely within their own homes
Developing In-Home Family Case Plans
• Describe the purposes of the In-Home Family Case Plan and why the agreement is used in achieving safety, permanency, and well-being outcomes • Explain how the In-Home Family Case Plan and Evidence-Based Prevention Services Plan guide case planning and services provision • Discuss the importance of including the child and family's voice in the completion of the Family Case Plan, and be able to provide examples of how to do so • Describe the purposes of the In-Home Case Plan and when the agreement is used • Identify specific parental behaviors that are needed to ensure children's physical and emotional safety • Identify strategies and services to strengthen parental protective capacity. Explain how the In-Home Case Plan guides case planning and services provision Discuss the importance of inclusion of the child and family's voice in completion of the In-Home Family Case Plan, and will be able to provide examples of how to do so

In-Home Services: Safe Case Closure
• Describe the appropriate criteria for safe case closure • Provide examples of ways to plan for and prepare children, families, and placement providers for safe case closure • Explain the importance of supporting children and their families through case closure to ensure lasting safety, permanency, and well-being • Apply the criteria for safe case closure when making case decisions • Understand the importance of planning for safe case closure with the child and the child's family • Be able to inform children and their families that they can request aftercare services from the county DSS agency and obtain the services on a voluntary basis
Overview of Child Welfare Process, Part 4: Permanency Planning Services
• Explain and provide examples of strategies of how to plan and make decisions about placement with the child and family • Discuss ways to prepare the child, the child's family, and the placement provider for placement • Describe the importance of maintaining a child in one single, stable placement to reduce placement disruption • Describe the importance of matching beliefs, values, practices, and social norms between children and their caregivers • Explain and provide examples of placement considerations when matching placements for special populations, including infants exposed to substances, medically fragile children, large sibling groups, pregnant and parenting teens, and adolescents and older youth

Core Week Five Day One

Child Welfare Process Part 3: In-Home Services

Goal and Legal Basis of In-Home Services

To maintain the safety of children in their own homes

- Eliminating identified danger indicators
- Reducing risk of future maltreatment

The primary goal of In-Home Services is to maintain the safety of children in their own homes by eliminating danger indicators and reducing risk of future child maltreatment.

In-Home Services require county directors (or their designee) to provide protective services and develop intervention plans when abuse, neglect, or dependency is found, to ensure children receive adequate care within their homes.

In-Home Services are legally mandated to:

- Address child safety and risk of future maltreatment and protection
- Preserve families by maintaining children safely in their homes
- Reasonable Efforts to prevent the removal of children from their home is a legal requirement
- Prevent future abuse and neglect by strengthening the family's capacity to protect and nurture their children

Notes

Safety in In-Home Services



Safety means both the absence of danger and the consistent, demonstrated protective actions of the caretakers and their support over time.

Danger or Safety Threats are identified by conditions that are specific, observable, out of control, imminent, and could have a serious effect on the child.

Safety threats can be mitigated by parental protective capacities or other interventions.

Safety Organized Practice way of viewing safety: Actions of protection, taken by the caregiver and network, that address the danger and are demonstrated over time.

In what ways does supporting safety in In-Home Services differ from CPS Assessments?

In what ways is it the same?

Protective Capacities and Protective Factors



Protective capacities are the caregiver's demonstrated actions that control safety threats. Protective factors are the supports that help caregivers develop and sustain those actions over time. Protective factors help build protective capacities.

Services often target protective factors. Safety decisions rely on protective capacities. A family may have many protective factors and still be unsafe if its protective capacities are insufficient to manage danger.

Think of something that helps a parent cope with stress. Is that a protective factor or a protective capacity?

In one sentence, how would you explain the difference between a protective factor and a protective capacity to a parent?

How would you know the difference in practice?

Handout: Protective Capacities and Protective Factors

	Protective Capacities	Protective Factors
What it is	What caregivers DO to manage danger and keep children safe	What supports caregivers over time and helps build safety
Definition	Protective capacities are the caregiver's behavioral, cognitive, emotional, and environmental abilities to take observable actions of protection that manage or control identified safety threats or danger indicators.	Protective factors are conditions, strengths, or supports at the individual, family, or community level that help reduce stress and increase the likelihood that caregivers can develop and sustain protective capacities.
How they show up in SDM®	- Identified and assessed during the Safety Assessment - Used to determine whether a child is: - Safe - Safe with a Plan - Unsafe - Must be demonstrated, specific, and sustained over time	- Often identified through assessment and engagement - Frequently addressed through services and supports - Help prevent future maltreatment, but do not control immediate danger on their own
Key Question they answer	"Can this caregiver take action to protect this child from the identified danger, right now and over time?"	"What helps this family build and maintain the ability to keep children safe?"
Relationship to Safety Decisions	Directly linked to safety decisions. Protective capacities are demonstrations of the ability to predict danger and provide for safety.	Indirectly linked to safety decisions: Protective factors support long-term change but do not replace actions of protection when danger is present.
Examples	- A caretaker actively supervises a child to prevent access to a known danger - A caretaker recognizes a safety threat and consistently follows the agreed-upon safety plan - A caretaker takes immediate steps to separate a child from a source of danger	- Parental resilience and coping skills - Supportive relatives or social connections - Knowledge of parenting and child development - Access to concrete supports (housing, food, transportation)

	Protective Capacities	Protective Factors
	A caretaker changes daily routines to reduce risk and increase supervision	Children's social and emotional competence
Documentation Focus	- What action the caretaker took or is taking - How the action controls the specific danger indicator - Evidence that the action is ongoing and sustainable - Whether the action is sufficient to support a "Safe" or "Safe with a Plan" determination	- What supports are available or being accessed - How supports strengthen the caregiver's ability to protect - How services contribute to longer-term safety
Types	Behavioral: What the caregiver actually does to protect the child Cognitive: The caregiver's understanding, awareness, and judgment about danger Emotional: Motivation, attachment, and willingness to protect the child Environmental: Conditions or supports that help the caregiver carry out protective actions	Parental Resilience: Managing stress and functioning well when faced with challenges, adversity, and trauma Social Connections: Positive relationships that provide emotional, informational, instrumental, and spiritual support Knowledge of Parenting and Child Development: Understanding child development and parenting strategies that support physical, cognitive, language, social, and emotional development Concrete Supports in Times of Need: Access to concrete support and services that address a family's needs and help minimize stress caused by challenges Social and Emotional Competence of Children: Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships

In-Home Services Policy Requirements

Families
who
have:

- A CPS finding of maltreatment
- Children remain at risk of future maltreatment
- Children can remain in the home safely with monitoring and service provision by child welfare

In-Home Services Eligibility Criteria include:

- A finding of maltreatment, either
 - Substantiated abuse, neglect, and/or dependency, OR
 - Determination of Child Protective Services needed
- Children remain at risk of future maltreatment
- Where children remain in the home safely with monitoring and service provision by child welfare that mitigates the risk of harm
- 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

ICWA applies to ALL In-Home Services cases with identified Indian children and requires In-Home caseworkers to notify and collaborate with the child's Tribal caseworker.

Policy states that the county child welfare services agency must provide, arrange for, and coordinate interventions and services that focus on:

- Child safety, threat factors, and protection
- Family preservation; and
- The prevention of further abuse or neglect and strengthening the family's capacity to nurture and protect

Notes

Determination of Serious and/or Imminent Risk of Entering Foster Care

The CPS Assessment case decision was “Substantiated” or “Services Needed”

The most recent Safety Assessment has a determination of “safe with a plan,” and the agency is still actively monitoring the safety interventions in that plan

The agency would pursue custody if the safety threats cannot be controlled by interventions

Initial determination of serious and/or imminent risk eligibility must be made based on information gathered during the CPS Assessment and provided at the case decision.

A child may be considered at serious and/or imminent risk of entering foster care in CPS In-Home when:

- The CPS Assessment case decision was “Substantiated” or “Services Needed”
- The most recent Safety Assessment has a determination of “safe with a plan,” and the agency is still actively monitoring the safety interventions in that plan
- AND the agency would pursue custody if the safety threats cannot be controlled by interventions

The determination of eligibility must be made on an individual basis for each child receiving In-Home Services.

Notes

In-Home Services: Child and Family Team Meetings

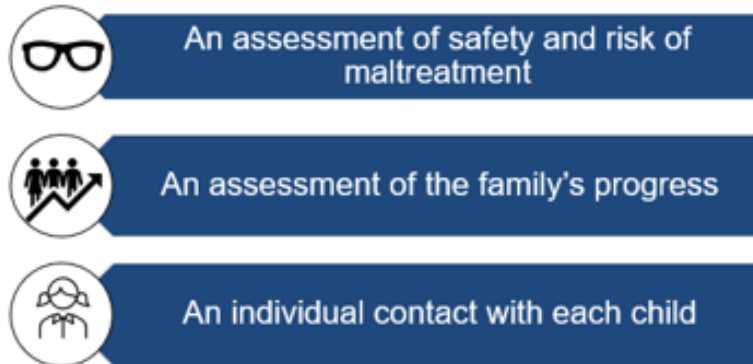


Child and Family Team (CFT) meetings are held at regular intervals throughout the life of the In-Home Services.

- 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 the parent's whereabouts are unknown
- At 6 months, after development of an IHFCP case plan
 - When there is a lack of progress/no behavioral change
 - 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

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 individual interviews with each child, at least partially alone for children older than infants, and involve direct observation of behavior, environment, and family interactions.

Quality contacts must assess:

- Child safety and risk of maltreatment
- The family's progress in addressing danger indicators and needs outlined on the IHFCP
- Behavioral changes reported and observed
- The assessment of safety and risk is accomplished through face-to-face interviews and the:
 - Observation of each person, their behavior, and the environment, especially related to safety, risk, and/or well-being; and
 - Observation of the interactions between family members

Every contact should serve a clear purpose tied to the Case Plan, be documented thoroughly, and exclude texts, emails, or phone calls as substitutes for face-to-face engagement. Quality contacts and documentation from those contacts are vital to assessing safety, risks, and progress in achieving needed change.

When conducting the assessment of safety and risk, what do you think may need to be observed?

In-Home Services: Initial Contact

First contact must be made with 7 days of case transfer

Inform the parents of the reason for the In-Home Services

Clearly convey if the child is identified as an imminent risk of removal

Review the following:

- Existing Safety Plans
- Continuing Needs and Safety Requirements
- Plans of Safe Care
- Evidenced-Based Service Plan

Discuss IHFCP

The initial contact initiates the transition of the case from CPS Assessment to In-Home Services. Policy guides that the initial visit must occur within seven days of the case being referred to In-Home Services. The In-Home Services caseworker and CPS caseworker must meet with the family together. The initial contact should take place at the family's home and involve all family members.

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).

It is expected that the Continuing Needs and Safety Requirements will be reviewed and that the parent or caretaker will sign the document. If a parent refuses to sign, the in-home caseworker should address the parent's concerns and emphasize the need for collaboration to mitigate risk to the child. The parent may verbally agree, even if they refuse to sign. The caseworker must note that the parent has agreed verbally to comply if they refuse to sign. Copies of the form must be kept in the case file and also given to the parents.

If an infant in the home is identified as substance-affected, review of the DSS-6191, Plan of Safe Care, is also required.

Notes

Ongoing Contacts: In-Home

Important facts about Ongoing In-Home contacts include:

- It is important to observe the children in their home to assess their living environment and interactions with their parents to understand safety and ongoing risk
- Ongoing contacts are a safety intervention
- At each visit, caseworkers should plan a private contact with children, separate from the parent/caretaker
- For children 12 months or younger, sleep conditions must be observed to assess for safe sleeping arrangements
- When meeting with parents or caretakers, caseworkers must review the progress toward behavioral change identified on the in-home family case plan
- Caseworkers must have contact or visits with non-resident parents at least monthly

Worksheet: In-Home Services Ongoing Case Contacts

CASE STAFFING TOOL: DETERMINING CASE CONTACTS

1. Are there current, active danger indicators that require monitoring?
2. Are there any identified child vulnerabilities that require an additional layer of protection?
 - a. Under age 6.
 - b. Behavioral or mental health condition.
 - c. Medical health condition, including medically fragile.
 - d. Limited or no readily accessible support network.
 - e. Diminished developmental/cognitive capacity.
 - f. Diminished physical capacity.
3. Is there a TSP?
 - a. If so, does it need to continue?
 - b. What is the progress/lack of progress on addressing the imminent danger that is requiring the TSP?
 - c. If the TSP needs to continue, assess the current level of restriction to see if it is still appropriate based on safety concerns.
4. Has the family been following the safety plan?
 - a. Are there any outstanding well-being needs identified by either the caseworker or the child/caretaker/family/safety network? What were the outcomes?
 - b. Has the safety network demonstrated responsiveness to what they agreed to in the plan?
 - c. Have there been any unannounced and/or after-hours visits?
 - d. If there are elements of the safety plan that have not been used, what are the reasons for that?
5. Has the family participated in services on the case plan?
 - a. After reviewing the case plan, what still needs to be done?
 - b. Are there outstanding tasks/activities that require the caseworker to monitor/check in about?
6. Has positive behavioral changes been demonstrated?
 - a. At what frequency? What has the caseworker observed?
 - b. What have collaterals reported?
 - c. What else needs to happen to reach sustainable behavioral change?
 - d. If not, what is driving the continued behavior? (root causes)
 - e. Do we need to revisit the activities/services on the case plan to better address them?
7. Have safety network members been active participants in maintaining the safety plan?
 - a. Is it working?
 - b. What have they shared about caretaker progress or lack thereof?
 - c. How often are they seeing the family?
 - d. Is their participation sufficient to maintain the safety plan? Are others needed?
8. Are there any outstanding well-being needs? What needs to be done to address them?
 - a. Each child?
 - b. Each caretaker?
9. What are the caseworker's diligent, persistent efforts to support the family in case progress?
 - a. Where is the caseworker in their required tasks/activities to support the family?
 - b. What supplemental services can the agency offer to help the family with progress?
 - c. Has the agency's safety threshold been clearly communicated to the family?
 - d. Are there things that can be done to better engage the family?

Activity: In-Home Services Ongoing Contact: What Does Policy Require?

The purpose of this activity is to help participants apply ongoing contact requirements by interpreting risk levels, child placement, and family circumstances in accordance with the PATH NC In-Home Services policy.

What to do:

- With your partner, consult the *PATH NC In-Home Policy, Protocol, and Guidance* on the state website to answer questions about Ongoing Contacts for each scenario.

Scenario 1
A family is rated moderate risk. Children remain in the home. There is no active TSP placement, and no new safety threats have been identified.
How often must the caseworker have face-to-face contact with children?
How often must the caseworker have face-to-face contact with parents/caretakers?
How often must the caseworker have face-to-face contact in the home?
What observations are required (e.g., family interactions, private child contact)?
Under what circumstances can contact frequency increase?
What role does supervisor consultation play?
Which contact expectations cannot be reduced under policy?

Scenario 2
A family is rated high risk due to ongoing safety concerns. Children remain in the home, and safety is being actively monitored.
How often must the caseworker have face-to-face contact with children?
How often must the caseworker have face-to-face contact with parents/caretakers?
How often must the caseworker have face-to-face contact in the home?
What observations are required (e.g., family interactions, private child contact)?
Under what circumstances can contact frequency increase?
What role does supervisor consultation play?
Which contact expectations cannot be reduced under policy?

Scenario 3	
A child is placed with a Temporary Safety Provider (TSP) while the parent continues to receive In-Home services.	
How often must the caseworker have face-to-face contact with children?	
How often must the caseworker have face-to-face contact with parents/caretakers?	
How often must the caseworker have face-to-face contact in the home?	
What observations are required (e.g., family interactions, private child contact)?	
Under what circumstances can contact frequency increase?	
What role does supervisor consultation play?	
Which contact expectations cannot be reduced under policy?	

Debrief Questions

What is one key requirement you identified that you didn't realize before, or that you believe would be easiest to overlook in practice?

How will you put this information into practice when you work with families?

What do you need to do to ensure you cover the key requirements?

Engaging Families in In-Home Services Learning Lab

In-Home Services: A Home Visit

Activity: In-Home Services Home Visit Skills Practice

This activity requires participants to apply ongoing contact requirements by interpreting risk level, child placement, and family circumstances using the In-Home Services policy.

What to Do:

Part One:

- 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.
- Provide an example, like notating their greeting to whoever opened the door [If they ask you, what do you mean by “greeting”. You mean something like, “Hello, Ms. Smith, it’s good to see you! How are you?”]

Part Two:

- Your small group will be assigned a card with either a place or a 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 Questions

What are some things you will remember from this exercise?

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What is the significance of identifying strengths within the family?

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What supports do you need in order to build trust and rapport with families?

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Key Takeaways

In-Home Services Goal is to safely keep children in their own home

The purpose of In-Home Services is to eliminate danger indicators and strengthen parental protective capacities

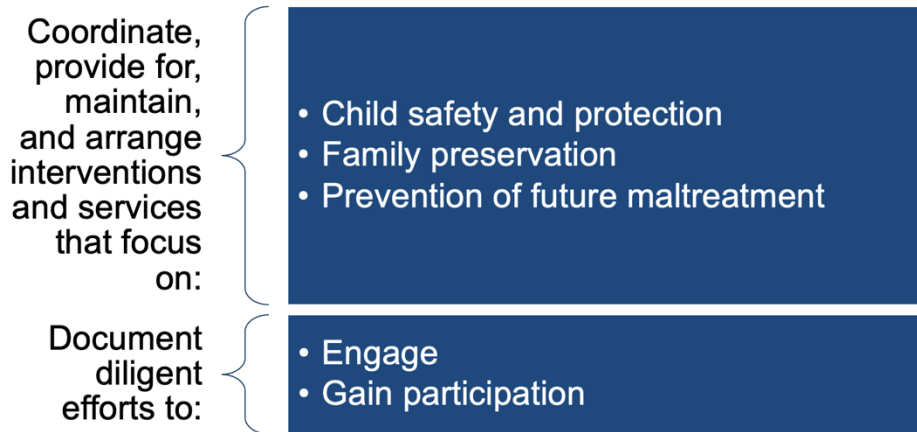
In-Home Services are legally mandated

Policy guides frequency of contacts

Notes

In-Home Family Case Plan

The Purpose of the In-Home Family Case Plan



The In-Home Family Case Plan:

- Coordinates, provides for, maintains, and arranges interventions and services that focus on child safety and protection, family preservation, and the prevention of further abuse or neglect
- Documents diligent efforts to engage and gain participation from the family
- Must include input from each child

The family case plan is based on the information obtained during the CPS Assessment:

- SDM® assessments
- Continuing Needs and Safety Requirements
- Trauma screening tools
- Plans of Safe Care (DSS-6191)
- Evidence-Based Prevention Service Plans
- Other assessment findings

Case plans are to be developed jointly with the parent or primary caretaker, safety network members, and other persons critical to the plan's completion.

- If there is an active Safety Plan (Part E of the Safety Assessment) in place to ensure the immediate safety of the child(ren), the In-Home Family Case Plan must be completed in a CFT meeting and include all Safety Network members identified in the Safety Plan
- Families should be given the option of developing the initial In-Home Family Case Plan alone with the caseworker, involving necessary Safety Network members, or developing the plan within the context of a full Child and Family Team (CFT) meeting
- In DV cases, a separate IHFCP should be completed with the non-offending parent/adult victim and the perpetrator of DV

Every plan must include that removal is a potential outcome if safety cannot be assured.

Why do you think it is important that case plans be developed in collaboration or jointly with the parent or primary caretakers and other family network members?

What might be some barriers to collaborative case planning?

How might you overcome those barriers in your practice?

Policy: In-Home Family Case Plan

The Family Case Plan must be developed with the family, Safety Network members, and the child:

- Completed within 30 days of case transfer to In-Home Services
- To provide a basis for service provision to the family
- With the goal of maintaining the children safely in the home

The purpose of the In-Home Family Case Plan is to create a case plan to address the needs of the family that threaten the child's safety and place the child at risk of future harm, based on the prioritized needs identified in the Family Strengths and Needs Assessment (FSNA). The case plan provides the basis for providing services to the family with the goal of maintaining the child safely in the home with their parent or caretaker.

The initial Family Case Plan must be completed within 30 days of transferring the case to In-Home Services. When an allegation is substantiated, or it is found that CPS is needed, the family is transferred to ongoing services, and the agency must:

- Coordinate, provide for, continue, maintain, and arrange interventions and services that focus on the child's safety and protection, family preservation, and the prevention of future abuse or neglect
- Document diligent efforts to engage and gain participation from the family

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 maintaining the children safely in the home of the parent/caretaker.

Notes

Activity: In-Home Family Case Plan

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?

What do you need to be successful in overcoming the challenging areas?

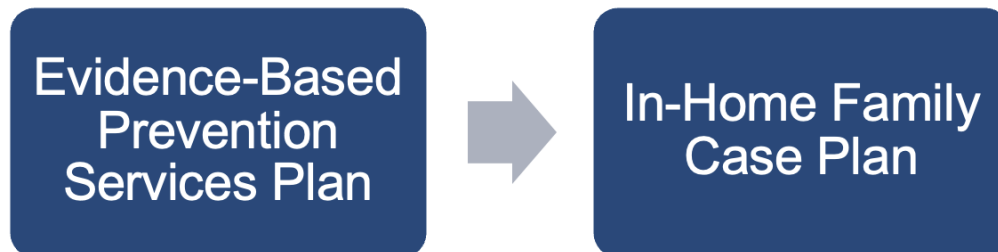
Handout: In-Home Family Case Plan

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 services, with the primary goal of maintaining the child safely in the parent/caretaker's home. 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 intended to prevent 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.

Evidence-Based Services Plan



Every family in In-Home Services will have an In-Home Family Case Plan.

An Evidence-Based Prevention Service Plan is a temporary agreement developed in collaboration with a family, only when services are needed immediately to safely prevent a child from entering foster care, before the In-Home Family Case Plan can be completed.

When children are determined to be at serious and/or imminent risk of entry into foster care, it is required that the caseworker create a plan that is incorporated into the Family Case Plan that:

- Describes the reason the child is at imminent risk of entering care
- Services and activities to be offered or provided to safely prevent the need for removal

When the criteria are met for serious and/or imminent risk of entry into foster care, or “candidacy for foster care,” Evidence-Based Prevention services must be explored.

Evidence-Based Prevention (EBP) Services are legally mandated and are provided to:

- Address child safety and threat factors
- Promote protective factors
- Preserve families and maintain children safely in their home
- Encourage families to develop a support network
- Prevent further abuse or neglect by strengthening the family's capacity to protect and nurture their children

When Evidence-Based Prevention Services are identified as an option:

- Title IV-E funding may be accessible to provide EBP services
- An additional Evidence-Based Services Plan must be created

Elements of the Evidence-Based Services Plan must be incorporated in the development of the In-Home Family Case Plan.

The DSS-5025: Evidence-Based Prevention Services Plan and DSS5025Ins: Evidence-Based Prevention Services Plan Instructions can be found online at the NCDHHS Policies and Manuals website [<https://policies.ncdhhs.gov/>].

Essential Functions in Action: Building Case Plans



Developing a case plan is a structured, dynamic process that relies on five essential functions: Communicating, engaging, assessing, planning, and implementing. These functions are interconnected and ensure that interventions are family-centered, legally compliant, and supportive of family stability.

Communicating: Effective communication establishes the foundation for the case plan. It involves:

- Sharing information transparently with the family about the child welfare process, their rights, and expectations
- Listening actively to the family's concerns, preferences, beliefs, values, traditions, and social context
- Coordinating with external stakeholders such as schools, mental health providers, and legal representatives
- Role in case planning: Communication ensures that all parties are informed and can contribute meaningfully to the development of the case plan

Engaging: Engagement emphasizes building trust and collaboration with the family:

- Motivating family members to participate actively in the case plan process
- Demonstrating respect for family values, beliefs, traditions, and heritage, family input, and lived experiences
- Creating a nonjudgmental environment to encourage openness
- Role in case planning: Engaging families allows the child welfare worker to co-create realistic, family-centered goals, increasing the likelihood of compliance and positive outcomes

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

- Evaluating risk factors, safety concerns, and the family's strengths and needs
- Identifying necessary resources, interventions, and supports for both the child and family

- Using evidence-based tools and practice standards for accurate evaluation
- Role in case planning: Assessment informs decisions about services, interventions, and priority goals, ensuring that the plan addresses both short-term safety and long-term well-being

Planning: Planning translates assessment findings into structured actions:

- Setting clear, measurable goals for child safety, permanency, and well-being
- Developing strategies, timelines, and tasks tailored to the family's specific circumstances
- Aligning plans with statutory requirements and community resources
- Role in case planning: Planning organizes interventions in a logical, goal-oriented manner, bridging assessment results with actionable steps

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

- Coordinating services, providing support, and connecting the family with community resources
- Tracking progress, adjusting interventions as necessary, and documenting outcomes
- Maintaining ongoing communication with the family and stakeholders to ensure accountability
- Role in case planning: Implementing the plan ensures real-world impact on child safety and family stability, and allows for iterative adjustments based on observed progress

These five functions form a continuous cycle: communication fosters engagement, engagement informs assessment, assessment guides planning, and planned actions are carried out in implementation. Feedback loops occur as outcomes are monitored, requiring renewed communication and ongoing engagement to refine the plan.

Using family-centered practices empowers parents to identify needs and strengths, fostering stronger relationships and more effective outcomes.

Tips to engage families to develop and monitor the In-Home Family Case Plan (IHFCP):

- Build on family strengths
- Discuss with the family ways in which they have successfully solved problems previously
- Write goals and objectives using the families' own words, acknowledging their culture, and supporting their ownership
- Create concrete, behaviorally specific goals and objectives tailored to the individual and family needs
- Track progress with the family and celebrate success along the way

Notes

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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.

Notes

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.

**EVIDENT
CHANGE**

Need refers to the factors that surround safety threats and danger indicators that can be modified to reduce risk. Behavior-based case plans require strong goal statements that illustrate what would happen in the family's life if the need were addressed.

Writing a good behavior-based case plan involves turning the needs you have learned from the FSNA and the good information gathered from the family and the network into specific, measurable goals for behavior change. Here are some tips on how to do that:

- Agree on the key needs addressed in this case plan. Remember, the department needs to hold the bottom line. However, families are much more likely to engage in a change process if they are part of the decision-making process. You can ask the family on a 1 to 5 scale which needs are most important to them. You can share with them which needs are most important to close the case and achieve the required safety, permanency, and well-being.
- Ask questions about resolving the family's needs. If the family and their network have resolved this need, what would family life look like if it were addressed? What would the caretakers be doing differently with their children? The more concrete and straightforward you can make this image, the easier it will be to write a statement about the behavior change that is needed.
- Ask the family clarifying questions about what progress could mean. What would things be like in your family if the need were addressed? Adjust as needed, but ultimately, what you are looking for is the presence of new behavior in the family, not just the absence of old behavior you hope stops.

Remember that questions are an intervention. Getting curious about what would happen in their lives if their needs were addressed provides key information to shape goals for behavioral changes.

Notes

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Matching Services to the Family's Needs

Once you have three to four behavior changes you and the family believe they achieve in the given timeframe, think through the formal and informal ways family members can learn these new skills with support. This is where service provision comes in.

- Ask the family if they have tried services in the past to help change this behavior. What has helped?
- Consider your and your supervisor's experience with other clients: What services have helped them make this change?
- Do you have an evidence-based treatment in your area that helps families with this change?
- Consider what the caretaker or youth will need to do to attend the service. Will they need transportation? Childcare? Motivation? Ask the caretaker and youth what role the network can play in helping them meaningfully participate in the service.
- Think about whether these activities and services should be formal or informal.
- Think about how the safety and support network can help.
- If an activity is service-related, how will the caregiver and network demonstrate what they learned from the service?

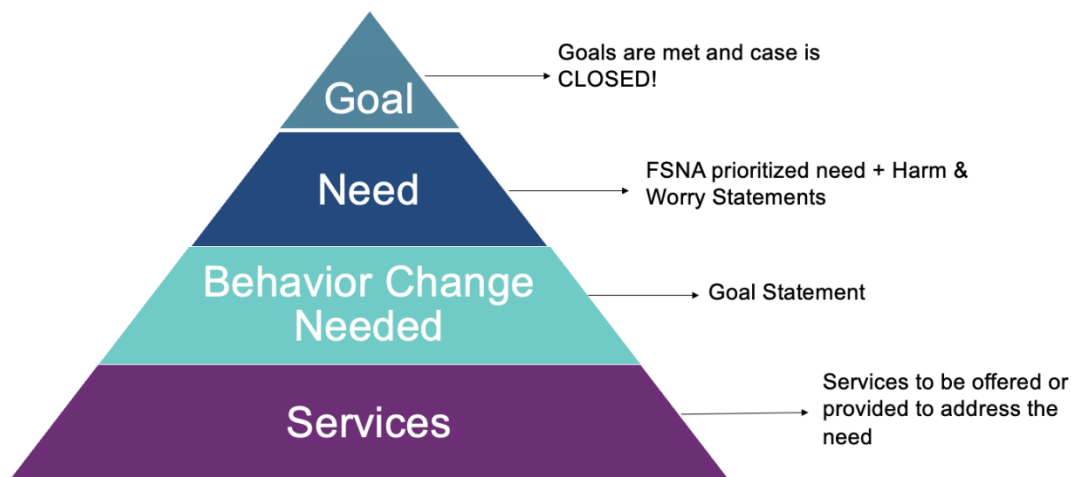
Sometimes, when identifying services at this stage, we inadvertently limit ourselves to formal services, such as groups or classes. There may also be a range of "informal services" that can be helpful. Consider the following:

- 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.

Either of these services, and sometimes a mix of both, could be the right match to help a caretaker or child achieve the behavior change you have agreed on. Consider that when services are completed, and child welfare exits a family, it is the support network and informal services that often remain. Social connection is a protective factor!

Notes

In-Home Family Case Plans



Each case plan includes multiple sections:

- Section one: Family Information
- Section two: Behavior Change and Services to Address Needs
- Section three: Court
- Section four: Imminent or Serious Risk of Foster Care
- Section five: Child Specific Well-Being Needs
- Section six: Parent or Caretaker Well-being Needs to be addressed with Optional Services
- Section seven: Signatures

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 IHFCP depends on meaningful engagement with the family and their completion of the agreed-upon activities.

Notes

Activity: DSS-5239 In-Home Family Case Plan

The purpose of this activity is to become familiar with the skills and tools needed to engage families in the case planning process, specifically around behavior change and services to address needs.

What to Do:

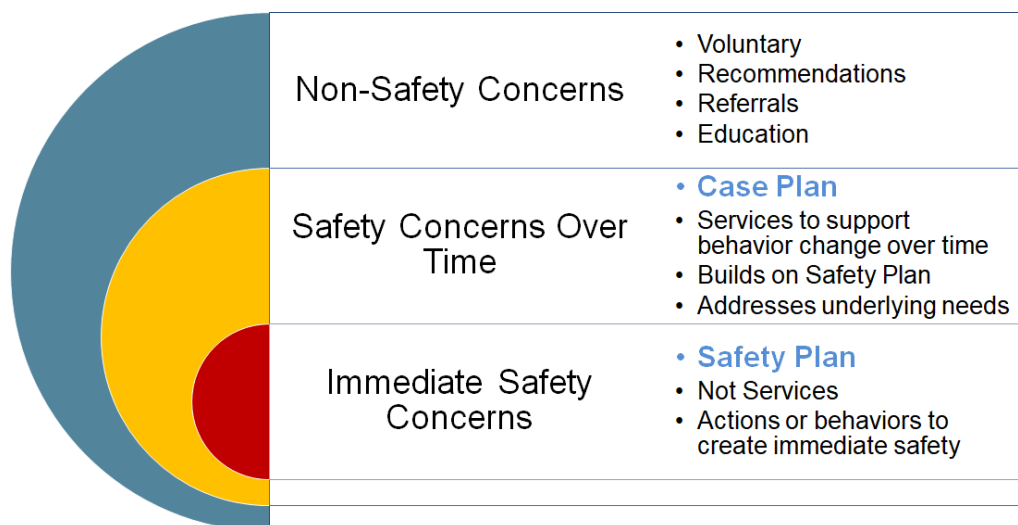
- Review the DSS-5239 In-Home Family Case Plan and the DSS-5239ins (instructions) found on the NC Child Welfare website (<https://policies.ncdhhs.gov/>)
- Work in pairs to answer the question below:

What skills and tools have you learned throughout this training that you can utilize to complete the case plan with the family?

What skills or tools do you feel most confident using? Least confident using?

What can you do to improve your confidence with the tool you are less confident using?

Addressing Concerns



In child welfare practice, not all concerns are addressed in the same way. Understanding the difference between immediate safety concerns, safety concerns over time, and non-safety concerns helps ensure that the right tools are used and that families receive clear, appropriate support.

Immediate Safety Concerns	Safety Concerns Over Time	Non-Safety Concerns
Immediate safety concerns involve current danger indicators that require prompt action to protect a child. • Addressed through a Safety Plan • Focuses on specific actions or behaviors that must occur right away • Designed to create immediate safety, not long-term change • Services are not used to resolve immediate safety threats	Safety concerns over time involve patterns or conditions that increase risk, addressing underlying issues that led to danger indicators. • Addressed through the In-Home Family Case Plan • Focuses on behavior change over time • Uses services and supports to address underlying needs • Builds on the Safety Plan, when one is in place	Non-safety concerns do not rise to the level of a safety threat or maltreatment but may still impact family functioning and well-being. Non-safety concerns are still important to discuss respectfully and transparently with families. • Non-safety concerns may be addressed through: ○ Voluntary supports ○ Education ○ Recommendations ○ Referrals • Supported through voluntary, collaborative approaches

Key Takeaway: Safety plans and services are not the same.

Using the correct approach helps families clearly understand expectations, reduces confusion, and keeps the focus on child safety while supporting long-term stability.

Handout: SOP and Other Tools to Discuss Concerns

Safety Organized Practice (SOP) and other interviewing tools can be used throughout the life of a case because they align with North Carolina's core values of engaging, assessing, and planning. When caseworkers engage families with curiosity and respect, assess what is happening through clear, behaviorally specific information (including strengths, worries, and safety), and plan with families and their networks, these tools help keep practice consistent across different types of concerns.

In practice, the same interviewing approaches can support development and monitoring of Safety Plans for immediate protection, Family Case Plans to support behavior change over time and reduce future risk, and voluntary supports (such as referrals, recommendations, and education) for needs that do not rise to the level of maltreatment but still affect family functioning and well-being.

Tool	Immediate Safety Concerns	Safety Concerns Over Time	Non-Safety Concerns
Three Column Mapping	✓	✓	✓
Circles of Safety and Support	✓	✓	✓
Solution Focused Inquiry	✓	✓	✓
Narrative Interviewing	✓	✓	✓
Open-ended Questions	✓	✓	✓
Reflections	✓	✓	✓
Summary Statements	✓	✓	✓
Crucial Conversations	✓	✓	✓
Education	✓	✓	✓

Developing the In-Home Family Case Plan Learning Lab

Evans Family Case Plan

Activity: Evans Family Case Plan

The purpose of this activity is to have participants 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: [Redacted]		Case Number: [Redacted]	
Case Name:	Shonda Evans		
Agency Worker Name, Phone Number & Email	Sam Worker, 777-888-0000, sworker@county.org		
Agency Supervisor Name Phone Number & Email	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 a 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 and describe the family's use of those services.

Mrs. Evans receives Social Security death benefits.

Identify natural family supports, including extended family members. Specify the 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 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 for and supervise the children. Kim Evans will come to the house, care for, and supervise the children when asked. She will check on the children regularly.	Mrs. Evans and Kim Evans	Every day starting immediately	- Incidents of Kevin preparing food for himself and Angela without adult supervision have occurred - Kim Evans has initiated and provided support, although Mrs. Evans did not reach out for support
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:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ Not Completed	

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:

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:	The children will have supervision that meets their developmental needs. - 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 - 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.

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	- Mrs. Evans has made a list of potential babysitters - CW made a referral for childcare vouchers

Progress toward Achieving the Factor

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ 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	- CW caseworker made a referral 1 week ago to Sunrise Behavioral Health Services - Mrs. Evans has an intake scheduled in 2 weeks

Progress toward Achieving the Factor

Review status: Date	Comments:
☐ Objective Achieved in full	
☐ No longer needed	
☐ Partially Achieved	
☐ 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:	☐ Yes ☐ No Explain:	Progress / Follow Up / Next Steps, if needed:
	Grade: Has the child ever been retained/advanced in a grade? ☐ Yes: Explain: ☐ No Services in place, IEP, A/G:		
Physical / Medical/ Medication	Physician/Address/Phone:	Any health needs/issues/strengths (i.e., Allergies, medications)?	Progress / Follow Up / Next Steps, if needed:
	Immunizations current? ☐ Yes ☐ No Date of last medical checkup?		
Dental	Dentist/Address/Phone:	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
	Date of last dental appointment? Provider/Address/Phone: Diagnosis/Behavior Concern:		
Social / Other	Activities:	Needs/Issues/Strengths:	Progress / Follow Up / Next Steps, if needed:
	Service Provider & Contact information:		
Health Insurance		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 county 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 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?

Mrs. Evans indicated that Kim Evans is 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 ☐ Yes ☐ No
Parent			☐ Yes ☐ No
Parent			☐ Yes ☐ No
Child			☐ Yes ☐ No
Child			☐ Yes ☐ No
Child			☐ Yes ☐ No
Child			☐ Yes ☐ No
Agency Worker			☐ Yes ☐ No
Agency Supervisor			☐ Yes ☐ No
Temporary Safety Provider (if being used)			☐ Yes ☐ No
Other			☐ Yes ☐ No
Agency/Phone/Email			☐ Yes ☐ No
Other			☐ Yes ☐ No
Agency/Phone/Email			☐ Yes ☐ No
Other			☐ Yes ☐ No
Agency/Phone/Email			☐ Yes ☐ 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

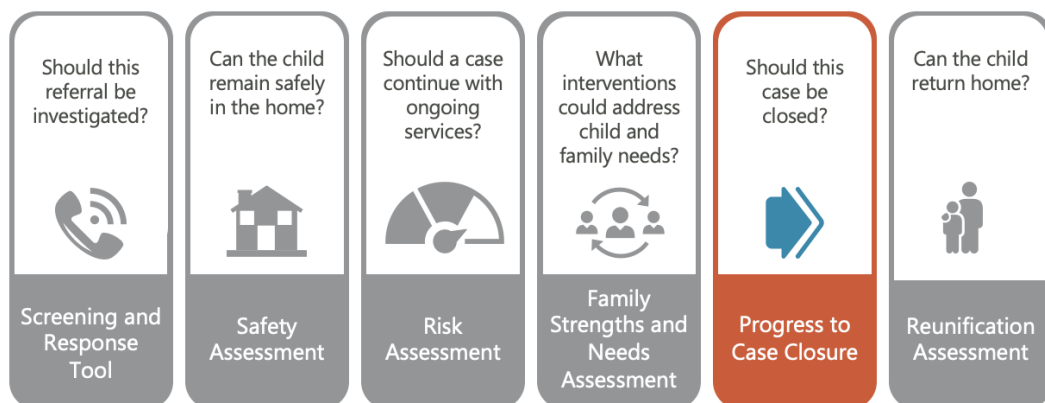
Use your seasoned co-workers, community partners and your supervisor!

This work is too important for anyone to do alone!

Notes

Progress to Case Closure Guide

Progress to Case Closure



EVIDENT
CHANGE

Deciding which families to intervene with is hard work for child welfare staff. Deciding when our work has been enough and if a case can be closed can be even harder. The guidance provided by the Progress to Case Closure tool helps caseworkers determine when it is appropriate to close a case.

The purpose of the Progress to Case Closure Guide is to help caseworkers assess whether danger indicators have been resolved and the caretaker has demonstrated sufficient Family Case Plan progress to allow a case to be closed or whether services should continue. This is accomplished through evaluating whether the caretaker's behaviors and actions have changed. The Progress to Case Closure Guide combines items from the SDM® Safety Assessment with items that evaluate a family's progress toward Family Case Plan goals. The guide answers the question "Should this case be closed?" and is used to support case closure decisions without court oversight.

As with other SDM® tools, the manual includes a policy and procedure section that outlines who completes the tool, the frequency of completion, which cases require completion, and the decision the tool supports.

Notes

Activity: Progress to Case Closure Guide

The purpose of this activity is to support understanding of the policy requirements to complete the Progress to Case Closure Guide SDM® tool.

What to do:

- Access the Progress to Case Closure Guide SDM® manual on the state website
- As the training facilitator asks questions, look up the answer in the Progress to Case Closure Guide SDM® manual
- Keep the web page open, as you will use it again in the next activity

Which cases require completion of the Progress to Case Closure Guide?**Who completes the guide?****When is the Progress to Case Closure Guide completed?****What decision is informed by the guide?**

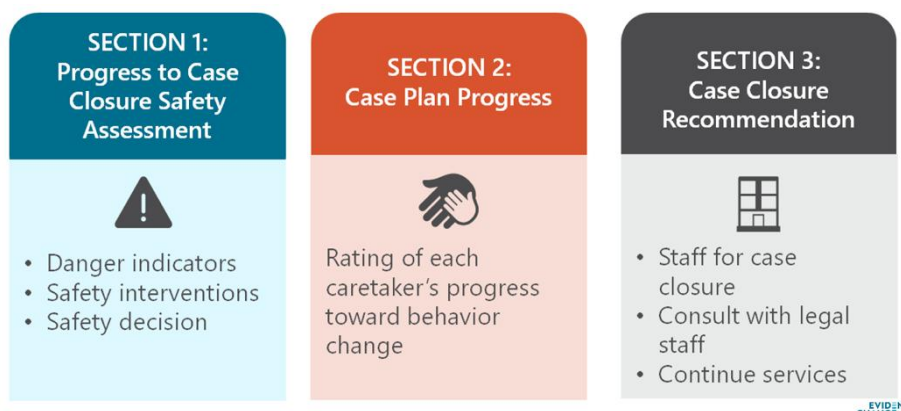
Debrief Questions

What did you notice as you completed this activity?

What are the potential consequences of not using the Progress to Case Closure Guide in your decision-making?

What do you need to do to increase your familiarity with how to use the guide?

Components of the Guide



There are three components to the Progress to Case Closure Guide:

- Section One: Safety Assessment
 - PATH NC will pull the dangers that were identified in the last safety assessment and give access to the complete list of danger indicators and definitions to complete this section
- Section Two: Case Plan Progress
 - Progress toward behavior-based case plan goals is rated
- Section Three: Case Closure Recommendation
 - Families who are safe and making clear progress on their behavior change goals will be recommended for case closure
 - Families who are safe but are not making case progress may benefit from a longer time receiving In-Home Services
 - Families who are safe with a plan or unsafe will require immediate consultation

Notes

Activity: Components of the Progress to Case Closure Guide

The purpose of this activity is to become familiar with the three components of the Progress to Case Closure Guide SDM[®] Tool.

What to do:

- Spend five minutes exploring the three components of the Progress to Case Closure Guide SDM[®] Tool
- Answer the questions below

What stands out to you in the guide?**How might rating each caretaker's progress towards behavioral change be helpful in determining next steps?****How will you plan on talking with the caretaker about their behavioral change and next steps?**

Progress to Case Closure Activity

Activity: Progress to Case Closure

The purpose of this activity is to practice completing the Progress to Case Closure Guide using case scenario information.

What to Do:

- Review the Evans family scenario update
- Navigate to the Progress to Case Closure Guide online and open the document and instructions
- With your small group, complete sections 1, 2, and 3 of the Progress to Case Closure Guide using the case scenario information.

Handout: Progress to Case Closure

Evans Family Update Scenario

Mother: Shonda Evans, 34, Black
 Father: Rudy Evans (deceased), 38 Black
 Children: Keisha, 14, Black
 Kevin, 9 Black
 Angela, 16 months, Black

Case history:

The case has now been open for five-and-a-half months. During this time, the safety plan was found to be functioning as intended. There have also been four Child and Family Team meetings to discuss services and progress. It is time to update the FSNA and case plan, and, per policy, the progress-to-case-closure guide must be provided no more than 30 calendar days prior to each required update of the Family Case Plan. This will be the second progress to the case closure guide review. Below is a brief summary of the most relevant information for this activity.

Initial incident: It was reported that while Mrs. Evans sleeps, she leaves Keisha and Kevin to care for Angela by feeding her and watching her, and at least once, Kevin gave her a bath. Angela slipped and hit her head, resulting in a bruise. Kevin used the oven unsupervised to provide food for himself and Angela.

Initial danger indicators:

#4: Caretaker fails to provide supervision to protect the child from potentially serious harm

#10: Caretaker's physical ability, mental health, or cognitive status seriously impacts their ability to maintain/obtain appropriate supervision, protection, or care for the child.

Harm and Worry Statements

Harm Statement	It was reported that while Mrs. Evans was sleeping, Kevin gave Angela a bath. Angela slipped and hit her head, resulting in a bruise.
Worry Statement	Angela and Kevin may be seriously injured if Mrs. Evans does not ensure there is enough supervision and care for them.

Evans Family Safety Plan

What is the agency and/or the family worried will happen to the children's safety if nothing else changes

Describe the Danger Indicator	What will be done to address the danger indicator until the next updated safety plan (proactive/reactive)	Who will do it?	How will we know it is working?	What will people do if they believe the safety plan is not working?
Mrs. Evans did not supervise Kevin while bathing Angela. Angela hit her head and has a bruise.	Mrs. Evans will call Kim Evans when she requires support to care for and supervise the children. Kim Evans will come to the house, care for, and supervise the children when asked. She will check on the children regularly. Caseworker will visit, both scheduled and unannounced, to verify supervision is in place and troubleshoot barriers.	Mrs. Evans Kim Evans Caseworker	The children will confirm they have adult supervision. Mrs. Evans will report that Kim Evans's support is helpful, and she feels confident asking for help. Kim Evans reports receiving calls from Mrs. Evans	Call Caseworker
Mrs. Evans did not supervise Kevin using the oven	Mrs. Evans will lock the oven. Kim Evans and the caseworker will check oven safety when they visit the home.	Mrs. Evans Kim Evans Caseworker	The oven is locked.	Call Caseworker

Safety plan breakdown: Mrs. Evans will call Kim Evans when she requires support to care for and supervise the children. In the first two months, several incidents of Kevin preparing food for himself without adult supervision had occurred, although the oven was not utilized. Kim Evans indicated she provided support to the family as scheduled,

although Mrs. Evans did not reach out for support, nor did Mrs. Evans seem to welcome Kim Evans' involvement. However, in the last two months, this has shifted.

Recent Case Contact Interviews:

Mrs. Evans: Mrs. Evans shared that she feels things are “more stable” since DSS got involved and put plans into place. She indicated that she now understands she was over-reliant on Keisha and Kevin to support her with Angela because she was experiencing “heavy grief.” Mrs. Evans described that she has learned from her grief group and her therapist that people can become very tired and foggy in their thinking because they are missing someone so greatly, and this feels true for her. Mrs. Evans indicated that she remains tired and naps daily; she times her naps with Angela’s naps during the day and has called Kim Evans twice to watch Angela while she naps on particularly hard days. After Kevin gets home from school, she also naps on the couch while Kevin plays with Angela in the living room. Mrs. Evans indicated that the grief group at the church she attends every week has helped give her other adults to connect with who have also experienced “big losses,” and she feels supported, like this was “something she didn’t know she needed.” Mrs. Evans said that although she is still “getting to know her therapist,” she has learned important things about depression and loss. She feels like she will “stick with counseling” to learn how to cope. Mrs. Evans described a deep-breathing technique she uses when she feels really sad and the gratitude journal she keeps each night, which has helped her acknowledge the good things in her life. Mrs. Evans stated that Angela and Kevin enjoy the childcare during these meetings, so it feels like a good thing for everyone. Mrs. Evans indicated that she feels appreciative of her mother-in-law and the ways she has “really shown up for our family.”

Keisha: Keisha shared that she feels “better” about how things are going at home. She said she likes it when Grandma Kim comes over and helps with dinner. Keisha described that her mom “still is grieving,” meaning she is on her phone a lot, often can be found crying in her bedroom, takes naps during the day, and only makes “simple meals” for dinner, like cereal, sandwiches, or pizza. Keisha said her Grandma Kim brings good foods like homemade spaghetti and pot pies when she comes over twice a week. Keisha says she has only had to watch Angela “a few times, maybe three or four times” in the last month.

Kevin: Kevin indicated that he has been a big helper around the house, “like always.” Kevin confirmed that he isn’t allowed to give Angela a bath, although sometimes he watches Angela while his mom takes a nap. When he watches her, he isn’t allowed to give her food; he’s only allowed to play with her. Also, Kevin says he isn’t allowed to take Angela out of the living room and has to stay in there with her. If Angela cries or gets upset, Kevin wakes his mom up from her nap to help Angela. Kevin says that his mom makes more food now, and he really likes this, especially pizza, because he isn’t allowed to use the oven without his mom. Kevin says he likes going to the church to play with “the other kids.” Kevin describes that his mom cries “a lot” and sleeps “a lot,” meaning every day, but that she plays more and watches TV with him sometimes.

Angela: Angela is a curious 16-month-old child. It is reported and has been observed on home visits that Angela walks independently, says “mama,” “cup,” and “eat,” and points to items of interest or in response to others. She is described by her family as a “happy baby,” meaning she is generally smiling and content, interacts with her family, and is easily soothed or redirected when upset. Mrs. Evans reports that Angela naps for

about 1 to 2 hours each afternoon in the living room pack-and-play and sleeps through the night in her crib.

Kim Evans, Paternal Grandmother: Kim Evans reported that she is more regularly involved in helping care for the children and feels clearer about what is expected of her. She stated that Mrs. Evans communicates more consistently about what she needs, even asking for Kim to come over and watch Angela while Mrs. Evans naps on occasion. Mrs. Evans has also welcomed Kim when she brings dinner twice a week. Kim Evans shared that she feels comfortable stepping in and checking on Angela during the day and has enjoyed time with the children. Kim Evans indicated that she thinks the grief group at church is helping Mrs. Evans to “move through her grief,” meaning she has noticed a willingness to talk about Rudy, the children’s father, who passed, and has more energy than she used to, and has been responsive to spending time together.

Home Visit Observation: No concerns are noted in the home walk-through. Safe sleeping arrangements are noted in the pack-and-play and crib for Angela. It should be noted that door handle guards have been installed on all doors. A baby gate remains present between the living room and kitchen, and at the bottom of the stairs, cordoning off the living room from the rest of the house. The coffee table and TV stand have foam corner guards, and the outlets have babyproof plugs. The oven lock remains in place.

Safety

Caseworker updated the safety plan during the most recent family contact. No danger indicators were found, and the safety decision is “safe.”

Case Plan Progress [Refer to case plan goals in previous activity]

Services in place:

- Grief Support Group: Mrs. Evans attends, and the focus is on understanding the grief process and building support for the grief journey. Meets once a week, provides childcare and dinner
- Therapy: Weekly therapy for Mrs. Evans
- In-Home Caseworker Support: Ongoing caseworker contacts to reinforce safety planning, supervision expectations, caretaker decision-making, and follow-through on the family case plan. Quality contacts occur every other week in the home with all household members and Kim Evans.
- Caregiving Network Support / Safety Planning: Assistance with identifying, engaging, and coordinating approved caretakers, clarifying roles, confirming availability in advance, and maintaining contingency plans.

Discussion Questions

What evidence influenced your decision most strongly?

What role did the children's voice play in your decision?

What evidence shows behavior change vs. compliance?

Is the change consistent enough to support case closure?

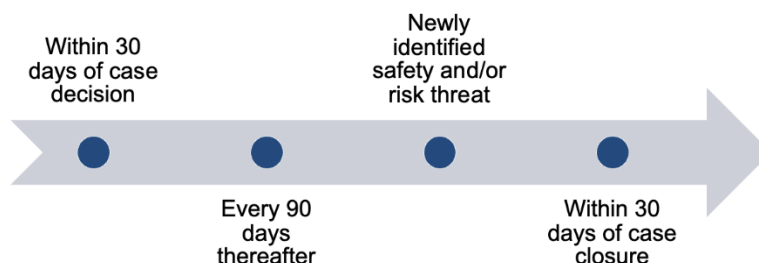
Debrief Questions

How did the Progress to Case Closure Guide support your confidence in decision-making for the Evans family?

What information, if any, would have helped increase your support?

How can the Progress to Case Closure Guide help you to be more objective in case closure decision-making?

Structured Tool Completion

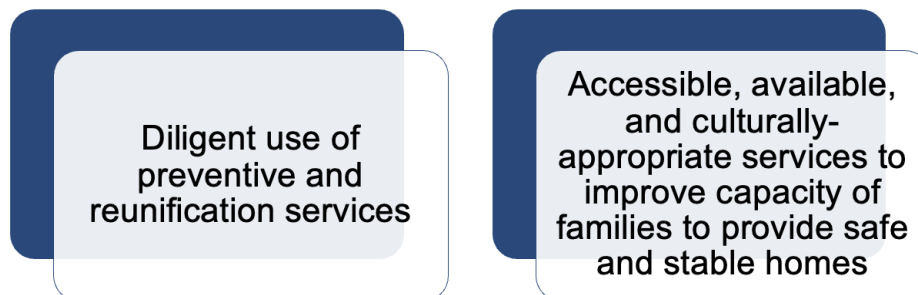


SDM® tools support decision-making around case progress and case closure.

Policy outlines minimum tool completion requirements.

- Within 30 days of case decision review and/or complete tools utilized during CPS Assessment
 - Safety Assessment
 - Child Strengths and Needs Assessment, if applicable
 - Trauma Screening tool for each child
 - Domestic Violence Assessment tools, if applicable
 - Plan of Safe Care, if applicable
 - TSP assessments, if applicable
 - Develop IHFCP
 - If Safety Place (part E of the Safety Assessment) is in place, hold a CFT meeting
- Within 4 months of case decision (90 days after the initial IHFCP) and every 90 days thereafter, update
 - Family Strengths and Needs Assessment
 - Child Strengths and Needs Assessment, if applicable
 - Progress to Case Closure Guide
 - Review the status of whether each child is at serious/imminent risk of removal absent preventative services
 - CFT meeting to review and update IHFCP
- Newly identified safety threat or danger indicator
 - Family Strengths and Needs Assessment
 - Child Strengths and Needs Assessment, if applicable
 - Progress to Case Closure Guide
 - If a new report is made and accepted based on change or circumstances, Risk Assessment will be completed and applied to the case
 - Update IHFCP
- Within 30 days of case closure
 - Family Strengths and Needs Assessment
 - Child Strengths and Needs Assessment, if applicable
 - Progress to Case Closure Guide
 - Review and update the IHFCP when a case has been identified as a lack of progress or a previous In-Home or Permanency case. All other cases to be reviewed by the In-Home caseworker and SWS, as well as with the family.

Reasonable Efforts in Child Welfare Services



Reasonable efforts is the legal term to describe a court's finding that you have done a good job and followed all the policies and protocols. Reasonable efforts refer to both diligent search for relative placement when necessary, and diligent use of preventive and reunification services.

Reasonable efforts are determined by the court as the caseworker's efforts to provide appropriate, individualized, and situation-specific services to the family prior to removal and during a child welfare intervention [case].

For cases where the child has been identified as an "Indian child," reasonable efforts will be insufficient, as ICWA requires that you make "active efforts" in these areas. We introduced active efforts on ICWA cases back in Week 2 Day 1.

Like reasonable efforts, when you make an active effort, you must document the work you do to support the family and report your actions and efforts to the court, which will determine if your efforts meet the legal standards for "reasonable efforts" or "active efforts." "Reasonable efforts" are critical to ensuring we have made every effort possible to maintain children in the home and keep families together. If we can't prove we made reasonable efforts, we have no business filing a petition to take custody, and our removal decision will not hold up in court. We need to make every effort possible before adding to the child's trauma with a placement.

What strikes you about the definition of "reasonable efforts"?

--

What else would you need to do as a social worker beyond simply making a referral to demonstrate “reasonable efforts”?

What do you recall about “active efforts” that differentiates it from “reasonable efforts”?

What will you remember to do to meet the criteria of reasonable efforts?

Reasonable Efforts that Address Lack of Progress

Activity: Reasonable Efforts that Address Lack of Progress

The purpose of this activity is to explore the connection between SOP, Crucial Conversations, Safety and Support Networks, CFT Meetings, and supervisory support of Reasonable Efforts.

What to Do:

- In your small group, discuss the question assigned to you
- Record your notes on a flipchart paper
- Be prepared to report the reasons for your answers

Circle the question assigned to your group:

1. What SOP tools might you use to address the lack of progress?
2. What Crucial Conversations might you have with parents and caretakers when there is a lack of progress?
3. How might you utilize Safety and Support Networks to support family progress?
4. What role do you see CFT Meetings playing in addressing the lack of progress with families?
5. How might your supervisor support you in addressing the lack of progress?

Notes

Debrief Questions

How might you decide to use one tool over another?

Which of these items might be considered a Reasonable Effort to prevent removal?

How might you elevate these actions to meet Active Efforts?

What are the potential benefits of using safety and support networks?

Key Takeaways

Family engagement is key to IH Family Case Plan

In-Home Family Case Plan focuses on safety and risk, as well as needs

Progress to Case Closure Guide supports decision-making

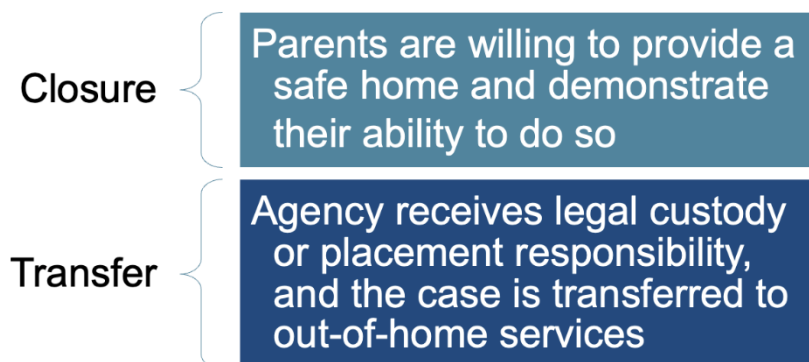
Building support for the family outside of DSS

Policy guides frequency of case plans and types of assessments needed

Notes

In-Home Services: Safe Case Closure

Termination of In-Home Services



The goal of In-Home Services is to keep children at home, safe and free from risk. In-Home Services terminate when:

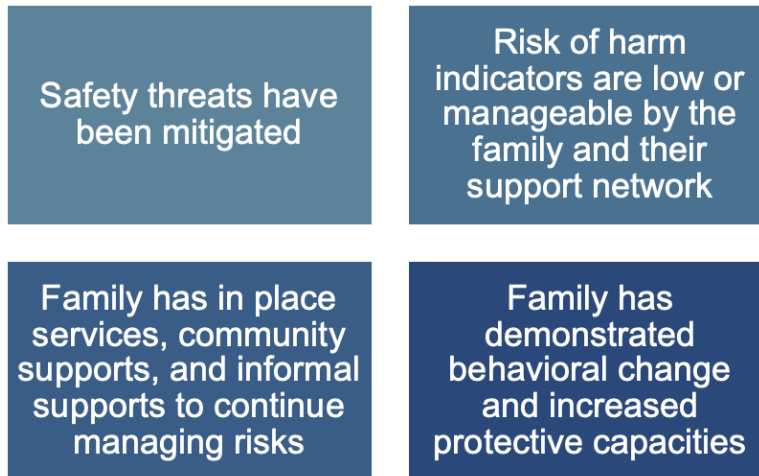
- **Closure:** Parents/caretakers are willing and able to provide a safe home and demonstrate their ability to do so
- **Transfer:** The local county child welfare agencies receive legal custody and/or placement responsibilities, and the case is transferred to out-of-home Permanency Planning Services

Case closure of In-Home Services must occur when the safety issues have been addressed, behavioral changes have been demonstrated, and support from the Safety Network lowers the risk of future harm, as there is no longer a justification for continuing involuntary services with the family.

When the recommendation in the Progress to Case Closure Guide indicates case closure and the case has a safe Safety Assessment, has been staffed with and approved by the supervisor or another manager, and no circumstances justify continuing involvement, the case can be safely closed. An In-Home Services case cannot be closed if a child remains in TSP or if the safety issues that led to parents voluntarily placing their child with a TSP have not been adequately resolved.

Once caretakers demonstrate that they can provide a safe home and the risk has been adequately mitigated, the In-Home Services case must be closed, even if all activities on the case plan have not been completed. Case closure of In-Home Services must occur when the safety issues have been addressed, behavioral changes have been demonstrated, and support from the Safety Network lowers the risk of future harm, as there is no longer a justification for continuing involuntary services with the family. When the recommendation on the Progress to Case Closure Guide indicates case closure and the case has a safe Safety Assessment, has been staffed with and approved by the supervisor or another manager, and no circumstances justify continuing involvement, the case must be closed. Keep in mind that an In-Home Services case cannot be closed if a child remains in TSP or if the safety issues that led to parents voluntarily placing their child with a TSP have not been adequately resolved.

Case Closure Considerations



When the In-Home Services case closure has been determined:

- Update Progress to Case Closure Guide, FSNA, and Safety Assessment within 30 days prior to case closure
 - Safety Assessment must have “safe” safety decision
- Contact collateral contacts regarding closure within 30 days prior to case closure
- Document review of the IHFCP within 30 days prior to case closure
 - Review and update the IHFCP when a case has been identified as a lack of progress or a previous In-Home or Permanency case
 - All other cases to be reviewed by the In-Home caseworker and SWS, as well as with the family
- Complete a face-to-face contact with the family, confirming safety and risk level in the home, family’s capacity to maintain safety, and review the IHFCP within 14 days of case closure
- 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

[illegible]

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. Here are some helpful practices that will assist you in successfully closing cases:

Start preparing for closure on the first day of service: The first time you meet with a family, you need to lay the groundwork for case closure. As a caseworker, you do this by clearly establishing your role with the family and honestly discussing with the family what it will take to end agency involvement with their family. Earlier, you learned about courageous conversations. Sometimes discussing with families what needs to change in their lives is a tough conversation, but most families will appreciate your honesty from the beginning.

Focus on building a support system for the family throughout the intervention: Ask the family who supports them and whom they call when something goes wrong. Some of the families you work with may be isolated. From the start, help the parents and children find support within their extended families and community. Building these supports will help the family become less dependent on the agency.

Discuss the family's feelings about ending their connections with the agency: Ask the family how they feel about ending the services through the agency and how they feel about ending their relationship with you.

Point out the family's successes: Highlight for the family all that is going well and "right", be specific, especially praise the changes they have made and how far they have come as a family

Prepare for possible setbacks: It is common to face challenges when discussing case closure. Be prepared for this and assist the family in moving forward.

Develop a plan for ending agency involvement with the family: Set a plan in place with the family about decreasing your contact, reducing services that will terminate, plan for referrals to the community, and assist in transitioning service responsibilities to the family.

Beware of the "termination crisis": This is more than a setback. Some families become so dependent on their caseworker and the support the agency provides that they will create a crisis just to keep you involved. If this "crisis" does not pose a safety concern, help the family by talking about how they are feeling openly and what their fears are if the case is closed.

Celebrate with the family by recognizing their accomplishments: Have a celebration. It can be a handmade certificate for each family member, a card, or something simple that praises the family for all they have accomplished.

Which of the practices seems more natural to you? Less natural?

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

How could incorporating these practices into your work with families help ensure successful case closures?

Key Takeaways

Transfer to Permanency Planning happens when both safety and risk increase

Closure happens when the risk of future maltreatment is adequately reduced

A CFT meeting 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

1. There is danger in closing a case that has not been assessed for safety and risk of future harm
2. There is danger in leaving a case open when a family has demonstrated decreased risk and increased safety

As a caseworker, you must balance these two facts to make case closure decisions.

What are the potential consequences of maintaining an open case when a family has demonstrated decreased risk and increased safety?

What do you need in order to help prevent you from closing a case too soon or leaving a case open too long?

Activity: Safe Case Closure

The purpose of this activity is to identify the core criteria for safe case closure, explore how safety and risk assessment inform case closure, and how case closure is a team decision made with the family, the CFT, and the caseworker's supervisor.

What to Do:

- Work with your group to discuss the following questions
- Spend five minutes on each question
- The training facilitator will ask for feedback after each question

What is the main thing you are looking for to safely close a case?**Who should decide whether the circumstances that brought the family to the attention of Child Protective Services have been resolved?**

Reasons to Close or Not

Children must be safe in the home, meaning all safety threats have been addressed and mitigated. Children must be at LOW risk of future harm from maltreatment based on the Risk Re-assessment.

Case closure decisions should be made within the CFT meetings that include the family, service providers, and any informal supports. Closing a case STARTS at the beginning of your working relationship with the family.

Activity: Reasons to Close or Not

The purpose of this activity is to explore the critical thinking involved in the decision-making process for case closure.

What to do:

- The training facilitator will ask a series of questions
 - Listen to each question and decide if you agree (Yes) or not (No)
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 Progress to Case Closure Guide recommends closure
 3. Ms. Smith has completed the goals in her IHFCP 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 IHFCP, have demonstrated behavioral change that mitigates danger indicators, and continue to contact their DSS caseworker to assist them with managing their daily tasks, like paying bills, making their appointments for them, etc.
 5. A caseworker meets with her supervisor to talk about a family on their caseload. The caseworker indicated that all goals within the IHFCP have been completed, all danger indicators have been addressed, and the recent Progress to Case Closure Guide SDM Tool recommends closure. However, the caseworker does not want to close the case because they “know how families who are affected by substance misuse can be.” The caseworker shared their own experience with having a parent who has struggled with substance misuse. The supervisor directs the caseworker to close the case with the family after the caseworker refers the family to community support services.

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

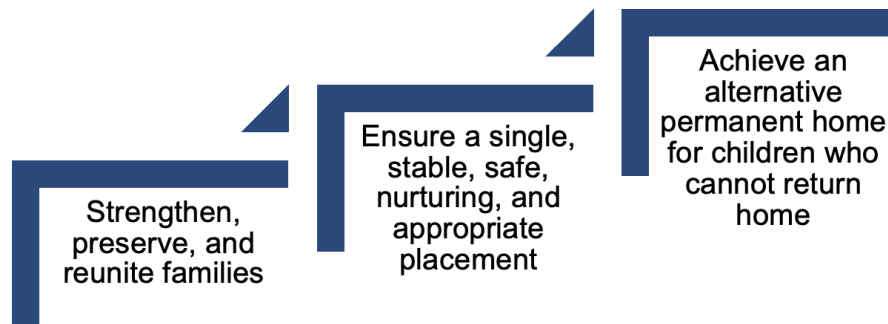
Case Closure is a team decision made with the family

Notes

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

Permanency Planning Overview

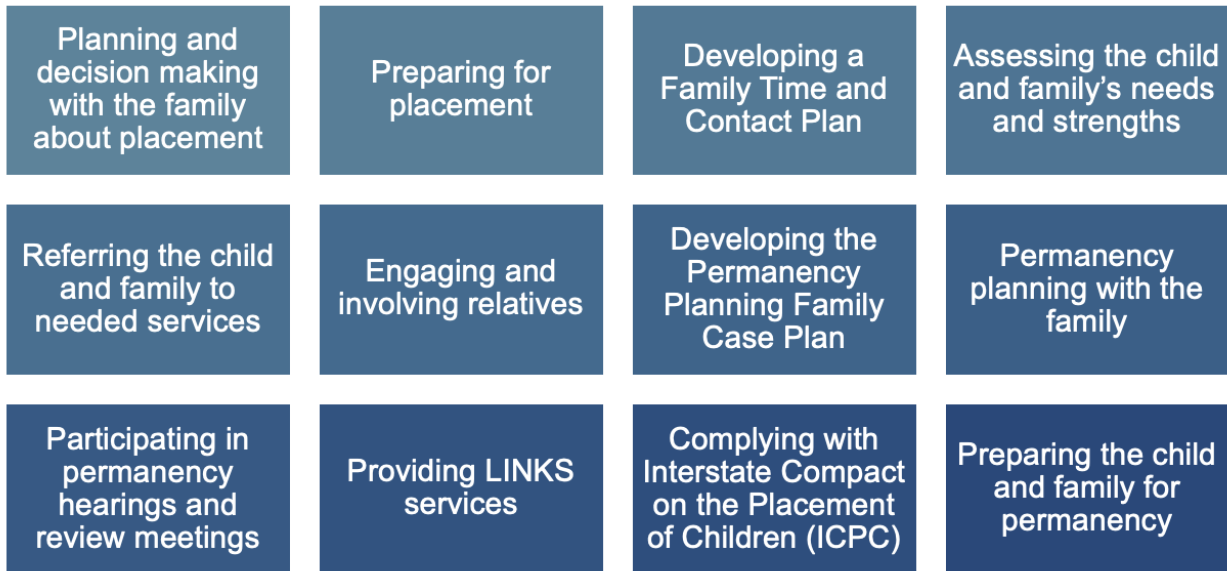
Permanency Planning Services



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 well-being and permanence for that child.

Notes

Introduction to Permanency Planning Services



Permanency Planning Services are provided for children who must be separated from their parents or caregivers due to inadequate protection or care. Children enter the custody of a North Carolina county child welfare agency when separation is necessary to maintain the child's safety.

Out-of-home placement should only occur after reasonable efforts have been made to preserve the child's safety, health, and well-being in their own home.

Permanency Planning requires:

- A thorough assessment of the child and family's needs
- Careful planning before and throughout the child's involvement in child welfare
- A focus on ensuring the child's safety, permanency, and well-being

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

Handout: Permanency Planning Caseworker Roles and Responsibilities

- Careful planning and decision-making with the family about placement, when necessary, and preparing the child, the child's family, and the foster family for separation and placement, including developing a family time and contact (visitation) agreement;
- Assessing children's needs to ensure appropriate placement and services;
- Arranging and monitoring a placement appropriate to the child's needs;
- Involving the kinship network to provide planning, placement, and other support for the child and family;
- Assessing family strengths and needs to determine the appropriate plan for service;
- Developing and arranging community-based services to support the child and family;
- Collaborating with other community service providers working with the family to ensure continuity of services and to prevent duplication of services;
- Referring the child and family to needed services, including clinical treatment;
- Collaborating with educational agencies to ensure school stability for the child and that all factors relating to the child's best interest are considered in determining the child's educational setting; all appropriate educational services are provided to the child; and documentation of educational planning is in the case file;
- Providing ongoing assessment to determine the risk to the child and to guide the case planning process;
- Working with the family to develop and implement the Permanency Planning Family Services Agreement;
- Helping the family meet the Permanency Planning Family Services Agreement objectives by providing information, instruction, guidance, and mentoring related to parenting skills, and by monitoring and updating the agreement with the family;
- Providing case planning and management;
- Concurrent permanency planning with the family to develop alternative options to provide a permanent home for a child should reunification fail;
- Supervising the placement to ensure the child receives proper care during placement;
- Preparing for and participating in court proceedings;
- Preparing for and facilitating Child and Family Team meetings.
- Preparing for and facilitating Permanency Planning Review meetings;
- Providing transportation for children in county child welfare agency custody when needed and not otherwise available, including visits with parents, siblings, and relatives;
- Providing LINKS services to assist older youth in learning life skills necessary to make a successful transition from foster care to living on their own;
- Ensuring placements across state lines comply with the Interstate Compact on the Placement of Children (ICPC);
- Recruiting and assessing relatives and other kin as potential caregivers;
- Involving foster parents in planning and decision-making for children in county child welfare agency custody;
- Preparing children for adoptive placements and maintaining life books; and
- Maintaining the permanency planning case record and thorough documentation of case activities.

Permanency and Permanency Planning

What is Permanency?

Activity: What is Permanency?

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

What to Do:

- On your own, walk around and visit each question on the flip chart papers.
- Add your ideas to each piece of paper

Debrief Questions

What do you notice about the responses listed?

What might that suggest about the importance of Permanency Planning Services for children and their families?

What do you need to do to remember the importance of Permanency Planning Services as it relates to outcomes?

Permanency

Permanency in child welfare is defined as a “permanent, stable living situation, ideally one in which family connections are preserved.”

Family perspective refers to the unique beliefs, values, experiences, and community influences that shape how a family understands child development, safety, caregiving, and daily functioning

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.”

Family perspective refers to the unique beliefs, values, experiences, and community influences that shape how a family understands child development, safety, caregiving, and daily functioning.

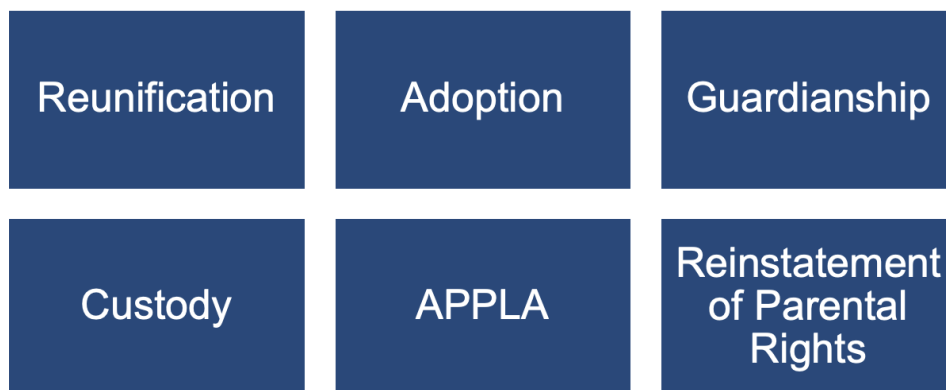
There are three elements to permanency:

- Legal: a legally established relationship through reunification, custody, adoption, or guardianship OR a child’s relationship with a parenting adult as recognized by law
- Relational: an emotional attachment between the child and caregivers and other family members and kin, OR recognizing the many types of important long-term relationships that help a child feel love and connected
- Identity: a continuous connection to family and family perspective

Relational permanency is fundamental to the well-being of children and youth. It occurs when young people form lasting, supportive connections that extend beyond their time in foster care. While the primary responsibility of the child welfare system is to promote legal permanency, such as reunification, adoption, and guardianship, it is also important to prioritize relational permanency. Relational permanency is a tool that supports the broader concept of a kin-first approach in child welfare. This approach values when children and youth remain supported by and connected to their families, communities, and racial, religious, and ethnic identities.

To keep children in foster care connected to their families, it is important to consider the families’ perspectives. Family perspective refers to the unique beliefs, values, experiences, and community influences that shape a family’s understanding of child development, safety, caregiving, and daily functioning. It reflects how families view themselves, their strengths, their challenges, and the norms that guide their decision-making. Understanding a family’s perspective helps caseworkers build trust, accurately assess safety, and develop individualized, strength-based plans that align with the family’s context and lived experience.

Legal Permanency Outcomes



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

Legal permanency planning for each child involves establishing a goal for permanency, setting the tasks required to achieve it, and determining the roles and responsibilities of all involved, including the child's parents, relatives, caseworkers, children, and other members of the child's 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 outcomes include:

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

N.C.G.S. § 7B-906.2 (b) states that at any permanency planning hearing, the court shall adopt concurrent permanent plans and shall identify the primary plan and secondary plan. Reunification shall remain a primary or secondary plan unless the court made findings under G.S. 7B-901(c) or makes written findings that reunification efforts clearly would be unsuccessful or would be inconsistent with the juvenile's health or safety. The

court shall order the county department of social services to make efforts toward finalizing the primary and concurrent permanent plans. It may specify efforts that are reasonable to timely achieve permanence for the juvenile.

PL 113-183 requires agencies to provide documentation at each permanency hearing of the “intensive, ongoing, and, as of the date of the hearing, unsuccessful efforts made by the county child welfare services agency to return the child or secure a placement with a fit and willing relative (including adult siblings), a legal guardian, or an adoptive parent, including through efforts that utilize search technology (including social media) to find biological family members for children.”

According to N.C.G.S. § 7B-101 (18), reasonable efforts are defined as the diligent use of preventive or reunification services by a department of social services when a juvenile's remaining at home or returning home is consistent with achieving a safe, permanent home for the juvenile within a reasonable period of time. If a court of competent jurisdiction determines that the juvenile is not to be returned home, then reasonable efforts means the diligent and timely use of Permanency Planning Services by a department of social services to develop and implement a permanent plan for the juvenile.

Activity: Legal Permanency Options in Permanency Planning

The purpose of this activity is to become familiar with the six legal permanency outcomes.

What to do:

- Review the “Legal Permanency Options” handout on the next page
- Answer the following questions

Discussion Questions

What stands out to you about the different permanency options?

Which permanency options do you believe are best for youth in foster care?

How will you balance decision-making when the options available for permanency may not match your own beliefs for what is best?

Handout: Legal Permanency 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 (RPR) is a permanent plan that allows parents whose rights were terminated to have them reinstated under 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 the child as one's own. 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 those 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.

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
- Honor the meaningful work that you've done today

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 Check-In

Agenda

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

Permanency and Permanency Planning (continued)

Permanency Planning Process

Permanency Planning Family Case Plan

BREAK

Legal Aspects of Child Welfare Services

Juvenile Court System

LUNCH

Caseworker Contacts

Family Time

Family Time Learning Lab

BREAK

Shared Parenting

Safety and Support Networks in Foster Care

Self-Reflection

Family Time and Relatives Self-Reflection

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

Day 2
Overview of Child Welfare Process, Part 4: Permanency Planning Services
Permanency and Permanency Planning
• Explain and provide examples of strategies of how to plan and making decisions about placement with the child and family • Discuss ways to prepare the child, the child's family, and the placement provider for placement • Describe the importance of maintaining a child in one single, stable placement to reduce placement disruption • Describe the importance of matching beliefs, values, practices, and social norms between children and their caregivers • Explain and provide examples of placement considerations when matching placements for special populations, including infants exposed to substances, medically fragile children, large sibling groups, pregnant and parenting teens, and adolescents and older youth • Engage and include relatives in the case decision-making process
Permanency Planning Family Case Plans
• Distinguish the difference between traditional and behavior-based case planning • Identify engagement strategies for families and their networks to support the development of behavior-based case plans • Consider the steps necessary to turn needs into goals for behavior change • Write goals that contribute to the development of behavior-based plans • Utilize the Permanency Planning Family Service Agreement to guide case planning and service provision to achieve safety, permanency, and well-being outcomes. • Collaborate with children and families, and will include their voice when discussing and completing the Permanency Planning Family Services Agreement • 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 • Include the child, the child's parents, the child's team, and the court when creating and making changes to the permanency plan

Legal Aspects and Juvenile Court System
• Understand their role in the Juvenile Court process and the purpose of each hearing • Be able to prepare for and testify at each Juvenile court hearing • Prepare for and attend permanency hearings and Permanency Planning Review meetings as required in policy and statute
Safety and Support Networks
• Identify the key components of effective safety and support networks • Explain the benefits of having a robust safety and support network • Apply strategies to identify potential members of a safety and support network
Family Time
• Provide support, resources, and referrals for services to relatives to maintain placement of the child in the relative's home • Understand the importance of supporting and facilitating Family Time for children placed in foster care and their families • Explain how to find solutions to barriers to Family Time and mitigate any concerns that arise
Shared Parenting
• Be able to facilitate and support Shared Parenting, including Shared Parenting meetings • Identify how a child and family's culture may impact Shared Parenting • Know how to mitigate any issues or concerns that may arise in Shared Parenting

Core Week Five Day Two

Permanency and Permanency Planning

Amnoni's Story

Video: Amnoni's Story

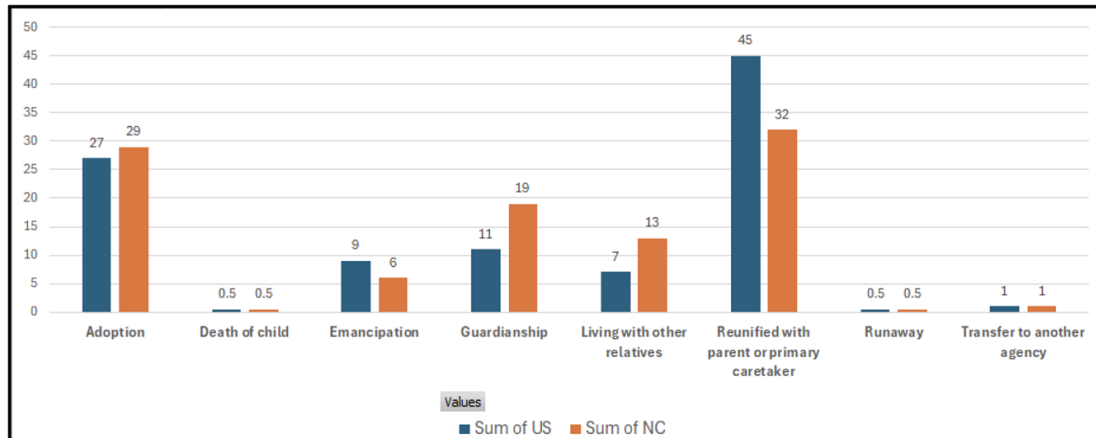
Watch video: [Youtube Amnoni's Story](#)

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

How has child welfare practice changed since Ammonni was in foster care?

What have you learned that would help you support Ammonni in finding permanency if she were on your caseload?

Permanency Data: Reason for Exiting Foster Care



*Data is from FFY2024

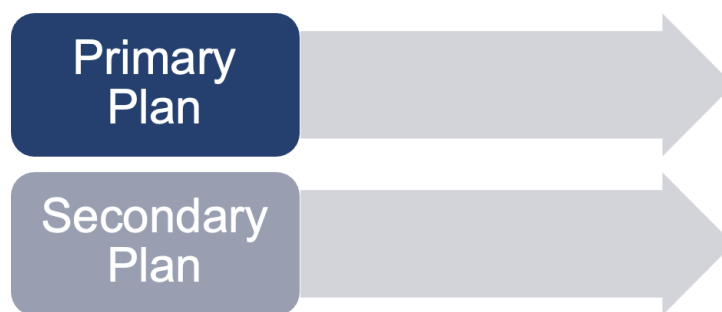
This graph compares the percentage of children reaching permanency by permanency reason in the U.S. and North Carolina during the federal fiscal year 2024. As you can see, not every permanency option that is available in North Carolina is included in this data. This data specifically includes permanency by reunification, adoption, guardianship, and transition to adulthood. In addition, the data includes the death of a child, living with other relatives, running away, and transfer to another agency. In federal fiscal year 2024, reunification was the most common permanency outcome for children in out-of-home care both nationally and in North Carolina, followed by adoption.

The data, sourced from AFCARS and summarized by the Children's Bureau, highlights key permanency categories including reunification, adoption, guardianship, transition to adulthood, and other outcomes. North Carolina's reunification rate was lower than the national average, prompting reflection on factors that may influence state-level outcomes. Understanding national and state permanency trends helps child welfare professionals contextualize their work and underscores the importance of timely, stable placements for children.

Why do you think reunification might be lower in North Carolina than nationwide?

What can you do in your role to improve North Carolina outcomes?

Concurrent Planning



Concurrent planning is a dual-track approach in child welfare that supports two permanent plans simultaneously. When a child is placed in out-of-home care, the primary goal of child welfare agencies is to reunite the child with their family. Concurrent planning is a type of permanency planning in which reunification services are provided to the child's family at the same time an alternative permanency plan is developed, in case reunification efforts are not successful. It requires reasonable efforts toward both plans from the start of a case, with full transparency and involvement of parents, caregivers, and support systems.

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:

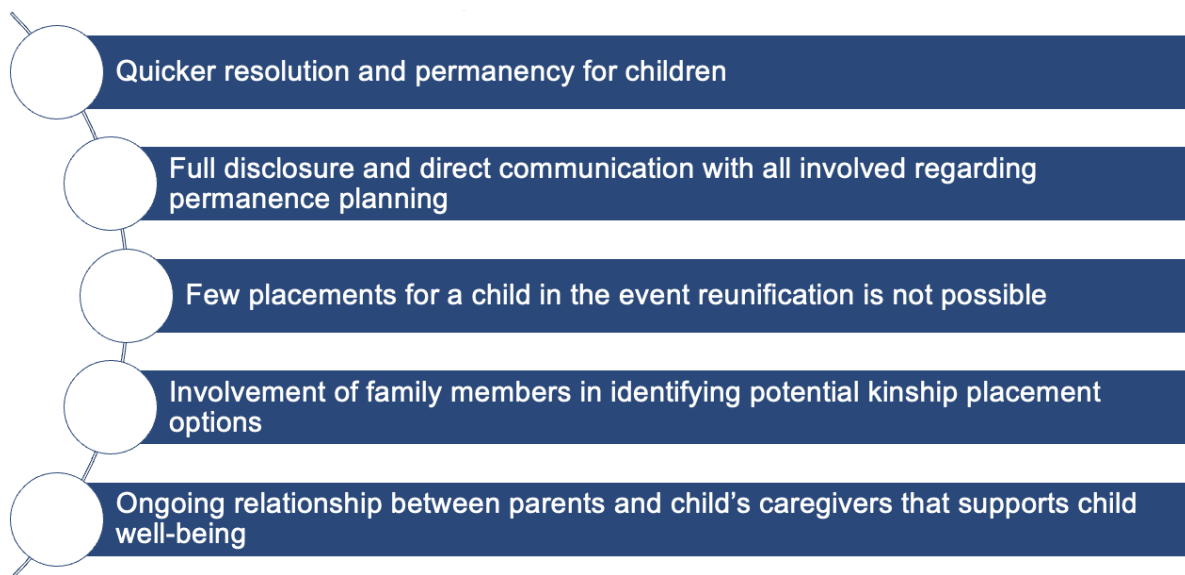
- A permanent plan is or has been achieved; or
- A post-TPR review hearing is held, and a concurrent plan is deemed not to be in the child's best interest
 - If it is determined to be in the best interest of the child to have a concurrent plan, it must be outlined in the court order
- When the court makes written findings that reunification has been eliminated as a permanent plan (primary or secondary)

Children and families must be engaged in developing the child's concurrent permanency plan. The secondary plan is discussed with the family and documented in the case plan at the time the plan is developed. This way, there are no surprises for the family. If the case plan objectives are not met or safety is not achieved and maintained, then the concurrent plan can become effective.

Notes

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Concurrent Planning Benefits



There are strict timeframes for when permanency is to be achieved based on the permanent plan:

- Reunification within 12 months
- Guardianship or custody within 18 months
- Adoption within 24 months

Concurrent planning allows efforts to be made for multiple plans to provide timely legal permanence. Concurrent planning requires us to consistently think about and plan for outcomes that differ from our collective preferred permanent plan. It offers many benefits to our permanency planning process:

- Working multiple plans simultaneously provides quicker resolution and stable permanency for children, as a second plan is underway if the first is not possible, versus starting from scratch at the point that the first plan does not manifest. This minimizes court involvement and DSS involvement.
- The direct communication and full disclosure of the concurrent planning process allows for clarity and transparency between DSS, birth parents, resource parents, the child, and relatives and kin regarding the plan for permanency, the case plan limits, and related consequences.
- Factoring in secondary or concurrent plans into placement considerations offers an opportunity for children to experience fewer moves if reunification is not possible
- Concurrent planning also prioritizes exploration of relatives and kin as supports and potential placement options earlier in the case planning process
- Creates a dynamic where birth parents are more directly involved in the discussion about what happens if a child cannot be reunified, empowering parents to have a voice in planning the alternative and increasing the chances that parents and placement providers are in a relationship with one another, which is linked to increased child well-being.

Key Takeaways

Permanency includes relational, legal, and identity permanency

Permanency outcomes focus on legal permanence

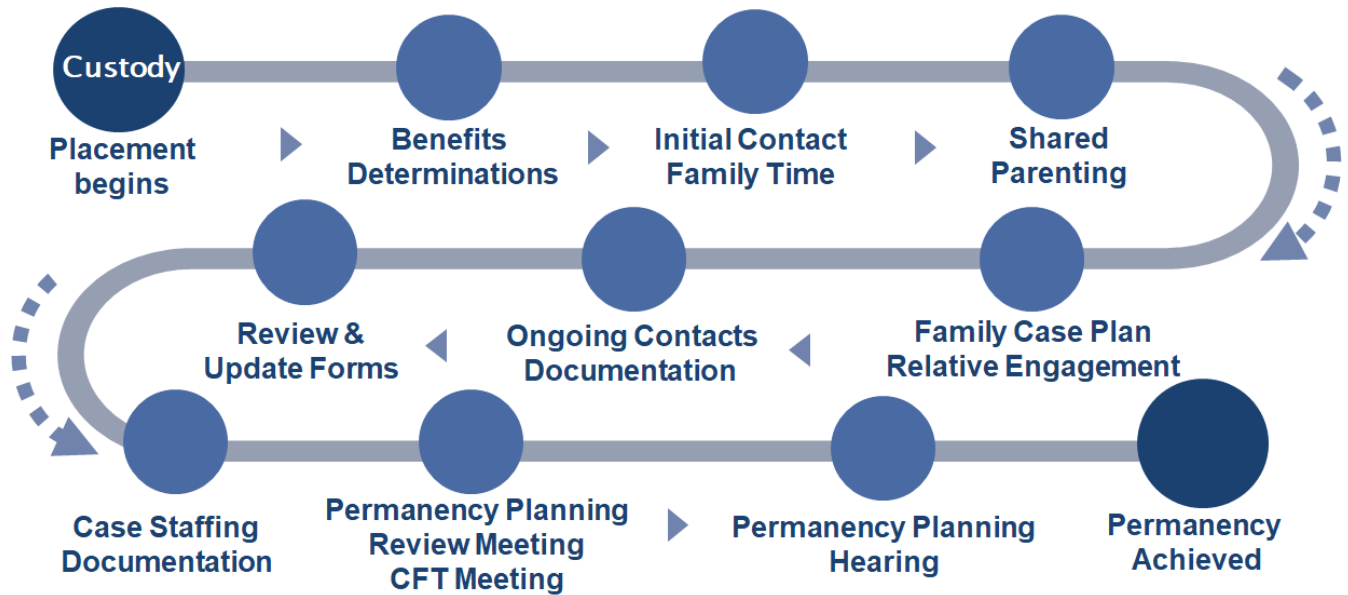
There are six legal permanency outcomes in North Carolina

Concurrent planning is the process of working toward a primary permanent plan while developing at least one secondary plan at the same time

Notes

Permanency Planning Process

Permanency Planning Services Process Map



Permanency Planning Services are a continuation of the child welfare continuum with the goals of safety, permanency, and well-being. Many of the activities, tasks, and tools of permanency planning replicate those in other service areas. At the same time, some components are unique to permanency planning services.

Notes

Activity: Permanency Planning Services Process, Tasks, Activities, and Timeframes

The purpose of this activity is to become familiar with the required Permanency Planning tasks and activities and their required timeframes within the process.

What to do:

- Review the Permanency Planning process map (above) and the Handout: Timeframes Requirements for Permanency Planning
- Answer the following questions:

What tasks and activities feel familiar to other service areas we have already discussed?

Which tasks and activities feel new or unfamiliar?

What stands out about the Permanency Planning Process based on this timeline?

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	Permanency Planning Tasks and Activities
Date of Non-Secure Custody Order	Permanency Planning Services begin
Within 24 hours of placement	- Verification of custody letter given to placement provider and the juvenile's school - GAL volunteers are notified of placement change occurring, unless there are emergency circumstances
Within 3 days after the day of placement	Determination of Foster Care Assistance Benefits and/or Medical Benefits Only initiated (completed within 7 business days of placement)
Within 7 business days of placement	Medicaid eligibility worker must be notified within 24 hours of any subsequent placement changes
Within 7 calendar days of placement:	- Face-to-face visit with the children; this is in addition to any contact or interaction with the children on the day of placement - Face-to-face contact with the placement provider in the provider's home; also, in addition to contact on the day of placement - Family Time visit - Initial Health Screening - Address Educational Stability
Within 14 days:	- The first Shared Parenting meeting must occur between the child's parents and placement provider - The Family Time and Contact Plan for parents and siblings is developed jointly with the family
Within 30 days:	- The Permanency Planning Family Case Plan - The Transitional Living Plan is required for youth aged 14 and older - Begin diligent search and notification of relatives, including Relative Notification letters - Begin the child's life book

	• Complete Health Summary form, Comprehensive visit, and Health history • Review and update Child Education Status and enter the student ID number into PATH NC • Review FSNA and Risk Assessment
Within 60 days:	• The initial Permanency Planning Review (PPR) meeting must occur • During the PPR, update the Permanency Planning Review form, FSNA, Family Reunification Assessment, and PPFCP
Frequency	Actions
Every month:	• Maintain monthly contact with the child, caretakers, family, safety and support network, and placement provider to assess safety, risk, permanency, and well-being • Diligent search efforts for relatives and non-relative kin • Case staffing occurs at least monthly and whenever there is a change impacting safety or permanency
Every 90 days:	• PPR meetings occur every 90 days after the initial 60-day review
Every 6 months:	• A permanency planning hearing is held, starting within 90 days of initial disposition
Every 12 months:	• Update the Health Summary Form, Child Education Status form, redetermine benefits, complete a credit check for youth 14+, and update the child's photo

Additional requirements:

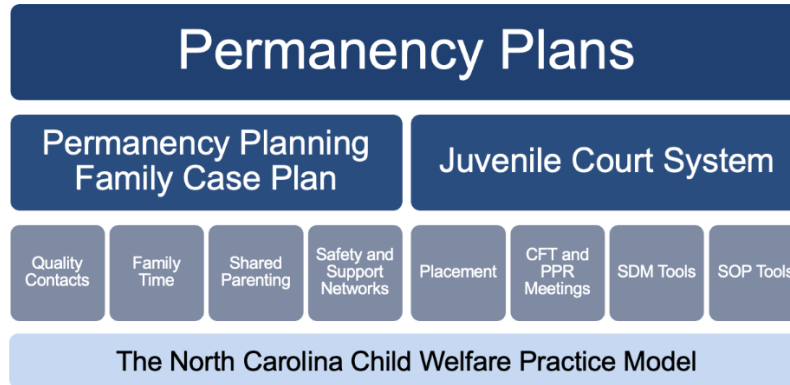
- Use ongoing contacts to update the PPFCP, FSNA, and Reunification Assessment
- Child and Family Team meetings must occur when there is a change in the permanent plan, placement, school, or upon family request
- Document all contacts, assessments, and casework within 7 days of the work

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.

Permanency Planning Services



The permanency plans, both primary and secondary, guide the permanency planning process by establishing the desired outcome for each child.

The process is outlined and monitored by the Permanency Planning Family Case Plan and the Juvenile Court.

The required tasks and activities outlined in the policy provide opportunities to put the plan into action.

The NC Child Welfare Practice Model provides the foundation to facilitate this process.

Notes

Permanency Plans



There are six legal permanency outcomes: reunification, adoption, guardianship, custody, APPLA, and reinstatement of parental rights. As we discussed yesterday, legal permanency planning for each child involves establishing a goal for permanency, setting the tasks required to achieve it, and determining the roles and responsibilities of all involved, including the child's parents, relatives, caseworkers, children, and other members of the child's and family team. This includes identifying and working toward both a primary and a secondary plan.

You may have heard about children "aging out" of foster care. This refers to when a child reaches their eighteenth birthday without achieving permanency. This is not a permanency plan. It is our job to work diligently to ensure appropriate and achievable permanency plans for children and youth in care.

Notes

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Safety in Permanency Planning Services



Safety is not simply the absence of danger; it includes the presence of protection.

Permanency planning caseworkers support the safety of children and families by observing, documenting, and monitoring the protection taken by the caretaker and network to address danger over time. If maltreatment has occurred, caseworkers need to observe the caretaker's actions over time that demonstrate protective capacity, not just the absence of immediate danger. We work to support families in reducing risk and increasing safety, both by mitigating danger and by strengthening protective capacities, so that children can return to their removal home.

Safety in permanency planning is not just about a child's original home. We must also assess child safety in out-of-home care, using tools such as the kinship assessment or licensure process to ensure safe placements for children in care, and through quality contacts and home visits. Caseworkers must actively seek information to assess immediate safety and to gauge the placement provider's ability to address the underlying needs of children who are healing from maltreatment and experiencing family separation through the foster care experience.

The process of identifying a permanency resource is also about safety. When considering relatives, non-relative kin, or foster families as possible guardians, custodians, or adoptive parents, we are considering long-term protective capacities and future risk.

Safety is continually assessed through the:

- Mitigation of danger indicators and strengthening of protective factors for the removal home
- Assessment of safety through kinship assessment and licensure process for placement providers
- Continued monitoring of safety throughout the delivery of services
- For children in care, promoting immediate safety and addressing the underlying trauma of maltreatment and the foster care experience
- Assessing safe permanency providers

Permanency Planning Family Case Plan

Permanency Planning Family Case Plan

Develop a plan *with* the family that specifies expectations for behavioral change related to

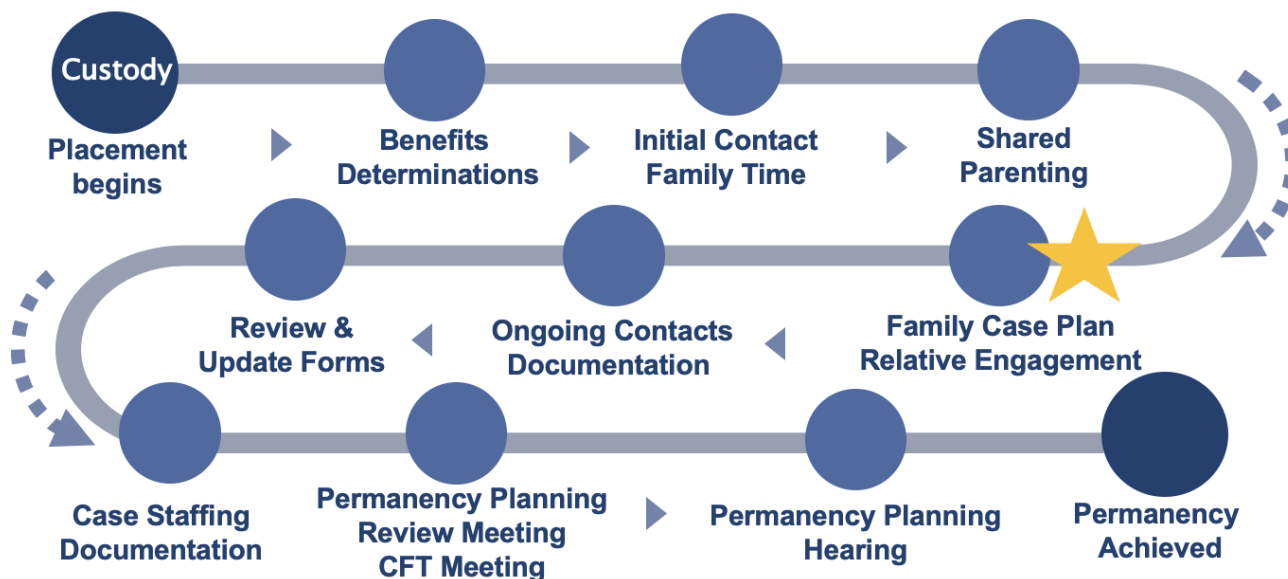
- Danger indicators identified through SDM tools
- Need to be identified in FSNA

Identify safety networks and build on strengths to ensure children have a safe, permanent home

Specify agency actions to support progress toward safety, well-being and permanency

Permanency Planning Family Case Plans must identify the desired behavior changes and document the changes that have occurred or have not. The plan must address the services to be provided or arranged, expectations of the family, agency, placement provider, and community members, as well as target dates and expected outcomes.

Overview of Permanency Planning Services Process



The Permanency Planning Family Case Plan (PPFCP) is a crucial component of Permanency Planning Services. PPFCP are created within 30 days of a child entering foster care.

Permanency Planning Family Case Plan: Policy Requirements

Activity: Permanency Planning Family Case Plan: Policy Requirements

The purpose of this activity is to become familiar with the policy requirements for Permanency Planning Family Case Plans.

What to do:

- Access the Permanency Planning Services Policy, Protocol, and Guidance on the state website
- Navigate to the Required Forms: Planning Forms section
- Answer the following questions:

Which cases require a PFCP?

--

What are the required timeframes for developing, reviewing, and updating the PFCP?

Developing	Reviewing	Updating

Who participates in the PFCP process?

--

What role do children 14 and older have in PFCP development?

--

Permanency Planning Family Case Plan Form (DSS-5240)



The Permanency Planning Family Case Plan is a structured tool that guides service delivery, documents progress, and supports behavioral change toward achieving a safe, permanent home for the child. When a child is placed in out-of-home care, case goals focus on enhancing the protective capacities of parents or caretakers to eliminate danger indicators, allowing the family to manage child protection without intervention. The Permanency Planning Family Case Plan serves as a tool for communicating with parents, children, their family members, court parties, and other individuals involved in providing support and services to the family. Caseworkers are responsible for overseeing the implementation of the Permanency Planning Family Case Plan and working with the child's caretakers to facilitate change. Managing the Permanency Planning Family Case Plan and change strategies involves ensuring the plan targets goals to enhance diminished caregiver protective capacities and achieve permanence. The Permanency Planning Family Case Plan outlines steps to establish a safe and permanent home.

The Family Case Plan is used to document the:

- Family's progress toward addressing behaviors of concern that were the grounds for the child coming into foster care
- Justification for the child's placement
- Provides structure for information needed for services agreements and court reviews

PPFCP includes ten sections:

1. Family information
2. Family strengths and supports
3. Reasonable Efforts
4. Objectives and Behavior Changes to Address Identified Needs and Barriers
5. Objectives to Address Barriers to Identified Permanency Plans
6. Parent(s) Well-being Needs/Additional Needs

7. Child/Youth Specific Plan, Well-Being Needs & Review
8. Court-Ordered Services and Recommendations for Parent/Child/Youth
9. Placement Provider
10. Signatures

Activity: DSS-5240: Permanency Planning Family Case Plan Form

The purpose of this activity is to become familiar with the DSS-5240: Permanency Planning Family Case Plan Form.

What to do:

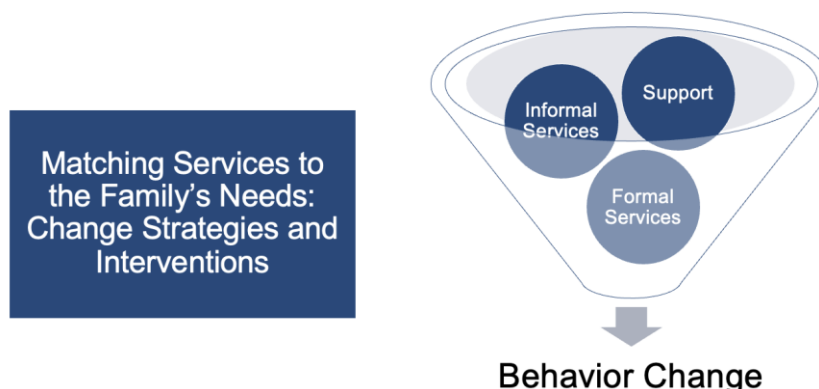
- Visit the NCDHHS Policies and Manuals website [<https://policies.ncdhhs.gov/>] to review the
 - DSS-5240: Permanency Planning Family Case Plan Form and
 - DSS-5240ins: Permanency Planning Family Case Plan Form Instructions at the
- Answer the questions below

What stands out to you in the PPFCP?

How does the PPFCP guide work toward the permanent plan?

How might the PPFCP guide help you communicate with families?

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



Child and family needs and strengths are identified using the Family Assessment of Strengths and Needs and the Child Assessment of Strengths and Needs. The Permanency Planning Family 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, which are actions taken by the child, parents, and support networks, 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. Caseworkers are responsible for engaging families in selecting and implementing change strategies, ensuring they are realistic, relevant, and supported by both formal and informal resources.

There is a difference between formal and informal services. Families often require both types of services to facilitate behavioral change. The support network is often made up of informal services and individuals who will likely remain in the family's life beyond child welfare involvement.

Children and Youth:

Strategies addressing the needs of children and youth are often combined with family interventions. Some interventions address the trauma associated with maltreatment, and others target behaviors or emotions that may challenge parenting and increase the risk of future maltreatment.

Parents:

Parent-focused interventions often help to build protective capacities to enhance the safety and well-being of children, as well as address the parents' experiences of trauma and emotional well-being. These may be associated with adult functioning or specific to parents' caregiving roles. Two of the main adult functioning issues that contribute to risk and safety concerns for children are substance use disorder and mental health problems.

Key principles for selecting from among the array of change strategies and interventions include:

- Individualized family assessment is essential so that strategies and interventions match the specific outcomes that families hope to achieve as a result of ongoing CPS and community-based intervention
- Families must be provided options that they believe will work for them
- Strategies and interventions should be selected based on the needs of the family and the availability of strategies and interventions with the highest level of evidence
- Less is more. Social workers should be strategic and select the fewest number of strategies to implement simultaneously
- Assessment of progress should be ongoing

Activity Worksheet: Change Strategies and Interventions

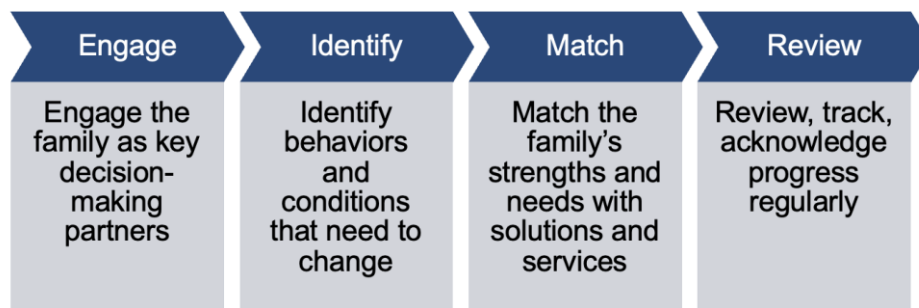
The purpose of this activity is to help participants identify change strategies and interventions available in their counties.

What to do:

1. Consider the needs you may encounter for the families that you will serve. List these needs in the first column
2. Brainstorm behavioral change that is often expected for families with each identified need. List these in the second column
3. Lastly, consider services or interventions in your community that could support the behavioral changes you identified for each need. Feel free to search the internet or speak with peers. List services in the third column

Need	Behavioral Change	Services or Interventions

Engaging the Family in Decision-Making and Agreements



The development of the Permanency Planning Family Case Plan is most effective when parents, family members, and youth are actively involved in decision-making and planning. 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.

Activity: Engaging the Family in Decision Making and Agreements

The purpose of this activity is to have participants utilize Mind Map brainstorming to explore opportunities and critically think through engaging families in the development of the Permanency Planning Family Case Plan

What to do:

- Consider the Mind Map brainstorm completed earlier in the week when learning about the In-Home Family Case Plan

What would you add or change in the context of Permanency Planning Services?

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

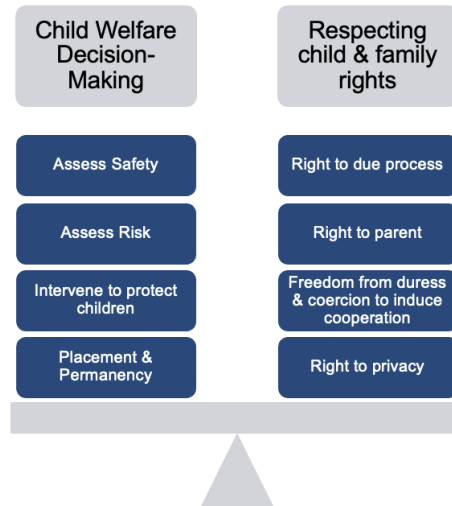
Engage family as key decision-making partners

Strategies, interventions must match specific outcomes

Notes

Legal Aspects of Child Welfare Services

The Impact of Caseworker Decisions



State and Federal Laws that protect a person's basic rights during the provision of child welfare services. These rights include the right to privacy, freedom from duress or coercion to induce cooperation, the right to parent, the right to due process, and freedom from discrimination and unreasonable searches and seizures.

Caseworkers must balance risk and safety assessments and take appropriate action to protect children while simultaneously respecting the rights of children and families. Caseworker decisions may impact families' constitutional and civil rights. Child welfare case information must be kept confidential, except when learning of crimes against children, which must be reported to law enforcement. A thorough knowledge of the legal process is essential for caseworkers.

Working in partnership with the courts can more effectively support the safety, permanency, and well-being of children.

As a caseworker, the decisions you make have legal implications and consequences. You are often restricted by legal requirements because it's important to ensure you're not violating a person's constitutional rights. Just as law enforcement officers do, caseworkers constantly make decisions that require us to consider our impact on a person's constitutional rights. We must ensure child safety while respecting parental rights. Caseworkers make decisions in areas that intersect with child and family rights, such as:

- Defining abuse, neglect, and dependency
- Entering the home
- Removing custody from a parent, guardian, or custodian
- Visitation

Juvenile Court System

Juvenile Court System

The courts play a central role in making decisions regarding the protection of children who have been maltreated



The juvenile court is a branch of the district court whose primary function is the hearing, evaluation, and disposition of cases involving children alleged to be delinquent, abused, neglected, and/or dependent.

- In abuse, neglect, and dependency proceedings involving county child welfare agencies, juvenile court represents the power of the State to act in the best interests of children under 18 years of age.

The juvenile court decides whether children have been victimized by maltreatment, as defined by State law.

- It then assumes responsibility for ordering services and monitors cases to ensure that its interventions are as beneficial and effective as possible

The juvenile court has several powers, including:

- Subpoena witnesses, documents, and records
- Assist in CPS investigations
- Making reasonable efforts determinations
- Holding individuals in contempt
- Order treatment
- Inherent power of the position

How might the powers of the court impact the child welfare process?

The Court Process

In-Home Services (County DSS does NOT have custody of children)**Permanency Planning Services (Children in County DSS custody)**

Handout: The Juvenile Court Process

	Purpose	What the Court Decides	Key Activities	Caseworker Focus
Petition	Start the court case	Whether the court has jurisdiction to hear the case	Petition filed by DSS	Start the court case
Pre-Adjudication	Ensure early legal protections and planning	Custody status and immediate safety	Review the need for nonsecure custody	Ensure early legal protections and planning
Adjudication	Determine whether allegations are true	Whether the child is abused, neglected, or dependent	Formal hearing (trial)	Determine whether allegations are true
Disposition	Decide what should happen next	Placement, services, and case plan	Court reviews reports	Decide what should happen next
Permanency Planning	Achieve a long-term, permanent outcome	Permanent plan (reunification, adoption, etc.)	Ongoing review of progress	Achieve long-term, permanent outcome

Filing a Petition

What Happens When a Petition Is Filed:

Filing a petition starts the court case. It tells the court what is happening, explains why intervention is needed, and begins the legal process to determine what should happen next for the child and family.

Legal Start of the Case

- The petition is the formal legal document that begins the court case
- Filing the petition brings the case under court jurisdiction

Who Files the Petition

- Only the county Department of Social Services (DSS) can file the petition
- The DSS director or authorized representative initiates the case

When a Petition Is Filed

- Filed after DSS completes an assessment and determines court action is needed
- Used when safety concerns require judicial oversight or intervention

Required Information in the Petition

- Identifies the child and all parties (names, addresses, and basic details)
- Includes factual allegations of abuse, neglect, or dependency
- Provides information sufficient for the court to exercise jurisdiction

Notice to Parties

- Petition works with a summons to notify parents and other parties
- Ensures all parties understand the allegations and court involvement

Framing the Case

- Defines the issues the court will review at adjudication
- Sets the scope of the legal case moving forward

Triggering Court Action

- Leads to scheduling of hearings (custody, adjudication, and beyond)
- Moves the case from agency involvement to court oversight

Legal Notes

The petition supports fairness and due process by clearly stating the concerns and parties involved.

Pre-Adjudication Hearing

Purpose: This hearing prepares the case for adjudication. The court addresses procedural and legal readiness, not the merits of the allegations. The pre-adjudication hearing is a readiness check. It ensures all legal, procedural, and logistical requirements are met so the adjudicatory hearing can proceed fairly and efficiently.

A Pre-Adjudication Hearing must be held within 7 days of the filing of the petition.

What the Court Must Review

Case Setup and Parties

- Identify all parties in the case
- Determine paternity or efforts to establish paternity
- Identify and locate any missing parents
- Ask if ICWA applies [Determine if the child is an “Indian Child”]

Legal Representation

- Confirm or release provisional counsel
- Appoint guardian ad litem, if needed

Petition Validity

- Confirm the petition is properly verified and invokes jurisdiction

Notice and Due Process

- Verify service of process and notice requirements are met

Relative and Placement Options

- Confirm relatives and placement resources are identified and notified

Pretrial Motions

- Appointment of guardian ad litem
- Discovery motions
- Amendment of petition
- Requests to continue the adjudication hearing

Other Preliminary Matters

- Address any additional issues appropriately before adjudication

When DSS has requested Non-Secure Custody, the Non-Secure Custody hearing may be held concurrently [

- Determine if the child should be placed into DSS County non-secure custody
- Determine that DSS has made reasonable efforts (or Active efforts for ICWA cases) to prevent removal or that an immediate emergency existed that precluded reasonable efforts

Adjudication Hearing

Purpose: This hearing is the trial phase, where the court determines whether the allegations in the petition are proven by clear and convincing evidence. The adjudication hearing is the trial. The judge reviews the evidence, applies a high standard of proof, and decides whether the child meets the legal definition of abuse, neglect, or dependency.

The Adjudication Hearing must be held within 60 days of the filing of the petition.

What Happens at the Adjudication Hearing

Formal Court Hearing (Trial)

- Judge conducts a formal hearing on the allegations in the petition
- Court ensures due process rights for parents and the child

Presentation of Evidence

- Witness testimony, reports, and documents are presented
- Parties may enter stipulations (agreements on facts)

Standard of Proof

- Allegations must be proven by clear and convincing evidence

Judicial Decision

- Judge determines whether abuse, neglect, or dependency is proven
- If proven, the child is adjudicated abused, neglected, or dependent
- If not proven, the court dismisses the petition

Written Court Order

- Court issues written findings of fact and conclusions of law
- Order is typically entered within 30 days

Additional Notes

- If the petition is dismissed, the child must be returned to the parent or custodian if in nonsecure custody.
- If adjudicated, the case moves to disposition for planning and services.

What This Hearing Does NOT Do

- Does not decide long-term placement or services (handled at disposition).
- Does not focus on case planning or progress updates.

Disposition Hearing

Purpose: This hearing determines what should happen next for the child and family after adjudication, based on the child's needs and best interests. The disposition hearing is the planning phase. The judge reviews the child's needs, decides where the child will live, orders services for the family, and sets the direction for the case moving forward.

A Disposition Hearing may take place immediately after the Adjudication Hearing, and no more than 30 days after Adjudication.

What Happens at the Hearing

Timing and Purpose

- Held immediately after adjudication and completed within 30 days
- Focus shifts from what happened to what the child and family need

Informal Court Process

- Hearing may be less formal than a trial
- Court reviews reports, records, and other relevant information

Presentation of Information

- Parents, caregivers, and the juvenile may present evidence
- Parties may recommend what they believe is in the child's best interests

Assessment of Needs

- Court determines the child's safety, placement, and service needs
- Considers family strengths, risks, and supports

Verification of Family Information

- Confirms parent identity, location, and paternity status
- Ensures relatives and placement resources are identified and notified

Court Orders (Disposition)

- May order in-home supervision or services
- May place the child with a parent, relative, or suitable person
- May place the child in DSS non-secure custody

Parent Requirements and Services

- Court may order parents to participate in treatment or services
- Court may require actions to address conditions that brought the case to court

Reunification Planning

- Determines whether reasonable efforts for reunification are required or should stop based on specific findings
- Court determines whether reunification efforts are required
- In some cases, reunification may not be required based on findings

Permanency Planning Hearing

Purpose: This hearing reviews case progress and establishes or updates the permanent plan to achieve a safe, stable, and permanent home for the child when the child is not in the custody of a parent. The permanency planning hearing keeps the case moving toward a permanent outcome. The judge reviews progress, evaluates placement, updates the permanent plan, and decides whether reunification or another permanency option should be pursued.

Permanency Planning Hearings must be held within 90 days of the initial dispositional hearing and thereafter at least every 6 months for the lifetime of the case.

What Happens at the Hearing

Information from Key Participants

- Court hears from parents, the juvenile (age 12+), caregivers, DSS, and guardian ad litem
- Placement providers may address the court about the child's well-being
- Determines if reasonable efforts are being made

Flexible Review of Information

- Court may consider reports, testimony, and other relevant information
- Evidence rules are flexible to allow a full understanding of the case

Review of Progress and Services

- Court reviews services provided to support reunification or permanency
- Evaluates whether services are appropriate and effective
- At each permanency planning (or review) hearing, the court must consider if DSS made reasonable efforts to reunite the juvenile with a parent

Assessment of Placement and Safety

- Court determines if the current placement is safe and appropriate
- Considers the child's well-being and stability

Permanent Plan Decisions

- Court establishes or updates the permanent plan
- Plans may include reunification, adoption, guardianship, or custody with a relative

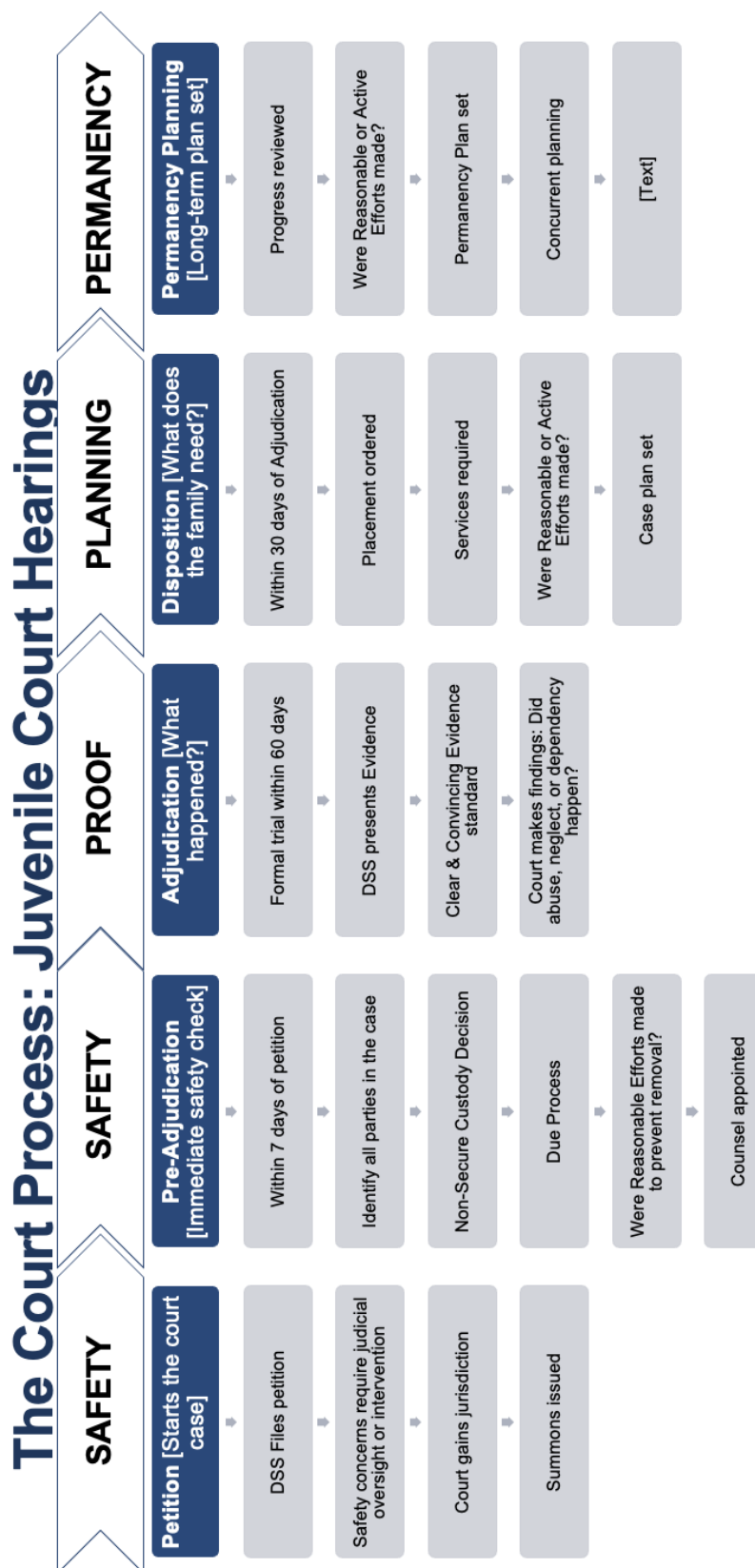
Concurrent Planning

- Court may set a primary and secondary permanent plan
- Reunification remains a plan unless specifically eliminated

Key Permanency Determinations

- Court decides if the child can safely return home
- May determine whether to continue reunification, move to another permanency option, or consider whether termination of parental rights is needed

The Court Process: Juvenile Court Hearings



Caseworker reports are important to the court's understanding of how the case is going and how well the caseworker has fulfilled requirements (such as reasonable efforts, diligent search, keeping siblings together).

Filing a petition and the Pre-adjudication hearing are focused on Safety and due process.

The Adjudication hearing focuses on whether DSS has provided sufficient and credible evidence that DSS intervention is necessary, and due process.

The Disposition hearing focuses on planning for child and family safety, permanency, and well-being.

Permanency hearings focus on making sure that permanency is planned for and achieved in the case.

Caseworkers must be familiar with what happens at and the purpose of each hearing.

Caseworkers must be familiar with the entire case and be prepared to speak to the specifics of the case in court.

Activity: The Court Process Juvenile Court Hearings

The purpose of this activity is for participants to become familiar with the court process, the purposes and expectations of each hearing, and how to prepare for each hearing across the life of a child welfare court case.

What to do:

- Each group will be assigned one of the following hearing types:
 - Pre-Adjudication
 - Adjudication
 - Disposition
 - Permanency
- Using the Juvenile Court Process handout that corresponds to your assigned hearing type, spend five minutes discussing:
 - Purpose of the hearing
 - What decisions the court makes
 - What information matters most
- Use flipchart paper to create two lists to develop practical, real-world preparation steps:
 - Caseworker Preparation
 - Practice Quality Indicators
- Answer the Part Two Discussion Questions
- Prepare to present to the class:
 - 1-minute overview of your group's assigned hearing
 - Top 5 preparation actions for that hearing
 - 1 common mistake

Notes

Worksheet: Purpose of and Preparing for Juvenile Court Hearings

Type of Hearing: _____**Always:**

- ☐ Document clear, fact-based information
- ☐ Focus on child safety, stability, and well-being
- ☐ Communicate with legal partners and caregivers
- ☐ Prepare timely court reports and updates
- ☐ Ensure:
 - Evidence supports allegations
 - Services support and match family needs
 - Progress supports the family case plan

Part 1: Understanding the Hearing**What to Do:**

- Spend five minutes discussing:
 - Purpose of the hearing
 - What decisions the court makes
 - What information matters most
- Take notes in the space below

What is the purpose of the Pre-Adjudication Hearing?**What decisions does the court make at Pre-Adjudication?****What information matters most at the Pre-Adjudication Hearing?**

Part 2: Preparing for the Hearing

What to Do:

- Discuss the questions below
- Create two lists to develop practical, real-world preparation steps
- Record your lists on flipchart paper to share with the class
- Be prepared to report on Parts 1 and 2

What must be documented?

What might the judge ask?

What weakens your case if missing?

What would a supervisor expect?

Caseworker Preparation	Practice Quality Indicators

Debrief Questions

What happens when preparation is inadequate?

How do your court reports and testimony impact permanency outcomes?

What do you need to do to ensure you are prepared for court?

Guardian ad Litem Program

General Statutes (NCGS § 7B-601) assign duties to the GAL Program and extend authority to obtain any information or reports, whether confidential or not, that may, in the GAL program's opinion, be relevant to the case. The exception to this is federally protected information, such as substance abuse treatment records, which we briefly discussed earlier. The duties include:

- Investigate to determine the facts, the needs of the child, and the available resources within the family and community to meet those needs
- Facilitate, when appropriate, the settlement of disputed issues
- Offer evidence and examine witnesses at adjudication
- Explore options with the court at the dispositional hearing
- Conduct follow-up investigations to ensure that the orders of the court are being properly executed
- Report to the court the status of the child's needs
- Protect and promote the best interests of the child

GAL volunteers are appointed to represent the best interests of children in out-of-home care. GAL volunteers are assigned when children are placed in foster care.

What support can be provided by GAL volunteers within the Permanency Planning process?

What potential barriers may arise between DSS and GAL volunteers?

What might you do to mitigate those barriers?

Key Takeaways

The Juvenile Court System holds decision-making power in child welfare cases

The court process unfolds in a prescribed path

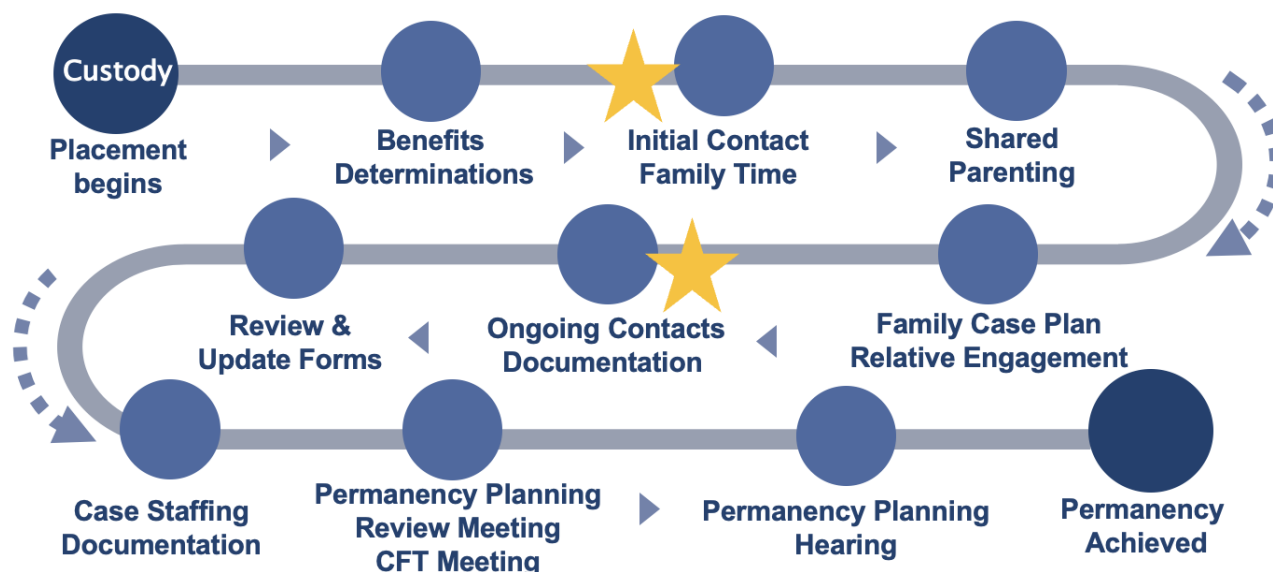
Caseworkers engage with the courts through petitions, testimony, and court reports

GAL volunteers are appointed by the court to ensure safety, permanency, and well-being for children in out-of-home care

Notes

Caseworker Contacts

Overview of Permanency Planning Services Process



Quality caseworker contacts occur throughout the permanency planning process.

There are two types of contacts: **initial contacts** and **ongoing**.

Notes

Caseworker Contacts Policy Requirements

	Initial Contacts	Ongoing Contacts
Child	• Within 7 days of placement • Within 7 days of any subsequent placements	• Face-to-face contact monthly • Majority in the residence • More frequent contact as indicated by the child's needs • Documented on Monthly Contact Record generated in PATH NC
Parents	• Within 7 days of initial placement	• Monthly • Half of the contacts in the parent's home
Placement Provider	• Within 7 days of placement	• At least one provider monthly • All providers quarterly • Assess the home quarterly

Initial contacts occur within 7 days of a child entering foster care, for children, parents, and placement providers, and also within 7 days of any placement changes for children and placement providers.

Ongoing contacts occur at least monthly and include time spent meeting alone with the child. Face-to-face contact with the children is documented in the Monthly Contact Record generated in PATH NC.

There are specific requirements for how many contacts must occur in the home. In-home contacts must include a tour of the children's physical living environment, focusing on where the child eats, sleeps, and plays to assess safety, risk, and well-being.

Collateral contacts include contact with persons significant to the child's case, other than placement providers, when indicated by the child and family's needs. The purpose of collateral contacts is to assess if the needs of the child are being met. The goal is to speak with a variety of collaterals from month to month over the life of the case.

When reunification is the primary plan, county child welfare agencies must:

- Contact all adult household members residing in the home to which the child will return, at least 30 days prior to the child's return home
- Completed background checks on all adult household members prior to recommending the child's return home

Notes

Purpose of Contacts

Child welfare best practices rely on high-quality contact among caseworkers, 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 caseworkers to assess the child, parents, placement providers, and the home, ensuring safety, identifying strengths and needs, and jointly developing the Family Case Plan. Quality contacts are:

- Intentional and Purposeful
- Goal Directed
- Respectful
- Unbiased
- Tailored
- Developmentally Appropriate
- Reflective of Critical Thinking

What stands out to you from our discussion about the purpose of contacts?

What strategies might you use to ensure quality contacts occur?

What will you remember to do when you are working with children and families?

Key Takeaways

Quality caseworker contacts happen throughout the permanency planning process

Contacts are essential to supporting safety, permanency, and well-being

There are two types of required contacts:
Initial contacts and ongoing contacts

Initial contacts must occur within 7 days of placement

Ongoing contacts occur at least monthly

Notes

Family Time

Family Time

Family Time is a structured, purposeful, and frequent interaction between children in foster care and their parents, siblings, and extended family. Family Time is designed to maintain bonds and support reunification. It is a key component of relational and identity permanence.

Terminology for Family Time matters. “Visits” and “visitation” are terms more often associated with hospitals, prisons, treatment facilities, or other involuntary settings. Family Time and family connection, on the other hand, reflect positive connotations and values, including the fact that time spent with family members is fundamental.

Viewing child and family contacts during foster care less as “visits” and more as “Family Time” centers the family’s experience. Research shows that consistent, frequent visitation alone is not enough; rather, the quality of time is essential. This is where the least restrictive atmosphere comes into consideration. Two of the biggest considerations for the Family Time level of restrictive atmosphere are who is present and where the visit occurs.

Family Time and Contact plan [DSS-5242] must be jointly developed for parents and the child within 14 days of the child’s placement. The plan is generated in PATH NC and you need to state, for each child, the type, level of supervision, frequency, duration, and location of visits, and address the following:

- Attendees/participants approved to attend the visits
- Transportation arrangements for the parents and the child
- Whether visits will be supervised or monitored, and by whom
- Whether other kinds of contacts are appropriate, such as telephone calls, emails, letters, virtual visits (FaceTime, Zoom, etc.), or social media, and if monitoring of them is needed

Family Time should occur in the least restrictive environment, taking into account supervision requirements and the setting. Family Time can occur when parents and/or family members participate in normal parenting activities, such as sharing meals, attending medical appointments, and attending school events. It can occur in the homes of resource families, in the family’s home, or in a public setting such as a park, library, or restaurant. Supervision requirements must be considered for each family, as over-surveillance during Family Time drastically impacts quality. If supervision is required, this is an opportunity to include people identified as part of a family’s Safety and Support Network to supervise Family Time in lieu of DSS. When supervised, Family Time is a great opportunity to observe changes in caretaker behavior.

Notes

Family Time Quote

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



Research shows that inadequate Family Time has a negative impact on the Permanency Planning process, including:

- Impeding parental engagement
- Inhibit healthy parent-child bonding
- Disrupt and damage relationships
- Delay permanency
- 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.

Regular, meaningful Family Time for children in out-of-home care has several positive outcomes, including:

- Enhanced parental engagement
- Greater likelihood of reunification
- Expedited permanency
- Increased chances of reunification being sustained
- More meaningful connections to parents for older youth without reunification as a permanency goal
- Improved emotional well-being for parents and children.
- Stronger attachments to their parents
- Improved child well-being
- Fewer behavioral problems, including both internalizing and externalizing problems
- Lower levels of depression
- Better adjustment

Fulfilling Needs with Family Time

Activity: Fulfilling Needs with Family Time

The purpose of this activity is to explore the benefits of Family Time for children and parents.

What to Do:

- Form three separate lines, one line in front of each flip chart paper, and follow the instructions explained by the facilitator.

Debrief Questions

How does Family Time help children maintain a sense of connection, identity, and belonging while in care?

In what ways does Family Time support parents in demonstrating behavior change and readiness for permanency?

What might be at risk for children, parents, or permanency outcomes when Family Time is inconsistent, limited, or overly restrictive?

What is one way you can apply what you learned from this activity to your practice?

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



When siblings are placed separately, placement providers should be encouraged to plan for and host sibling visits and activities. When appropriate, county child welfare workers should ensure that siblings are informed of significant life events that occur within their family. These events include, but are not limited to, the death of an immediate family member, the birth of a sibling, significant changes regarding a sibling, such as changes in their placement, hospitalizations, or changes in their permanent plan.

Siblings who are not in the exact placement must have frequent and ongoing visitation, unless it is contrary to the well-being or safety of the siblings. Sibling visitation refers to visits between any sibling, including biological and step-siblings, with whom they have a significant bond and who are not currently residing with them. This also includes the child's adult siblings.

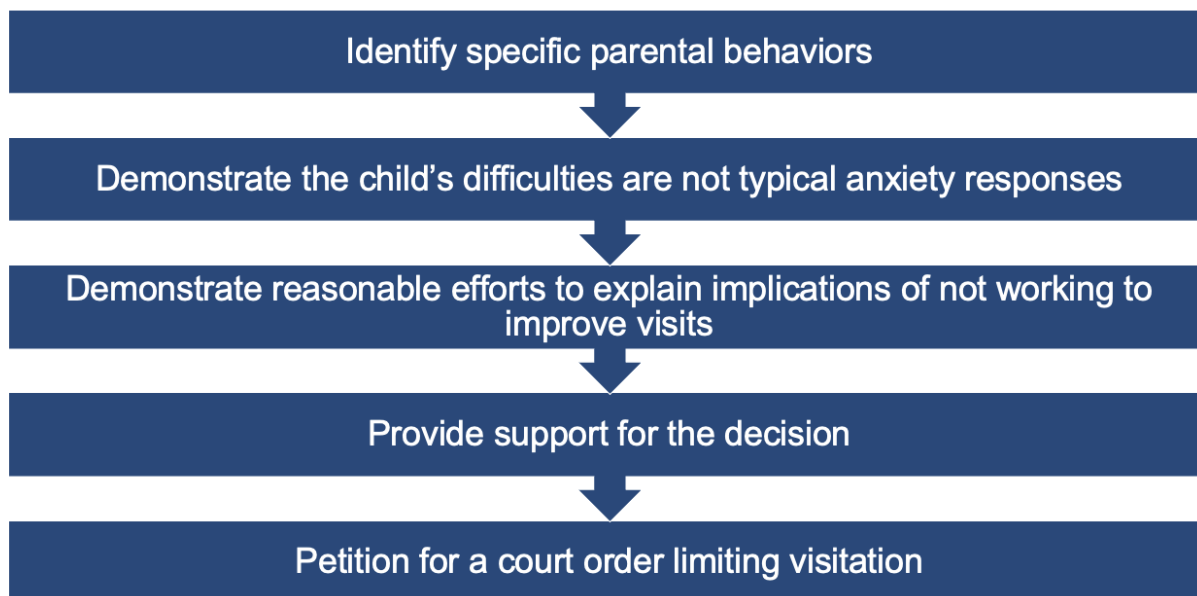
Child Welfare Manual Requirements:

- Family Time between siblings (if placed in separate placements) must occur within seven calendar days of entering agency custody
- Family Time and Contact plan must be developed between siblings (if placed separately) within fourteen days of child placement

Please note that sibling visits are in addition to the Family Time requirements between the child and their parents.

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.

Before Family Time can be limited or terminated, you must:

- Identify specific parental behaviors that are harming the child
- Demonstrate that the child's difficulties are not a child's normal anxiety response to parent-child visits
- Demonstrate that reasonable efforts have been made to explain to parents the implications of not working to improve visits
- Provide support for the decision through consultation with medical, psychiatric, or other appropriate professionals
- Petition for a court order limiting visitation, even if the parents agree with this plan

You cannot withhold or cease court-ordered visitation based on a parent's substance use or a positive drug screen alone. 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. You must file a motion for review and request that a hearing be scheduled within 30 days when a parent with unsupervised visitation has a positive result from a drug screen.

If you choose not to alter the visitation plan before the hearing, you should assess how the positive drug screen impacts the parent and child and assist the parent with addressing any needs identified. If you cannot address the safety issues with the parent, you should reconsider waiving the visits.

Family Time Learning Lab

Planning for Family Time

Activity: Planning for Family Time

The purpose of this activity is to encourage participants to explore potential worries or concerns they may have about facilitating Family Time, and to brainstorm mitigating strategies as a group.

What to Do:

- In your small group, spend five minutes to:
 - Think of some barriers or worries you have about facilitating family time
 - Write down one barrier or worry per sticky note and place them on a flip chart paper
- Next, brainstorm strategies to address each barrier or worry for seven minutes
 - Write the strategy on a sticky note below the barrier or worry
 - Indicate if the strategy would be implemented before, during, or after the Family Time contact
- Round Robin Debrief: Move clockwise around the room, spending 1-2 minutes at each group's flip chart to read and discuss the barriers and strategies they identified
- When you are back at your table, add any strategies you saw on other flip charts

Notes

Debrief Questions

What one strategy to use during Family Time did you think was the most useful or brilliant?

What is one thing you will remember to do when preparing for Family Time?

How will you remember to implement the after-Family Time strategies when you are working with families?

Family Time: Lou Richards

Five fundamentals of facilitating quality Family Time:

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

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 spend six minutes acting 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 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

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 Worksheet: Missed Milestones

What to Do:

Reflect on the milestones you may have missed with family and friends during the past weeks of training. Write down everything you have missed while attending this training.

Debrief Questions

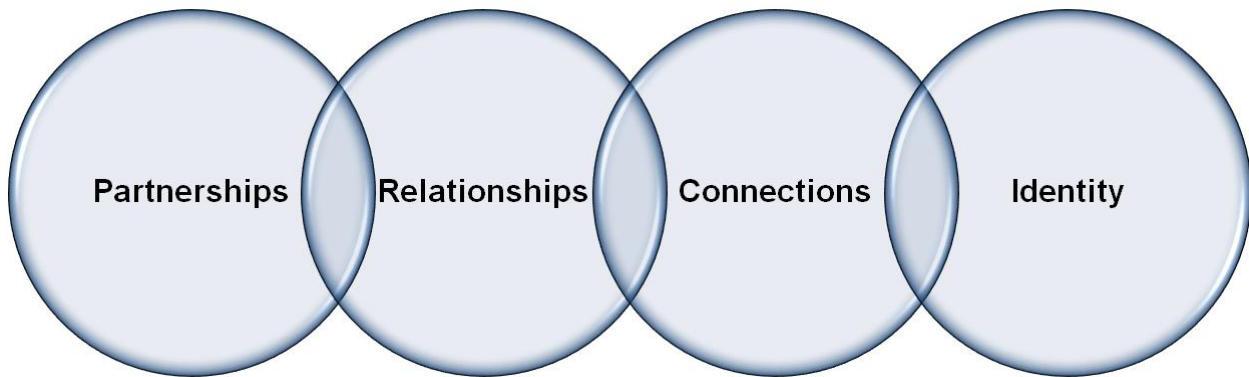
What was the easiest part of this activity?

How did it feel to cross things off the list?

How does this exercise reflect the experiences of parents whose children are in care?

What will you take from this exercise as you begin your journey as a child welfare worker?

What is Shared Parenting



Shared Parenting represents an active alliance among the important people in the child's life that:

- Recognizes that the connection between parents and their children is the single most powerful relationship upon which to preserve or rebuild families
- Emphasizes establishing an alliance with parents to protect their children rather than just an alliance with children to protect them from their parents

Shared Parenting supports restoring nurturance and limiting excessive parental control. By fostering collaboration between birth parents and resource parents, shared parenting supports emotional continuity for children and eases the distress caused by separation.

Shared parenting supports relational, identity, and legal permanence by:

- Developing partnerships with children and their parents or guardians
- Helping children maintain and develop relationships that will keep them connected to their pasts
- Helping children placed out of their own home build a positive self-identity and positive identity

Notes

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Activity: What is Shared Parenting?

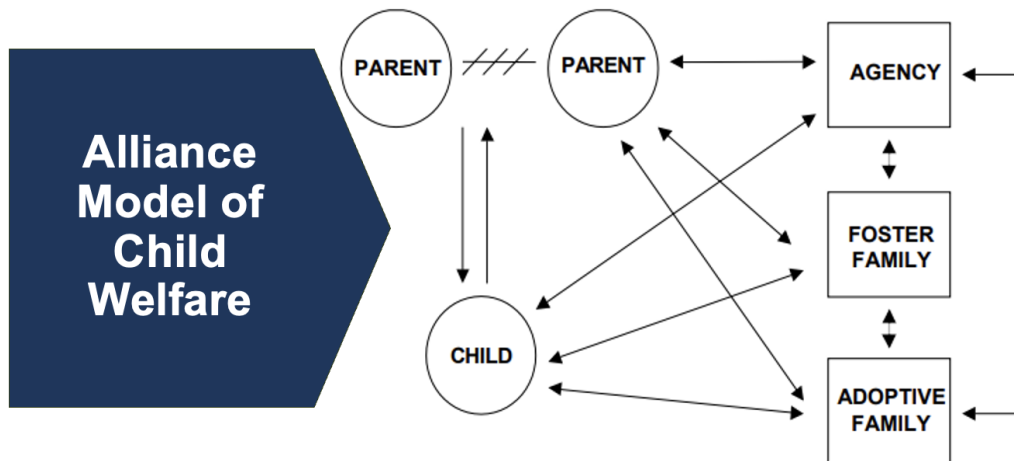
The purpose of this activity is to expand participants' understanding of shared parenting and its vital role in families involved in child welfare interventions.

What to Do:

- Take a moment to think of situations where shared parenting benefits children and to discuss the situations at your table.

What are some key aspects of shared parenting?**What is an example of shared parenting responsibilities?****How might your relationship with the parent(s) and child(ren) and/or resource parents encourage shared parenting?**

Alliance Model of Child Welfare



Shared parenting is a strategy that supports the Alliance Model of Child Welfare practice. 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.

What might you do to build an alliance with birth parents?

What are the potential consequences of not building alliances with birth parents?

How will you support resource parents in building alliances with birth parents?

The W's of Shared Parenting Meetings

Handout: Shared Parenting

Who

- Parents
 - Removal Parent
 - Non-Resident
- Placement Provider
 - Licensed foster parent
 - Kinship placement provider
 - Group home placements
- Safety and Support Network
 - Relatives
 - Kin
 - Other Supports

What

- Medical Information
- School progress
- Sleeping habits
- Eating habits
- Response to discipline
- Child strengths & needs
- Appearance preferences
- Family rituals

Where

Deciding when and where the shared parenting meeting should be held, the county child welfare worker should:

Take into consideration the work schedules of the foster and birth parents as well as children's schedules, especially if there is a need for child care while the adults discuss parenting issues; and

Ask the foster and birth parents 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; or
- A child's therapist's office.

When

Shared Parenting meetings occur, at a minimum, within 14 days of a child being placed out of the home

Why

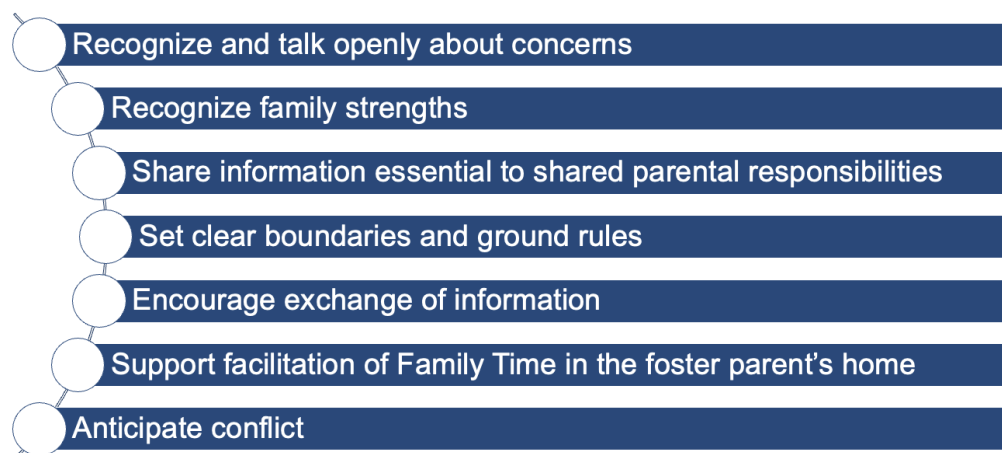
Shared Parenting is a tool to coordinate trauma-informed care for children in foster care

What skills and tools have you gained throughout this training that will be useful for supporting successful Shared Parenting?

How will those skills and tools help you?

What do you need to successfully implement those tools and skills?

Strategies to Overcome Barriers to Shared Parenting



While there are significant benefits to shared parenting, one must be aware of the potential challenges it introduces. Challenges such as:

- Initial feelings of anger or resentment by the child's parent towards the foster parent. This anger is often an expression of grief at family separation, the result of feeling judged, or the result of viewing a foster family as a threat to the parent's personal relationship with the child
- Children feeling conflicted by loyalties to both their foster family and their own family
- Potential safety risks for the child or the foster parent, depending on the situation
- Foster parents disliking what the parent did to the child or what the parents allowed others to do to the child

Even though there may be challenges to facilitating and supporting shared parenting, there are a number of strategies you can use to respond to those challenges and even avoid them, including:

- Ask foster and the child's parents at placement how they would like to meet (consider facilitating a conference call or web meeting if distance prevents a parent from attending a face-to-face meeting)
- Encourage foster parents to take pictures of the child's activities to share with the child's family
- Describe shared parenting meetings in positive terms
- Recognize and talk openly with all about their concerns
- Recognize family strengths
- Share information essential to shared parental responsibilities with foster parents and the child's parents, such as medical information, school progress, goals, and the child's strengths and needs
- Set clear boundaries and ground rules for contact that include input from the child's family, the foster family, and your agency
- Encourage an exchange of information between the child's parents and foster parents

- Encourage the foster parent and the child's parents to attend all school and medical appointments
- Encourage both families to work on the child's life book together with the child
- Encourage both families to attend parenting classes together
- Support the facilitation of Family Time in the foster parent's home and encourage the foster parent to involve the child's parents in normal daily care tasks such as bathing, feeding, reading stories, or tucking into bed
- Initiate discussion with both families about strategies they may use that will support the child's relationship and attachment with their own parents and their foster parents to avoid dividing the child's alliance

It is your responsibility to ensure that the child's parents are aware of all medical appointments and school meetings, and foster parents should be encouraged to invite the child's parents to attend school and medical appointments. If the child's parents are unable to attend an appointment, the foster parent should provide progress reports to the parents on how their child is performing in school, at home, updates on any medical information, and other activities. The foster parent can be an excellent resource for the child's biological parent, as they can model what others might assume parents know how to do, such as playing with the child, encouraging positive responses, and caring for the child's physical and medical needs. Clear boundaries and ground rules for the contact should be discussed and set with input from the child's family, the foster family, and your agency. The Family Time and Contact Plan can help facilitate this discussion.

It is essential to anticipate potential disagreements and discuss ways to collaborate and resolve them effectively. Assist the foster parent and the child's parent in managing conflict by:

- Recognizing the fears of all parties
- Focusing on the strengths
- Looking beyond behaviors to identify needs
- Developing interventions to meet needs

It is your responsibility to prepare the child's parents and foster parents for shared parenting. This includes mitigating issues or concerns that may arise and supporting shared parenting.

Notes

Key Takeaways

Shared parenting prioritizes the child's needs

Maintaining connection to everyday milestones matters

Strong adult alliances reduce trauma and support children's emotional stability while in care

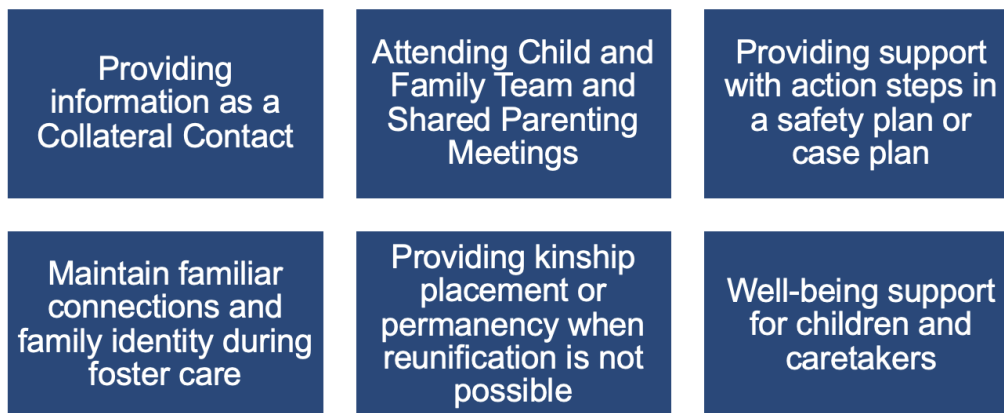
Early, intentional shared parenting meetings set the foundation for trust, communication, and collaboration

Clear expectations, boundaries, and preparation help prevent conflict and supports safety and permanency outcomes

Notes

Safety and Support Networks in Foster Care

How Safety and Support Networks Can Assist



In foster care, safety and support networks contribute to the process by:

- Providing information and perspective as to child safety by acting as a collateral contact.
- Attending Child and Family Team and Shared Parenting Meetings and sharing in the decision-making process.
- Providing support with action steps in the case plan, such as providing transportation, offering support and accountability, brainstorming solutions to barriers, giving encouragement and cheering on parents, and offering perspective on behavior change.
- During trial home visits, when a safety plan is in place, safety and support network members can act as the people other than the caretakers we are concerned about. They can check on children, check on caretakers, and ensure that agreed-upon action steps are being followed.
- In foster care, relatives and non-relative kin can provide placement. They can help maintain familiar connections and social and family identity during placements. When children are in care, they can lose touch with key elements of their traditions and heritage. Support people can increase their connection to children at times like these, helping to ensure children stay connected to who they are and where they came from.
- They can also support concurrent planning. When we are making our best efforts to keep children in their homes or return them to their families of origin, we need to have a plan in case that doesn't work. Support people can be a part of our efforts to engage in concurrent planning and offer permanency through adoption, guardianship, or custody.
- Well-being support for the caretakers and children: Network members can support the overall well-being of children and their caretakers. This can include helping with school, errands, and just generally being a support to the family.

Activity: How Safety and Support Networks Can Assist

The purpose of this activity is to engage participants in brainstorming about ways to engage safety and support networks in the Permanency Planning Process.

What to Do:

- Turn to a partner and discuss the following:

What ideas do you have for engaging the safety and support network to assist in the Permanency Planning Process?

Debrief Questions

What is the best idea you heard in this discussion?

What made you decide it was the best idea?

How might you implement that idea in your own practice?

Relational and Identity Permanence: Importance of Relative and Kin Connections

Kinship is the self-defined relationship between two or more people, and it is based on biological, legal, and/or strong family-like ties. Non-relative kin is defined as an individual with a substantial relationship to the child. In the case of a juvenile member of a State-recognized tribe, non-relative kin also includes any member of a State-recognized tribe or member of a federally recognized tribe, whether there is a substantial relationship with the juvenile or not. 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.

When children cannot remain safely with their parents, placement with kin is preferred over placement in foster care with non-relatives. A kinship care placement can be a licensed or unlicensed home of a relative or non-relative kin. There are many benefits to placing children in kinship care, including the following:

- Minimizes trauma
- Preserves family identity
- Increases placement stability.
- Improves behavioral and mental health outcomes
- Promotes sibling ties.
- Improves well-being
- Increases permanency
- Provides a bridge for older youth

Valuing and pursuing kinship care arrangements promotes racial and familial identity and is essential to ensuring permanency for children and youth. Supporting kinship care is a protective factor for children and communities, helps families feel a sense of belonging and identity, and enables communities to carry on traditions and preserve their histories. Ensuring children remain within their family of origin, including fictive kin, can have long-term positive effects, as kinship helps them maintain strong bonds with other family members, such as siblings and grandparents. This allows children to continue feeling a sense of belonging and community, fosters their personal and family identity, enables them to heal from trauma, and builds a network of support as they grow up.

The definition of kinship is from the North Carolina Child Welfare Manual. The definition of non-relative kin is found in N.C.G.S. § 7B-101, which defines it as an individual who has a substantial relationship with the child. In the case of a juvenile member of a State-recognized tribe, nonrelative kin also includes any member of a State-recognized tribe or member of a federally recognized tribe, whether there is a substantial relationship with the juvenile or not.

What was one thing you hadn't thought of before as it relates to identity?

How do feelings of relational and identity permanence increase placement stability for children?

What is your responsibility in ensuring the identities of children you serve are supported?

Self-Reflection

Family and Kin Self-Reflection

Activity: Family and Kin Self-Reflection

The purpose of this activity is for participants to reflect on the role and importance that their family and kin play in their lives.

What to Do:

- Take a few minutes to journal your responses to the prompts below

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)

Shared Parenting Learning Lab

Placement

BREAK

Working with Relatives

LUNCH

Diligent Search Learning Lab

Preparing for Placement Learning Lab

BREAK

Placement Stability

Kinship Placements

Self-Reflection

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

Day 3
Overview of Child Welfare Process, Part 4: Permanency Planning Services
Shared Parenting Learning Lab
• Support partnerships between placement providers and the child's parent(s) to promote normalcy. • Develop plans for shared parenting that support the needs of children in out-of-home care and build parental protective capacity. • Identify and address risks to successful shared parenting partnerships.
Placement
• Explain and provide examples of strategies of how to plan and make decisions about placement with the child and family • Discuss ways to prepare the child, the child's family, and the placement provider for placement • Describe the importance of maintaining a child in one single, stable placement to reduce placement disruption • Describe the importance of matching beliefs, values, practices, and social norms between children and their caregivers • Explain and provide examples of placement considerations when matching placements for special populations, including infants exposed to substances, medically fragile children, large sibling groups, pregnant and parenting teens, and adolescents and older youth
Working with Relatives
• Develop and support ongoing connections between children and relatives, even if those relatives are not placement providers. • Defend the benefits of placement and ongoing connection with relatives. • Develop plans to expand the child's support network by engaging additional relatives to participate in the family team. • Discuss the policy and procedure requirements for the diligent search of relatives from the beginning of the case until case closure. • Discuss their role in the notification process for communication, placement with relatives, permanency, and ensuring connections with relatives, including what information can be shared with relatives, changing roles, and boundaries. • Describe important steps to identify, locate, and engage relative caregivers.

- Define diligent search requirements and determine steps to identify, locate, and engage relatives for children in out-of-home care.

Diligent Search

- Discuss the policy and procedure requirements for diligent search of relatives from the beginning of the case until case closure
- Explain the importance of applying family-centered practices and principles to engage relatives
- Discuss your role in the notification process for communication, placement with relatives, permanency, and ensuring connections with relatives, including what information can be shared with relatives, changing roles, and boundaries
- Discuss ways to engage and involve relatives in planning for placement and other support, including consideration of relatives for placement

Core Week Five Day Three

Shared Parenting Learning Lab

Activity: Shared Parenting Planning

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

What to do:

- Review the Shared Parenting: Caseworker Responsibilities handout
- With your small group, discuss the questions that follow
- Be prepared to report out what your group discussed

Handout: Shared Parenting: Caseworker Responsibilities

Preparing for the meeting

It will be your responsibility to facilitate the first shared parenting meeting between the placement provider 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 placement provider and about the placement provider to the child's parent
- Brief the placement provider about any fears or needs of the child's parents and help the placement provider 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 parents for the meeting?
- How will you prepare the placement provider 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 placement provider within 14 days of placement to ensure a strong partnership and agency support. 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 decide when and where the shared parenting meeting should be held, you should:

- Take into consideration the work schedules of the placement provider 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 placement provider 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 placement provider and the child's parents in sharing as much information as possible about the child. Parents need to be empowered. They are an excellent resource for gaining insights into the child's needs. 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 placement provider to discuss the child's specific needs openly and how those needs can be met during the meeting.

Shared parenting meetings must meet confidentiality standards. Placement providers need to know about medical conditions that a child may have. Redisclosure 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 placement providers, 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 to seek agency policy on specific situations related to information sharing.

Shared Parenting Discussion Questions

How will you prepare the child's parent?

How will you prepare the child for shared parenting?

How will you prepare the placement provider?

How will the child's needs and interests be recognized during the meeting?

How will you support a family-centered, trauma-informed environment during the meeting?

Shared Parenting Reflection and Action Planning

Activity: Shared Parenting Reflection and Action Planning

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

What to do:

- Talk in pairs about how you can support shared parenting
- Discuss and develop action steps for what that would look like in your practice
- Make a list of what you can do

What can we do to ensure the parents we work with don't miss these milestones?**What would your practice look like to save the plate from shattering?**

Shared Parenting Action Plan

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 or team is...

Key Takeaways

Family Time has several benefits

Maintains and improves the parent-child relationship

Opportunity for parents to improve their parenting skills

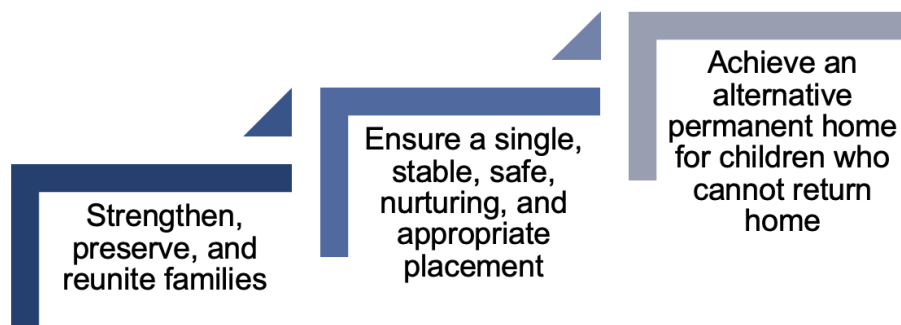
Good indicator of the possibility of reunification

Preserving connections between siblings is critical

Notes

Placement

Permanency Planning Services: Placement



Placement into out-of-home care is intended as a temporary intervention to address immediate safety concerns. When removal from the home is required, DSS must arrange for and maintain a single, stable, safe placement within the child's own community.

In North Carolina, placement services seek to:

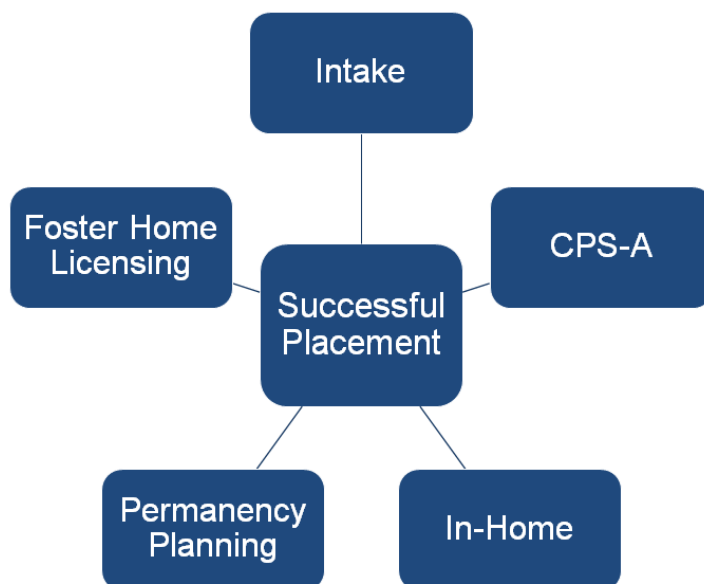
- Strengthen, preserve, and reunite families after children have been placed in out-of-home care by helping families improve the conditions in the home that caused the agency intervention
- Ensure a single, stable, safe, nurturing, and appropriate temporary living arrangement for children removed from their homes
- Achieve an alternative safe and permanent home for all children placed in out-of-home care who cannot return home

Foster care is arguably the most intrusive intervention available to child welfare agencies. One way to ensure that DSS interventions minimize the harmful impacts of family separation is to ensure that, while separated from their families, children and youth are placed with people who support healing, provide structure, and work collaboratively with all involved to maintain safety and well-being while promoting relational and legal permanence.

Notes

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Every Caseworker Plays a Role in a Successful Placement



Everyone at the child welfare agency plays a role in ensuring successful placement.

Intake gathers critical information for planning, even if placement doesn't occur.

CPS assessment workers prepare the child and family and collect key details like daily routines, medical, school, and food preferences to reduce trauma.

CPS in-home services workers work to prevent placement but also help match children with appropriate placement providers.

Adoption workers support adoptive families to maintain placement stability and ease the transition to adoption.

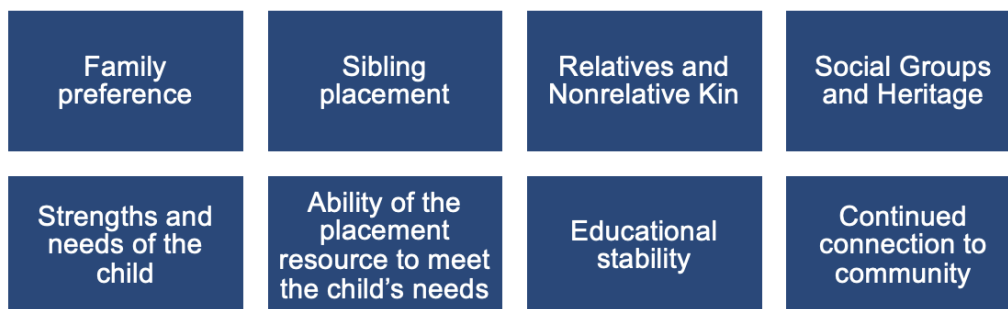
Transportation and in-home aides support children during vulnerable moments and may hear important information.

Foster home licensing workers are familiar with the strengths of licensed foster parents and relative placements.

What role might you play in making initial placement decisions for children entering foster care?

Placement Considerations

Placement must be the least restrictive, most family-like setting available that best meets the child's needs, within proximity to the parent's home, and that is consistent with the child's safety and best interests, strengths, and special needs.



Placement-related decisions are often challenging due to the competing factors involved. Placement must be the least restrictive, most family-like setting available that best meets the child's needs, within proximity to the parent's home, and that is consistent with the child's safety and best interests, strengths, and special needs.

- Always first consider relatives and kin, including family friends and neighbors
- Always prioritize the child's needs and family traditions when seeking a placement match

Permanency Planning workers must consider many factors that influence placement-related decisions. As you make placement decisions with the family, it is important that child safety be at the forefront. Beyond safety, you should consider factors such as:

- Family preference
- Sibling placement
- Placement with relatives and non-relative kin
- Social Groups and Heritage
- 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

Considering these factors and completing preplacement visits whenever possible are important to long-term placement stability.

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.

What did you notice about placement-related decisions?

Why are Placement-related decisions some of the most challenging decisions to make within Permanency Planning Services?

What can you do that might help reduce the challenges of placement decisions?

Sibling Placement

Federal law requires that agencies make reasonable efforts to place siblings removed from their home in the same placement, unless it is contrary to the safety or well-being of any sibling to do so. If placement with siblings is initially not possible, the agency must continue efforts to locate an appropriate placement that reunites the siblings in the same home. Siblings who are not placed together must have frequent, ongoing contact, unless doing so would be contrary to their 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

There are times when it is not in a child's best interest to be placed with siblings due to each child's developmental, treatment, and/or safety needs.

Placing siblings in the same home should always be the priority. Being separated from siblings adds to the impact of loss and trauma. Reasonable efforts must be made to secure siblings' placement together upon entry into foster care. When siblings can remain together in an out-of-home placement, there can be greater continuity of family. Frequently, older children have had some responsibility for caring for younger siblings in their own home, and they may feel worried and protective of those siblings if separated from them. Likewise, younger siblings may have looked to their older siblings for comfort and guidance.

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.

N.C. G.S. 7B-505 and N.C. G.S. 7B-903.1 (c1) states if juvenile siblings are removed from the home and placed in the nonsecure custody of a county department of social services, the director shall make reasonable efforts to place the juvenile siblings in the same home.

Relatives, Nonrelative Kin, and Foster Home Considerations

When the child(ren) cannot be assured safety in their own homes, the best alternative resource can often be found within the extended family and nonrelative kin. Parents and guardians facing the risk of child placement should be given a reasonable opportunity to identify and come together with their safety and support network to plan for and provide safety, care, nurture, and supervision for the child(ren).

When identifying potential placement options for children, North Carolina law and policy require that placement with relatives, nonrelative 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.

Policy outlines order of preference for placement options:

- Relative
- Those with legal custody of a sibling
- Nonrelative kin and former appropriate foster parents
- Licensed foster care placement

Placement with relatives or nonrelative kin must be sanctioned by the court at the non-secure stage, although the court may grant the department placement authority, including placement in a relative or nonrelative kinship home at disposition.

Children placed with relatives or kin 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.

In determining the most appropriate placement, North Carolina statute requires the court to:

- First, consider whether a relative of the child is willing and able to provide proper care and supervision. If the court finds that the relative is willing and able to provide care, the court must order placement of the child with the relative, unless it finds that such placement would be contrary to the child's best interests.
- A parent from whom the child was not removed may receive nonsecure custody of their child, as designated in the court order.
- Second, if the court does not place the child with a relative, the court may consider whether other persons with legal custody of a sibling of the child are willing and able to provide care for the child.
- Third, placement with nonrelative kin and former appropriate foster parents must be considered after all relatives and any legal custodians of a sibling have been excluded.

What are the different types of placements in North Carolina?

Thinking about your past cases or professional experiences, what factors most influenced placement decisions when relatives or non-relative kin were considered, and how did those factors impact the child and family?

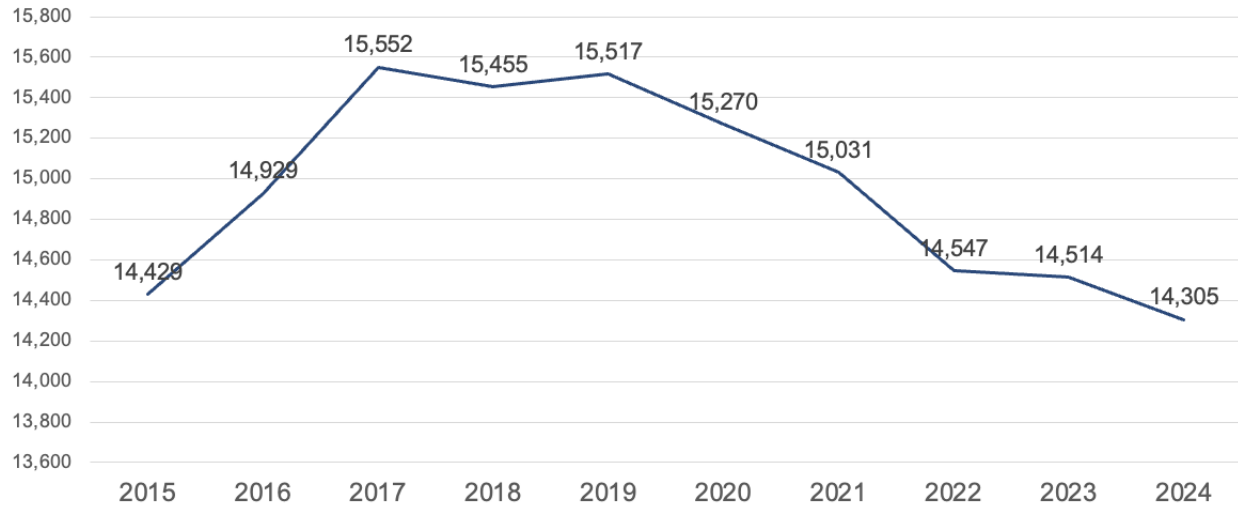
When might this placement preference order be different?

How is the placement preference order different in an ICWA case?

Where do you notice tension between policy-driven placement priorities and real-world family dynamics, and how do you navigate those tensions in practice?

Based on the placement order of preference outlined on this slide, what questions should you consistently ask yourself, or your supervisor, to ensure placement decisions are both policy-aligned and child-centered?

Children under 18 in Out-of-Home Placement in North Carolina

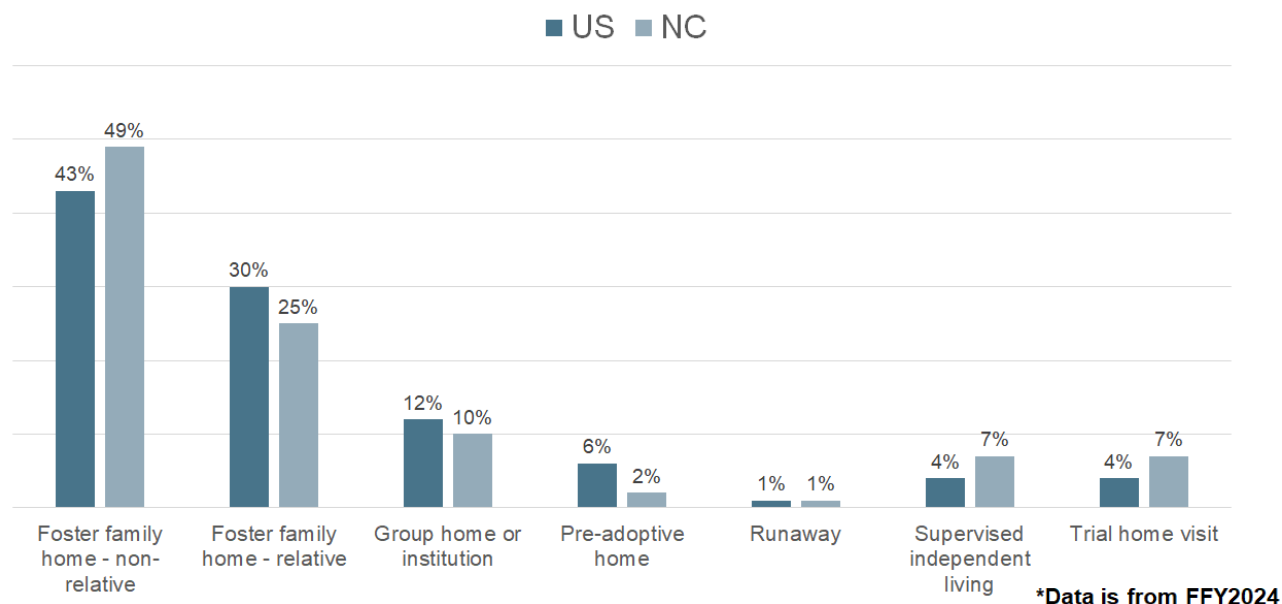


What had been a significant increase in the number of children placed out-of-home beginning in 2015 stabilized in 2018 and began to drop in 2019. During the COVID-19 pandemic, the number of children in foster care in our state and across the country dropped significantly. There was a concerted and focused effort during the first two years of the pandemic to secure permanence for children.

If you have an interest in examining your county-specific data, visit the Management Assistance site (<http://ssw.unc.edu/ma/>). Here, you can search for county or statewide data.

Notes

Out-of-Home Placement Type Comparison: U.S. and North Carolina



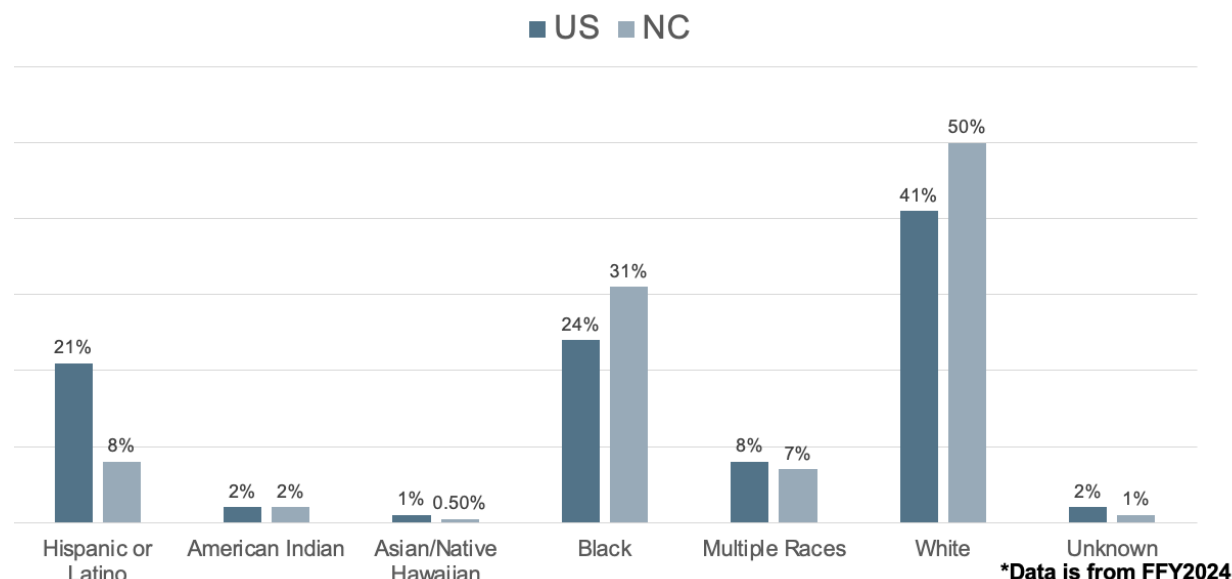
This slide compares the number of children in out-of-home care by placement type in the U.S. and North Carolina during the federal fiscal year 2020. Placements are broken down by foster family, both relative and nonrelative, group homes or institutions, pre-adoptive homes, supervised independent living, and trial home visit. Nonrelative foster homes are the most common placement type and relative foster homes are the second most common placement type.

According to NC state policy:

- Relative is an individual directly related to the juvenile by blood, marriage, or adoption, including, but not limited to, a grandparent, sibling, aunt, or uncle.
- Nonrelative kin is an individual having a substantial relationship with the juvenile. In the case of a juvenile of a State-recognized tribe, nonrelative kin also includes any member of a State-recognized tribe or member of a federally recognized tribe, whether there is a substantial relationship with the juvenile or not

What do you notice about the placement types?

Disproportionality Considerations in Placement Decisions



Data in the graph above demonstrates the disproportionality of children placed in out-of-home care by race in the United States and North Carolina.

Familial identity is a significant part of who each child is and sets the stage for how they acquire core values, socio-dynamic practices, and rituals. Both inside and outside the foster care system, children of color, including Black and American Indian and Alaska Native children, are more likely to live with relatives, families in which grandparents, other adult family members, or close family friends are raising children. The probability that children who are Black will live with relatives is more than double that of the overall population, with one in five living with relatives at some point during their childhood. While American Indian and Alaska Native children make up one percent of all children in the United States, they comprise over eight percent of all children living with relatives and two percent of all children in state foster care systems nationally.

To maintain connections and encourage children in foster care to identify with their history, heritage, and traditions, it is important to consider the child's relatives and other fictive kin when making placement decisions. A person's history and heritage define their identity through a set of learned values, beliefs, customs, traditions, and practices shared by a group, which can be passed from one generation to another. This can include, but is not limited to, religion, ethnic customs, family traditions, and community traditions.

The benefits of helping a child preserve their familial identity include mental health resiliency, higher levels of social well-being, and improved coping skills. Familial identity is a significant part of who each child is and sets the stage for how they acquire core values, socio-dynamic practices, and rituals. Such identification also determines how a child interacts with others. Several studies show that having a strong, positive familial identity leads to:

- Greater self-esteem
- Higher education levels

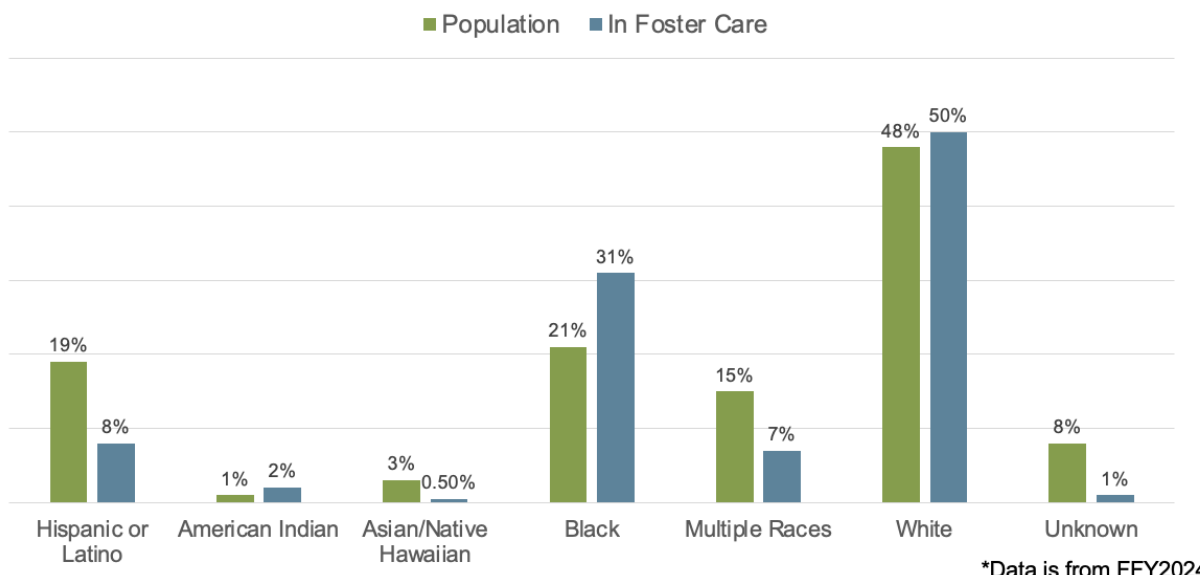
- Better psychological adjustment
- Improved coping abilities
- Decreased levels of loneliness and depression
- Higher levels of social well-being

A family's social and community interactions reinforce their identity as evidenced by some significant elements, including:

- Communication, including oral traditions, greetings, using movement, and rhythm
- Respecting elders
- Time, such as understanding time in terms of cycles in many Indigenous es
- Food choices
- Holiday celebrations
- Age milestone celebrations
- Music
- Clothing styles, including traditional styles
- Hairstyles

Notes

North Carolina Child Population Compared to Children in Foster Care



The data on this slide show racial disproportionality in foster care placement, with Black and American Indian/Alaska Native children overrepresented in foster care compared to their proportion of the child population. Disproportionality highlights the importance of how placement decisions are made, not just where children are placed, especially decisions related to family connections, kinship care, and cultural continuity.

A child's sense of identity is shaped by family, culture, traditions, community, and relationships, and placement decisions can either support or disrupt that identity. When planning placement, it is essential to engage the family in conversations and decisions about the child's and family's beliefs, values, and traditions, including how placement with relatives will respect and preserve the child's connection to their family history and heritage. Valuing and pursuing kinship care placements promotes equal opportunities for children of all races and is essential to ensuring permanency for children and youth. Placing children with relatives preserves familial identity and traditions and allows them to continue to feel connected and a sense of belonging not only to their families but also to their communities, social groups, and heritage. Ensuring that Black, American Indian, and Alaska Native children remain within their family of origin, including fictive kin, can have long-term positive effects, as kinship helps them maintain strong bonds with other family members, such as siblings and grandparents. This allows children to continue feeling a sense of belonging and community, fosters their familial identity, and enables them to heal from trauma and build a network of support as they grow up.

Research and practice show that children of color are more likely to live with relatives outside the foster care system. This makes kinship identification and engagement especially critical when children enter care.

Placement with relatives and kin helps preserve familial identity, supports emotional well-being, and can promote healing by maintaining connections to:

- Family history and traditions
- Family and kinship practices and values

- Community, social groups, and heritage

Kinship care is not automatic equity. Relatives and kin must be supported, prepared, and resourced to ensure placements are safe, stable, and responsive to the child's needs.

Addressing disproportionality requires intentional, reflective practice, asking not only "Is this placement available?" but "How does this placement support this child's identity, belonging, and long-term well-being?" When children are unable to be placed with relatives, their placement provider, you and your agency, and other organizations must help them maintain a connection to their beliefs, values, traditions, and history. Out-of-home care placements will be more stressful if the placement resource does not understand these differences. You must be knowledgeable about such issues to make the best use of resources and to prepare caregivers for expected behaviors. Placement providers must learn about the impact of racism and be active participants in supporting the child's strong familial identity. The following are a few ideas to help your agency and placement providers do this:

- Learn about the child's unique family and social rituals, activities, and preferences.
- Recognize the racial disparities and behaviors within their own community.
- Provide or consult resources for placement providers to learn about the child's heritage.
- Include the value of familial identity during court and case planning for the child.
- Ask children and their families about their family and social identity, or if any practices or norms are important to them. Continue to revisit these questions throughout their time in care, as answers can change.
- Collaborate with placement providers, community organizations, and other service providers to host ceremonies and events.
- Notes

Placement Considerations for Special Populations

Handout: Placement Considerations for Special Populations

Children of color: Black, African American, Hispanic

The Multi-Ethnic Placement Act (MEPA) protects children of color by prohibiting discrimination based on race, color, or national origin in foster care and adoption placements, while requiring states to recruit families that reflect the racial and ethnic diversity of children in need. MEPA makes it illegal for state child welfare agencies or federally funded entities to deny, delay, or otherwise discriminate in foster or adoptive placements based on a child's or prospective parent's race, color, or national origin. This means a child of color cannot be excluded from adoption or foster care opportunities because of their racial or ethnic background, nor can a prospective parent be discriminated against for adopting or fostering a child of color.

American Indian and Alaska Native Children

The Indian Child Welfare Act states that a child's Tribe must be involved in any placement decisions made for an Indian Child and that each Tribal Nation determines the order of placement preference. Always consult with an Indian Child's specific Tribal Nation to understand their placement preferences and collaborate on what will be the best, first, and only placement for that child.

Substance Affected Infants

The Child Welfare Manual defines a substance-affected infant as:

- An infant who has a positive urine, meconium, or cord segment drug screen with confirmatory testing in the context of other clinical concerns as identified by current evaluation and management standards.
- An infant whose mother has had a medical evaluation, including history and physical, or behavioral health assessment indicative of an active substance use disorder during the pregnancy or at the time of birth.
- An infant who manifests clinically relevant drug or alcohol withdrawal.
- An infant affected by Fetal Alcohol Spectrum Disorder (FASD) with a diagnosis of Fetal Alcohol Syndrome (FAS), Partial FAS (PFAS), Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (NDPAE), Alcohol-Related Birth Defects (ARBD), or Alcohol-Related Neurodevelopmental Disorder (ARND)
- An infant who has known prenatal alcohol exposure when there are clinical concerns for the infant per current evaluation and management standards.

Substance-affected infants may have complicated care needs that require a great deal of time to manage. It is important that any placement provider that a substance-affected infant is placed with has the capacity to commit to attending the varied appointments for the substance use disorder treatment needs of the infant. Additionally, services the placement provider may need to provide, coordinate, or attend, include:

- Developmental screening and assessments
- Early intervention services
- Medical services needed to meet the ongoing health needs of the newborn

- Home visiting programs with the child's parents

Providing a calm environment in their home with low lights, sounds, minimal stimulation (no mobiles or bright colors), and slow transitions

Using consistent, calming techniques for infants by swaddling blankets tightly around them and using a pacifier

Medically Fragile Children

There is no universally accepted definition of medically fragile children, sometimes referred to as children with special healthcare needs. These terms generally refer to children who require complex health procedures, special therapy, or specialized medical equipment and supplies to enhance or sustain their lives. Children who are considered medically fragile are those who:

- Born with or developed moderate to severe medical issues
- May have medical concerns due to neglect or abuse
- Require varying levels of care, often through nursing staff
- Medically fragile children may require additional equipment and supplies, including IV poles, feeding pumps, hospital beds, medical supplies, and medications.

Children and youth with any level of medical needs are best served by specially selected foster families when they must be cared for outside of their own relatives or fictive-kin. Placement providers for medically fragile children must be able to meet the child's specialized physical health needs. These providers often need to assist with the child's personal hygiene, dressing, feeding, monitoring, and operating medical equipment, and provide assistance with any medical-related needs. Providers who take placement of medically fragile children must be specially trained by health care professionals to manage the special health care needs of the child. Often, these families must be certified in CPR and first aid, as well as receiving specialized medical training for the diagnosis of the child. Families that provide care for medically fragile children also benefit from additional support through respite care, support groups, community health-care resources, and in-home care.

Children with Disabilities

Children with disabilities may be diagnosed with an intellectual disability or a developmental disability. Intellectual disability refers to a group of conditions in which there is limited cognitive capacity, significantly reduced adaptive skills, and onset before 18 years of age. Developmental disability is a severe and chronic disability that may affect cognitive and/or physical functioning and has an onset before 22 years of age. Youth with disabilities experience greater placement instability than their non-disabled peers and children with medical and developmental needs are more likely to experience longer stays in placement, less likely to be reunified with their parents, more likely to experience placement mobility, and more likely to be placed in more types of out-of-home placement, such as foster homes, group homes, and congregate care settings, than their peers without medical and developmental needs.

The considerations for placement providers for children with disabilities are not that dissimilar from the considerations for medically fragile children. These placement providers will also require training and significant time to attend to the complex needs of children with disabilities. These providers must be specially selected when children cannot be cared for by relatives, for fictive-kin, and they must receive much of the same specialized training as providers that care for medically fragile children.

Pregnant and/or Parenting Teens

Youth in care who are pregnant or parenting face additional challenges, including increased placement instability, increased likelihood of experiencing homelessness or poverty, and an even greater strain on their ability to have normal adolescent experiences. Pregnant and parenting teens often face challenges balancing their school, work, and home lives with being a new parent. Teen parents are at increased risk for dropping out of school, unemployment, poverty, mental health needs, and childcare concerns. Ensuring that adolescent parents receive adequate social, emotional, medical, and academic support is essential to the parent and their child's future.

Addressing the unique needs of these youth, preventing child abuse and neglect of their children, and reducing disparate outcomes requires child welfare systems to provide equal access to a wide range of evidence-informed and trauma-informed services that are responsive to the developmental needs of both young parents and their children. Pregnant and parenting teens in foster care need support to finish school, become self-sufficient, address their trauma, receive help for any mental health needs, and prevent additional pregnancies.

Placement providers who care for pregnant and parenting teens will be a vital support person in their lives, who will be key in helping youth achieve positive outcomes. Placement providers can ensure the healthy development of pregnant and parenting teens and their children by:

- Ensuring the teen receives consistent medical attention, including prenatal and postnatal care, to increase the likelihood of a healthy birth.
- Providing supports that promote age-appropriate developmental goals and address relevant mental health needs, including the impact of trauma.
- Providing education related to substance abuse, sexual health, the prevention of second pregnancies, and sexually transmitted infections.
- Encouraging healthy relationships with partners, peers, family members, and other supportive people.
- Promoting self-sufficiency and independent living outcomes for pregnant and parenting teens by helping them obtain high school diplomas/GEDs and pursue additional education and employment opportunities, or job training, depending on their interests.
- Connecting the children of teen parents with developmentally appropriate resources, childcare, and services for the child, including transportation and educational opportunities.
- Helping teens access programs that promote positive parenting and emphasize nurturing as well as age-appropriate discipline.

- Connecting teens to models of good parenting practices and programs that provide education about essential parenting skills and the importance of responsive parenting.
- Offering opportunities to practice parenting skills in a supportive environment.

When considering a placement resource for a pregnant and parenting teen, it is important that the provider has the capacity to commit to providing care, support, and resources to not only the teen but also their child.

It is also important to intentionally include fathers, especially teen fathers, when planning placements and services, when it is safe and appropriate to do so. Teen fathers often face many of the same risk factors as teen mothers, including disrupted education, limited employment opportunities, and economic instability, yet they are frequently overlooked in planning and parenting supports. Actively engaging fathers in parenting programs and supportive services can strengthen their capacity to parent, improve their children's outcomes, and reduce the likelihood of future system involvement. Including fathers sends a clear message that fathers matter, that their role is valued, and that they are part of the solution to their child's safety, stability, and well-being.

Activity: Placement Considerations for Special Populations

The purpose of this activity is to help learners apply placement considerations for special populations by connecting policy, lived experience, and practice decisions, especially related to ICWA, MEPA-IEP, substance-affected infants, medically fragile children, children with disabilities, and pregnant/parenting teens (including fathers).

What to do:

- Work in a small group
- Review the scenario assigned to your group
- Discuss questions
- Remember to focus on how placement decisions must be responsive to the child's specific needs, identity, and legal requirements

Scenario 1/A

A 17-year-old youth enters care who is pregnant and identifies her child's father as a 16-year-old who wants to be involved. The youth also has a documented disability that affects learning, and there is reason to believe the youth may be eligible for Tribal membership, though this has not yet been confirmed.

Discussion Questions

Placement and Legal Considerations:

What special population considerations apply in this scenario?

What questions must be asked early to ensure placement decisions are legally compliant and child-centered, for example, ICWA, MEPA-IEP, and disability needs?

Supports and Preparation:

What support would a placement provider need to safely and successfully support this youth and her child?

How would those needs influence placement selection?

Engagement and Inclusion:

How would you intentionally include both parents, especially the teen father, in planning when safe and appropriate?

What might be lost if fathers are excluded from placement and service planning?

Scenario 2/B

A newborn infant enters care at birth after testing positive for prenatal substance exposure. The infant is medically fragile and requires frequent medical appointments, specialized feeding, and close monitoring. The infant's mother identifies as Hispanic and is actively participating in substance use treatment. She has identified her aunt as a potential placement resource. The aunt is willing to help but has limited income, works full-time, and has never cared for a medically fragile infant.

Discussion Questions

Placement and Equity Considerations:

What placement considerations apply for this infant related to substance exposure, medical fragility, and racial or ethnic identity?

How does disproportionality in foster care underscore the importance of kinship exploration in this case?

Supports and Preparation:

What support would need to be in place for the aunt to safely and successfully care for this infant?

How might those support needs influence whether placement with kin is appropriate now versus later?

Intentional Practice Decisions:

How do you balance the goal of kinship placement with the responsibility to ensure the infant's medical safety and stability?

What questions should be asked to avoid placing unrealistic expectations on a relative caregiver?

Debrief Questions

What stood out to you about how many layers of consideration were required in this scenario?

How did legal requirements (like ICWA or MEPA-IEP) intersect with relational and developmental needs?

What intentional actions would help ensure placements for special populations are supportive and not just compliant?

NOTES:

The Multi-Ethnic Placement Act (MEPA) protects children of color by prohibiting discrimination based on race, color, or national origin in foster care and adoption placements, while requiring states to recruit families that reflect the racial and ethnic diversity of children in need

The Indian Child Welfare Act states that a child's Tribe must be involved in any placement decisions made for an Indian Child and that each Tribal Nation determines the order of placement preference

Substance-affected infants may have complicated care needs that require a great deal of time to manage

It is important that any placement provider that a substance-affected infant is placed with has the capacity to commit to attending the varied appointments for the substance use disorder treatment needs of the infant

Placement providers for medically fragile children must be able to meet the child's specialized physical health needs

These providers often need to assist with the child's personal hygiene, dressing, feeding, monitoring, and operating medical equipment, and provide assistance with any medical-related needs

Providers who take placement of medically fragile children must be specially trained by health care professionals to manage the special health care needs of the child

The considerations for placement providers for children with disabilities are not that dissimilar from the considerations for medically fragile children

These placement providers will also require training and significant time to attend to the complex needs of children with disabilities

When considering a placement resource for a pregnant and parenting teen, it is important that the provider has the capacity to commit to providing care, support, and resources to not only the teen but also their child

Addressing the unique needs of these youth, preventing child abuse and neglect of their children, and reducing disparate outcomes requires child welfare systems to provide equal access to a wide range of evidence-informed and trauma-informed services that are responsive to the developmental needs of both young parents and their children

Teen fathers face the same risk factors as mothers do, including an increased risk for being involved in subsequent pregnancies, which in turn leads to a higher likelihood of poverty

Additionally, teen fathers are more likely to face employment challenges, which can make supporting their children even more challenging

Actively including fathers in parenting programs, when safe and appropriate, is a key strategy

Separation, Grief, and Loss

Removing children from their families, homes, and communities is disruptive and traumatic and can have long-lasting, negative effects. As you may recall from earlier in this training, the loss of a parent is an Adverse Childhood Experience. All children who have been removed from their homes and placed in out-of-home care experienced loss through separation from their families. Think about a child's many attachments that have now been significantly altered as a result of entering out-of-home care.

All children in out-of-home care experience loss through separation. Children lose attachments to relationships, places, routines, belongings, and social groups.

Grief:

- It is a normal reaction to loss and varies for each child
- Has five stages: denial, bargaining, anger, depression, and acceptance
- Grief is not linear and may feel like a roller coaster

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

- Careful preplacement planning
- Selection of the most appropriate caregivers
- Adequate preparation of children, their families, and caregivers
- Conducting placement activities in steps that promote a gradual adjustment to the change
- Involving family members in all aspects of the placement process
- Placing children with their siblings and with relatives
- Intensive follow-up supportive services to the children, their families, and their caregivers

Notes

Activity: Separation, Grief, and Loss

The purpose of this activity is to practice critical thinking through attachments and losses children experience throughout child welfare involvement

What are some of the attachments and losses children may have?

Debrief Questions

Which attachments or losses discussed in this activity felt most significant to you?

How does recognizing those losses change the way you think about placement decisions or transitions for children and families?

Based on what we discussed, what is one specific action you can take in your role to better acknowledge and reduce grief and loss for children or parents during placement or placement changes?

Placement Requirements, Timelines, 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
- Designate one person in your group to research the child placement policy found in the Cross Function Topics NC Child Welfare Manual on the NCDHHS Policies and Manuals website: <https://policies.ncdhhs.gov>
- Discuss placement strategies with your group partners, then complete the Placement Strategies table

Placement Strategies Table

What are the policy requirements around placements and placement changes?	What placement change timelines do you need to make note of?

What actions are you responsible for preparing for placement stability?

What was one placement strategy you heard that will stick with you?

Why do you think it is important that you, as a worker, are also taking time to prepare yourself for the placement of a child?

How will you remember all these timelines, requirements, and forms?

Handout: Pre-Placement Actions

Preparing the Parents	Preparing the Child	Preparing the Placement Resource
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

Key Takeaways

Family separation causes grief and loss for children and parents

Family engagement is essential

Kinship care promotes stability and identity

Special populations require tailored support

Placement should be thoughtful and intentional

Notes

Working with Relatives

Relative and Non-relative Kin Engagement and Bias

Sometimes our own biases prevent us from observing strengths in others. Unchecked bias impacts your case practice and the children and families you work with. A bias toward involving relatives and kin in the Permanency Planning process is not uncommon in child welfare. Being aware of our biases allows us to mitigate them and engage with families with empathy and understanding. Our experiences and histories with our own families shape our biases, and we must continually assess and address them.

Activity: Relative and Nonrelative Kin Engagement and Bias

The purpose of this activity is to explore personal biases, specifically those related to relative and kin involvement in the Permanency Planning process. The following questions for discussion may help learners identify biases that may influence their perceptions and evaluations.

What to do:

- With your small group, write each discussion question on a piece of flip chart paper.
- Brainstorm with your group and add any other helpful questions your group develops..
- Nominate a reporter from your group to share the results of your small group discussion with the larger group.

Discussion Questions

- 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 any family members who are struggling or experiencing significant difficulty? Are there others who have greater strengths and more resources? Are those with greater resources willing to share their resources and help other family members who need help?
- How is it possible for relatives and kin to care for children who have been abused or neglected by their parents? After all, “the apple doesn’t fall far from the tree.”

Additional Questions

Debrief Questions

What biases do you think families may have about child welfare?

What might you do or say to help families engage with child welfare, even with their biases?

How can you use these reflections in working with families?

Family Search and Engagement

Federal and state law requires DSS to identify and notify all adult relatives and other people with legal custody of a sibling of the child within 30 days of the child's removal from their parents or caretakers.

- For relative notification, North Carolina defines relatives as an individual directly related to the child by blood, marriage, or adoption
- Documentation of efforts must be made to the court

Family Search and Engagement refers to the efforts made to search for, engage, and explore contributions of relatives and kin to the child welfare process and to connect the relative or kin to the family. The county child welfare agency must make diligent efforts to notify the following people within 30 days after the initial order establishing DSS custody:

- Adult relatives and kin suggested by parents
- Adult maternal and paternal grandparents, aunts, uncles, siblings, great-grandparents, nieces, and nephews.
- All parents of a sibling where such parent has legal custody of such sibling
- Relatives and other persons with legal custody of a sibling

Kinnect is an Ohio-based non-profit organization dedicated to developing KinFirst strategies and delivering programs that strengthen kinship connections and inclusive support networks for families, young people, and children. Kinnect has developed a helpful method for family search and engagement efforts, the SEEK Method: Search, Engage, Explore, and Kinnect.

- Searching involves seeking diligently in pursuit of finding relatives and kin
- Engaging involves initiating meaningful connections with relatives and kin
- Exploring involves inquiring, assessing, and understanding the contributions of kin to move ahead
- Kinnect involves bringing together or into contact relatives and kin with the family to establish a real link

Documenting diligent efforts in:

- Relative Notification Letter (DSS-5317)
- Relative Interest Form (DSS-5316)
- Relative Search Information (DSS-5318)

Relative notification is an ongoing process, and documentation must include the agency's ongoing efforts to locate and notify relatives. At least once a month throughout the case, you must inquire about extended family members with parents and children.

This conversation should include:

- Knowledge of names and when they were last seen
- Location, including addresses and contact information
- Any contacts that were made through telephone, texting, or social media
- Information about their relationship with the relative, such as their history with the relative, and any support the relative may be able to provide

Activity: Family Search and Engagement

The purpose of this activity is to familiarize participants with resources and tools suggested for family search and engagement efforts.

What to do:

- Review the 11 SEEK handouts below.
- Be prepared to answer the debrief questions.

Debrief Questions

What tool or suggestion stood out as supportive during your review?

What about that tool or suggestion made it supportive?

How do you imagine yourself using the tools and ideas?

Handout: SEEK: Diligent Search Resources

Social Service or Criminal Record Databases

Always try to utilize all resources available to you, starting with an individual's history with the child welfare or criminal justice systems. These sources can provide not only detailed history, but relationship information, possible contact information, and leads to identifying more relatives and kin.

Social Media

Use these tools for individual searches, friends' lists, location identification, employment, and social connections through photo tags, etc. Also, cross-reference information from other search resources.

Free People Searches (Connect Our Kids, True People, Fast People)

Search for names, locations, and reverse address searches. These sites can provide addresses, phone numbers, and lists of known relatives and associates.

findagrave.com

Use these sites to search for deceased individuals. **findagrave.com** provides details of birth and death, obituaries, location of burial, and links to any other known deceased relatives. Familysearch.org requires the creation of a profile but is completely free. It provides information on the 1930 and 1940 censuses, draft records, marriage and death certificates.

Local Personal Property Searches

Access a specific county's assessors' website to do a personal property search. This is useful for finding and verifying good addresses for relatives, and doing reverse address searches to locate individuals.

vinelink.com / bop.gov / locator.ice.gov

Access these sites to locate incarcerated individuals. Vinelink is used for State facilities, and bureau of prisons (BOP) is used for Federal facilities.

Google / Bing

When all else fails, simply google names, addresses, etc. to yield a variety of information.

Diligent Search Tools

- ☐ Search.connectourkids.org
- Paid Search (i.e., Accurant, CLEAR)
- Child Support & Benefits
- Online court records
- Auditor's website
- Property records
- Obituaries
- Social media
- Online newspapers
- Vinelink.com/Bop.gov
- Voter registrations
- Truepeoplesearch.com
- ☐ Fastpeoplesearch.com
- Findagrave.com
- Familysearch.org
- Whitepages.com
- Google.com / Bing.com
- Radaris.com
- Thatsthem.com
- Peoplefinder.com
- Legacy.com
- ☐ Mylife.com

Outside the Box

Depending on the search, use all resources that are available or come to mind. This could include professional registries, utility info, the department of vital records, funeral home records, income maintenance databases, the DMV, etc.

GET CREATIVE!

Handout: SEEK: Family Resistance

Possible Reasons for Resistance	Common Behaviors/Reactions
• Fear of children being removed • Experience of poor service • Negative reputation of agency within community • Mental health • Substance misuse • Trauma • Low social support	• Ambivalence ○ Mixed feelings/contradicting ideas ○ Weighing positive and negative components • Denial or avoidance ○ Refusal to acknowledge or accept ○ Defense mechanism ○ Placing blame elsewhere

Strategies for Navigating Ambivalence

- Ask them to commit to a process to determine if they are a permanency option
- Develop criteria and benchmarks to determine ability to be caregivers and degree of involvement (informal, guardian, custody, foster or adoptive)
- Work with them to determine their threshold for loss/sacrifices
- Take the time to have them self-identify needed supports
- Develop alternative exit or back-up plans that prevent compromising the child's safety and well-being

Sources of Loss and Ambivalence	Verbal Cues Indicating Potential Risks
• Interruption of future plans • Space and privacy • Changing of priorities • Changes in relationship with birth parent • Ability to address special needs of the children • Intrusion by children services • Potential safety issues	• "I'm not sure I can do this." • "Is it okay with the children's parents?" • "I don't get along with the birth parent." • "What if things don't work out?" • "Can I change my mind?" • "I only want to be a grandparent." • "How long with the child be here?"

Developed from Dr. Joseph Crumbley's work on loss and ambivalence with relative caregivers.

Handout: SEEK: Family Support Plan

Primary Caregiver

Name and relation to child: _____

Address: _____

Backup Caregivers

Name and relation to child: _____

Address: _____

Name and relation to child: _____

Address: _____

Natural Supports for Child & Relative/Kin Resource Provider**Name, Relationship to Child, and Contact Info**

Please make sure to include the individual's name, relationship to the child, and address/phone.

Types of Support**Details of Support and Involvement**

This portion of the roadmap is designed for the family. Please include specifics on how this person will or would like to support the child and/or the caregiver (i.e. can provide childcare on weekends; can assist with transportation from school on M, W, F; can facilitate sibling visits on weeknights; is available for emotional support to aunt; child visit in their home overnights on weekends)

- ☐ Community activities & visits with youth
- ☐ Phone conversations/communication with youth
- ☐ Mentor for youth
- ☐ Emotional Support
- ☐ Respite Care/Childcare
- ☐ Transportation Support

- ☐ Community activities & visits
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- ☐ Transportation Support

- ☐ Community activities & visits

	☐ Phone conversations & other communication ☐ Mentor for youth ☐ Emotional Support ☐ Respite Care/Childcare ☐ Transportation Support	
	☐ Community activities & visits ☐ Phone conversations & other communication ☐ Mentor for youth ☐ Emotional Support ☐ Respite Care/Childcare ☐ Transportation Support	
Community Supports for Child & Relative/Kin Resource Provider		
Name and Contact Info	Details of Support and Involvement	
Church, Community Center, YMCA, etc.		
Resource Parent In-Service Training and Resource Parent Support Groups		

Formal Supports & Team Members	
Role	Name and Contact Info
Guardian ad Litem (GAL)	
Court Appointed Special Advocate (CASA)	
Doctor	
Dentist	
Other Medical Providers	
Medicaid Enrollment Plan Info	
Help Me Grow	
WIC and Nutrition Services	
Head Start	
Parents as Teachers	
Childcare Services	
School/Educational Setting <i>Name of School District</i> <i>Name of School</i> <i>Contact Info</i> <i>School Address</i>	
Transportation to Home School <i>Details of transportation plan</i>	
Individual Therapy	
Psychiatric Services	
Department of Mental Health (DMH)	
Clothing Resources	
Chaffee Services	

Other Important Phone Numbers	
Fire Department	Emergency: 911
Police Department	Emergency: 911
Ambulance	Emergency: 911
Poison Control	800-222-1222
Ohio Child Abuse & Neglect Hotline	855-O-H-CHILD (855-642-4453)
OhioKAN	www.ohiokan.jfs.ohio.gov or 1-844-OHIOKAN (1-844-644-6526)
Agency Name and Info	
Kinship or Licensing Worker	

Handout: SEEK: Fast Family Finding Search Steps

If you only have 15 minutes to search, follow these steps to locate **Kin Names** and **Contact Info** quickly!

Access LexisNexus® Accurint®	• Run an Advanced Person Search ○ Start with First and Last Name (provide date of birth if able) ○ Click the LexID (for individuals) once you locate the correct individual ○ Try every phone number shown • Run a Real Time Phones Search ○ Cross-reference with numbers yielded from Advanced Persons Search ○ Attempt any of the numbers not listed in initial search
Access Connect Our Kids	• Run www.search.connectourkids.org search and cross-reference with phone numbers previously found • Attempt any new phone numbers yielded
Try Additional Sites	• Access www.truepeoplesearch.com, www.fastpeoplesearch.com, or www.thatsthem.com • Provide Name, City, and State, and narrow down age ranges if necessary • Cross-reference with phone numbers previously found • Attempt any new phone numbers or emails yielded • Click on any of the individuals named in Possible Relatives and Possible Associates and search for contact information for them as well
Search Social Media	• Find one of the parents (even if they have already been spoken with) • Check for known connections (friends and family) • Look for the same last names and those who interact frequently • Use the Search Profile magnifying glass tool to search key terms such as “mom” and “family” to access posts with these words • Look for life events (birthdays, weddings, family reunions/gatherings) • Look for details in pictures, frequented-location posts, and any other helpful info • If possible, send a generic message (See Social Media Overview Handout for sample messages)

	• Follow all agency policies and procedures related to social media use
Obituaries	• Try searching obituaries like www.legacy.com or www.findagrave.com to find additional names • Click More Options on main screen • Fill in First Name, Last Name, State, and City if known, and choose date range • Try a google search of the deceased person's name with the word "obituary" along with the name of a child or spouse

All searching should lead to efforts to engage! Any of these lists can be used to promote kin exploration with parents and other family members.

Handout: SEEK: Federal Legislation

In 1978, **The Indian Child Welfare Act** strengthened the role of tribal governments in determining the custody of Native American children by specifying preference to give placement priority to the child's family/tribe. This was an effort to preserve Native American culture and keep children connected to their families and tribes. NICWA.org states "the measures ICWA takes to keep Native children in relative care whenever safe and possible have since become a best practice in the wider field of child welfare and increasingly codified into state and federal law for the wider population."

In 1997, **The Adoption and Safe Families Act (ASFA)** established requirements for many of the rules, policies, and practices of child welfare agencies today, and specifically those related to permanency planning and placement. Some of the major pieces of this legislation included:

- Targeted and appropriate efforts to protect safety, achieve permanence, strengthen family and child well-being
- Reasonable efforts to prevent unnecessary out-of-home care when safety can be assured
- Prioritize least restrictive out-of-home placements when appropriate (kin as the preferred placement/permanency option)
- Reasonable efforts to reunify families and maintain family connections and continuity in children's relationships when safety can be assured
- Collaborative case activity - partnerships among birth parents, foster parents, relative caregivers, agency staff, court and legal staff, and community service providers

As a result of ASFA, several models, programs, and evidence-based practices were designed and implemented to carry out the policies set forth by ASFA. One such model was the **Kevin Campbell's Family Finding Model**, which addressed the need for life-long connections for children placed outside of their families or communities (familyfinding.org, 2019).

- The Family Finding model works toward finding relatives or supportive adults that can become permanent connections for the child, while also empowering the family to "to formulate highly realistic and sustainable plans to meet the long-term needs of children and youth."
- Kevin Campbell and Jill Borgeson (2017) stated "In the U.S., this mission conflict is a serious challenge that stands in the way of our moving from a system designed to rescue and protect children from their families to a system focused on the stability and protection of children in their families. The need for this shift has greater urgency due to

the opioid crisis and other problems associated with economic disparities.” Children can be protected *within* their family, not *from* their family.

- Family Finding strategies have been at the forefront of fostering change within Child Welfare over the last two decades and many have been working to shift the culture towards permanent connections or placement with kin. However, due to the recent substance use epidemic these practices have been gaining more traction out of necessity throughout the United States.

In 2008, the **Fostering Connections to Success and Increasing Adoptions Act**:

- This Act granted states the ability to waive non-safety licensing standards on a case-by-case basis for relative foster homes and eliminated barriers to placing children safely with relatives in licensed homes.
- Additionally, it required agencies to identify and notify all grandparents and other adult relatives of a child removal from their home within 30 days of the removal (**OAC 2101:2-5-18 (A)(2)**). This mandate was updated in the 2014 **Strengthening Families Act** to include all parents of siblings of the child (including siblings by adoption), if that parent holds legal custody of the aforementioned sibling (**OAC 5101:2-39-01**).

In 2014, the **Preventing Sex Trafficking and Strengthening Families Act** was passed, which in part expanded to family even after adoption. It highlighted focus on families of origin, and this acknowledged that we need to work on maintaining the sibling connection.

In 2017, the **Family First Prevention Services Act (FFPSA)** passed, and focused on secondary prevention as an effort to decrease the number of children entering foster care and decreasing the length of time in care. Ohio hasn't seen the full impact of yet, but FFPSA may lead to an increase in the number of children maintained or placed with kin by:

- Directing funding to evidence-based prevention services for children that are at imminent risk of being placed in foster care. Services to children, primary families, and kinship families could include (for up to 12 months):
 - Mental health services
 - Substance use treatment and prevention
 - In-home parenting skills
 - Funding for prevention services can be accessed for the child, primary family, and kinship caregiver concurrently to prevent the child from entering foster care.
- Providing a fifty percent federal funding match for Kinship Navigator programs

- Requiring group settings to include children, primary family and extended families in critical decision making

Handout: SEEK: Sample Family Involvement Spectrum

When children enter the foster care system, _____ attempts to ensure that they have contact with relatives/kin. You have been identified as a relative, kin or support person for a child involved with _____. Children need support from people who know and care about them. We are asking you to determine what level of involvement is best for you and this child. Keep in mind this can change over time. What type or level of involvement will you consider for _____?

Limited	Some contact through letters and/or phone calls. I would consider phone calls, texting, Skype or other video calls. We will have each other's phone numbers and we can exchange letters. Contact is sporadic and I can offer information and advice.
Checking In	See child at family reunions, holidays or birthday. Visit once in a while and while with family or friends. Occasional phone calls to check in, send a birthday card and recognize important events/accomplishments. Contact is occasional and includes some face-to-face time. I can offer support and encouragement.
Routine	Regular, ongoing visits for a couple hours with the child. These can be at my home, at the park or other locations we decide. We keep in contact on the phone and see each other on a regular basis. The child knows my family and I am involved in the child's life.
Invested	Regular, ongoing visits that are overnight or for the weekend. I can offer supervision during summer break or non-school days. Child can spend the night or up to two weeks with me. I offer a lot of support and can be consistent in this child's life.
Committed	I can take placement responsibility for this child. The child can live in my home and I can care for them on a full-time basis. I will care for the child as if they were my own. I will always be part of this child's life and they will be a part of my family.

Comments or concerns I have about involvement with this child:

Other family members that could be involved:

Handout: SEEK Myth and Barrier Busting

MYTH 1: “The apple doesn’t fall far from the tree.”

- We are extending the family tree so far; the branches may reach the next tree.
- Family members can distance themselves from unsafe situations and recognize risk too.
- Everyone has the capacity to change.
- People do things better the second time around (learned, matured, etc.).
- It can be scary, but so is not being with family.
- We are also looking for natural supports, which does not necessarily mean caregiver.
- Everyone has something to contribute.

MYTH 2: “If they don’t know this relative, a stranger is a stranger.”

- With two similar caregiver options, family is preferred because the child will have a chance to learn stories/meet family/ learn family history and heritage/ stay in their community, etc.
- Family knows other family.
- The caregiver may be able to provide relative connections to those who are unable to serve as the caregiver, but still want to be involved (i.e.: great grandmother in a local nursing home).
- Relatives are the least restrictive care.
- Check for child welfare service bias – foster parents may feel “safer” because professionals know them, but family is safe too.

a. MYTH 3: “You can’t ensure safety when you are working so quickly.”

- Home visits and assessments are conducted to evaluate safety, as well as additional extensive conversations to ensure peace and safety.
- Quickly and carefully are not mutually exclusive.
- This work explores all aspects of the family and drills down to fully assess.

b. MYTH 4: “We are working harder than the relative caregiver (getting them a crib, car seat, etc.)”**c. Defend family/kin placement**

- Ask first if the family has the resource.
- At first the agency may have to assist with setting up the caregiver and their home, but the long term investment is always the family’s.
- Agency has resource knowledge that the family may not have.
- Don’t keep score of who does what, just get it done.

d. Approach this conversation with family if there are concerns about their commitment

- Have an honest and upfront meeting with the family member.
- Explain how important it is to move quickly and put in adequate effort. This will be expected of them throughout their involvement with Children Services.
- Explain the Involvement Spectrum. Not being a caregiver does not mean no connection/contact. It is ok for grandma to just be grandma.

BARRIER 1: “Trauma if removed from foster parent/Multiple moves are negative for a child”

- The long term positive effects of moving the child into a family member’s home greatly outweigh the potential negative impact of a move.
- Not all moves are bad moves, some moves can be beneficial and therapeutic.
- The current foster parents or caregiver can still be a support to the child (roadmap).
- Having a great foster home open up a space is a chance for another child to have a great home as well.
- There is a finite number of good foster parent homes, needed for another child.

BARRIER 2: “The child has needs that only a medically trained foster home can care for.”

- There are not any medical needs I am aware of that a kinship caregiver could not learn/ be trained on.
- This is a good place for natural supports—a cousin that is a nurse, etc.
- Opportunity for mentoring and emotional support. Get creative with bringing supports in.
- Includes behavioral needs, not just medical needs. Trauma training may be needed and should be offered.

e. BARRIER 3: “The family isn’t convinced that their family is safe.”

- Explain the significant background checks and home visits.
- The on-going case worker will still be involved and following up.
- What would make that person feel safe? Listen to their concerns and research them.
- We are working for the child’s best interest.
- Reunification rates and contact with family are higher when children are with kinship caregivers.

Handout: SEEK: Questions for Finding Naturally Connected Networks

PAST

- Who are the people that have stuck with you at your best and worst moments in life?
- Can you tell me about someone in your life who really got you, you really felt understood you? (Really appreciated you)
- What has been the most important day in your life and who was there to share it with you?
- Who has been the person that surprised you the most when you needed help caring for your child?
- Who have you relied on when things got crazy in life?
- When you think about your past, who has been most supportive of you in the choices you've made regarding your kids?
- When you were younger, who was your favorite person?
- Think back to a day when you were having a really tough time. Who was there to support you?
- Tell me a story about a happy time in your life. Who was there with you?
- Who was there when your child was born?
- Think about a time in your past where you were in a crisis of some kind (financial, medical, etc.). Who did you confide in?
- Who have you called to care for your kids in the past?
- Who went with you to buy your first car/picked out your wedding dress/accompanied you to make a major purchase/etc.?
- Who was the person that helped you in a really tough time that surprised you when they were helpful to you in that time?
- Who knows about what happened about this/that situation?
- Who do you trust the most?
- Where did you get your faith traditions from?
- Where in the world does your family come from – who holds those stories?
- Who was there for you when you had troubles in the past?
- When you think of all the people you have been close to in your whole life, whether family or friends, who has taught you the most about yourself as a person or parent? Tell me about a time that sticks out when that person showed or told you something about being a parent that you've never thought of before?
- Who did you consider to be the most significant people in your life growing up?
- Tell me about a moment in your life that you are proud of. Who did you share this with? Who would you share this with if they weren't there?
- What was the most fun thing you have done in the last 6 months? Who was present?
- When you think of your most favorite holiday with your family or loved ones, who was there and what made it special?
- Who has meant the most to you in your life? When were you the happiest in your life?

PRESENT

- Who is someone in your life that you can call on or depend on in a time of need (crisis)?
- Who would you call for your children's birthday party?
- Who would you call first today if you had wonderful news? News that you were the most excited you have ever been.
- Who do you call on a bad day? On a good day? Who would call you on their bad/good day?
- If I gave you 1 million dollars right now and said you can have the 1 million free and clear but you must give a million dollars to 5 other people to receive yours, who would those 5 people be?
- Who is the person you trust the most to take care of your kids, no matter what?
- This is a difficult discussion. Who in your life, if they were here right now, would help you feel like it is a little more manageable? Can we call them to come here?
- Who are you going to call about this when you get off the phone with me? Who do you want that person to call?
- Who in your life do you wish had been here to help when I knocked on your door? Who might be the first person you tell about this meeting today?
- Who is the most important person in your life today?
- Who would you call to care for your child if you went to the hospital today?
- Who will you call in the middle of the night when you need help? What is it about that (those) person (people) that lets you know you can count on her/him (them)?
- Who do you call when you are stuck and unable to pick up your kids at school?
- Who is the one person you may be taking for granted most right now?
- If you won a big award, who are 5 people you would want to be there?
- Who would you invite to your child's birthday party?
- Who did you send a text message (phone call) to first today?
- Who is the one person you wish were with you right now to support you right now?
- In case of an emergency (or if you were in an accident), who do you feel are the two most important people to contact?
- Who do you go to in life when you are making important decisions (like moving to a new town)?
- Who is your go to person when life gets tough?

FUTURE

- Please think about all the important people in your life right now. If I were to come to you 10 years from now and ask who has been the most unconditionally caring person in your life over the last 10 years, which of the people you know right now would you most want to describe to me?
- Tomorrow you end up in a serious accident and you are in the hospital in a coma. Who would you want the doctor to call to take care of your kids until you get out?
- If you could fast forward 5 years from now, who would be your support network and who would rely on you?
- Who would be the people that you see in your life sharing your birthday 5 years from now?
- Who would you hope to have at your side for comfort in your older years of life?
- Tell me about your wildest dreams for the future? What does it look like and who's there with you?
- Where do you see yourself in 5 years? Who is there with you? What do your relationships look like?
- If you were hit by a bus next month and unable to care for your children, who would be able to care for your kids?
- If next year you found yourself homeless, who would you call?
- If you were to die in a car accident tomorrow, who would you want to raise your children?
- You wake up tomorrow and it's two years from now. Who are the people you would hope to have in your life?
- If you were getting married, who would you want to be there to celebrate with you?
- Who will you call to invite to your next birthday celebration?
- If your child was getting married tomorrow, who in your world would you dream would be there?

Family Finding/Signs of Safety Residency with Kevin Campbell and Andrew Turnell: Questions for Finding Naturally Connected Networks.

Handout: SEEK:FAMILY SAFETY CIRCLES created by Susie Essex



Handout: SEEK: Assessment: Values

Right to Know	Children have a right to know and be connected to their families
Golden Rule	Treat others as you want to be treated – everyone desires to be respected
Share Power	Power works best when it is shared – partners share power
Child Focused	It's all about the children – everyone needs to be heard
Agents of Change	We are all agents of change – partnership is a process
Reserve Judgements	It's all about the relationship – judgements can wait
Solutions & Strengths Focused	Promoting informed decision making, while focusing on strengths and solutions, is best practice – everyone has strengths
Transparent & Accountable	Be transparent and accountable – partnership is a process

Values I fully embrace and live on a regular basis:

Values I hold, but find challenging to live out with some scenarios:

Goals or ideas I have for increasing my commitment to FSE values:

Creative	A willingness to think about opportunities or challenges in a new and open way
Flexible	Sometimes plan A falls apart and we must be willing to consider plan B and/or willing to accept a different outcome from plan A
Problem Solver	Moving one piece affects the others and we must tackle each challenge with our eye always on the long-term goal
Motivator	It requires strong assessment and adaptive skills to learn what motivates individuals and adjust our approach
Empathetic	When we start from a place of empathy we are more likely to find strengths
Communicator	Communicate before, during, and after each step
Partnership Builder	As relationships grow, we should be working to strengthen our partnership towards shared outcomes for children
Team Builder	Work to establish relationships between team members, not just among you and the team members

These are the skills from above that I am the best at:

These are the skills I can improve upon:

Ideas I have to either 1) build my personal skills, or 2) engage someone who has these skills:

Handout: SEEK vs. Services as Usual

f. ENGAGEMENT	
g. SEEK - Engagement occurs with the belief that everyone in the family has something they can contribute, regardless of history or situation - Focus on those family members interested in any kind of involvement, not just for kinship caregivers - Potential barriers to placement or involvement are addressed in a strengths-based, solution-oriented manner - Engagement goals include identifying all natural supports available to the family and vetting these options to meet the child's needs	h. Services "As Usual" - Often will focus only on those in the family deemed "appropriate" in terms of history, clear background checks, etc. - Will only focus on those relatives interested in being caregivers; no time to engage relatives only interested in visits or other support - Potential barriers to serving as kinship caregiver or other involvement are immediately seen as reasons to "rule out" someone and move on - Approach is much more "telling" the family members what they need to do and what services they must participate in

This table has been adapted from the PolicyWorks Ltd. Comprehensive study.

i. CHILD/FAMILY NEEDS AND SUPPORTS	
j. SEEK - Child-specific needs are identified and the focus is on preparing relatives & kin to meet those needs (often with the use of the natural support system) - Focus on creating plans to keep the child safe, but also linked to their culture, history, traditions, and existing norms, regardless of caregiver outcome - Community and professional resources are incorporated into the child's plan as extensions of the care the relative or kin will be providing	k. Services "As Usual" - If a potential relative or kin caregiver is determined to not be able to meet the child's needs, the team will move on to other options - Emphasis on safety only, which may include sacrificing a child's link to their history and existing norms - Community and professional supports are applied without a deeper understanding of how those interventions will affect the household dynamics

Engaging Relatives and Nonrelative Kin

Safety and Support Network involvement must be valued in the child welfare experience. Relatives and non-relative kin must be 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 safety and support network and share responsibility for planning with them. This will help the child and their family, the relatives, and other nonrelative 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 safety and support network's understanding offers insight into the historical perspective on the family's problems and the efforts to address them. They can confront the problems and help provide realistic support to help the child and their family of origin move toward healing. County child welfare workers should use family-centered practice tools, such as CFT meetings, to engage the family's kinship network at the earliest stages of agency involvement and throughout the case.

Engaging or reengaging relatives and non-relative kin may impact the child welfare experience in many ways, some positive and some challenging. Caseworkers must be intentional about engaging relatives and non-relative kin.

Engaging relatives and kin may include connecting with a person that the family has not previously been in contact with or has had a negative history with. Consideration must be given to the impact of any new or renewed connection to an extended relative. Although this connection is, in general, a positive event, there may be other extenuating circumstances that should be understood, including the following:

- Families have a primary need to know what happened to "lost" relatives. While children in foster care are not considered to be lost, the child, their relatives, or individuals who had a close relationship to the child continue to have a desire to know how their loved ones are doing.
- Identification and location of extended family won't solve the psychological problems that can affect children in foster care. As we have previously talked about, being in foster care has a life-altering effect on children and families. The loss of connections, disruption to the life cycle, and the number of transitions can be very traumatic, even for the most resilient children. Maintaining or reestablishing family connections can provide support that helps children and families heal.
- The process of locating and engaging families can open family wounds, rekindling problems surrounding the child's birth or removal. Numerous issues and questions may arise.
- Permanence for the child in care is more than a legal goal. It involves the stability and continuity of meaningful relationships for individuals. Permanence incorporates a sense of belonging and familial and social connections to a child's background and permanent home.

All these circumstances may impact the child and their family's reaction to a new or renewed connection with a relative. You must support and facilitate all contact to prevent situations that lead to or involve blame and to ensure that all interactions acknowledge the child's current situation and need for wraparound support.

Notes**Key Takeaways**

Unchecked biases can impact children and families

SEEK is a structured approach to connecting families

Relatives and kin take ownership of family needs

Engagement helps reduce placement outside the relative and kin network

Notes

Removal: Grief and Loss

Activity: Removal: Grief and Loss

The purpose of this activity is to have the learners explore the discomfort of loss.

What to do:

- Take out your phone.
- Open your camera roll and find a picture of a person or persons who mean more to you than anything in the world.
- The instructor will walk around the room and take each of these pictures, or people, from you and place them in front of the room. Don't worry, you will be reunited soon!

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 “Diligent Search: Kahlil’s Story” handout
- Answer the Part One questions
- Your training facilitator will then lead a discussion
- After the discussion, 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, discuss 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 by exploring placement options and by 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? Why?****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

What did you hear someone do well?

How well were you able to stick to your plan for this interaction?

What will you do differently when working with relatives in the future?

What is one thing you commit to doing when performing a diligent search for relatives of children on your caseload?

What is one thing you will remember to do in the future when connecting with relatives and kin?

Preparing for Placement Learning Lab

Understanding Out-of-Home Placements & Child Impact

Activity: Understanding Out-of-Home Placements & Child Impact

The purpose of this activity is to help learners identify types of out-of-home placements, connect placement decisions to child safety, permanency, and well-being (identity, attachment, and trauma-impacts), and apply policy guidance to real-world decision-making.

What to do:

- Each group will be assigned one of the scenarios below.
- With your group, identify the placement type(s) in the scenario
- Discuss the questions
- Make decisions
- Remember, the goal is not to get the “right answer,” but to think like a caseworker balancing safety, permanency, and well-being
-
- Decide:
 - What strengths this placement offers
 - What risks or concerns exist
 - What a caseworker should monitor or support
 -

Scenario A:

- A child is placed with a maternal aunt in the same community.

Type of placement: _____

Discussion Questions:

How does this placement support or challenge safety?

How does this placement impact attachment?

How does this placement impact identity and connections?

How does this placement impact trauma and loss?

How does this placement support connection and identity?

What support might the aunt need?

What risks still exist?

Scenario B:

- A child is placed with a licensed foster family in another county.

Type of placement: _____

Discussion Questions:

How does this placement support or challenge safety?

How does this placement impact attachment?

How does this placement impact identity and connections?

How does this placement impact trauma and loss?

What might this child lose (school, relationships)?

What are the benefits of a foster home structure?

How does location affect permanency?

Scenario C:

- Three siblings are placed in different foster homes due to capacity.

Type of placement: _____

Discussion Questions:

How does this placement support or challenge safety?

How does this placement impact attachment?

How does this placement impact identity and connections?

How does this placement impact trauma and loss?

What is the impact on attachment and emotional well-being?

Why might this decision still occur?

What should the worker do to maintain sibling connection?

Scenario D:

- A youth with behavioral needs is placed in a group home.

Type of placement: _____

Discussion Questions:

How does this placement support or challenge safety?

How does this placement impact attachment?

How does this placement impact identity and connections?

How does this placement impact trauma and loss?

How is this placement different from a “family-like” setting?

What needs are being met?

What are the potential long-term impacts?

Scenario E:

- A medically fragile infant is placed with a relative who has limited experience.

Type of placement: _____

Discussion Questions:

How does this placement support or challenge safety?

How does this placement impact attachment?

How does this placement impact identity and connections?

How does this placement impact trauma and loss?

How do safety and capacity influence placement?

What supports are required to sustain placement?

When might a different placement be needed?

Debrief Questions

What stood out to you about how placement type impacts a child's experience?

What surprised you about the trade-offs caseworkers must make in placement decisions?

How will this influence the way you think about or explain placement decisions to families?

What is one thing you can do to reduce the negative impact of placement, regardless of type?

Planning and Preparing for Placement

Activity: Planning and Preparing for Placement

The purpose of this activity is to support participants in thinking of strategies to prepare children, families, and placement resources for placement.

What to do:

- Each group will be assigned either the child, the parents, or the placement provider.
- In your group, generate a list of things you could do or say to plan and prepare the person or persons you have been assigned for positive placement.
- Write your ideas on a flip chart.
 - Consider the skills, tools, and opportunities that have been presented throughout this training
 - Consider ways to prepare for placement during all phases of the child welfare experience, long-term planning, and immediate
- Be creative and go deep.
- When ten minutes are up, be prepared to report back to the large group.

List of skills, tools, and activities to plan and prepare for a positive placement:

Debrief Questions

As you listened to the other groups, what new insights did you gain about the needs or experiences of the child, parent, or placement provider that you may not typically focus on in your role?

How did this activity affect your perception of placement decisions?

What can you do to prepare yourself to make successful and stable placement decisions?

What is one concrete planning or preparation step you identified today that you can intentionally use in your work to reduce trauma and support a more stable first placement?

Reuniting

Activity: Reuniting

What emotions did you notice when you lost your phone?

What were you most focused on?

How well could you concentrate on the material we just covered?

What might that suggest about how families and children feel when children are placed outside of the home?

How can this experience help you as you work with children and families?

Placement Stability

Placement Stability and Preventing Placement Disruption



PLAN



PREPARE



SUPPORT

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 adverse outcomes once they leave care, such as homelessness, substance use, teen pregnancy, and educational completion

When a placement move must occur, it must be documented in the electronic record for both the child and the foster parent. Parents must be given written notice in advance of any intended change in their child's placement.

Strategies to improve placement stability can fall into three areas: plan, prepare, and support.

Plan:

- Engage the child's relatives
- Include children and their families in the planning and decision-making process for placement
- Match the child with the best potential placement resource based on the needs of the child
- Sufficient contact with the placement provider to know when conditions exist that could lead to disruptions

Prepare:

- Managing the expectations of the placement provider related to the challenges of foster care and placement, such as the emotional and behavioral needs of the child
- Prepare children, their families, and the placement provider for placement

Support:

- Managing conflicts and the ability to engage in courageous conversations
- Assessing and addressing the needs of the child and the placement resource
- Provide training, pre-placement preparation, and support for placement providers
- Provide services and supports for children, their families, and the placement provider
- Encourage and support strong relationships between the child's family and the placement provider
- Continuously strive for respectful engagement
- Continuously assess safety and stability
- Provide regular and consistent opportunities for respite care
- Utilize Intensive Family Preservation Services

When a placement move must occur, it must be documented in the electronic record for both the child and the foster parent. Your agency should have a plan to manage placement disruptions. Documenting the disruption in both the child's and the foster parent's records can provide valuable information about which behaviors the foster parent cannot handle. This analysis can guide future placement decisions and identify the training needs of foster parents.

Additionally, parents must be given written notice in advance of any intended change in their child's placement. The exceptions to this are:

- The child's health or well-being would be endangered by delaying the action; or
- The child would be endangered if prior notice were given.

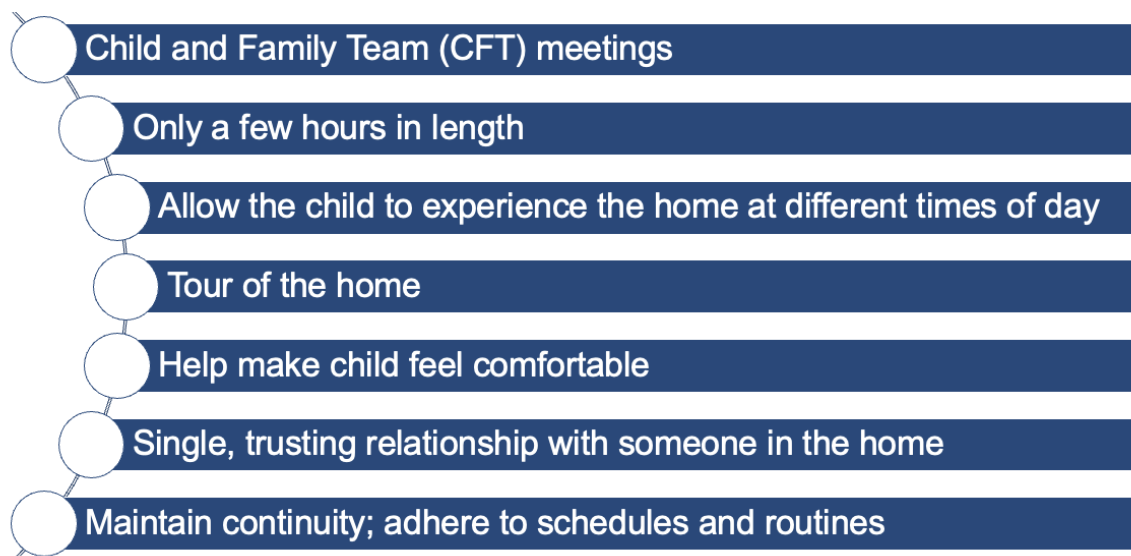
To comply with this requirement, you must complete the following forms, which are generated through PATH NC:

- Notice to Parent Regarding a Proposed Change in the Placement of the Child (DSS-5189i): This form must be completed by the agency when the decision is made to move the child.
- Notice to Parent Regarding a Change in Placement of the Child (DSS-5189ii): This form must be completed by the agency when a child has been moved without prior notice to the parent.

In what ways does increasing placement stability benefit children?

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Pre-Placement Visits



One strategy used to reduce stress and anxiety associated with placement is a pre-placement visit. Pre-placement visits can help children and their families better understand what to expect in placement, feel more in control, build 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. Dividing placement activities across several preplacement visits allows children to gradually become accustomed to their new caregivers and environment, helping them develop familiarity with and comfort in it before they are placed there. Pre-placement visits are conducted before a placement.

Pre-placement visits support placement stability and reduce crises. Pre-placement visits are sometimes not possible for initial placement, as this is often an emergency

Notes

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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>

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



One of the best ways to ensure services are well-designed to meet the needs of youth is to involve them in shaping service design and delivery. By engaging them in this process, you will also deepen their engagement and demonstrate that you recognize and value their perspectives and experiences, seeing them as partners. A youth-adult partnership requires sharing information, having honest conversations, respecting diverse experiences and opinions, and setting clear expectations for roles and decision-making.

Youth should be engaged in:

- Planning for placement
- Assessing their strength and needs
- Identifying relatives, nonrelative-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

Authentically engaging youth means believing what youth tell you.

Notes

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Normalcy: Equal Treatment for Foster Youth

Video: Normalcy: Equal Treatment for Foster Youth.

Watch: [Youtube Equal Treatment for Foster Youth](#)

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 to 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

Children in out-of-home care have the right to a normal childhood and adolescence. Caregivers are responsible for creating as much normalcy as possible.

The Reasonable and Prudent Parent Standard (RPPS) is the “standard characterized by careful and sensible parental decisions that are reasonably intended to maintain the health, safety, and best interests of the child while at the same time encouraging the emotional and developmental growth of the child that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the state to participate in extracurricular, enrichment, religious, and social activities.”

RPPS allows caregivers to make day-to-day decisions about age-appropriate activities without complex approval processes.

- RPPS empowers caregivers to approve activities like sleepovers, field trips, and sports, outside the direct supervision of the caregiver, for a period of over 24 hours and up to 72 hours

Normalcy is the ability to easily take part in activities that promote well-being, personal growth, and development, such as social, scholastic, and enrichment activities. The Standard promotes normalcy for children in care by allowing them to pursue their interests, engage in the same activities as their peers, develop skills for their future, and establish a caring relationship with out-of-home care providers. This takes place while prioritizing the child's health, safety, and best interests. We need to promote normalcy for all children in out-of-home care, no matter their permanence status or placement setting. Their childhood should not be limited because they are in out-of-home care. Collaboration among youth, parents, caregivers, and agency staff is essential to effectively implement RPPS.

Notes

Life Books



County child welfare agencies must create and maintain a life book for each child in out-of-home placement. Life books must be initiated within 30 days of entering custody and updated regularly.

Required items in each life book include:

- Certified birth certificate or birth details (date, time, location, weight, length)
- Schools/daycare centers attended
- Medical information (immunizations, diseases, allergies)
- Birth family's medical history
- Pictures of the child at various ages
- Names and pictures of siblings
- Pictures of birth parents

Additional recommended items for Life Books:

- The child's family
- Names and pictures of social workers and agencies involved
- Names and addresses of foster families or placement providers
- Letters/mementos from parents, relatives, or significant others
- Child's drawings
- Child's achievements
- Stories from foster parents and social workers
- Anecdotes (funny, scary, significant experiences, jokes)
- Extended time in out-of-home care can lead to loss of memories and sense of self
- Life books help children remember significant events, people, and places.
- They support children in integrating past experiences into their current lives.

When children reach permanency, they receive their life book.

What are some things that are in your baby book or in your child's baby book?

What do you think children who are placed in out-of-home care deserve to take their baby book with them when they leave?

How will you support placement providers in contributing to a child's life book?

Kinship Placements

Placement with Relatives and Nonrelative Kin

License families in, not rule them out



42 U.S. Code § 671(a)(19) provides that the state shall consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child(ren), provided that the relative caregiver meets all relevant state child protection standards.

N.C.G.S. §7B-505, Requirements for Placement with Relatives: (b) The court shall order the department to make diligent efforts to notify relatives and other persons with legal custody of a sibling of the juvenile that the juvenile is in non-secure custody and of any hearings scheduled to occur pursuant to G.S. 7B-506, unless the court finds the notification would be contrary to the best interests of the juvenile. In placing a juvenile in non-secure custody under this section, the court shall first consider whether a relative of the juvenile is willing and able to provide proper care and supervision of the juvenile in a safe home. H612 states that a parent from whom the child was not removed may receive nonsecure custody of their child, as designated in the court order. If the court finds that the relative is willing and able to provide proper care and supervision in a safe home, then the court shall order placement of the juvenile with the relative unless the court finds that placement with the relative would be contrary to the best interests of the juvenile. (c) If the court does not place the juvenile with a relative, the court may consider whether nonrelative kin or other persons with legal custody of a sibling of the juvenile are willing and able to provide proper care and supervision of the juvenile in a safe home. The court may order the department to notify the juvenile's state-recognized tribe of the need for non-secure custody for the purpose of locating relatives or nonrelative kin for placement. The court may order placement of the juvenile with nonrelative kin if the court finds the placement is in the juvenile's best interests.

N.C.G.S. §7B-903 Requirements for Placement with Relatives (a1) In placing a juvenile in out-of-home care under this section, the court shall first consider whether a relative of the juvenile is willing and able to provide proper care and supervision of the juvenile in a safe home. If the court finds that the relative is willing and able to provide proper care and supervision in a safe home, then the court shall order placement of the juvenile with the relative unless the court finds that the placement is contrary to the best interests of the juvenile.

Activity: Placement with Relatives and Nonrelative Kin

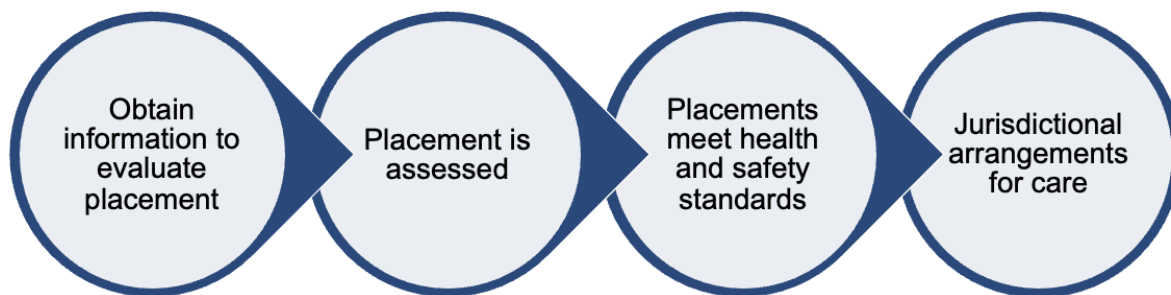
The purpose of this activity is to allow participants to become familiar with requirements for kinship placements, including the Initial Provider and Comprehensive Provider Assessments.

What to do:

- Access the following on the NCDHHS Policies and Manuals website:
 - Permanency Planning Policy, Placement Decision Making section
 - Cross Function Topics, Kinship section
 - Initial Provider Assessment_TSP (DSS-6193) used in CPS-A or In Home when using TSP
 - Initial Kinship Provider Assessment (DSS-6194) used when placing a child with a relative or nonrelative kin during foster care episode
 - Comprehensive Provider Assessment (DSS-5204)
- Take note of what makes you curious. Feel free to discuss your notes at your table and be prepared to report out to the larger group.

What made me curious:

Interstate Compact on the Placement of Children (ICPC)



The Interstate Compact on the Placement of Children (ICPC) is a uniform law enacted by all states to regulate interstate child placements by ensuring protection and services for children placed across state lines for care or adoption. ICPC allows for interstate placements with the same safeguards and services as in-state placements and enables evaluation of prospective placements before a child is moved out of state.

The sending state retains jurisdiction to ensure the child receives adequate care and protection. Successful permanency planning includes:

- Placement in a suitable environment with qualified individuals or institutions
- Opportunity for the receiving state to assess the proposed placement
- Sufficient information for the sending state to evaluate the placement
- Promotion of appropriate jurisdictional arrangements for childcare

Establishing and maintaining a current record of payment and placement information for each child in PATH NC is the responsibility of the county that has custody, placement authority, or supervision authority under an ICPC Agreement.

The NCDHHS Child Welfare Manual includes a dedicated chapter on ICPC responsibilities and requirements that caseworkers must follow when making interstate placements.

Notes

Self-Reflection

Activity: 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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