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 Six

December 2025

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Table of Contents

Instructions

This course was designed to guide child welfare professionals through 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 are using this workbook electronically: Workbook pages have text boxes for you to add notes and reflections. Due to formatting, if you are typing in these boxes, blank lines will be "pushed" forward onto the next page. To correct this when you are done typing in the text box, you may use delete 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
- Safety, Risk, and Protective Factors
- Identifying Child Abuse and Neglect
- Legal Authority and Responsibilities, Mandatory Reporting
- Essential Function: Engaging
- Core Value: Family-Centered Practice
- Introductory Learning Lab (Communicating and Engaging)
- Essential Function: Assessing
- Safety-Organized Practice (SOP) and Structured Decision Making (SDM)
- Assessing Learning Lab
- Core Value: Trauma-Informed Practice
- Trauma-Informed Practice Learning Lab
- Essential Function: Planning
- Considerations for Child Welfare Practice and Family Engagement
- Essential Function: Implementing
- Disproportionality in Child Welfare Services
- Indian Child Welfare Act (ICWA)
- Engaging Families Through Family-Centered Practice
- Narrative Interviewing with Learning Lab
- Crucial Conversations
- Engaging Families with Core Values and Essential Functions
- Involving Fathers, Non-Resident Parents, and Relatives with Learning Lab
- Collateral Contacts
- Using Family-Centered Practice to Engage Families Learning Lab
- Harm and Worry Statements

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

Training Overview

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

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

Pre-Work Online e-Learning Modules

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

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

Foundation Training

Foundation Training is instructor-led training for child welfare new hires that 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 social worker in North Carolina, including working with families throughout their involvement with the child welfare system. The course will 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 have required homework assignments to be completed within prescribed timeframes.

In addition to classroom-based learning, learners will be provided with on-the-job training at their DSS agencies. During on-the-job training, supervisors will provide support to new hires through the completion of an observation tool, coaching, and during supervisory consultation.

Transfer of Learning

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

- Pre-training
- During training
- Post-training

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

Training Evaluations

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

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

Pre-Service Training: Core Topic Schedule

Week 1:

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

Week 2:

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

Week 3:

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

Week 4:

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

Week 5:

- In-home services
- Permanency

Week 6:

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

Pre-Service Training: Core Week 6 Day 1 Agenda

Child Welfare in North Carolina Pre-Service Training: Core

Welcome

Overview of Child Welfare Process Part 3: Permanency Planning Services, continued

Reunification Learning Lab

BREAK

Permanency and Permanency Planning, continued

Adoption Learning Lab

Permanency and Permanency Planning, continued

LUNCH

Permanency and Permanency Planning, continued

Monitoring and Reassessment: Permanency Planning Case Plan

BREAK

Monitoring and Reassessment: Permanency Planning Case Plan, continued

Achieving Permanency and Safe Case Closure

Preparing Children for Permanency Learning Lab

Self-Care Exercise

Mindfulness Activity

Preservice Training: Core Week 6 Day 1 Learning Objectives

Day 1
Overview of Child Welfare Process Part 3: Permanency Planning Services
• Discuss your role in determining the most appropriate permanency option, including the importance of collaboration with the child, the child's parents, the permanency resource, the child's team, and the court. • Describe the requirements to achieve each permanency option. • Discuss your role in decision-making with children, parents, case planning team, and court regarding each permanency plan. • Describe and provide examples of ways to prepare the child, the child's parents, and the permanency resource for permanency. • Explain the requirements and purpose of permanency hearings and Permanency Planning Review meetings. • Describe the purposes of the Permanency Planning Family Services Agreement and why the agreement is used in achieving safety, permanency, and well-being. • Explain how the Permanency Planning Family Services Agreement guides case planning and services provision. • Discuss the importance of inclusion of the child and family's voice in completion of the Permanency Planning Family Services Agreement and will be able to provide examples of how to do so. • Describe the appropriate criteria for safe case closure. • Provide examples of ways to plan for an prepare children, families, and placement providers for permanency and safe case closure. • Explain the importance of supporting children and their families through case closure to ensure lasting safety, permanency, and well-being.

Core Week 6 Day 1

Overview of Child Welfare Process Part 3: Permanency Planning Services, continued

Reunification Learning Lab

Activity: Reunification - Kevi Thompson

Mother: Karlie Thompson – 25-year-old; White

Father: Nick Smith (Kevi's Father) – 40-year-old; White

Jake Johnson (Kayleigh's Father) – 32-year-old; White

Children: Kevi Thompson – 6-year-old; White; male

Kayleigh Thompson – 8-months -old; White; female

Resource Parents

Gabby and Kip Taylor; licensed non-relative foster home

Reason for Custody

Kevi Thompson was brought into custody on 11/01/2020, after being found left alone in a car while his mother was in a hotel room. His mother tested positive for Opioids and Benzodiazepines. At the time, Kevi's mother shared the name and number of Gabby Taylor and told the social worker that Ms. Taylor had said to call her if she ever needed help. Mr. and Mrs. Taylor were contacted and agreed to take Kevi into their home.

Background

There are two prior reports on the Thompson family. One report was received when Kevi was 6 months old and alleged physical abuse toward Kevi. The alleged perpetrator was Kevi's biological father, Nick Smith. This report was found to be unsubstantiated as there were no marks or bruises on the child as reported. Karlie Thompson stated at the time that they were doing fine and that adjusting to a new baby had been rough on her boyfriend, Nick.

The next report on this family was received when Kevi was 3 years old. The report alleged physical abuse. Kevi, age 3, was found to have a handprint on his leg and buttock. He also had bruises on his ankles, wrists, and upper arm. This report was substantiated.

At the time of this substantiated report, Ms. Karlie Thompson shared that she would do anything to keep her child. She stated that she had been trying to get away from Nick Smith, who had been abusive to her since she met him when she was 15 and in a group home. She had been in foster care since she was 12 years old. Karlie shared that she was sexually abused by her mother's brother for two years prior to coming into custody. At that time, her mother disowned her for hurting her family. When she was 15 years old, she ran away from the group home. She ran away to be with Nick Smith. Nick Smith's physical and emotional abuse of Karlie worsened during her pregnancy with Kevi and then escalated after Kevi was born. Karlie Thompson shared that she was able to protect Kevi most of the time. She also shared that Nick has threatened to hurt her in the past and make sure that she lost Kevi if she ever reported his abusive behavior.

Karlie Thompson worked with DSS at the time to provide a protective plan for Kevi. She went to stay with a former foster mother for a period of time, signed a protection order to keep Nick away from them, and eventually was able to move into her own home and had a part-time job. Her case with DSS remained open for 6 months and then was closed.

Current Custody Episode History

Kevi was placed in agency custody on 11/01/2020, due to being left alone in a car outside a hotel. His mother was in a hotel room. She tested positive for drugs at that time and admitted to drug usage since she was 14 years old. She was introduced to drugs at the group home she was living in. Nick kept her supplied with drugs after she met him, and she used them regularly until she found out she was pregnant. She was able to stop during her pregnancy but reported she did smoke marijuana during her pregnancy.

Following her pregnancy, she was able to continue to stay clean for a period of time. She began using again in early 2020.

Karlie shared she met Jake Johnson after Kevi was placed in custody. Jake Johnson is the father of Kayleigh who is now 8 months old. Karlie has had custody of Kayleigh since birth.

The court has noted significant progress toward the goal of reunification at every court hearing that has been held to date. Karlie needed time to work on her drug addiction, but the court noted progress at each hearing and allowed her the time to continue to address her past trauma and work on healing. Karlie has been testing drug-free for 8 months and her supports appear to be solidly in place. She has met all her case goals. Family Time with Kevi has gone exceptionally well. The resource parents have stated their commitment to continue to support the Thompsons even after reunification.

Strengths/Needs

<u>Strengths</u>

- Karlie has never missed a visit with Kevi.
- Karlie interacts with Kevi during Family Time at his level and in an obvious effort to meet his needs. Karlie and Kevi appear bonded during each visit and Kevi cries when the visit ends.
- Karlie completed in-patient drug treatment.
- Karlie has continued outpatient drug treatment.
- Karlie has sought out supportive services through a local church.
- Karlie has obtained employment.
- Karlie has childcare arrangements for after school secured for Kevi.

- Karlie has maintained an open relationship with the resource parents.
- Karlie has attended school events and special occasion events with the resource parents.
- Karlie has attended doctor appointments and dental appointments with the resource parents except for one visit due to her work schedule.
- Karlie has talked with Kevi on the phone most nights as a part of his regular bedtime routine for the last year.
- Karlie has had a successful day and overnight Family Time with Kevi.
- Karlie has attended her own trauma therapy regularly.
- Karlie has attended trauma therapy with Kevi.

Needs

- Karlie's therapist recommends she continue in outpatient drug treatment.
- Karlie's therapist recommends she continue in trauma therapy.
- Karlie states she needs to continue to work on relationship boundaries with her faith-based support group
- Karlie's therapist recommends continued family trauma therapy with Kevi.
- Karlie still has some contact with Kevi's father, Nick Smith.
- Kayleigh's father, Jake Johnson, lives in the home and has a history of aggressive behavior but none has been reported in 7 months.

Available Supports

- The resource parents would like to continue to be a part of Kevi, Kayleigh, and Karlie's lives.
- Karlie and Kevi's trauma therapist
- Karlie's faith-based support group
- Karlie's former foster parents

You will remember that during our first day of training about Permanency Planning Services, we watched the Removed 3 video about Kevi and his mom. We will now look a little closer into the details of Kevi and his mom.

You will read the scenario individually and then you will break into pairs to discuss and complete the Family Reunification Assessment and Risk Reassessment (DSS-5227) for Karlie Thompson's family. You can access the Family Reunification Assessment and Risk Reassessment DSS-5227 online at https://policies.ncdhhs.gov/wp-content/uploads/dss-5227-ia.pdf.

After you complete the assessments, we will come back together to discuss your use of the tool and to examine your collective findings regarding the Family Reunification Assessment.

The information you have may be limited in some areas, so use that to think about what else you need to know to accurately assess a family's readiness for reunification.

Debrief: Family Reunification Assessment

What safety decision did you make?

Is it safe to return Kevi home?

What would have made it NOT safe to return Kevi home?

Debrief Reasonable Efforts

What reasonable efforts are required to make this reunification happen?

Permanency and Permanency Planning, continued

Termination of Parental Rights (TPR)

Ends the legal parent-child relationship

Child is legally free to be placed for adoption

Grounds for TPR

Petition filed within 60 days of:

- Agency's decision that the goal is adoption
- Court hearing changing the plan to adoption

- When families are unable to make necessary changes to ensure a child's safety, child welfare professionals must consider changing the permanency goal, often initiating termination of parental rights (TPR) to pursue adoption
- TPR is a serious and permanent legal action that severs the parent-child relationship and may be voluntary or involuntary, requiring clear and convincing evidence of parental unfitness and a determination that termination is in the child's best interest
- In North Carolina, agencies must file for TPR within 60 days of a goal change to adoption and are mandated to initiate proceedings if a child has been in care for 12 of the last 22 months, unless specific exceptions apply
- The TPR process can be lengthy and emotionally challenging, involving court proceedings, potential appeals, and the need for child welfare professionals to prepare children and families for the impact of this transition

Notes

Handout: § 7B-101 Grounds for Terminating Parental Rights

(a) The court may terminate the parental rights upon a finding of one or more of the following:

(1) The parent has abused or neglected the juvenile. The juvenile shall be deemed to be abused or neglected if the court finds the juvenile to be an abused juvenile within the meaning of G.S. 7B-101 or a neglected juvenile within the meaning of G.S. 7B-101.

(2) The parent has willfully left the juvenile in foster care or placement outside the home for more than 12 months without showing to the satisfaction of the court that reasonable progress under the circumstances has been made in correcting those conditions which led to the removal of the juvenile. No parental rights, however, shall be terminated for the sole reason that the parents are unable to care for the juvenile on account of their poverty.

(3) The juvenile has been placed in the custody of a county department of social services, a licensed child-placing agency, a child-caring institution, or a foster home, and the parent has for a continuous period of six months immediately preceding the filing of the petition or motion willfully failed to pay a reasonable portion of the cost of care for the juvenile although physically and financially able to do so.

(4) One parent has been awarded custody of the juvenile by judicial decree or has custody by agreement of the parents, and the other parent whose parental rights are sought to be terminated has for a period of one year or more next preceding the filing of the petition or motion willfully failed without justification to pay for the care, support, and education of the juvenile, as required by the decree or custody agreement.

(5) The father of a juvenile born out of wedlock has not, prior to the filing of a petition or motion to terminate parental rights, done any of the following:

a. Filed an affidavit of paternity in a central registry maintained by the Department of Health and Human Services. The petitioner or movant shall inquire of the Department of Health and Human Services as to whether such an affidavit has been so filed and the Department's certified reply shall be submitted to and considered by the court.

b. Legitimated the juvenile pursuant to provisions of G.S. 49-10, G.S. 49-12.1, or filed a petition for this specific purpose.

c. Legitimized the juvenile by marriage to the mother of the juvenile.

d. Provided substantial financial support or consistent care with respect to the juvenile and mother.

e. Established paternity through G.S. 49-14, 110-132, 130A-101, 130A-118, or other judicial proceeding.

(6) That the parent is incapable of providing for the proper care and supervision of the juvenile, such that the juvenile is a dependent juvenile within the meaning of G.S. 7B-101, and that there is a reasonable probability that the incapability will continue for the foreseeable future. Incapability under this subdivision may be the result of substance abuse, intellectual disability, mental illness, organic brain syndrome, or any other cause

or condition that renders the parent unable or unavailable to parent the juvenile and the parent lacks an appropriate alternative child care arrangement.

(7) The parent has willfully abandoned the juvenile for at least six consecutive months immediately preceding the filing of the petition or motion, or the parent has voluntarily abandoned an infant as a safely surrendered infant pursuant to Article 5A of this Subchapter for at least 60 consecutive days immediately preceding the filing of the petition or motion.

(8) The parent has committed murder or voluntary manslaughter of another child of the parent or other child residing in the home; has aided, abetted, attempted, conspired, or solicited to commit murder or voluntary manslaughter of the child, another child of the parent, or other child residing in the home; has committed a felony assault that results in serious bodily injury to the child, another child of the parent, or other child residing in the home; or has committed murder or voluntary manslaughter of the other parent of the child. The petitioner has the burden of proving any of these offenses in the termination of parental rights hearing by (i) proving the elements of the offense or (ii) offering proof that a court of competent jurisdiction has convicted the parent of the offense, whether or not the conviction was by way of a jury verdict or any kind of plea. If the parent has committed the murder or voluntary manslaughter of the other parent of the child, the court shall consider whether the murder or voluntary manslaughter was committed in self-defense or in the defense of others, or whether there was substantial evidence of other justification.

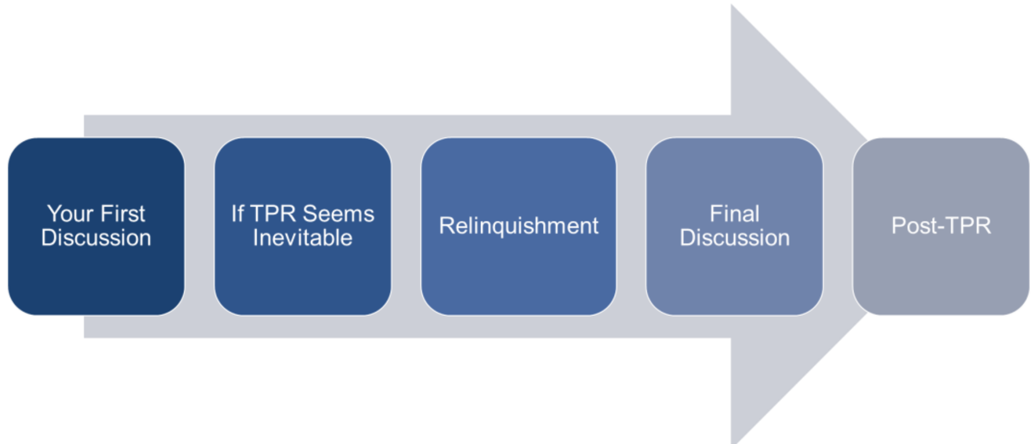
(9) The parental rights of the parent with respect to another child of the parent have been terminated involuntarily by a court of competent jurisdiction and the parent lacks the ability or willingness to establish a safe home. This ground shall not apply to a parent whose parental rights were terminated as a result of the other child being a safely surrendered infant.

(10) Where the juvenile has been relinquished to a county department of social services or a licensed child-placing agency for the purpose of adoption or placed with a prospective adoptive parent for adoption; the consent or relinquishment to adoption by the parent has become irrevocable except upon a showing of fraud, duress, or other circumstance as set forth in G.S. 48-3-609 or G.S. 48-3-707; termination of parental rights is a condition precedent to adoption in the jurisdiction where the adoption proceeding is to be filed; and the parent does not contest the termination of parental rights.

(11) The parent has been convicted of a sexually related offense under Chapter 14 of the General Statutes that resulted in the conception of the juvenile.

(b) The burden in these proceedings is on the petitioner or movant to prove the facts justifying the termination by clear and convincing evidence. (1977, c. 879, s. 8; 1979, c. 669, s. 2; 1979, 2nd Sess., c. 1088, s. 2; c. 1206, s. 2; 1983, c. 89, s. 2; c. 512; 1985, c. 758, ss. 2, 3; c. 784; 1991 (Reg. Sess., 1992), c. 941, s. 1; 1997-390, ss. 1, 2; 1997-443, s. 11A.118(a); 1998-202, s. 6; 1998-229, ss. 11, 28; 1999-456, s. 60; 2000-183, s. 11; 2001-208, s. 6; 2001-291, s. 3; 2001-487, s. 101; 2003-140, s. 3; 2005-146, s. 1; 2007-151, s. 1; 2007-484, s. 26(a); 2012-40, s. 1; 2013-129, s. 35; 2018-47, s. 2; 2023-14, s. 6.2(g).)

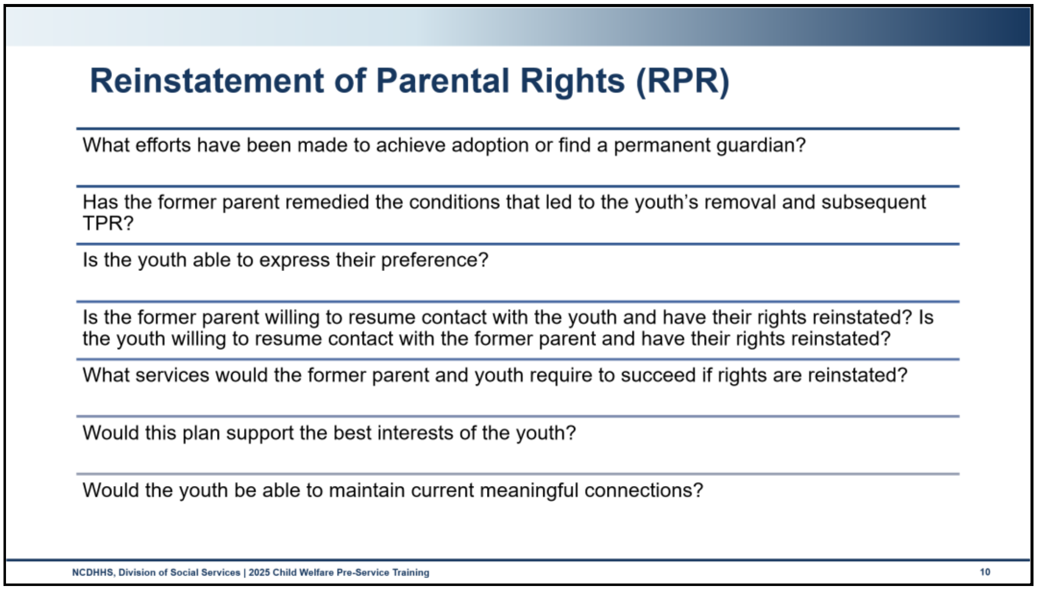
Preparing the Family for TPR



- When a child's case moves toward termination of parental rights (TPR), child welfare professionals must prepare families through honest, compassionate conversations that acknowledge the emotional complexity of the process
- TPR discussions should begin early and be revisited regularly, emphasizing full disclosure and the agency's commitment to helping families avoid this outcome whenever possible
- If TPR becomes likely, professionals should explore voluntary relinquishment as an option, ensuring parents understand their rights, the impact of adoption, and available supports
- Post-TPR, professionals should support children and families through transition visits and grief processing, helping the child understand and emotionally navigate the shift toward adoption

Notes

Reinstatement of Parental Rights



- Reinstatement of Parental Rights (RPR) is a rare permanency option available under strict conditions, including the youth being at least 12 years old, not in an adoptive placement, and unlikely to be adopted soon
- Only the youth, the child welfare agency, or the youth's GAL attorney advocate may file a motion for RPR, and the process must include a thorough exploration of the youth's wishes and the former parent's readiness
- A Child and Family Team (CFT) meeting is required to discuss RPR, allowing the youth to invite meaningful supports and assess the emotional, relational, and practical implications of reinstatement
- Key considerations include the former parent's progress, the youth's maturity and preferences, the availability of services, and the impact on existing connections and relationships

Notes

Adoption Worker Roles and Responsibilities

- Adoption workers facilitate the recruitment and preparation of adoptive families, including identifying culturally diverse parents, conducting training, and performing in-depth family assessments to ensure readiness for placement
- They manage the matching and placement process, which involves writing child profiles, preparing both children and families for adoption, and conducting ongoing evaluations to support successful placements
- Adoption workers provide continuous support throughout the adoption journey, including post-adoptive services, connecting families to culturally appropriate resources, and offering guidance during and after the legal process
- They handle legal and relational aspects of adoption, such as taking relinquishments from biological parents and preparing necessary court documentation to finalize the adoption

Notes

Adoption

Permanent plan offering the most stability to children who cannot return home

Permanent legal connection that is created between a child and an adult or adults with the same mutual rights and obligations of children and their birth parents

Child must be legally free through:

- Voluntarily relinquish of parental rights; or
- Rights terminated by the court

- Once Termination of Parental Rights (TPR) is finalized, a child becomes legally free for adoption. Adoption is considered the most stable and permanent plan for children who cannot return to their birth families, establishing full legal rights and responsibilities between the child and adoptive parents
- North Carolina permits various types of adoption, including relative, stepparent, independent, agency, legal risk, international, and adult adoptions. Agencies must follow specific procedures to ensure timely and appropriate placements, including recruitment and registration with adoption exchanges
- Agencies are required to develop child-specific recruitment strategies within 30 days of a child becoming legally free, conduct pre-placement assessments, and register children with state and national exchanges. They must also prioritize placement with current caregivers or relatives when appropriate
- Adoption workers must evaluate multiple factors to ensure the child's best interests are met, including cultural and ethnic needs, sibling relationships, and the child's preferences. Foster families are often encouraged to adopt if reunification is not possible, providing continuity and emotional stability
- Adoption is a lifelong, multi-dimensional process
- It involves legal, emotional, and social transitions for the child, birth parents, and adoptive parents. Ethical considerations evolve over time, especially as adopted individuals seek knowledge about their origins
- Caseworkers must recognize and manage personal bias
- Bias can unintentionally influence placement decisions and limit opportunities for children. Adoption professionals are encouraged to reflect on their biases and use strategies to ensure decisions are made in the child's best interest
- Ethical principles must guide all adoption decisions
- These include prioritizing the child's lifelong needs, protecting birth parents' rights, consulting children about their adoption, and preserving cultural and familial connections
- Inclusive and culturally sensitive practices are essential

- Agencies must avoid discriminatory exclusions and ensure adoptive families receive complete background information and ongoing support. Culturally diverse placements require professionals to be aware of and respectful toward different identities and traditions

Notes

Handout: Types of Adoption

Once a TPR goes through, a child is legally free for adoption. Adoption is the permanent plan offering the most stability to children who cannot return home to their parents. Adoption is defined as the permanent legal connection that is created between a child and an adult or adults, with whom exist the same mutual rights and obligations that exist between children and their birth parents. For a child to be adopted, the parents must voluntarily relinquish their parental rights or have their rights terminated by the court.

Different types of adoption are legally permitted in North Carolina:

- Relative adoptions
- Stepparent adoptions
- Direct/independent placements
- Agency adoptions
- Legal risk adoptions
- International adoptions
- Adult adoptions

As with other permanency planning services, there are key services that must be provided to the adoptive child, the child's parents and the adoptive parents to reach the goal of permanence for children. In this case, for the adoption to be finalized. When the child is legally freed for adoption, your agency must do all the following:

- Make every effort to locate and place the child in an appropriate adoptive home.
- Develop a child-specific, written strategy for recruitment of an adoptive home within 30 days. At a minimum, the plan must document the child-specific recruitment efforts such as the use of state, regional, and national adoption exchanges, including electronic exchange systems, to facilitate orderly and timely in-state and interstate placements.
- Develop a child profile that describes the child needing placement to be available for prospective adoptive families.
- Conduct or arrange for a Pre-Placement Assessment (PPA) or a PPA Addendum based on the potential adoptive family's status
- Register all children who are free for adoption and who are not in their identified adoptive home with the North Carolina Adoption Exchange (NC Kids), as well as regional and national adoption exchanges including electronic exchange systems, to facilitate matches between persons interested in adoption and the available children.
- When adoption is the secondary permanency plan for a child, the agency must search for an appropriate adoptive family.
- Your agency must have a plan for the ongoing recruitment of adoptive families for children.

Adoption workers have important questions they must ask when adoption is being considered as a permanency plan. Satisfactory answers to the following questions should be considered:

- Have all relative placement options been considered and eliminated?

- Have the child’s ethnic and cultural needs been considered and addressed?
- Has the best interest of the child been considered and documented?
- Are the parents willing to relinquish their rights, or is the agency ready to proceed with the termination of parental rights?
- Do legal grounds for termination of parental rights exist?
- Is the child already living with caregivers who are willing to adopt?
- How soon can the child be placed in an adoptive home?
- How long will the court process take?
- Who will help the child through the placement process?
- Has a pool of potential adoptive families been recruited, or is the agency willing to commit to child-specific recruitment?
- Have the child’s specific needs and strengths been thoroughly assessed and evaluated?
- Has an adoptive placement option that will be able to meet the child’s needs been identified?
- What is the child's relationship with siblings, and should they be placed together?

Children and youth should be asked for their recommendations regarding potential adoptive families, since they may know individuals or families with whom they are comfortable. Adoption by foster parents is often an appropriate plan, especially if the child has developed a close relationship with the foster family. Such a plan has the benefit of providing continuity for the child with a family that they already know without requiring an additional move. Foster families are encouraged to consider committing to the child permanently through adoption if reunification is not possible.

When making decisions about adoptive placements, we want to be sure we are looking out for the best interests of the child. When a child becomes legally free for adoption, your agency must give priority to the child’s placement provider who is willing and able to adopt the child unless there is documentation that it is not in the child’s best interest. If such a plan is not implemented, the agency must give priority to other relatives or like-kin who have been assessed and are determined to be an appropriate resource for the child. When adoption by a relative, like-kin, or foster parent is not an option, your agency should place the child in an approved adoptive home. There may be approved families waiting that may be appropriate for the child, or potential adoptive families may need to be recruited specifically for the child.

Adoption Considerations

☐Have all relative placement options been considered and eliminated?

☐Has the child's ethnic and cultural needs been considered and addressed?

☐Has the best interest of the child been considered and documented?

☐Are the parents willing to relinquish their rights, or is the agency ready to proceed with the termination of parental rights?

☐Do legal grounds for termination of parental rights exist?

☐Is the child already living with caretakers who are willing to adopt?

☐Has a pool of potential adoptive families been recruited?

☐How soon can the child be placed in an adoptive home?

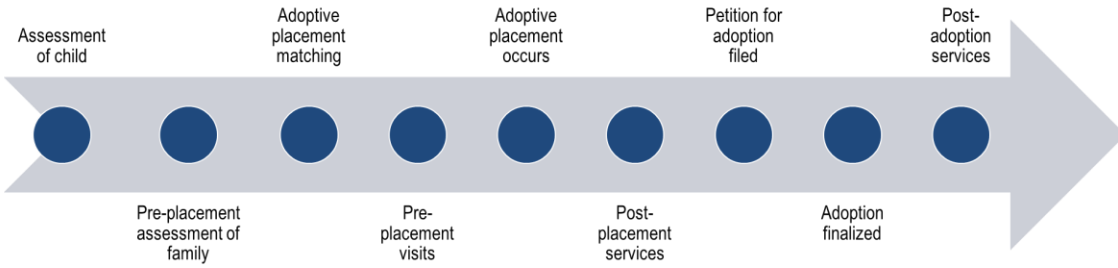
☐How long will the court process stake?

☐Who will help the child through the placement process?

☐Has the child's needs and strengths been thoroughly assessed and evaluated?

☐Has a placement option that will be able to meet the child's needs been identified?

☐What is the child's relationship with siblings, and should they be placed together?



- The adoption journey includes both legal procedures and emotional bonding. From the initial decision that adoption is in the child's best interest to the issuance of the Decree of Adoption, agencies must coordinate assessments, approvals, and court filings while supporting the child and family emotionally
- Agencies must conduct thorough pre-placement assessments of prospective adoptive families, provide written decisions within 30 days, and allow for review of unfavorable assessments. Matching committees, composed of key agency personnel, carefully align the child's needs with family strengths before initiating introductions and placement
- After placement, agencies must provide face-to-face visits and ongoing support. Post-adoption services—such as support groups, workshops, and referrals—are essential to help families navigate challenges and maintain stable placements, especially in cases involving trauma or special needs
- If a child is removed before finalization, it is called a disruption; after finalization, it is a dissolution. These events are emotionally traumatic and may result from family changes or unmet needs. Comprehensive post-placement and post-adoption services help prevent these outcomes by strengthening family bonds and addressing challenges early

Notes

Handout: Steps Through an Adoption

Achieving adoption finalization requires a great deal of work with the court. The adoption process is a complex mix of emotional and legal bonding that occurs between a child and a family. The following is a simplified description of what occurs from the time the decision is made that adoption is in the best interests of a child through the completion of the legal requirements for the adoption to be finalized.

- An assessment of the child is written and distributed through various means (letters, adoption fairs, adoption exchanges, etc.). The Internet is being used more and more extensively to share information about waiting children. New laws push this process along.
- Prospective adoptive families work with a social worker to complete a pre-placement assessment. Although the focus is on the placement of children, information about prospective adoptive families is critical in making the best possible connections between families and children.
  - The preplacement assessment must be developed with the prospective adoptive family and must be prepared and presented to the adoptive applicants for review.
  - The applicants must be provided in writing with notice of the agency's decision regarding approval or denial of approval for adoption within 30 days after the assessment is completed.
  - Your agency must have a procedure for allowing an individual who has received an unfavorable preplacement assessment to have the assessment reviewed by the agency.
- Adoption committees study the available information to match the strengths and needs of the child with the strengths and interests of the family. When a "match" seems right, the child and family are introduced to each other, first on paper and then in person. The team or committee must be composed of a minimum of three persons, including a person from the agency in a management position in children's services, the child's social worker, and the adoption worker.
- If the agency, family, and child agree to proceed with the adoptive placement, the child will begin pre-placement visits and then will be placed with the adoptive family.
- Post-placement services must be provided to the adoptive family. A face-to-face visit must be made within the first week of placement and then at least monthly with the child and the adoptive parents by the social worker.
- When the Petition for Adoption is filed, the court orders that a report on the adoptive family be completed. The report is completed by a social worker who visits with the family and observes the process of bonding. The social worker is also available to offer assistance when the growing pains are difficult and when special help is needed to maintain the adoptive placement.
- Legal notices of the adoption proceedings are sent to all "interested parties," who then are given a certain amount of time to respond.
- The report on the adoption is filed at the court, after which the court sets a hearing or disposition date. Most adoptions are finalized without a formal hearing.
- The decree of adoption is awarded.

- Post-adoption services must be made available after the Decree of Adoption has been issued. Post-adoption services are voluntary and are services provided to families after children have been adopted. These are services that offer support to families and can include referrals to resources, support groups for families and children, workshops, and even out-of-home placement if that becomes necessary. Post-adoption services can give a family the extra support that some families need to ensure the adoption remains intact.

Sometimes a family is not able to continue caring for a child, either because of changes in the family such as death or divorce, or because of the demanding needs of the child (financially or emotionally). When the child who has been placed with an adoptive family must be removed either before the Decree of Adoption has been issued, it is called a disruption. If the child must be removed after the Decree of Adoption has been issued, it is called dissolution. It is often an extremely emotional, traumatic event for everyone. Periodically, children are removed because of abuse or neglect allegations against an adoptive parent.

However, the availability of post-placement and post-adoption services can help to reduce the likelihood of adoption disruption and dissolution. Adoption support and post-placement and post-adoption services range from informal meetings or support groups among adoptive families to formal respite care programs or residential programs for adopted children and youth. These services care for adoptive families across the continuum, focusing efforts on preventing adoption issues through education and access to resources. Services will also help address the effects that separation, loss, and trauma can have on children and youth who have been adopted, help children and their families address special needs, and help family members strengthen their relationships and deepen their attachment and bonding.

Adoption Learning Lab

Activity: Adoption Self-Reflection

Adoption is a social, emotional, and legal process through which children who will not be raised by their own parents become full, permanent, and legal members of another family. As such, adoption involves the rights of three distinct triad members: the child's parents, the child, and the adoptive parents. Adoption is also a lifelong process. Ethical and sensitive adoption issues change over time as children who were adopted become adults and may choose to claim their right to know their genetic and historical identity. It is imperative that caseworkers working in adoption act ethically and are aware of their own biases to ensure the rights of all the involved parties at all points in the process.

Adoption caseworkers will consider the difficult process of matching children with appropriate families and the value conflicts that can arise when making placement decisions. Often, we have personal biases about where children should be placed. Our bias may lead us to inadvertently limit possible permanent homes for children because we don't think they are appropriate. Think back to your bias self-assessment that you completed during the first week of training. During the self-assessment, you may have learned about biases that you hold that you were not aware of. Take a few moments to reflect on yourself about how your own bias may impact decisions you make related to adoption placement. Think about some of these biases that you hold and identify strategies you can implement as you make adoption matches and placements throughout your practice.

Identify and acknowledge situations and circumstances that might trigger your bias.

How might your own bias impact decisions you make related to adoption? Adoption matching? Adoptive placements?

What strategies can you use to address this bias?

The process of adoption has always carried with it some items of controversy. If you are not mindful of your own biases and prejudices, you may not make decisions based on the best interest of the child. It is important to identify and acknowledge situations and circumstances that might trigger our own biases and those of the public so that in addressing them, we can lessen their impact on our actions and decisions.

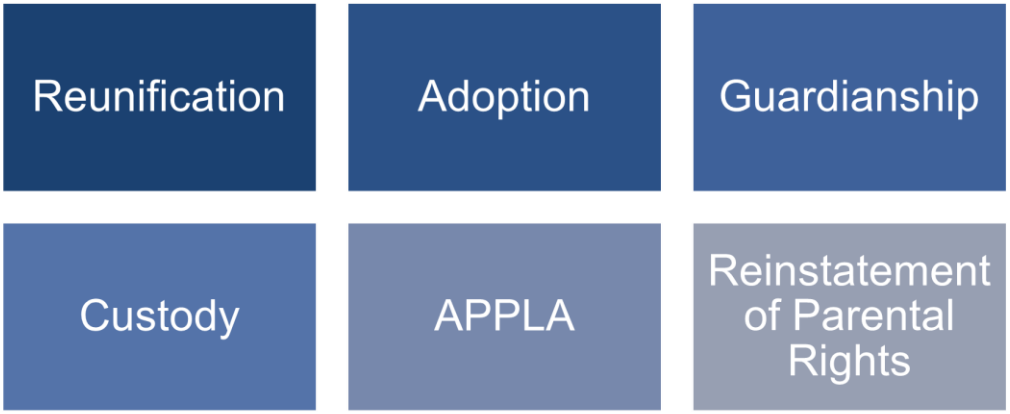
To ensure ethical practice around adoptive placements, the following principles should guide all adoptions:

- The primary focus in adoption should be the child's or youth's needs (rather than the needs of the adults or parents). All adoption decisions should be made based on the child's or youth's best interests over their entire life.
- In cases of foster care adoption, the rights of the birth parents (including fathers and non-custodial parents) should be protected as long as the safety of the child or youth is kept paramount.
- Before adoption is pursued, diligent efforts should be made to keep the child with their family. Diligent efforts to find relatives and like-kin, of both mothers and fathers, should be undertaken early in the process.
- The child to be adopted has a right to be consulted about the adoption. Agencies should provide children with services to prepare them for adoption.
- Team decision-making regarding adoption placement options should be used to help reduce the influence of personal bias in placement decisions.
- Every agency should make every effort to find an adoptive family for all children who do not have a permanent family resource, regardless of the child's age.
- The child has a right to maintain safe connections with important people, including siblings and other relatives, former foster parents, like-kin, and others, and places from their past.
- The adopted child has a right to information about their birth parents and history.

- Every child should be placed with a family that recognizes the preservation of the child’s ethnic and cultural traditions and connections as an inherent right.
- Adoptions that include racially and culturally diverse parents and children are common and can come with different challenges. This requires adoption professionals to be aware of their own cultural identity and be sensitive to the views, attitudes, beliefs, and practices of other cultures.
- Adoptive families have a right to complete, accurate, and written background information about the child, including history, past experiences, and special needs.
- There should be no exclusions of categories of adoptive parents based on age, race or ethnic background, gender, family size, marital status, health or disability status, or LGBTQIA+.
- Agencies must ensure that adoptive and birth families receive ongoing supportive services either by providing those services themselves or connecting families with other effective service providers. These services and supports must be provided in cases of disruption and dissolution.

Permanency and Permanency Planning, continued

What is Permanency?



- Permanency in child welfare refers to a legally secure, nurturing relationship with at least one committed adult, achieved through timely and goal-oriented planning
- Agencies must pursue permanent resolutions such as reunification, guardianship, adoption, APPLA, Custody, or Reinstatement of parental right with a commitment to never giving up on achieving permanency for any child

Notes

Guardianship or Legal Custody?

Activity: A Comparison of Guardianship and Custody.

Read the *Guardianship* and *Custody* handouts that follow this activity page. In your small group, complete the table below to compare guardianship and custody permanency options.

	Guardianship	Custody
Similarities		
Differences		

	Guardianship	Custody
Benefits		
Drawbacks		

Handout: Guardianship

Promotes preservation of family, community, and cultural ties

Used when relatives wish to provide a permanent home and maintain the child's relationships with their family without terminating parental rights

Guardianship provides permanence with relatives or foster families without severing the legal tie between the child and their parents. Guardianship is most frequently used when relative caregivers wish to provide a permanent home for the child and maintain the child's relationships with extended family members without a termination of parental rights, as is required for an adoption. Guardianship is a strategy and permanency option that can help caregivers, including relatives, financially provide for a child without going through an adoption process. This permanency option promotes the preservation of family, community, and cultural ties and potentially reduces racial disproportionality and disparities in child welfare.

When reunification efforts are determined to be contrary to the health, safety, or best interest of a child, your agency must first assess relative or kinship placements as a permanency option, including both maternal and paternal relatives. If the family is willing to provide a permanent home for the child but is not willing to adopt, then legal guardianship must be offered to the family as an alternative. However, guardianship may be awarded to a relative or any other person deemed suitable by the court. Persons other than relatives to consider include foster parents or adults who have a kinship bond with the child, even if they are not related by blood. Guardianship must only be considered when reunification and adoption are ruled out as permanency options. Prior to recommending guardianship be awarded to a specific person, your agency must assess the potential guardian by completing the Comprehensive Provider Assessment (DSS-5204), which we have reviewed previously.

Guardians will be given legal authority over the child in their home without going through the process of TPR and adoption. Guardianship is a legal process that gives decision-making power to a designated caregiver. By assuming guardianship of a child, adults can make decisions related to that child’s academic, health care, and personal needs. The legal authority of the guardian includes:

- The care, custody, and control of the juvenile
- The authority to arrange placement for the juvenile
- The right to represent the juvenile in legal actions before the court
- The right to consent to actions on the part of the juvenile including marriage, enlisting in the armed forces, and enrollment in school
- The right to consent to remedial, psychological, medical, or surgical treatment for the juvenile

When the primary or secondary permanency plan is guardianship, your agency must:

- Document diligent efforts to locate a suitable person who is willing to assume guardianship of the child
- Assess the suitability of the home for guardianship placement and make a recommendation of your findings
- Assist the prospective guardian through the court process and help them understand the responsibilities of guardianship
- Make the guardian aware of resources that may be available to the family should they later decide to adopt the child
- If the youth is between 14 and 17 years of age, inform the guardian of the youth's Guardianship Assistance eligibility and the program's requirements
- Remain available to provide follow-up services to the guardian on an as-needed basis for six months, to ensure the stability and health of the placement

The following forms must be completed prior to legal guardianship being awarded:

- Guardianship Assistance Checklist (DSS-1813)
- Guardianship Assistance Agreement (DSS-1810)

Both forms can be found in the Appendix of this workbook.

N.C.G.S. § 7B-600 states that guardianship assigns legal authority for the guardian to act on behalf of the child without further county child welfare services agency involvement, but with continued supervision of the court. The authority of the guardian continues until the court terminates the guardianship or until the child is 18 years of age or is emancipated by the court. A guardian may resign from the position of guardian, but their authority cannot be removed unless the guardian is determined by the court to be unfit. N.C.G.S. § 7B-600(c) If the court appoints an individual guardian of the person pursuant to this section, the court shall verify that the person being appointed as guardian of the juvenile understands the legal significance of the appointment and will have adequate resources to care appropriately for the juvenile. The fact that the prospective guardian has provided a stable placement for the juvenile for at least six consecutive months is evidence that the person has adequate resources.

Kinship Guardianship Assistance Program

The Kinship Guardianship Assistance Program, also called subsidized guardianship, allows children and youth to maintain their family and community connections when they can no longer live with their parents and adoption is not an appropriate permanent plan. The purpose of the Kinship Guardianship Assistance Program (KinGAP) is to provide financial support to the guardians for a child who is determined to be: (inform learners that this information is also in the Child Welfare Manual: Permanency Planning Services and they should follow along as you review these requirements)

- In a permanent family setting
- Eligible for legal guardianship, and
- Otherwise, unlikely to obtain permanency

Foster parents, relatives, and fictive-kin are eligible for KinGAP payments if they are committed to permanently caring for the child, and they have been licensed and receiving foster care maintenance payments for the child for at least 6 consecutive months.

For a child to be eligible for KinGAP, all of the following requirements must be met:

- The child has been removed from their home
- The court has determined that reunification and adoption are not appropriate permanency options for the child
- The child is eligible for foster care maintenance payments and has been placed in the licensed home of the prospective legal guardian for a minimum of 6 consecutive months
- The child is at least 14 years of age but not yet 18 years of age, or the child is not yet 14 years of age but is being placed in a legal guardianship arrangement with a sibling who meets the age requirement
- The child demonstrates a strong attachment to the prospective legal guardian and has been consulted regarding the guardianship arrangement
- The prospective legal guardian has a strong commitment to permanently care for the child
- The prospective legal guardian has entered into a guardianship assistance agreement with the county child welfare services agency who holds custody of the child prior to the order granting legal guardianship

When a child's permanent plan is guardianship and they are eligible for guardianship assistance payments, your agency must include in the Permanency Planning case plan a description of the following:

- The steps your agency has taken to determine that it is not appropriate for the child to be returned home or adopted
- The reasons for any separation of siblings during placement
- The reasons why a permanent placement with a fit and willing kinship provider through legal guardianship is in the child's best interest
- The ways in which the child meets the eligibility requirements for a guardianship assistance payment
- The efforts the agency has made to discuss adoption by the child's placement provider, and documentation of the reasons why adoption is not being pursued
- The efforts made by the agency to discuss with the child's parents the guardianship arrangement, or the reasons why the efforts were not made

If an agency is unsuccessful in locating a person willing to assume guardianship of a child within one year of the court ordering a plan of guardianship, the permanent plan must be changed unless the agency is able to justify to the court why the plan should remain "guardianship." Justification includes the agency's progress toward locating a suitable person willing to assume legal responsibility for the child.

Handout: Legal Custody

Not well defined in law

Responsibility for oversight of care, protection, education, and relationships

Same advantages, disadvantages as guardianship

Rights can be as extensive as a guardian, or more limited

Like guardianship, custody provides permanence with relatives or foster families without severing the legal tie between the child and their parents. Legal custody is not well defined in law; however, it typically implies responsibility for the oversight of a child's care, protection, education, and personal relationships. Custody has most of the same advantages and disadvantages as guardianship. However, a custodian's specific rights and responsibilities are defined by the court order rather than being fully defined in law. The rights of a custodian can be as extensive as those of a guardian, or more limited. Just as with guardianship, custody can be awarded to a relative or any other person deemed suitable by the court. Foster parents or adults with a kinship bond with the child, even if they are not related by blood, should be considered possible custodians. Legal custody implies responsibility for overseeing a child's care, protection, education, and personal relationships.

Legal custody is an acceptable permanency option, although it does not have the same level of security or permanency as adoption or guardianship. Custody can be challenged before the court and terminated at any time there is a change in circumstances, regardless of the fitness of the custodian. When the primary or secondary permanency plan is custody, your agency must:

- Demonstrate diligent efforts to locate a suitable person willing to assume custody of the child
- Inform the potential custodian about more permanent and legally secure options, including adoption and legal guardianship
- Assess the suitability of the home for custodial placement and make a recommendation of your findings
- Evaluate and discuss any potential conflicts the custodian may have with the child's parents

Your agency must assess the potential custodian by completing the Comprehensive Provider Assessment (DSS-5204) before recommending custody be awarded to a specific person. Legal custody can be reversed if the court finds the parent is willing and able to provide appropriate care for the child. You can find a copy of the Comprehensive Provider Assessment (DSS-5204) in the Appendix of this workbook.

If the agency is unsuccessful in locating a person willing to assume custody of the child within one year of the court ordering a primary permanent plan of custody, the permanent plan must be changed unless the agency can justify to the court why the plan should remain “custody.” Justification includes the agency’s progress toward locating a suitable person willing to assume legal responsibility for the child.

Debrief

How are guardianship and custody similar?

How do they differ?

Which offers children the most protection and permanency?

How might you explain the benefits and drawbacks of each permanency option to caregivers?

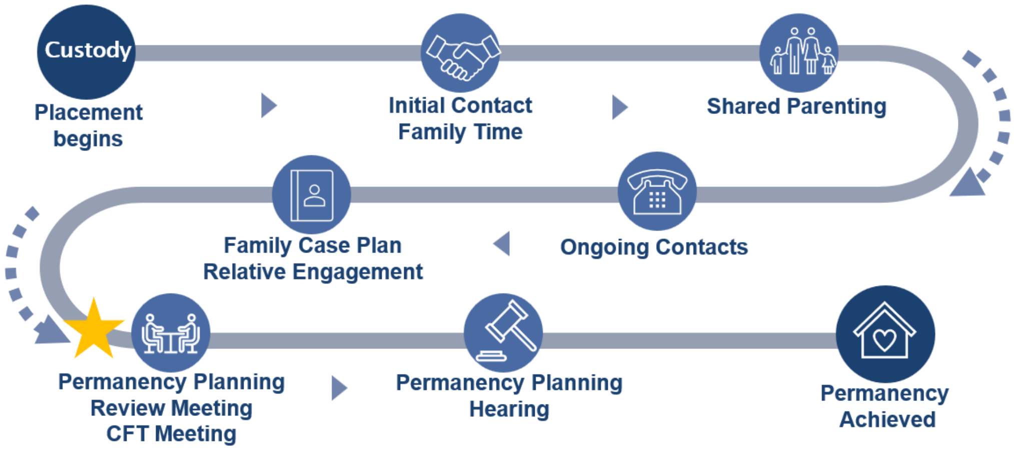
Another Planned Permanency Living Arrangement (APPLA)

- Services to ensure the child's ongoing safety and well-being needs are met
- Provision of LINKS services
- Access to resources for the youth
- Diligent efforts to help the youth establish strong support network with friends and relatives
- Ensure caregivers are using the Reasonable and Prudent Parent Standard
- Ongoing support for the caregiver to avoid placement disruption

- APPLA-Another Planned Permanent Living Arrangement is a permanent living arrangement for youth aged 16 or 17
- Discuss eligibility requirements to have APPLA as a permanency option
- APPLA must be initially approved by the court and the PPR/CFT prior to change in the permanency plan and reviewed by the court at least every 6 months
- Documentation and services requirements for youth who have a goal of APPLA
- APPLA can be a permanent plan only when other permanency options, including adoption, guardianship, and custody, have been determined to be inappropriate for the situation due to the youth's long-term needs
- N.C.G.S. § 7B-912(c) states if the court finds the juvenile is 16 or 17 years old, the county child welfare services agency has made diligent efforts to place the juvenile, however the court has found compelling reasons exist that it is not in the best interest of the juvenile to be placed permanently with a parent or relative in a guardianship or adoptive placement, and Another Planned Permanent Living Arrangement is the best permanency plan for the juvenile, the court shall approve APPLA, as defined by P.L. 113- 183, as the juvenile's primary permanent plan
- For youth 17 and older, the option of continuing in extended foster care through the Foster Care 18 to 21 program, as well as the eligibility requirements of the program, should be discussed with the youth.

Notes

Overview of Permanency Planning Services Process



- Within 60 days of placement, the initial Permanency Planning Review (PPR) meeting will occur and every 6 months a permanency planning hearing will be held
- The first hearing will be held within 90 days of the initial disposition and then every 6 months thereafter

Notes

Permanency Planning Hearings

Court Determinations

- Placement safe and appropriate
- Service needs addressed
- Family's compliance with the plan
- Progress to achieve goals
- Services to assist the child in successfully transitioning to adulthood
- Compliance with reasonable and prudent parent standard
- Reasonable efforts to achieve reunification

Timeframes

- Within 90 days from the date of the initial dispositional hearing
- At least every six months thereafter

- Permanency planning hearings are designed to ensure timely progress towards safety and permanence for children in out-of-home care
- Federal law requires a hearing within 12 months of entry into care and every 12 months thereafter
- In North Carolina, a hearing must occur within 90 days of the initial dispositional hearing and every six months thereafter
- There must be documented efforts to reunify the child or secure placement with a fit and willing relative, guardian, or adoptive parent
- The court evaluates and reviews the safety and appropriateness of placement along with the permanency plan, family compliance, progress made, and agency efforts to meet the child and family's needs
- Families should understand the process, roles, and what to expect during the hearing
- Model Court Reports (DSS-5310 and DSS-5311) or agency approved equivalents

Notes

Permanency Planning Review (PRR) Meetings

Purpose

- Review well-being and service needs
- Review the placement
- Document progress of the parents
- Review the most appropriate permanent plan
- Ensure permanency is achieved

Timeframes

- Within 60 days of placement
- Every 90 days thereafter
- When there is recommended change in the permanent plan outside of regular review schedule

- PPR's are non-adversarial meetings focused on reviewing the child's well-being, placement, family progress, and permanency planning
- Must be held within 60 days of placement, every 90 days thereafter, and whenever there's a recommended change in the permanent plan
- The meetings should include parents (unless rights are terminated), the child, placement provider, natural supports, community resource persons, GAL, and identified permanent placement resources
- Topics to be discussed during meeting: placement appropriateness, progress on tasks, service needs, application of the Reasonable and Prudent Parent Standard, and updates to permanency planning tools
- Use of PPR form (DSS-5241), Family Strengths and Needs Assessment, Family Reunification Assessment, and Permanency Planning case plan
- The Family Strengths and Needs Assessment tracks with the required scheduled PPR meetings. The assessment must also be completed within 30 days of any court hearing or review. The outcome of these assessment tools will help guide the direction of the Permanency Planning Review when a formal review of the child and family's situation is conducted. The completion of the reassessment tools will help to identify the issues that are preventing or supporting the child's return home

Notes

Planning for Permanency with the Family

- Encourage families to bring relatives, fictive-kin, and other supports to PPR meetings
- Always ask children who they want to have on their PPR team
- Make decisions with child and family voice at the forefront

- Family engagement is critical to permanency planning. It leads to better child welfare outcomes and helps guide the most beneficial permanency plan
- Parents, children, placement providers, relatives, and community supports (i.e., teacher, counselors, resource providers) should be invited and encouraged to participate
- Children should be consulted about who they want on their team and be empowered to share their wishes for their future
- Foster parents and other placement providers play a vital role in planning and decision-making and should be strongly encouraged to attend
- A PPR meeting should be used to discuss and strategize for concurrent planning options at various points throughout the life of the case

Notes

Handout: Planning for Permanency with the Family

During the permanency planning process, it is critical for child welfare workers to work closely with children, youth, and families. The Federal Child and Family Services Reviews, which look at child welfare in every State, found that engaging families in permanency planning and timely and quality worker visits were the two most important activities to impact child welfare outcomes, including permanency. Family input can help guide workers toward the most beneficial permanency plan for each child and ensure that children have a support network both during and after they leave out-of-home care.

Permanency planning for children is best done with the involvement of the child's parents and other family members. Family engagement involves all aspects of partnering with children and families deliberately to make well-informed decisions about safety, permanency, lifelong connections, and well-being. Family engagement is an intentional practice to ensure relationships develop.

One of the purposes of the Permanency Planning Review is to involve parents, relatives, the child, placement providers, community members, and community agencies in examining, assessing, and reviewing the placement of children to ensure a safe, permanent home for the child. It is critical that every one significant to the family is involved in planning for the child and the Permanency Planning Review is a model of that belief. Everyone has an opportunity to express ideas, needs, and concerns, including the child if they wish to be heard. During Permanency Planning Review meetings, parents should be encouraged to bring relatives, fictive-kin, or any other support person they would like to have present at the meeting. A broad definition of family should be used when considering who should be a part of the PPR. Decisions made at PPRs should be made with the child's and family's voices at the forefront.

Children should always be consulted as to whom they would like to have on their team. This is especially important if the child's parents are no longer attending the meetings. The child should have a voice at the meeting and should be encouraged to share their wishes for their future. The more agencies can empower children by including them in the decision-making process, the better those agencies serve them. One of the individuals selected by the child may be designated to be the child's advisor and, as necessary, advocate for the child. It is considered appropriate for the child to participate in a PPR meeting if the child is of sufficient age and maturity, and it is developmentally appropriate for the child to be present.

Foster parents and other placement providers have the most current and complete knowledge of the child's adjustment in foster care. They play a vital role in the planning and decision-making regarding the child's future. They should always be strongly encouraged to attend and participate fully in the Permanency Planning Family Services Agreement planning and review meetings.

Other important individuals to consider in the PPR meetings and as part of the team include:

- Community resource providers: By providing services to children and their families, community resource providers may have information essential to planning and decision-making.

- Teachers and guidance counselors: The child's teachers and/or guidance counselors should be included in this process.
- At least one resource person who has no direct service or case management responsibilities to the case strengthens case decision-making. Not only does this provide for additional input into the child's case, but an individual with no direct case responsibility is better able to view the "big picture" objectively and make recommendations from the broader community perspective. Community resource persons with no direct case management responsibility can include but are not limited to the following:
- Mental health representatives
- School representatives
- Healthcare providers or representatives
- Fatherhood initiative representatives
- Social services representatives, such as Work First or economic services workers

A PPR meeting should be used to discuss and strategize for concurrent planning options at various points throughout the life of the case. While primary plans must reflect reunification, early inclusion of family in understanding and planning for concurrent, long-term placement options can be an appropriate use of the PPR process. Families should be informed about and allowed to plan for all the options they feel can support permanence for their children.

PPR Teams are valuable tools for assessing the strengths and needs of families and children in the early phase of permanency planning. By involving the child's family, relatives, other kin, foster parents, community supports, and all the agencies involved with the child and family in an early assessment process, everyone involved can understand clearly the reasons for the child's removal. Everyone also can understand the issues that need to be resolved for reunification to occur or, if reunification is not the plan, the child's need for permanency. In engaging families in the permanency planning process, your agency will have a clear plan for permanence that is based on a shared decision-making process with the family.

Preparing the Child's Family

- Why remove?
- Reunify?
- Involvement in move
    - information
    - schedule
    - paper trail
    - supports
    - regret
    - planning
- Anger and frustration acknowledged
- Future possibilities

Preparing the Child

- Developmentally accurate
- Provide complete information
- Support over time
- Repetition
- Watch, listen, and analyze
- History

Preparing the Placement Provider

- Provide complete information
- Emphasize the connection between the child and their family
- Ensure access to the social worker
- Make them feel part of the team
- Give them a sense of the future

Preparing the Adoptive Caregiver

- Provide complete information
- Emphasize the connection between the child and their family
- Ensure access to the social worker
- Adoption issues over the lifecycle

Adapted from: Beeler, NG, Rycus, JS & Hughes, RC. (1988). Effects of abuse and neglect on child development: A training curriculum. Columbus, OH: Institute for Human Service

Video: Every Kid Needs a Family – Advice to My Younger Self

Visit: Every Kid Needs a Family

"You deserve to be loved; you deserve a family." That's the consensus of the young adults in this video who share words of encouragement and advice they wish someone had given them when they were much younger.

This short video from the Annie E. Casey Foundation highlights advice that young people who spent time in foster care wish they had known.

Notes

Engaging Youth in Permanency Planning

- Help youth understand family, belonging, and permanency
- Help youth explore permanency
- Encourage family connections
- Be honest and direct
- Recognize family loyalties may affect desires to pursue permanency
- Give youth a voice in permanency planning

You have an important role in ensuring that youth explore permanency options and understand the necessity of developing permanent connections for support and resilience as they near adulthood. Child welfare professionals need to help young people in transition fully explore and process what the different options may mean for them so they can make an informed decision—one that represents their best interests and sets them up for success. Discussions with youth about permanency should take place over time, with close youth engagement and input. The following strategies are all things you can use in your practice to help youth remain engaged in planning and achieving permanency.

What are some questions you would ask youth to help them understand what family, belonging, and permanency mean to them?

Help youth understand what family, belonging, and permanency mean

Youth who have grown up without the security of consistent family connections and positive peer supports may not fully recognize the necessity of such relationships. You can help ensure they are aware of the benefits and opportunities that come from connectedness and help them recognize and tap into their existing supports, to build the family-like network essential for success. Existing supports may include including relatives, a former neighbor or foster parent, a coach, or a friend from their faith community. A sense of belonging provides the security and self-assuredness needed to achieve potential in life. Help the youth you work with understand the basic need to belong and the importance of having a support system to share life's inevitable ups and downs.

Ask youth, "What relationships are most important to you?" rather than "Do you have any relatives or friends you could live with?" This puts the emphasis on identifying connections rather than just placement or permanency options.

Help youth explore their permanency options: what they want and why

Child welfare professionals and other adults working with youth in foster care need to help them explore the many options for legal and relational permanency, as well as the feelings of fear, rejection, grief, loss, or abandonment that can create a reluctance to pursue permanency. Professionals working with youth should have ongoing conversations about permanency and the different permanency options. Youth should have an understanding of the basics of what permanency. It shouldn't be assumed that youth understand what permanency really is, what it can mean, or how it can serve them specifically. We should not assume that they know the questions to ask. We should be giving them all the information we have in developmentally-appropriate explanations and guidance. Prioritize the youth's desires and clearly define the pros and cons to each permanency option. Support youth as they investigate their options and ensure they establish connections with adults in their lives who can help them. While you may be motivated to pursue legal permanency, remember that relational permanency is just as important for the young people you work with. What's important is that youth develop and secure strong bonds with supportive adults that will last a lifetime. When you are establishing a permanency plan, it is important to make sure youth are involved, aware of their options, and given opportunities to express their opinions, as possible and appropriate.

Recognize that family loyalties may affect youths' desire to pursue permanency

Sometimes, you may work with a youth who is resistant and reluctant to explore their permanency options. They may even tell you they don't want to achieve permanency. Often, a reluctance to explore permanency options is due to a youth's fear of betraying family members. It's vital to help young people understand that legal or relational permanency doesn't mean replacing family members or cutting ties. Instead, permanency adds to the "family" of caring individuals who will support them throughout life and help them achieve their goals. You can support youth in navigating their questions, feelings, and conversations surrounding permanency and family loyalties. Convening child and family team meetings may help families work through complex issues.

Encourage birth family connections

Maintaining connections with the youth's family members is important for many young people seeking permanency and can help ensure the success of permanency efforts. This may help minimize feelings of grief and loss, the trauma associated with separation and help young people develop a stronger sense of identity. You can help the child's permanency resource understand the importance of these relationships and help them explore any resistance or fears they may have in helping youth maintain such connections. When needed, help youth seek counseling from qualified therapists to help process what has happened to them and learn how to improve their relationships, if desired. Because sibling relationships are critical to well-being, it can be traumatic when out-of-home care results in sibling separation. A young person’s fear of a broken relationship with siblings may influence their feelings about permanency. Helping youth explore their questions and thoughts about what permanency may mean for their sibling connections can help them to be more open to pursuing permanency.

Give youth a voice in permanency planning

As a caseworker, you are responsible for setting goals with youth during case planning. Helping youth identify the dreams that they aspire to reach should be a very active part of the case management process. Caseworkers, existing connections, such as relatives and mentors as well as adoptive parents, can help aid in in goal setting. We cannot achieve successful legal permanency without relational permanency. Intentionally explore the relationships youth already have by delivering services that allow youth opportunities to develop their existing relationships and actively listening to youth.

Be honest and direct with the youth you serve

Please don’t underestimate the importance of direct and authentic communication to build trust with youth and help them understand the reasons behind various permanency recommendations.

It’s important to remember that everyone’s story is unique, and you must know the youth you work with by listening to them and advocating for them. One of the most consistent messages from young people who exit the child welfare system is the importance of being heard and advocated for by adults in their lives. This includes helping youth identify what family means to them and considering permanency options that are in their best interests.

Permanency with Relatives

Adoption

Guardianship

Relational Permanency

- When a child cannot be reunified with their family, your agency must give priority to the child’s relatives or fictive-kin who have been assessed and are determined to be an appropriate resource for the child
- When kinship families adopt, they often have different needs and face different challenges than families who adopt children unrelated to them
- Guardianship provides permanence with relatives without severing the legal tie between the child and their parents
- As a caseworker, it is your responsibility to prepare the relative caregiver and the child’s parents for permanency
- Agencies and courts should work to ensure that every young person who leaves foster care has relational permanency: meaning they have various long-term relationships that help them feel loved and connected

Notes

Permanency for Special Populations

Children and youth of color	American Indian and Alaska Native children and youth
Children and youth with disabilities	Parents who are incarcerated

- You must approach every family with sensitivity to physical, emotional, social, or environmental factors that may make children more vulnerable to abuse and require complex and intentional planning for permanency.
- The term "special populations" refers to children and families who are at greater risk because of these factors, including
  - children and youth of color
  - American Indian and Alaska Native children and youth
  - children and youth with disabilities
  - and parents who are incarcerated
- You have an ethical and professional responsibility to recognize your own attitudes and prejudices regarding disability, race, religious beliefs, economic status, homelessness, marital status, and other highly charged beliefs. It is impossible to grow up without such beliefs.
- Failure to recognize your own perspective and bias can lead to inaccuracy in perception and, thus, to incorrect assessments and a delay in permanency.

Notes

Handout: Permanency for Special Populations

Permanency for children and youth of color

As we have discussed, research has shown that children and youth of color are disproportionately represented in out-of-home care. African-American and American Indian or Alaska Native children enter foster care at higher rates than other children, and research shows that permanency is often delayed for these children and families. The following strategies show promise in improving permanency and well-being outcomes for children of varying racial and ethnic backgrounds who are placed in out-of-home care.

Kinship care: We have talked in great detail about the preference and benefits to placing children with relative caregivers when removal from their home is necessary. In addition to a range of positive permanency and well-being outcomes, kinship placements can promote the preservation of family, community, and social ties. Placements with relatives can lead to improved placement stability and permanency. Valuing and pursuing kinship care arrangements promotes racial proportionality and is essential to ensuring permanency for children and youth and their communities. Therefore, it is critical for child welfare agencies to prioritize kinship placements and provide resources for kinship families.

Recruitment of resource families: When children cannot be placed with relatives and must be placed with non-relative foster families, it is ideal to secure homes that are reflective of, and responsive to, children's beliefs, values, heritage, traditions, language, religion, and background. Placing children in socially reflective and responsive homes may increase their feelings of belongingness, social connectedness, and ethnic-racial identity. In addition, the placement of children with a families of like ethnic or racial background is preferable because these families have historically demonstrated the ability to equip children with skills and strengths to combat the ill effects of racism. The Multi-Ethnic Placement Act of 1994 and the Interethnic Adoption Provisions of 1996 require agencies to pursue the diligent recruitment of resource families who reflect the racial and ethnic make-up of children awaiting homes. When recruiting resource families for American Indian or Alaska Native children, agencies must account for the preferences of the child's Tribe. ICWA requires that agencies seeking foster or pre-adoptive homes give preference to placements with the child's extended family or to homes licensed, approved, or otherwise specified by the Tribe.

Reunification: Promoting family reunification involves utilizing many of the same services needed for prevention: family strengthening, parent education, mental health, and substance use services for parents, treatment for domestic violence, and concrete supports such as housing and transportation. Targeting appropriate services for families of multiple racial and ethnic backgrounds involves selecting strengths-based and accessible providers with demonstrated family-centered responsiveness and coordinating with other demands on the family, such as employment and childcare. In addition, placement of children with fictive-kin or with foster families that are in or near the children's own neighborhoods may enable parents to visit more easily—a necessity for achieving reunification goals.

Adoption: When you are concurrent planning for a child, specifically planning for adoption or when reunification is not successful, you should utilize effective diligent recruitment strategies to locate adoptive homes for children of multiple racial and ethnic backgrounds. Children must be placed in pre-adoptive families that recognize the importance of preservation of the child's ethnic heritage as an inherent right. You should offer training and support to foster and adoptive families in this area to ensure that children have ongoing opportunities to develop an understanding and appreciation of their racial and familial identity.

There may also be times where children of one race or ethnic group are placed with adoptive parents of another race or ethnic group. This is considered a racially different adoption and is often referred to as a "transracial adoption" or "transcultural adoption." Transracial adoption forever changes families and requires a commitment to lifelong learning. Prior to placement and throughout the parenting journey, parents who have adopted a child of another raceor ethnic group must commit to deepening their own understanding of different races and ethnicities in order to support their child's exploration of their own identity. It is imperative that parents of transracial adoption help the children they adopt develop their racial identity by developing strategies and remaining diligent in their child's progress toward a positive and healthy identity. One strategy to help children develop their identity is to ensure they have as many opportunities as possible to interact with people of their same race and to develop a positive self-image. Children may be more likely to feel connected and comfortable when their circle of playmates, peers, and trusted adults includes people who look like them, and adoptive parents will learn about their child's community by being with other parents and adults who share their child's race or ethnicity. Adoptive parents to a child of another race, must consider what they can do differently to meet their child's needs and help them develop a healthy racial identity. They must develop comfortable ways to talk with their children in age-appropriate conversations about these differences. Such conversations may support their family's sense of unity. As a child welfare professional, you will need to support adoptive parents to build these skills and prepare them for their transracial adoption.

Permanency for children and youth with disabilities

Like other unique populations of children and families, children and youth with disabilities are overrepresented in the child welfare system and experience a higher rate of maltreatment compared with children without disabilities. Additionally, it is also more difficult to find resource families who are trained, prepared, and willing to parent children with disabilities who enter the child welfare system. To successfully find permanent homes for these children, child welfare professionals must understand the prevalence of this population in the system and be able to identify and implement appropriate services to support permanency planning. Similar to locating placement resources for this population of children, permanency for these children will be best achieved by specially selected foster families when they must be cared for outside of their own relatives or fictive-kin. For reunification to be successful, the child's family must be able to meet the child's specialized needs. They may need special training by health care professionals to manage their child's needs. It will be important for you to identify and connect the child's family to services and a support network that will be able to support the family post-permanency.

Parents who are incarcerated

Parents who are incarcerated face a unique set of challenges because they must work within and across both the child welfare and corrections systems. They may experience difficulties in meeting case plan requirements, such as regular visits with their children or completing court-mandated services. Even when reunification appears challenging due to the parent's length of incarceration, you are required to pursue reunification if there is no court order directing you otherwise. Social workers should engage incarcerated parents early and often, from the time of arrest until release. This first step is time intensive, but it is critical to the success of the overall case plan. It is important for you to work with personnel from other agencies and community organizations, as interagency collaboration often leads to more tailored services for children impacted by parental incarceration and may increase the likelihood of family reunification. You must make every reasonable effort to reunite children with their incarcerated parents, just as you would for any other case.

It may be difficult for incarcerated parents to attend and fully participate in case-planning meetings, dependency hearings, child and family team meetings, or other appointments. However, their attendance is important, as it allows them to contribute to the decision-making process for their child's case and shows court officials that they are actively involved in their child's lives. Incarcerated parents face multiple barriers to having regular contact with their children. Parent-child contact, whether through in-person visits, virtual visits, phone calls, or letter writing, is critical to helping maintain or strengthen parent-child relationships and shows the courts that parents are maintaining meaningful contact with their children, which can ultimately help prevent the termination of parental rights. Like nonincarcerated parents involved with the child welfare system, incarcerated parents often require a variety of services to assist them as they seek to reunify with their children. Obtaining services while incarcerated, however, may be difficult. Depending on the facility, programming can be limited and might not address the specific needs outlined in a parent's case plan. Incarceration affects parents' ability to take the necessary steps to successfully reunify with their children. It is important that you coordinate with case attorneys and corrections staff or parole officers to identify programs that can assist parents in meeting the case requirements for reunification and adjust service plans accordingly. Many facilities offer programs geared toward parenting, mental health, and substance use as well as vocational classes and leisure time aimed at developing prosocial behaviors. Caseworkers can contact correctional facilities staff directly to get written confirmation of a parent's compliance with the programs in his or her case plan.

Conclusion

Children and families within these unique populations are especially vulnerable, often facing a number of challenges to successfully achieving permanency. To achieve permanency, the case-planning process must navigate multiple, interrelated barriers to reunification. However, this does not preclude your agency from making reasonable efforts to achieve permanency, specifically reunification, for these children and families.

Video: Every Kid Needs a Family – A Message to Caseworkers

Visit: A Message to Caseworkers

Young people can have some pretty strong opinions, including about family. As this video shows, those who as teens might say family isn't important often change their minds when they become adults. The message from these young adults who grew up in foster care is unequivocal: Hang in there. Be gentle, but please push! When youth insist they don't need family, caseworkers can persevere and build or strengthen their family relationships. Caseworkers are a powerful influence. Use your influence to connect youth with their family.

Think about your own experience as a teen growing up, your experience as a worker now, and any experiences you may have working with teens as you answer these questions.

What about the video resonates with you?

Are the experiences described by these young people familiar to you? In what ways?

What can you do to connect more youth with family? What barriers do you experience?

What are common placement practices for teens in your location? What more could be done to make sure as many teens as possible are in family placements and are building permanent family relationships that will last a lifetime?

What steps can you take to ensure more teens in foster care have strong, lasting family relationships now and as adults?

What do you find to be effective in helping teens understand their need for family?

Key Takeaways

- Reunification, Guardianship, Custody, APPLA, RPR, and Adoption
- Concurrent planning
- Required to make reasonable efforts to prevent the removal of a child from their home and to safely reunify them
- Permanency planning hearings and Permanency Planning Review meetings
- Child and their family must be engaged in permanency planning
- Priority given to relatives or fictive-kin who is an appropriate resource for the child

Notes

Monitoring and Reassessment: Permanency Planning Case Plan

Activity: Monitoring and Reassessment with the Family

The formal reassessment of the family's Family Services Agreement will occur at the Permanency Planning Review meetings (PPR). The PPR is an opportunity to bring the family and their support together to engage and partner with one another, and to review and update the Permanency Planning Family Services Agreement.

Notes

Worksheet: Using Protective Factors as a Lens to Monitor Progress Toward Case Closure

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WORKSHEET: USING PROTECTIVE FACTORS AS A LENS TO MONITOR PROGRESS TOWARD CASE CLOSURE

Worker name ______________________________

Family name ______________________________

Date last updated ____________________

Just as we monitor other aspects of case progress, we also want to stay attuned to changes in the family's protective factors. In the end, as families transition out of their engagement with the child welfare system, we want to be able to demonstrate that:

- The family made progress on their own protective factors goals
- The family can reliably draw upon their protective factors in ways that help prevent a repeat of the issues that brought them in contact with the system
- The family has a plan in place for continuing to build their protective factors once they are no longer involved with the system

The chart below can be used in multiple ways, including:

- In early engagement with caregivers to discuss and agree on the type of growth in protective factors that could be used to indicate progress
- In family team meetings or other conversations with partners who are also supporting the family
- To help staff in documenting growth in family strengths for court reports and other case progress reports
- To support decisions about case closure

The form below includes possible indicators of family progress, with room for your notes.

Questions to ask	Indicators of change as framed by protective factors
Has caregiver functioning acceptably improved?	Strengthened Parental Resilience ☐ Improved problem solving skills ☐ Better able to cope with stress/does not allow stress to impact parenting ☐ Self-care strategies in place
	Social and Emotional Competence of Children ☐ Caregiver is emotionally responsive to the child(ren) ☐ Caregiver has created an environment in which the child(ren) demonstrates a sense of safety to express his/her emotions ☐ Caregiver separates emotions from actions ☐ Caregiver provokes age-appropriate social-emotional responses and encourages/reinforces social skills ☐ Caregiver creates opportunities for the child(ren) to explore and solve problems
	Other Indicators and Notes

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Questions to ask	Indicators of change as framed by protective factors
Has caregiver's willingness and ability to reach out to others in times of need changed?	Strengthened Parental Resilience ☐ Improved help-seeking behavior ☐ Receiving mental health or substance abuse services as needed Enhanced Social Connections ☐ Caregiver has supportive relationships ☐ Caregiver has a network he/she can turn to for help ☐ Caregiver has relationship-building skills Concrete Supports ☐ Caregiver is open to accessing and using services ☐ Caregiver has enhanced skills in accessing supports when needed Other Indicators and Notes
Does the caregiver have realistic expectations for the child(ren)?	Knowledge of Parenting and Child Development ☐ Caregiver is more confident in his/her parenting skills ☐ Caregiver has a new appreciation for his/her nurturing role ☐ Caregiver has developed a balance between parenting and self-care ☐ Caregiver better understands/encourages healthy development ☐ Caregiver better understands/employs age-appropriate responses to the child(ren)'s behaviors ☐ Child(ren) responds more positively to the caregiver's approach ☐ Caregiver is effectively linked to early childhood resources ☐ Caregiver is involved in the child(ren)'s early childhood activities ☐ Caregiver understands the child(ren)'s special needs and how best to meet those needs Social and Emotional Competence of Children ☐ Caregivers sets clear and age-appropriate expectations/limits ☐ Caregiver has created an environment in which the child(ren) can safely express his or her emotions ☐ Caregiver is emotionally responsive to the child(ren) Other Indicators and Notes

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Handout: Monitoring and Reassessment with the Family

Throughout permanency planning services, you should be engaging the family in the change process which will ultimately lead to safe case closure. This means families have the opportunity to reflect on their experience with your agency and ask questions as well as understand what to expect next in the process. Sufficient evaluation of family progress is critical to achieving permanency goals for children. The formal reassessment of the family's Family Services Agreement will occur at the Permanency Planning Review meetings (PPR). The PPR is an opportunity to bring the family and their support together to engage and partner with one another, and to review and update the Permanency Planning Family Services Agreement.

During your work with the family, you and the family will monitor progress on an ongoing basis. For each family served in Permanency Planning Services, a formal reassessment of the risk level, the family strengths and needs, and the family's progress toward achieving the objectives of the Family Services Agreement must be evaluated and documented. The child's safety is assessed on an ongoing basis, and this includes the child's safety in their parent's home, which must be continually assessed if reunification is the plan. The purpose of the reassessment is to review the objectives agreed on by you and the family and to evaluate progress. Evaluating family progress is a collaborative review and should include information from the child's parents, the child, placement providers, services providers, and others who may have relevant information to share. As a result of the reassessment, you and the family may decide that some objectives should be modified. In practice, the family's progress should be evaluated continually, and the Family Services Agreement adjusted accordingly. Families and their priorities, needs, and situations change throughout a family-centered intervention. Case planning and case management is a constantly changing, fluid, and evolving process. Because of this, safety and the family's progress in meeting the objectives of the Family Services Agreement must be continuously assessed.

Quality Contacts

Quality contacts are one of the primary methods used by social workers to evaluate family progress. Social workers are responsible for meaningful face-to-face contact as well as other forms of contact with the child, parents, and informal and formal service providers. Regular and consistent contact between you and the family is necessary to continue to build a working partnership and develop strong relationships focused on the safety and permanency of children. A quality visit with a parent consists of one-on-one contact in an environment conducive to open and honest conversation and the focus should be on issues pertinent to case planning, service delivery, and goal achievement. During this contact, you will assess what the parent is doing (or not doing) to meet their goals, such as the changes they are making and how they will impact the safety of the child. These conversations will aide you in gathering information to assess the family's progress toward achieving case goals and permanency. A quality visit with a child will include an assessment of the safety of the child with their parent. Observe the child and parent interaction and gather information from the child to help you assess the safety of the child.

Communication, Collaboration, and Information Gathering

You are also responsible for ongoing communication, collaboration, and information gathering with the family, team members involved, and the court to effectively evaluate family progress. If the Family Services Agreement is targeting the correct issues and casework practice reflects consistent efforts to engage the family and the family's team, there will be adequate information supporting the evaluation of family progress and conclusions reached. The evaluation will be sufficient to determine whether the outcomes of the Family Services Agreement remain appropriate or have been met and whether the strategies, services, and interventions are working effectively or not to achieve lasting child safety and permanency.

Protective Factors

Just as we monitor other aspects of case progress, we also want to stay attuned to changes in the family's protective factors. In the end, as families transition out of their engagement with the child welfare system, we want to be able to demonstrate that the family:

- Made progress on their own protective factors' goals
- Can reliably draw upon their protective factors in ways that help prevent a repeat of the issues that brought them in contact with the system
- Has a plan in place for continuing to build their protective factors once they are no longer involved with the system

There are a variety of questions you should consider when monitoring the family's progress, which includes:

- To what degree are the tasks being implemented? If they are not being well implemented, are the tasks still relevant? If so, what can be done to help with implementation? If not, how do they need to be changed? Are the services being utilized and are they the right services? Are the service providers focused on the objectives and goals?
- Are the objectives being accomplished? In what ways? Is more progress needed? Are the tasks still relevant to these objectives? Are other tasks needed to help achieve them?
- Are the goals being achieved? Are they still relevant? Do they need modification? If so, what would need to change or be added in terms of objectives and tasks?
- Are the issues still relevant? Are there new issues that have become apparent in the course of the family's involvement with child welfare? If so, are new or modified goals, objectives, or tasks needed? Are the specific safety threats and risks identified earlier being ameliorated? Are family needs being met?
- Are the strengths of the family being used? Has any new information surfaced that adds to the protective capacities and family strengths or questions that were identified? Are the protective capacities and strengths being used to help implement the service plan? Can something be done to improve this?
- What would be the next sign of success? Who has to do what, when, and how to achieve a goal?

When you are gathering information to assess the family's progress, pay attention to new information. Each contact you have with the family provides new information. Pay attention to how new information validates the plan or gives ideas about what to do or not to do. As you learn new information, don't assume that the family has been deliberately evasive. Families don't always know what kind of information you're looking for or what will be helpful. Some new information will be useful, and some may not be. To help you determine if the information is useful think about whether it provides you with better ideas for accomplishing goals. And remember to be flexible and willing to change your mind. It takes confidence in your ability and trust in your intuition and judgment to acknowledge mistakes and revise impressions.

Debrief

- Involve families in planning, reflection, and decision-making to support safe case closure
- Permanency Planning Review meetings are key opportunities to reassess the case plan and evaluate progress collaboratively
- Monitor progress continuously by assessing risk level, family strengths and needs, and child safety-especially in the parent's home if reunification is the goal
- Evaluate whether tasks, services, and goals are relevant, implemented and effective in addressing the family needs and safety threats
- Tools such as thermometers, scaling questions, and line graphs can help families see and understand their progress
- Maintain consistent communication with families, service providers, and the court to gather information and adjust plans as needed

Which of the progress illustrations did you find most useful? What made it feel useful to you?

What will you remember to do when working with families on your caseload?

Setbacks and Motivation

Video: What "Relapse is a Part of Recovery" Really Means

Visit: What "Relapse is a Part of Recovery" Really Means

We must remember that family members are often trying to overcome long-term patterns of behavior or addictions. It is not unusual for family members who are making progress to backslide or have a setback—to return to old, nonproductive behaviors. Good intentions and genuine motivation do not always lead to immediate, durable behavior change. The road to success is often strewn with obstacles. If family members don't display the behavior that puts them at risk, we may never have an opportunity to work on it effectively.

Handout: Analyzing a Setback

Setbacks can be an expected and normal part of change. However, we must continually monitor and evaluate the effect of the setback on the child's safety and the family's overall progress. Not all setbacks are negative. Each setback can be a "teachable moment," an opportunity for everyone to learn more about how to prevent the next one and make success more attainable. When there is a setback, it should be examined and analyzed carefully by the family and by yourself. The following questions will help with that analysis:

- What was different about this setback?
    - Any differences, large or small, should be noted so that the family can see that progress is being made.
- How did the family end the episode to avoid a true setback?
    - i.e., How did the parent manage to stop at only three drinks this time?
    - This information helps family members realize that they can exert some control over events.
- What was learned from the episode that can be used in the future?
- What made the situation better or worse?
- How can this experience be used to avoid a lapse next time?
- What does the family do between episodes to avoid a setback?
- How can these preventive activities or behaviors be increased?
- When is the family more vulnerable to setbacks?
    - Troubleshooting risky times or situations allows the family to pre-plan how to avoid a setback.
- Are there any larger system issues that cause a ripple effect?
    - How can these issues be addressed?

What question might you ask to understand what led to a parent's setback?

What difference will a strengths-based approach make to the conversation with a parent when they've had a setback?

How will you suspend judgment when a parent experiences a setback or lapse in recovery?

Handout: A Story of Progress

Dr. Carl Henley was a retired professor from the UNC-Chapel Hill School of Social Work. Several years ago, he suffered a rare spinal stroke, which left his left side paralyzed. Medical practitioners were not sure if he would ever regain the use of his left side again, but, from day one, Dr. Henley was convinced that he would recover. His progress has been slow but steady, and today he is not only walking but playing golf! We asked him what tips he had for staying motivated throughout his recovery, and these are his words of wisdom:

- Try not to have unrealistic expectations
- Burnout comes from trying to solve the entire problem at once
- Set small, realistic goals so you can enjoy some success along the way
- When progress is slow, people are inclined to give up and say, "What's the use?"
- Keep up with your successes and your "failures," so you know what you do well and where you can improve
- Celebrate your successes, however small
- Take time to entertain yourself and do things you enjoy
- Have a goal, something you are looking forward to, and reward yourself when you get there
- Don't be afraid to change what you're doing if it isn't working. Talk to someone about your frustrations
- Recognize that not everything you're going to do is going to be successful. Don't beat yourself up when things don't work out
- Remember the joke: How many social workers does it take to change a light bulb? Answer: One. But the light bulb must really WANT to change

These motivational tips can be applied personally and to the families you work with. Remember that your motivation will directly impact the motivation of the families you work with. In addition to teaching them motivational skills, set a good example by taking care of yourself along the way, celebrating your successes, and striving to improve your own practice.

What other techniques would you add to the list?

Which of them do you think will work the best with families?

Adapted from: Berg, 1. K. (1994). Family-based services: A solution-focused approach. New York: W. W. Norton & Company

Updating the Permanency Planning Family Services Agreement: Policy Requirements

- Family Strengths and Needs Assessment
- Family Risk Re-Assessment
- Family Reunification Assessment
- Update of the current progress toward goals and objectives
- Permanency Planning Review (PPR)

In Permanency Planning Services, the Family Services Agreement reviews are to be completed prior to each Permanency Planning Review meeting (PPR). At a minimum, reviews must be held:

- Within 30 days of placement
- Reviewed within 60 days of placement and updated as needed
- Updated every 90 days thereafter or when circumstances change

For children in DSS custody, required reassessment documentation includes the completion of the following forms:

- Family Strengths and Needs Assessment
- Family Risk Re-assessment (only under certain circumstances)
- Family Reunification Assessment (until the agency is relieved of reunification efforts)
- Update on the current progress toward the goals and objectives in the services agreement
- Documentation of the Permanency Planning Review meeting (PPR)

Notes

Key Takeaways

Parents are more likely to succeed when they are engaged in the change process

Quality contacts are used to evaluate family progress

Ongoing communication, collaboration, and information gathering

Protective factors

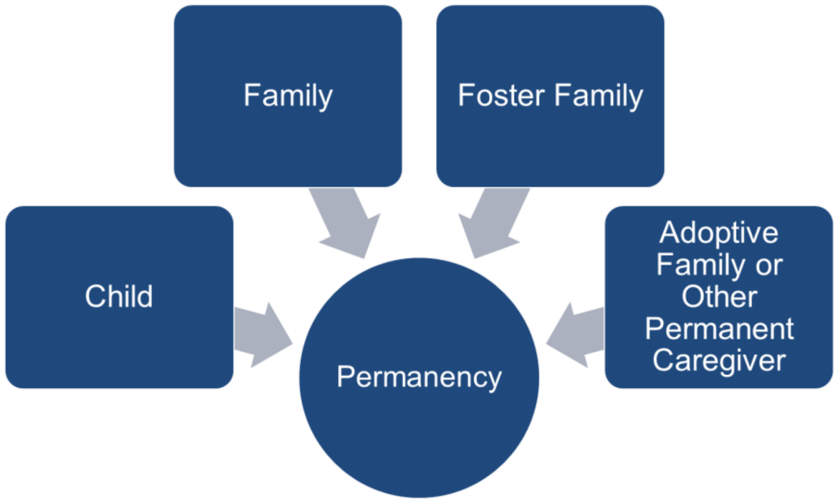
Setbacks are to be expected and are normal when changing behaviors

- Parents are more likely to succeed at making the changes needed for reunification when they are engaged in the case planning and change process
- Quality contacts are one of the primary methods used by caseworkers to evaluate family progress
- You are responsible for ongoing communication, collaboration, and information gathering with the family, team members involved, and the court to effectively evaluate family progress
- Just as we monitor other aspects of case progress, we also want to stay attuned to changes in the family's protective factors
- It is not unusual for family members who are making progress to backslide or have a setback—to return to old, non-productive behaviors. It is a normal part of behavior change and is considered a lapse

Notes

Achieving Permanency and Safe Case Closure

Preparing the Child and Family for Permanency



- Families and children need preparation, support, and time to process their experiences before case closure
- Help children understand and express their feelings about permanency and involve them in planning age-appropriate responsibilities
- Children may experience grief, anxiety, confusion and divided loyalties. These emotions must be validated and addressed
- Compliance with Rylan's Law/CPS Observation requirements
- Involve foster families in transition planning and provide emotional support
- Arrange transitional visits and share full children history with permanent caregivers

Notes

Handout: Preparing the Child and Family for Permanency

One of the most critical decisions a worker makes is reaching permanency and closing a case for services. Without accurate documentation of the services provided and the family's ability to make needed changes, accurate decisions about permanency and case closure cannot be made and children can be left unsafe. Just as there are appropriate steps in beginning work with a family that often lead to success or failure, there are equally important steps in achieving permanency and closing a case.

Children and families who are nearing permanency require preparation and support to help them understand past events in their lives and process feelings connected to their experiences of abuse and neglect, separation, and loss. New surroundings may challenge them and need to affirm their own identity and allow themselves to create new or different relationships with their birth families or other permanent families, as well as others. Achieving permanency is not just an outcome for children and families - it is a process.

Preparing the Child

County child welfare agencies must help prepare children for permanency, no matter the permanent plan being achieved. Whether a child has been in placement for a short or a long period of time, the move out of care is equally as significant as the move into care. The child may have conflicting feelings about the change in living arrangements. It is your responsibility to help the child express and understand these conflicting feelings and to move gradually toward making the change. You should plan with the child, age appropriately, about the kinds of responsibilities the child can take in getting ready for the move. Whether a child is being discharged from family foster care, relative placement, or institutional care, you should plan with the permanent resource for the move and prepare the child for the changes. Changes in living arrangements usually mean changes in relationships. If it is appropriate, the child may need to visit their former placement after discharge.

In helping prepare children for permanency, it is important that you make sure you understand how each child perceives their situation. How a child views the permanency process will likely be very different from how a professional views it. Prior to and during the transition to permanency, children may experience the following emotions or feelings:

- **Loss and grief**: Children who are placed in the child welfare system have complex histories of loss and unresolved grief. The loss of a parent—temporary or permanent—can have a profound impact on a child. In addition to the loss of their parents upon removal from the home, they also may experience the loss of siblings, friends, supportive adults, classmates, pets, familiar surroundings, social and ethnic connections, and more as they transition to permanency.
- **Uncertainty and confusion**: Many children are left to wonder about the circumstances that brought them into care, why their families may not be able to continue caring for them, and who will be there to take care of them and protect them. A child may experience anger, sadness, and even depression. Many children struggle with their changed role within the family system or sibling status when they are removed from their birth family. If children are not reunifying and

are instead moving into a different permanent family, they may continue to worry and think about their birth families. They may be confused if their own feelings about a permanent placement do not match others' expectations of how they should react. For example, adults in the child's life may expect them to feel happy or grateful to be joining a new family, but the child may still desire to live with their birth family or be grieving the loss of that family.

- **Anxiety**: Children may feel anxious about the transition to permanency. They may worry about the changes and different situations they will encounter when they return home or move into another permanent resource.
- **Divided loyalties**: Many children, particularly adolescents, have conflicting feelings about permanency, especially if they are being adopted. They may still have strong emotional ties to parents and siblings and may fantasize about or hold out hope for reconciliation even when legal ties have been terminated.

Social workers who understand a child’s experiences from the child's point-of-view will be better able to help them address past issues and explore the possibilities of new relationships. It is important to acknowledge the feelings the child is having, as minimizing them may result in additional unresolved grief.

Supporting Successful Older Youth Adoption

When children cannot be successfully reunified, they may reach permanency through other means, such as adoption. Preparation for adoption is important to ensure that children are connecting with potential adoptive families in a meaningful way at least a few times per week. Having consistent time to connect and get to know one another is necessary to evaluate whether the family is the right fit. There should be clear communication about transitions as children prepare for adoption. Transitions can be hard to for children and clear communication around the boundaries that both the family and the young person wants to set is important. In thinking about adoption, it is important to shift our mindset from “the family is adopting this child” to “they are adopting each other and blending and growing together.” Adopting one another also means that potential adoptive parents need to be committed to their own personal and internal work, to learn and grow and understand what they are bringing into this new relationship. It’s important to recognize that youth come with their own life experiences, their own trauma, their own relationships, and all that needs to be honored when you are blending that family. There needs to be an emphasis on the fact that young people don't need to sever all their attachments with their family and their social groups, traditions, religion, and their friends just because they're being adopted.

Older youth adoption is unique. Older youth are more conscious about the difficult things they have experienced in their lives, and as a result they have unique needs related to processing what they are feeling and experiencing. It’s important that we address those needs as part of preparing for permanency. From a developmental perspective, the teen years are unique, and we need to prepare families for how to deal with typical teenager behaviors in addition to the complexities that come with being in foster care. It may take more time for older youth to build a lasting relationship, compared to younger children. This is why we need to ensure that we're providing ongoing support for both the young person as well as the family.

Preparing the Family for Reunification

When preparing the family for reunification, your agency must request that visitation between the child and parents increase, including unsupervised and trial home visits. Your agency must also comply with the requirements of Rylan's Law/CPS Observation prior to recommending reunification occur. Your agency must provide the family with any important documents and other items about the child, including, but not limited to:

- Medical records
- Medications
- School records

When a child is placed in the home on a trial home visit, you must:

- Update the Family Assessment of Strengths and Needs within 30 days of recommending legal custody be returned to the parents
- The Family Risk Reassessment must be completed in place of the Family Reunification Assessment

Remember that the child and family have changed during the time of placement. Even over a matter of months, the child will have achieved developmental milestones, will have formed new relationships with foster parents, and may have new interests. Families will have adjusted their daily routines around the absence of the child. Parents may have learned new parenting skills that impact familiar family practices. During the planning process, the you should keep the child and family updated about the changes that are occurring. When placement providers are encouraged to work with the child's parents, both the child and the family can benefit from a significant increase in the amount of information shared. As the family moves toward reunification, you must be very sensitive to the fears of the family. They may be afraid they are not ready for the child's return and could lose their child again. Work with the family to ensure needed supports are in place. Family Preservation Services may be included during the trial home visit or as part of the aftercare plan to further stabilize the family. County child welfare agencies should aid with transitioning Medicaid and other services the child is receiving, when appropriate.

Preparing the Foster Family

It is important for the child's foster family to participate in planning for the child's permanency. The foster family plays a pivotal role in assisting in transitioning the child to their permanent living arrangement. The foster family will need support from you and recognition of the contributions they have made in the child's life. The foster family should be informed of why the county has reached a decision to move a child to a permanent placement. Such information and preparation will help the foster family come to an acceptance and understanding of these events, so they can help a child adjust to the move. If it is in the best interest of the child, a contact between the child and the foster family should be arranged by your agency after a child has moved to a more permanent placement.

You can support foster parents as they help prepare children for the transition to permanency by providing them with the following tips:

- Read books to the child related to permanency, such as adoption and families.
- Help the child recognize and manage their feelings.
- Provide relevant information to your agency and the child’s therapist, if applicable.
- Provide material to you to assist in keeping the child's lifebook current.
- Remind the child they will always care about the child and reinforce a positive self-image for the child.

It’s important that you are aware that foster parents may experience their own grief when a child leaves their home. To help reduce and resolve the grief foster parents may feel, ensure that foster parent training or other preparation includes information about what it may be like for them when a child leaves their home, allow the foster parents to participate in the child's transition to a permanent home, and provide support to them during and after the transition. This may also assist in retaining foster parents for future placements.

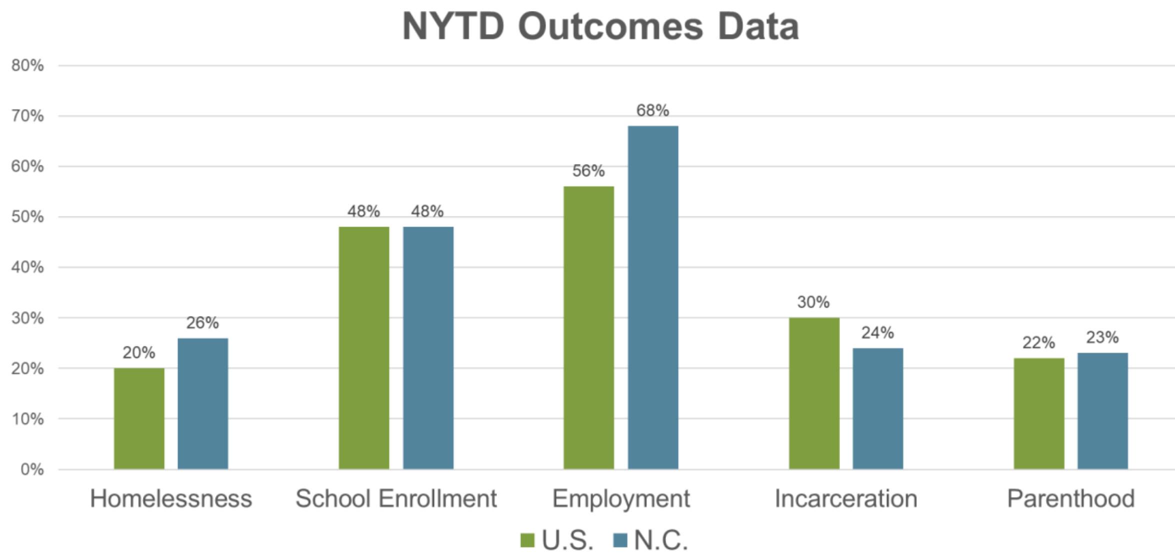
Preparing the Adoptive Family or Other Permanent Caregiver

When reunification is not possible, the child may reach permanency through adoption or other means. These permanency resources must also be prepared for permanency. If the adoptive family or other permanent caregiver has not lived with the child, you must arrange for a transitional period of visitation to help the child and family learn about each other. The adoptive family or other permanent caregiver must be provided with all information that is relevant to the child’s history, relationships, behaviors, health, interests, and educational needs. Non-identifying information about the child’s birth family must be provided to the adoptive family so the child will be able to know the reason for their adoption. The agency must make post-adoption services available to every adoptive family. These services must be provided to facilitate the integration of the child and family and to resolve problems they may encounter. The agency must provide regular and ongoing support, monitoring, and/or counseling of the family as appropriate. A referral to Family Preservation Services may be appropriate for post-adoption services.

Conclusion

Preparing children for permanent relationships should be a process that involves the child, their family, the foster family, relative caregivers, the permanency resource, your agency, and others who are important to the child. With the appropriate supports, children and families can heal from difficult life experiences, move toward resolution of past losses, and build readiness for relational and legal permanency. It is also important to remember that helping children transition to a new permanent family does not mean they must sever all ties with their past. Maintaining relationships can help children form positive identities and promote their well-being.

Transition to Adulthood



- Increased risk of negative outcomes for youth aging out of foster care who leave with limited connects or without the support of positive, caring adults.
- Counties must actively seek out young adults whose whereabouts are unknown and offer needed services.
- Assess barriers and strengths, involve in planning, and tailor services to support their goals.
- Education/Training Vouchers, LINKS Special Funds, transitional housing and access to county LINKS programs.
- Foster Care 18 to 21 Program allows youth to remain or re-enter care up to age 21 with agency support for independence and long-term success.
- Ensure youth 12 and older receive the DSS-1516 Foster Care Handbook and understand their rights.

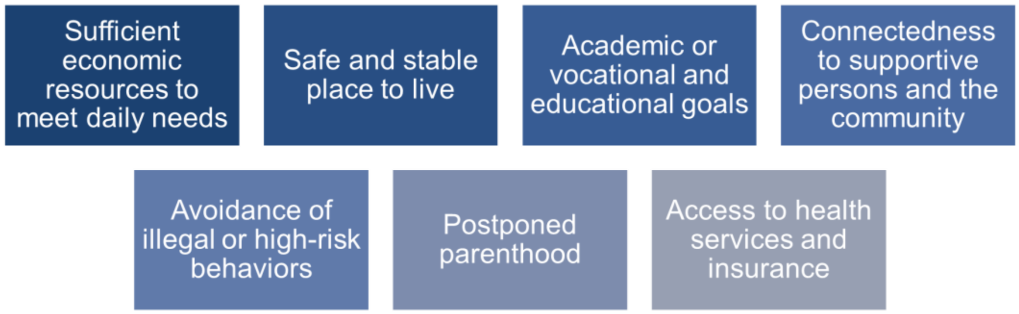
When you hear these statistics what sticks out to you the most?

What is the most concerning?

Think about the support you had as a young person transitioning to adulthood. How did that support help? What are some specific examples they did to support you?

What do you think your outcomes would have been without that support?

NC Links



- Active engagements support successful transitions to adulthood and long-term positive outcomes
- Focus on educational stability, independent living preparation, housing, and opportunities for typical adolescent experiences
- Treat youth as experts on their owns needs and support their right to self-determination
- The LINKS program and program staff work diligently to ensure youth achieve the following outcomes:
  - All youth leaving the foster care system shall have sufficient economic resources to meet their daily needs.
  - All youth leaving the foster care system shall have a safe and stable place to live.
  - All youth leaving the foster care system shall attain academic or vocational/educational goals that are in keeping with the youth’s abilities and interests.
  - All youth leaving the foster care system shall have a sense of connectedness to persons and community. This means that every youth, upon exiting foster care, should have a personal support network of at least 5 responsible adults who will remain supportive of the young adult over time.
  - All youth leaving the foster care system shall avoid illegal/high risk behaviors.
  - All youth leaving the foster care system shall postpone parenthood until financially established and emotionally mature.
  - All youth leaving the foster care system shall have access to physical and mental health services, as well as a means to pay for those services.

Notes

Preparing Children for Permanency Learning Lab

Activity: Preparing Children for Permanency

With your table group, brainstorm how you would prepare children for permanency and write some of the ideas on the post-it notes provided at your tables. When you are done brainstorming, place your post-its on the flip chart paper provided by the trainers.

During the debrief discussion, use this space to record shared ideas, specific techniques and things you can do to prepare children for permanency.

Self-Care Exercise

Activity: Mindfulness Activity- Body, Sound, Meditation

This activity is a guided mindfulness exercise. There is no wrong way to do this exercise. This exercise itself will last about three minutes and there will be a chime sound when it is over. When it has concluded you are free to go.

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

Pre-Service Training: Core Week 6 Day 2 Agenda

Child Welfare in North Carolina Pre-Service Training: Core

Welcome

Overview of CW Process Part 4: Permanency Planning Service, continued

Achieving Permanency and Safe Case Closure, continued

Key Factors Impacting Families and Engaging Communities

Partnering with Community Services to Support Families

BREAK

Addressing Biases and Assumptions Related to Domestic Violence, Substance Use, Child Sexual Abuse, and Human Trafficking

Engagement and Service Matching for Families Impacted by Substance Use Disorder

Engagement and Service Matching for Families Impacted by Domestic Violence

LUNCH

Engagement and Service Matching for Families Impacted by Domestic Violence, continued

Engagement and Service Matching for Families Impacted by Mental Health Concerns

BREAK

Engagement and Service Matching for Families Impacted by Sexual Abuse

Engagement and Service Matching for Families Impacted by Child Human Trafficking

Self-Reflection

Preservice Training: Core Week 6 Day 2 Learning Objectives

Day 2
Overview of CW Process Part 4: Permanency Planning Service, continued
• Describe the appropriate criteria for safe case closure. • Provide examples of ways to plan for and prepare children, families, and placement providers for permanency and safe case closure. • Explain the importance of supporting children and their families through case closure to ensure lasting safety, permanency, and well-being.
Key Factors Impacting Families and Engaging Communities
• Identify common truths and myths related to domestic violence, substance use, child sexual abuse, and human trafficking. • Identify own biases related to domestic violence, substance use, child sexual abuse, and human trafficking. • Explain how biases can negatively impact our work with children and families. • Identify strategies for building rapport with children and families impacted by substance use. • Explain the role of the child welfare worker in the screening and treatment referral process for children and families impacted by substance use. • Identify interventions that protect children from domestic violence while strengthening families and maintaining family continuity. • Explain techniques that engage families in the decision-making process and help to develop partnerships with community service providers and the courts. • Describe how to create effective Family Service Agreements and safety plans that build networks of support to help strengthen families and keep children safe. • Describe the most common mental health needs and diagnoses of children and parents in the child welfare system, and the impact mental health has on their physical and emotional well-being. • Identify resources and services for families dealing with mental health needs. • Define child sexual abuse. • Identify common characteristics, behaviors, and needs of children who have experienced child sexual abuse. • Explain common parenting needs that arise when a child has been sexually abused.

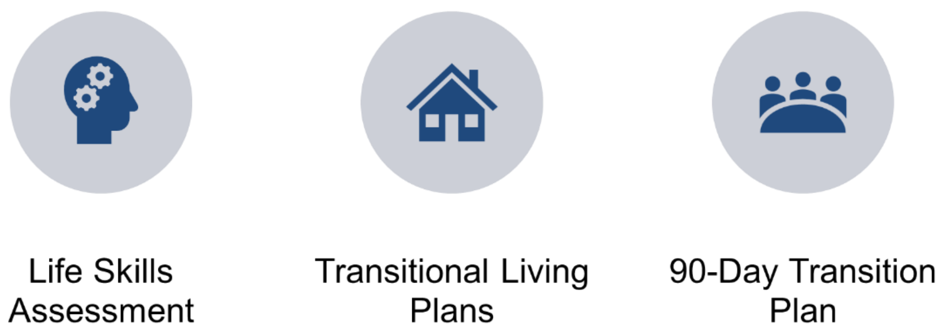
- Identify and link families to needed resources.
- Explain the different forms of child human trafficking.
- Identify common risk factors that may indicate or lead to child human trafficking.
- Identify the warning signs of child human trafficking.
- Identify potential needs and services related to child human trafficking.

Core Week 6 Day 2

Overview of CW Process Part 4: Permanency Planning Service, continued

Achieving Permanency and Safe Case Closure, continued

Successful Transition Planning



- Transition planning is a process. It should unfold over time with active youth engagement, not just a checklist of tasks
- Transition plans are mandated by legislation and must include specific provisions to support youth exiting care
- Life Skills Assessments are for youth ages 13-18 to identify strengths, skills gaps, and training needs, with the outcome of guiding teaching, leadership, and learning opportunities
- Transitional living plans are for youth ages 14-21 and are based on life assessment results to help address areas needing development before adulthood
- 90-day Transition plan should be completed within 90 days before the youth turns 18 with the purpose of extending the TLP to include post-care resources and plans

Notes

Video: Youth Perspectives

Visit: Youth Perspectives

What is one independent living skill discussed in this video?

What questions do you have about LINKS or Transitional Living Plans?

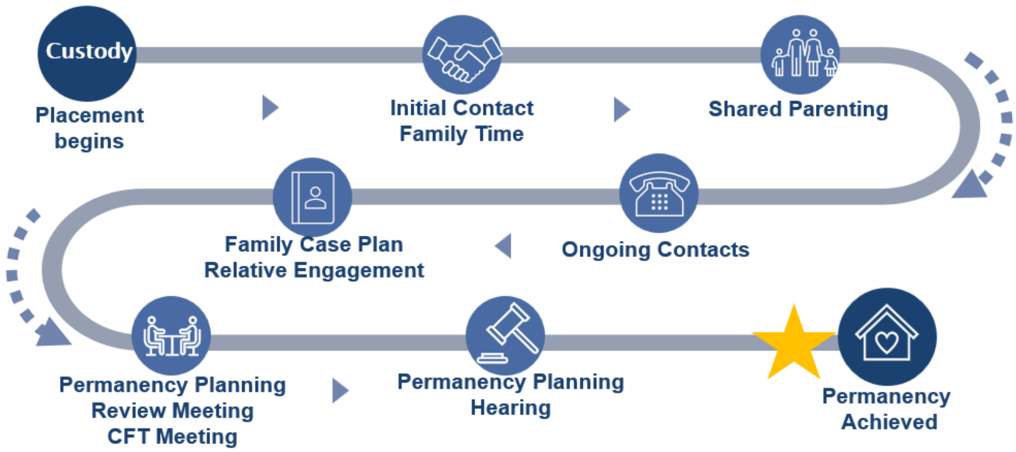
Achieving Lasting Permanency: Preventing Re-entry

- Define the nature of your relationship with the family early
- Proper assessment
- Supporting the family to use their own inherent strengths, supports, and resources
- Identify sources of natural support
- Management of separation and termination of casework relationship

- Nearly 20% of children in foster care have previously been in care. With each entry or reentry, there is an increase in trauma and the fracturing of families
- Goals of reunification include the lasting safety, stability, and well-being of the family and prevention of reentry into foster care.
- Risk factors for reentry (race, parent, economic, and foster care)
- Families may feel anxious or abandoned after agency involvement ends, as caseworkers are seen as trusted sources of support, even if families don't verbalize it
- Help families to identify their strengths and encourage them to build community-based supports

Notes

Overview of Permanency Planning Services Process



Achieving Permanency

- Remember that as families make progress toward reunification, it is important that child welfare agencies, courts, and other service providers work across disciplines to assess the family's strengths and needs to determine when it is safe and appropriate to return a child home
- Relational permanency is just as important as legal permanence

Notes

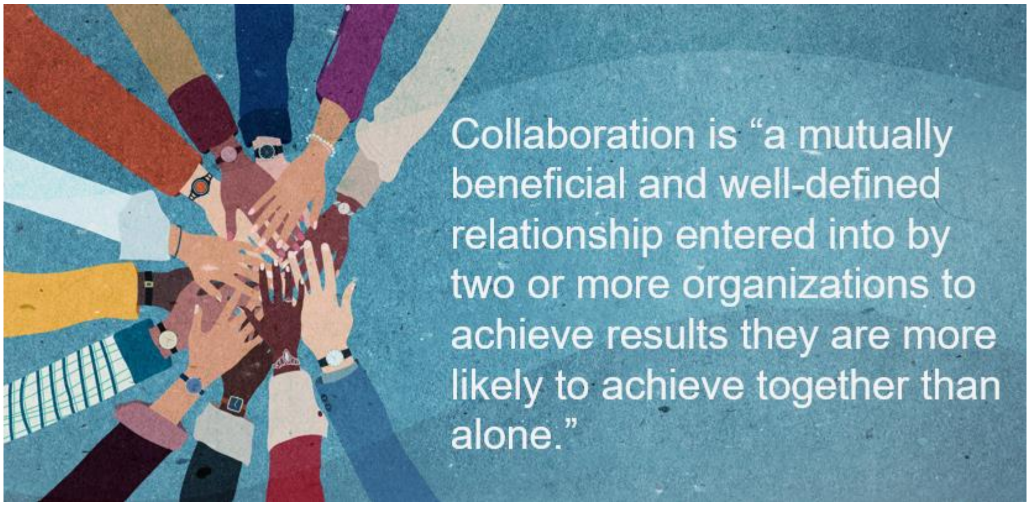
Key Takeaways

- One of the most important decisions: reaching permanency
- Children and families need preparation and support for permanency
- Youth who exit foster care without reaching permanency, have poor outcomes
- NC LINKS is the independent living program
- Transition planning is a process
- Preventing the need for children to reenter foster care is a key goal for child welfare

Notes

Key Factors Impacting Families and Engaging Communities

Partnering with Community Services to Support Families



- "It takes a village to raise a child" is especially true in child welfare
- Local DSS agencies cannot meet family needs alone; community support is essential
- Community partnerships can help to prevent child maltreatment, provide a network of support, offer individualized responses, and promote shared responsibility for child safety, permanency, and well-being

Notes

Activity: Identifying Community Partnerships

Committed, hard-working members are the foundation of a thriving community partnership. They should represent a diverse group of people from various agencies, organizations, and community groups, as well as individuals who are involved with populations similar to those being served or are concerned about related issues.

Brainstorm and identify who in your community or what agencies within your community would be beneficial to have strong partnerships with.

What are some of the benefits to the children and families you serve that you can imagine would occur as a result of these partnerships?

There are some very important partners we need to build and maintain relationships with: the families we serve, their support systems, and our out-of-home care providers (foster parents). Our older youth make great partners. Sharing their voice and their stories can help build a community of support.

Video: Building and Sustaining Community Partnerships

Visit: The Fostering Hope Initiative

Building and sustaining community partnerships is an ongoing challenge. Partnerships evolve and add/or remove members as the needs of child welfare, the community, or the target population change. The partnership should work to maintain the interest and the commitment of existing members, as well as to seek out, when necessary, new members who embrace the vision of the partnership. The partnership also should continuously work to obtain the resources necessary to carry out its activities and anticipate challenges that may arise. To sustain a community partnership, it is necessary to keep members interested and involved.

There are numerous ways to maintain high interest, including:

- Ensuring that the meetings are productive, brief, and focused
- Staying on track and continuing to work toward the goals outlined in the strategic plan
- Highlighting successes and milestones so that activities or programs or the demographics of the members can see progress and achievements
- Being flexible and willing to adapt to changes
- Asking members for their input on ways the partnership can improve

So, how do you do this on a case-by-case level? You begin by using your family-centered practice principles and the North Carolina Child Welfare Practice Standards of engaging, communicating, and planning. Just like with families, community partnerships require trust, mutual respect, and being open and honest. When community partnerships are established and nurtured it is hoped that families within the community will receive services before ever coming to the attention of child welfare, but in the cases that do come to the local DSS, those families' needs can be met locally. A strong service array requires both formal and informal service providers. You may find a retired teacher who can tutor, a neighbor who would like to be a mentor, a school that will start a parent support group, or a girls' empowerment club. It really is amazing what a community can come together and do!

In this video, we will hear about the Foster Home Initiative. This is a unique program that addresses family and child safety and well-being that was developed by the community it serves.

Notes

Addressing Biases and Assumptions Related to Domestic Violence, Substance Use, Child Sexual Abuse, and Human Trafficking

Review: What is Bias?

Systemic Bias	Implicit Bias	Explicit Bias
• The inherent tendency of a process to support a particular outcome • Also called institutional bias	• Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner	• Conscious beliefs and thoughts

- Systemic bias is embedded in the rules, policies, and practices of institutions and maintains barriers for marginalized groups
- Implicit bias is unconscious attitudes or stereotypes formed by prior experiences and influences decisions and behaviors without awareness
- Explicit biases are conscious beliefs and attitudes toward certain groups
- As a caseworker, you must recognize and address your own bias, use self-reflections and tools to uncover and reduce bias, and ensure fair, equitable treatment of families

Notes

Substance Use: Truths and Myths

1. Addiction only happens to a certain type of person.

   Truth ☐ Myth ☐

2. People who misuse substances need tough love.

   Truth ☐ Myth ☐

3. Severe Substance Use Disorder is a disease.

   Truth ☐ Myth ☐

4. People can quit using drugs and/or alcohol any time they want.

   Truth ☐ Myth ☐

5. Rehab can work the first time.

   Truth ☐ Myth ☐

Notes

Domestic Violence: Truths and Myths

1. Domestic violence is rare.

   Truth ☐ Myth ☐

2. Couple's counseling is part of domestic violence treatment.

   Truth ☐ Myth ☐

3. Victims grew up in violent homes and don't know any different.

   Truth ☐ Myth ☐

4. Most people who abuse their partners are not as well educated.

   Truth ☐ Myth ☐

5. Women can perpetrate intimate partner violence.

   Truth ☐ Myth ☐

Notes

Child Sexual Abuse: Truths and Myths

1. Most men who commit sexual offenses do not know their victims.

   Truth ☐ Myth ☐

2. Most child sexual abusers use physical force or threats to gain compliance from their victims.

   Truth ☐ Myth ☐

3. Most child sexual abusers find their victims by frequenting places like schoolyards and playgrounds.

   Truth ☐ Myth ☐

4. Child sexual abusers are only attracted to children and are not capable of appropriate sexual relationships.

   Truth ☐ Myth ☐

5. False reports of rape or child molestation are common, for many reasons.

   Truth ☐ Myth ☐

Notes

Human Trafficking: Truths and Myths

1. Human trafficking is the result of poverty and inequality.

   Truth ☐ Myth ☐

2. Ages sixteen to eighteen are the average ages for teens to become involved in sex trafficking.

   Truth ☐ Myth ☐

3. Often victims of human trafficking are kidnapped or abducted.

   Truth ☐ Myth ☐

4. North Carolina is ranked in the top 10 states for cases of human trafficking.

   Truth ☐ Myth ☐

5. Due to North Carolina's agricultural areas, labor trafficking is the most common form in the state.

   Truth ☐ Myth ☐

Notes

Activity: Self-Reflection – Who Can Change?

Place an X next to the person you believe is capable of change.

The person who is …

- ☐ homeless?
- ☐ diagnosed with a mental illness?
- ☐ misusing drugs?
- ☐ a domestic violence survivor?
- ☐ perpetrator of partner violence?
- ☐ perpetrator of child abuse?

Notes

Key Takeaways

- Bias can be systemic, explicit, and implicit.
- Caseworker bias can impact outcomes for families.
- Addiction, intimate partner violence, child sexual abuse, and human trafficking can happen to anybody.
- It is important in our work to believe people can change.
- Our work with families is a service. We are an intervention.

Notes

Engagement and Service Matching for Families Impacted by Substance Use Disorder

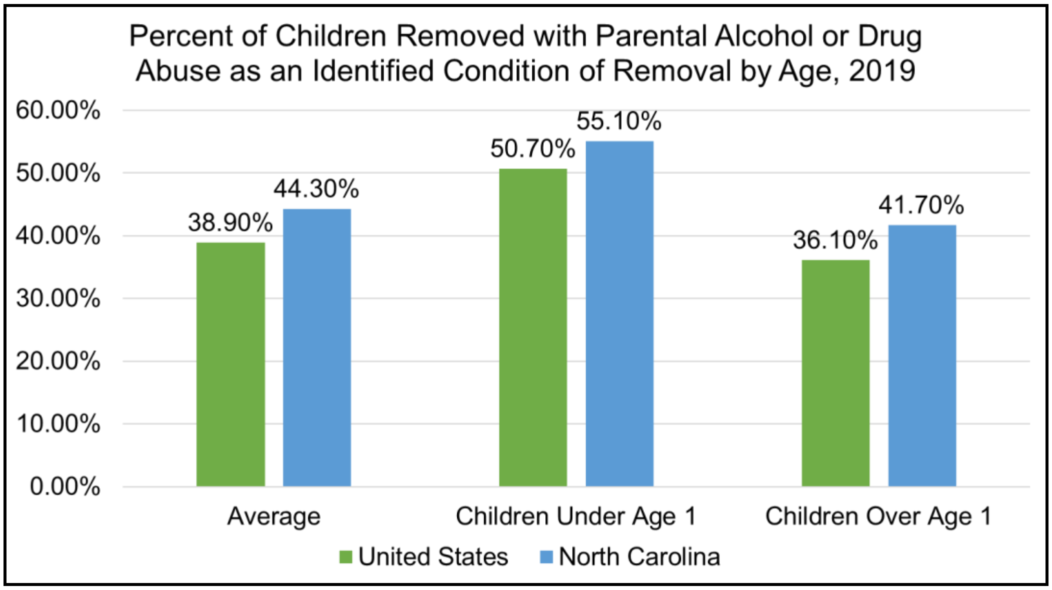
Definition of Substance Use

- The use of illegal drugs or the use of prescription or over-the-counter drugs, alcohol, or tobacco for purposes other than those for which they are meant to be used, or in excessive amounts.
- Substance misuse may lead to social, physical, emotional, and job-related problems.

- Substance use disorders affect every aspect of a family's functioning
- According to the American Public Health Association, substance use disorder is a public health challenge that includes the use of illegal drugs and inappropriate use of legal substances
- According to DSM-V, substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms where substance use continues despite problems
- Two of 11 DSM-V criteria must be met over a 12-month period to meet the diagnostic criteria for SUD
- Opioid use disorder has led to increased child welfare cases, and the families affected often face systemic challenges

Notes

Substance Abuse Statistics



- Parental substance use is a significant factor in the child welfare environment
- SUD can impair parenting capacity and lead to out-of-home placements
- National average of removals due to parental alcohol or drug use: 38.9%
- North Carolina average: 44.3% which is higher than the national average

Notes

Video: Overdose Deaths Rise in North Carolina

Visit: Overdose Deaths Rise in North Carolina

In this short news clip, you will see a report by Queen City News that aired on March 22, 2022, about the rapid increase in drug overdose deaths in North Carolina in 2020 and the impact of the COVID-19 pandemic on substance misuse.

What are your initial reactions to the news clip?

How do you think this rapid increase impacts the children and families we work with?

How might this impact your work and the services you provide to families?

Commonly Used Substances in North Carolina

Marijuana	Cocaine	Heroin	Methamphetamine	Prescription Drugs
• Approximately 20,000 marijuana-related arrests a year statewide	• About 8,000 people a year admitted to drug treatment centers for cocaine use	• Often used after becoming addicted to more expensive legal prescription drugs	• Number of deaths associated with meth has risen sharply in recent years	• High frequency due to easy availability; expected to increase in coming years

- The top five commonly used substances in NC include:
  - Marijuana
  - Cocaine
  - Heroin
  - Methamphetamine
  - Prescription drugs
- These five substances represent approximately 90% of the causes for treatment admissions in NC
- Data shows that over 30% of opioid prescriptions written are misused in one form or another
- 70% of people struggling with substance misuse are currently holding a fully functioning job

Notes

Activity: Engaging Families Impacted by Substance Use Disorder

With your table group, brainstorm ways you are already practicing engaging families impacted by substance abuse disorder using a family-centered approach. Write your ideas on the post-it notes provided at your table. When you are done brainstorming, place your post-its on the flip chart paper provided by the trainers.

During the debrief discussion, use this space to record shared ideas, specific techniques and things you can do to practice engaging families using a family-centered approach.

Understanding Engagement of Families Affected by Substance Use Disorders

- Engage in conversation
- Provide active support in early recovery
- Link to peer or recovery support
- Support the children
- Provide warm hand-offs and maintain communication

- Family-centered practice views families as having the capacity to make informed decisions. Families affected by SUD may need additional support and tailored strategies
- Engage in supportive conversation that is non-judgmental, acknowledges shame and guilt parents may feel, and use open-ended questions to foster trust and dialogue
- Provide active support in early recovery by helping with appointment scheduling and identifying and addressing barriers
- Connect families to peer support specialists or recovery coaches
- Children are not responsible for their parents' substance use and personally connect families to services, ensuring clear communication

Notes

Handout: Understanding Engagement of Families Affected by Substance Use Disorders

Understanding Engagement of Families Affected by Substance Use Disorders – Child Welfare Practice Tips

National Center on Substance Abuse and Child Welfare

1 **Engage in conversation.** Parents may feel overwhelming shame and guilt about how their substance use affects their children. Engage the parent about observations or concerns using an approach that is supportive and not stigmatizing or judgmental. Use "person first" language and avoid using labeling terms such as "addict." Use a conversational approach with open-ended questions such as the following:

- "Tell me more about ..."
- "As part of our work with families, we ask all families about ..."
- "I'm noticing that ..."
- "How can I help you with ..."
- "I'm concerned about you because ..."

2 **Provide active support in early recovery.** Substance use disorders (SUDs) may affect cognitive functions (e.g., memory) and result in behavior that is often perceived as "resistant." Examples include lack of follow-through with services and missed appointments. Provide active support to help engage parents to attend SUD treatment, court, visitation, and parent strengthening programs. Help the parent make and keep appointments by marking their calendar/schedule and providing reminders and incentives. Identify barriers for making an appointment, such as competing service priorities or lack of transportation, and work together to formulate solutions.

3 **Link to peer or recovery support.** Recovery support services help people enter into and navigate systems of care, remove barriers to recovery, and stay engaged in the recovery process. Peer or recovery support roles are often held by persons in recovery from SUDs and with child welfare involvement, or by professionally trained recovery specialists. Refer to these types of programs to address barriers in engaging parents and to facilitate receipt of treatment services.

4 **Support the children.** Help children develop an understanding of SUDs that is supportive and nonjudgmental. Convey information about their parents' substance misuse in a way that defines the disorder, not the person, and is appropriate to the children's developmental stage and age. Child welfare workers can use these talking points to help guide supportive discussions:

- "Substance use disorders are a disease. Your parent is not a bad person. He/she has a disease. Parents may do things you don't understand when they drink too much or use drugs, but this doesn't mean that they don't love you."
- "You are not the reason your parent drinks or uses drugs. You did not cause this disease. You cannot stop your parent's drinking or drug use."
- "There are a lot of children in a similar situation. In fact, there are millions of children whose parents struggle with drugs or alcohol. Some are in your school. You are not alone."
- "Let's think of people who you might talk with about your concerns. You don't have to feel scared or ashamed or embarrassed. You can talk to your teacher, a close friend, or a trusted family member."

LEARN MORE

Provide warm hand-offs and maintain ongoing communication. A warm hand-off is a strategy to actively engage and link parents to treatment and other needed services. A warm hand-off reduces miscommunication and ensures that parents understand the process and have adequate information and support to engage in services. Warm hand-offs also involve following up with the parent and provider to ensure that the referral was successful. Follow-up communication with SUD providers during the child welfare case can also support parent engagement in the assessment, treatment, and recovery continuum of services.

5

TO LEARN MORE

The **National Center on Substance Abuse and Child Welfare** has many technical assistance resources including publications, webinars, and tools that child welfare workers, court professionals, and communities can use to better serve families affected by SUDs. These are available at: https://ncsacw.samhsa.gov

Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers helps child welfare workers understand SUDs and how to support and facilitate treatment and recovery. To access this guide, please visit: https://ncsacw.samhsa.gov/files/Understanding-Substance-Abuse.pdf

Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals is a self-paced and free tutorial that provides specific information about SUDs, engagement strategies, and the treatment and recovery process for families affected by SUDs. Continuing Education Units are available upon completion. To take the tutorial, go to: https://ncsacw.samhsa.gov/tutorials/tutorialDesc.aspx?id=27

The **Substance Abuse and Mental Health Services Administration** and the **National Institute on Drug Abuse** websites offer comprehensive information about treatment for SUDs. To learn more, visit:

https://www.samhsa.gov/treatment/substance-use-disorders

https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction

National Center on Substance Abuse and Child Welfare

Visit: https://ncsacw.samhsa.gov
Email: ncsacw@cffutures.org
Call: 1–866–493–2758

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Identifying Families Impacted by Substance Use: Screening and Assessment of Children

Screening	Assessment
• Information gathering • Identify the possibility of a substance use issue	• Comprehensive • More definitively determine if a substance use problem is present • Develop a plan to address substance us problem

- Two key components of identifying a family that may be impacted by substance use are screening and assessment
- Children in foster care are at significant risk for using substances, and children in or formerly in foster care have a higher rate of being diagnosed with Substance Use Disorder
- The American Academy of Child and Adolescent Psychiatry and the Child Welfare League of America recommend that all children be screened for substance use within 24 hours of being placed in out-of-home care
- Information that can and should be gathered during a screen includes short-term and long-term effects of substance use
- If the screening process produces a positive result, then the next step is to initiate a more thorough assessment process to determine the severity of the problem and the best course of action

Notes

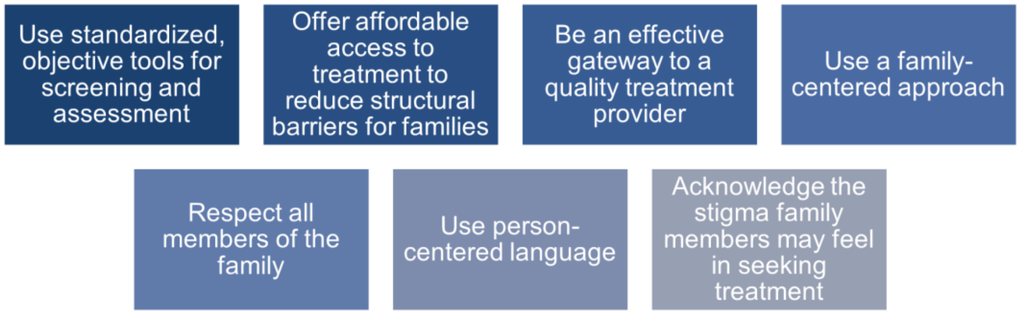
Screening and Assessment of Parents

- Random drug tests
- Self-reports
- Observations
- Comprehensive substance abuse assessment
- Child safety and risk assessment

- Substance use in parents is often an underlying cause or explanation for behaviors that put children at risk
- A thorough assessment of the parent is helpful in determining if alcohol or drug use is impairing a parent's judgment and ability to provide for a child
- Examples of assessments are: Random drug tests, self-reports, observations by treatment providers, caseworkers, or other professionals, A comprehensive substance abuse assessment, Child safety and risk assessments
- As a professional, your assessment of a parent should include observations of their physical state, including any sudden changes, asking questions to determine the parent's level of acknowledgement of their substance use, and evaluating for common signs of child neglect
- If a parent discloses, they are misusing drugs or alcohol, you should work with your supervisor to determine the best course of action, which may include: Requesting an on-demand drug test from the parent, Evaluating prior attempts at sobriety, if any, Evaluating duration of use, frequency, and type of substances used, Determining the parent's ability and willingness to participate in treatment

Notes

Supporting Families Impacted by Substance Use



- Substance Use Disorders affect the entire family – this is why we discussed the importance of using a family-centered approach
- There is a significant relationship between child maltreatment and adolescent delinquency, and the risk of a child developing a Substance Use Disorder
- For child welfare workers, it is crucial that procedures and policies for screening and assessment are followed to ensure a seamless transition to treatment, if necessary
- It is also important that you are able to recognize and address barriers to successful outcomes, such as poverty, unequal allocation of resources, racism, bias, and discrimination
- SAMHSA provides five signs of spotting a quality treatment provider: The provider is accredited by the State, The provider offers Medication Assisted Treatment (MAT) for recovery from alcohol and opioid use disorders, The provider uses evidence-based practices, The provider includes family members in the treatment process, as appropriate, The provider gives support and treatment beyond the Substance Use Disorder

Notes

Activity: Supporting Families Impacted by Substance Use

The purpose of this activity is to practice engaging a parent impacted by substance use in a non-judgmental, trauma-informed care manner.

Work with your partner to determine who will be the parent and who will be the caseworker in the role play.

- The caseworker will be informing the parent of their drug screen results, which indicate that the parent tested positive for amphetamines and methamphetamines.
- The parent may demonstrate ambivalence or react with denial at first, but then begins to respond to the caseworker who shows compassion and respect.

When time is up, you will be instructed to offer strength-based feedback and to then switch places and perform the role play again.

Notes

Peer and Community Support for Recovery

Substance use disorders can negatively affect a parent's ability to provide a stable, nurturing home and environment.

Families affected by parental substance misuse have a lower likelihood of successful reunification with their children.

The lack of coordination and collaboration between child welfare agencies, community partners, and substance misuse treatment providers, undermines the effectiveness of agencies' response to families.

- Child welfare workers, courts, substance use disorder treatment providers, and community partners need to work together to address parents' substance use disorders to prevent removal and provide services to support safety, permanency, and well-being
- The process of engaging and retaining parents with substance use disorders in screening and assessment, treatment, and in moving from treatment to lifelong recovery is multifaceted and complex
- One great resource for professionals is the Child Welfare Training Toolkit developed by the National Center on Substance Abuse and Child Welfare (NCSACW)
- It is important for agencies and community members to work together because children and families served by one human services system – such as child welfare, substance abuse treatment, education, family court, or juvenile justice – are often served by another as well
- Coordinating services to be consistent is crucial to improving outcomes for children and families

Notes

Key Takeaways

- SUD affects every aspect of a family's functioning
- Marijuana, Cocaine, Heroin, Methamphetamine, and Prescription Drugs
- Understanding engagement of families affected by SUD is crucial
- Screening and assessing for SUD
- Community support is necessary to prevent removal and provide services

Notes

Engagement and Service Matching for Families Impacted by Domestic Violence

Definitions of Domestic Violence and Family Violence

Domestic Violence

- The misuse of power by one individual to achieve and maintain control over another individual in an intimate family relationship

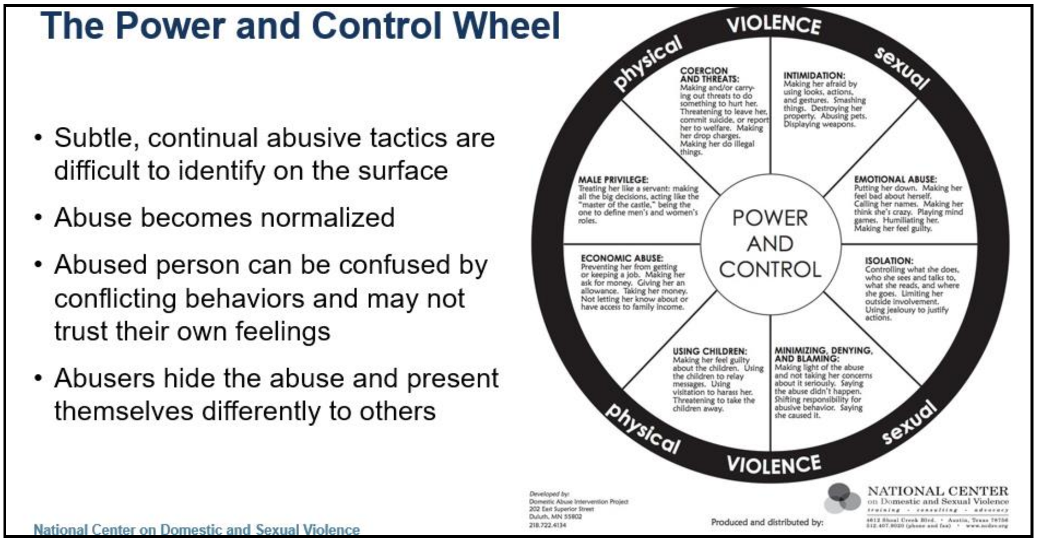
Behavioral Definition

- ”A pattern of assaultive and/or coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.”

- Since domestic violence and child maltreatment frequently co-occur, it is important to remind ourselves of how domestic violence is defined
- The presence of domestic violence in the home is a critical factor to be considered when assessing the safety of a child or determining the suitability of a placement for the child
- A clinical or behavioral definition is "a pattern of assaultive and/or coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners”
- Coercive behaviors, especially financial restriction, often prevent victims from leaving an abusive or violent relationship
- Family violence is considered to be any form of abuse, mistreatment, or neglect that a child or adult experiences from a family member, or from someone with whom they have an intimate relationship

Notes

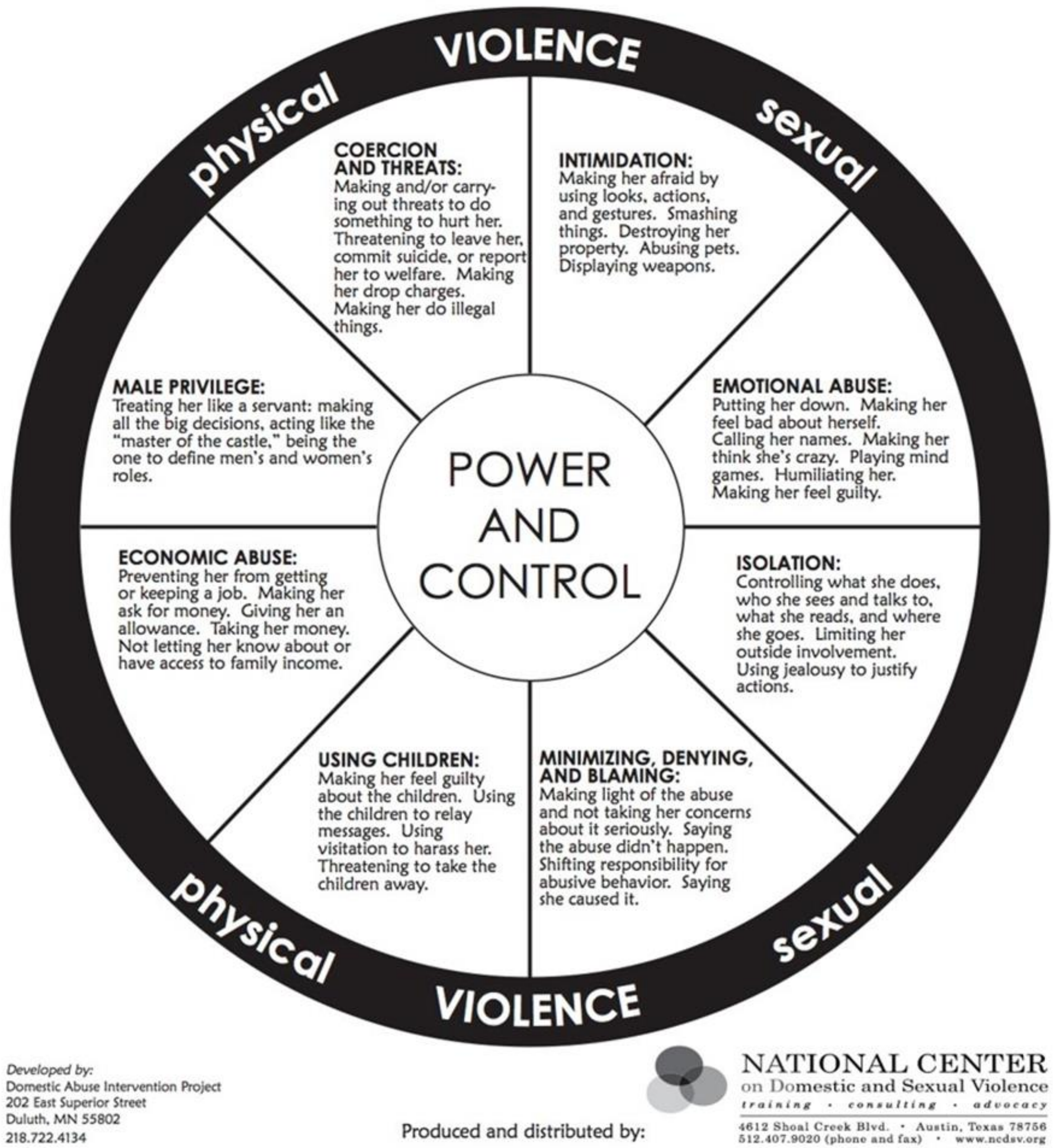
The Power and Control Wheel



- The Power and Control Wheel serves as a diagram of tactics that an abusive partner uses to keep their victims in a relationship
- The outer ring represents physical and sexual violence, while the inside of the wheel is made up of subtle, continual behaviors over time
- These eight abusive tactics on the inner ring are vital because they can be harder to spot on the surface
- Because emotional abuse, gaslighting, and isolation are such prevalent components on the inside of the wheel, it can become very difficult for an abused person to discern what is right or even what is real in their relationship
- The person being abused may feel confused that the same person who shows them love, attention, and care is also the person who causes a lot of pain

Notes

Handout: The Power and Control Wheel



Domestic Violence and Social Considerations

Society shapes:

- An individual's experience of violence and its effects on children and youth
- Whether perpetrators accept responsibility
- Whether services are equally accessible to all
- Individual responses within the systems and organizations in which we work

Social Considerations

- Does our staff represent the populations we serve?
- Do we ask families how we could better meet their unique needs and consistently incorporate their feedback into our practice?
- Do we understand the history that guides a particular community's perception of services? Have we taken steps to create plans that will meet the needs of individuals from that community?
- Do we have outreach strategies to reach under-served communities?
- Do we have a plan for accessing relevant language, deaf and hard of hearing interpreters?
- Do we avoid asking children to interpret our communications with their mothers?
- Do we consistently examine our shelter spaces, decorations, food, recreational and printed materials, and personal care items for social group and ethnic relevancy?

Notes

Domestic Violence in North Carolina

35.2% of NC women and 30.3% of NC men experience domestic violence in their lifetimes

In a single day in 2020, NC domestic violence programs served 1,152 survivors and their children

In a 24-hour survey period in 2020, local and state NC hotlines answered 540 calls, averaging more than 23 hotline calls every hour

In 2020 in NC, there were 91 intimate partner homicides

Between 2010 and 2016, NC had 745 domestic violence related homicides

As of December 31, 2020, NC submitted 2,158 misdemeanor domestic violence convictions and 355 active protective order records to the NICS Index.

The national coalition against domestic violence has published fact sheets for each state based on data reported by the respective states' department of public health and safety. Fact sheets can be accessed here: https://ncadv.org/state-by-state.

Notes

Respecting the Family's Structure

Relationship-Based
- The relationships we form are at the heart of our work.

Family-Centered
- Our mindset and actions embrace the whole family, as defined by each person for themselves.

Strengths-Oriented
- We believe in our potential to change and grow within the context of supportive relationships, and we see the strengths and resilience in each of us, including our ways of coping and surviving.

Trauma-Informed
- We understand how traumatic experiences affect us and what might be helpful in supporting our natural resilience and healing.

- The National Center on Domestic Violence, Trauma & Mental Health recommends a framework for our approach to engaging and supporting parents and families affected by domestic violence that is built on four core elements.

Notes

Elements of Engagement and Support

Relationship-Based

- Focus on the relationship and be emotionally present
- Listen attentively
- Tune into what is front and center for the person
- Ask yourself:
  - How task-focused am I?
  - How aware am I of the relational aspect of my role?

Family-Centered

- Focus daily practice on the parent-child relationship.
- Consider tasks and actions that support parent-child relationships and help foster the family's resilience.
- Provide individualized, flexible, and relevant services for families.
- Ask yourself:
  - How can I use this task to better support the parent-child relationship?

Notes

Strengths-Oriented

- Consider the individuals' own experiences, strengths and resources.
- Consider their capacity for adaptive coping, creativity and perseverance in the face of past and ongoing trauma.
- Affirm what is already working well within the parent-child relationship.
- Ask yourself:
  - Do I routinely observe parenting strengths?
  - Am I able to share my observations directly with parents?

Trauma-Informed

- Provide information about the potentially traumatic effects of domestic violence on children's ongoing, healthy development.
- Help parents build or rebuild stronger bonds with their children to foster their children's resilience and healing within a nurturing and responsive parent-child relationship.
- Develop awareness about the potential impact of our work on ourselves and seek organizational supports

Notes

Activity: Strategies for Engagement

Review the strategies listed for your group's assigned category. Work with your group to identify specific questions or statements that can be used when engaging with families and record them on the corresponding flip chart.

Tips for Engaging Survivors

1. Refrain from using blaming or judging language and sharing personal feelings or information with the survivor about the perpetrator.
2. Validate strengths, including any observed positive parenting or protective efforts.
3. Recognize that you may have reactions to learning about violence. It's important to avoid showing those reactions through body language or facial expressions.
4. Ask what actions worked in the past to keep the survivor and children safe and what supports their family and community can offer.
5. Ask questions to better understand the survivor's story, the context of her/his circumstances and decisions, and the survivor's hopes are the relationship with the perpetrator.
6. Ask open-ended questions about the abuse. Ask about controlling and possessive behaviors, name-calling, or verbal abuse before asking about physical abuse and threats.
7. Ask what would be helpful to the survivor and the children.
8. Ask about any experiences the children have had or changes the survivor has observed that may be a result of the abuse.
9. Be honest about confidentiality, the role of child welfare, and any benefits and limitations to sharing information about domestic violence with child welfare.
10. Be honest about the possibility or likelihood of removal without using it as a threat or to gain the compliance of the survivor.

Notes

Tips for Engaging Perpetrators

1. When safe to do so, engage with perpetrators and their support, including providers, regularly throughout the life of the case.
2. Observe perpetrators with their children, if they have access, and conduct home visits.
3. Attempt to learn about the perpetrator before initial engagement. Determine whether a history of threats or violence with child welfare, law enforcement, or community agencies exists.
4. Evaluate your own safety, realizing that not all perpetrators are dangerous to child welfare workers. If there is a safety concern, consult with your supervisor and develop a strategy for your safety.
5. Ask perpetrators about the type of parent they would like to be and what they are willing to do to be a safer person for their child(ren).
6. Be aware of a perpetrator’s attempts to manipulate by blaming the survivor and attempting to gain support for abusive behavior.
7. Never share personal information or personal feelings about the survivor with the perpetrator.
8. Engage in an intentional and focused way on the perpetrator’s behaviors and point out contradictions compared to their stated values.
9. Remember to engage perpetrators as parents. When appropriate, ask about their understanding of the children’s education, medical needs, routines, and personalities.
10. Ask the perpetrator to sign a case plan and refer back to the plan in all engagements to monitor behavioral change. Have a signed case plan or protective plan with perpetrators and use the plan throughout the life of the case to monitor and discuss the perpetrator’s behavioral changes.

Notes

Tips for Engaging Children

1. Ask a combination of direct questions and open-ended questions to give children multiple pathways to express themselves.
2. Remember that children may not respond in the way you would expect. Empower children to talk about what they've experienced but remember that children have a range of emotions about their parents and may have changing or unexpected ways in which they respond to talking about their families or domestic violence.
3. Ask the children how they feel in age-appropriate and developmentally appropriate ways. Ask verbally, using a feelings chart, art, or play-based strategies.
4. Ask children about what helps them feel safe and incorporate this information into a safety plan.
5. Assess whether children hold themselves responsible for intervening, or not, in the violence, and correct any misconceptions.
6. Remind children that domestic violence is never their fault.
7. Ask children about their hopes and worries for their family.
8. Never make promises that cannot be kept, including those about safety.
9. End each engagement with a child in a way that leaves the child with a sense of hope.

Notes

Handout: Tips on Engaging Families

Capacity Building
CENTER FOR STATES

Domestic Violence and the Child Welfare Professional:

Tips on Engaging Families

Tip Sheet #6

The Domestic Violence and the Child Welfare Professional series supports caseworkers in responding to families experiencing domestic violence and child maltreatment. The series includes six tip sheets that provide core practice considerations. This tip sheet—the final one of the series—offers suggestions for collaborating with families to open dialogue, develop trusted alliances, and promote better outcomes. The tips in this series are based on a compilation of research and promising practices.

Engagement: Strategies that Promote Positive Outcomes

Domestic violence literature supports, overall, a collaborative approach to overcoming barriers to engaging families (Carter, 2003; DeBoard-Lucas, Wasserman, Groves, & Bair-Merritt, 2013). Engagement requires empathy for perpetrators and survivors and an understanding of how to support children and youth to mitigate the impact of trauma (Child Welfare Information Gateway, 2014; Washington Department of Social and Health Services, 2010). Appropriate engagement techniques can strengthen the relationship between child welfare organizations and the families they serve. As engagement increases, so does the safety of survivors (Blumenfield, 2015).

While the tips reflect research and practice knowledge from the field, caseworkers are advised to follow agency policies and protocols and the guidance of their supervisors in conducting casework.

Tips for Engaging Survivors

1. Refrain from using blaming or judging language and sharing personal feelings or information with the survivor about the perpetrator.
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10. Be honest about the possibility or likelihood of removal without using it as a threat or to gain compliance of the survivor.

Tips for Engaging Perpetrators

1. When safe to do so, engage with perpetrators and their supports, including providers, regularly throughout the life of the case.
2. Observe perpetrators with their children, if they have access, and conduct home visits.
3. Attempt to learn about the perpetrator before initial engagement. Determine whether a history of threats or violence with child welfare, law enforcement, or community agencies exists.
4. Evaluate your own safety, realizing that not all perpetrators are dangerous to child welfare workers. If there is a safety concern, consult with your supervisor and develop a strategy for your safety.
5. Ask perpetrators about the type of parent they would like to be and what they are willing to do to be a safer person for their child(ren).

6. Be aware of a perpetrator's attempts to manipulate by blaming the survivor and attempting to gain support for abusive behavior.
7. Never share personal information or personal feelings about the survivor with the perpetrator.
8. Engage in an intentional and focused way on the perpetrator's behaviors, and point out contradictions compared to their stated values.
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Tips for Engaging Children

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2. Remember that children may not respond in the way you would expect. Empower children to talk about what they've experienced, but remember that children have a range of emotions about their parents and may have changing or unexpected ways in which they respond to talking about their families or the domestic violence.
3. Ask the children how they feel in age-appropriate and developmentally appropriate ways. Ask verbally, using a feelings chart, art, or play-based strategies.
4. Ask children about what helps them feel safe, and incorporate this information into a safety plan.
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Children's Bureau

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Ensuring Everyone's Safety

Handout: Ensuring Everyone's Safety

One of the dilemmas of working with families experiencing domestic violence and child maltreatment is how to keep children safe without penalizing the nonoffending parent. It is crucial to identify and use interventions that protect children from domestic violence while strengthening families and maintaining family continuity, including making safety plans to build support networks to strengthen families and keep children safe.

Interactions with non-offending parent or caretaker:

- The non-offending parent/adult victim must never be placed in danger by having to be interviewed, develop safety plans, or meet with the perpetrator of violence against them
- The Personalized Domestic Violence Safety Plan (DSS-5233) contains suggested steps that may be useful for county child welfare agencies in safety planning with the non-offending parent/adult victim and assisting in developing service agreements
- For the protection of the victim, the county child welfare services agency should make decisions on where and how domestic violence safety plans are maintained

Interactions with children:

- The children must not be interviewed in the presence of the alleged perpetrator of the domestic violence incident. It is appropriate to interview the children in the presence of the non-offending parent/adult victim as circumstances allow, and when the safety of the children is not compromised
- Information obtained from the non-offending parent/adult victim or child(ren) that may jeopardize their safety must not be shared, especially with the alleged perpetrator of domestic violence. Sharing information that may seem inconsequential— specifically, information about the non-offending/adult victim's whereabouts and/or schedule if they have left the home/relationship— can place the children and non-offending parent/adult victim in danger

Interactions with the alleged perpetrator:

- Focus on information from third-party reports, such as those from law enforcement, medical providers, or the Administrative Office of the Courts.
- Follow up on legal accountability and/or treatment and other service referrals for the alleged perpetrator of domestic violence
- Convey to the alleged perpetrator that, based on what happened, they will be required to take steps to stop the violence and ensure that the children are safe
- Avoid debates and arguments with the alleged perpetrator. This is crucial. The focus of CPS is not to convince the alleged perpetrator to admit violent behavior, but to discuss how to ensure the children's safety with them
- Set limits within the interaction with the alleged perpetrator and document the behaviors that make setting limits necessary and their capacity to respect those efforts

Creating Effective Service Plans

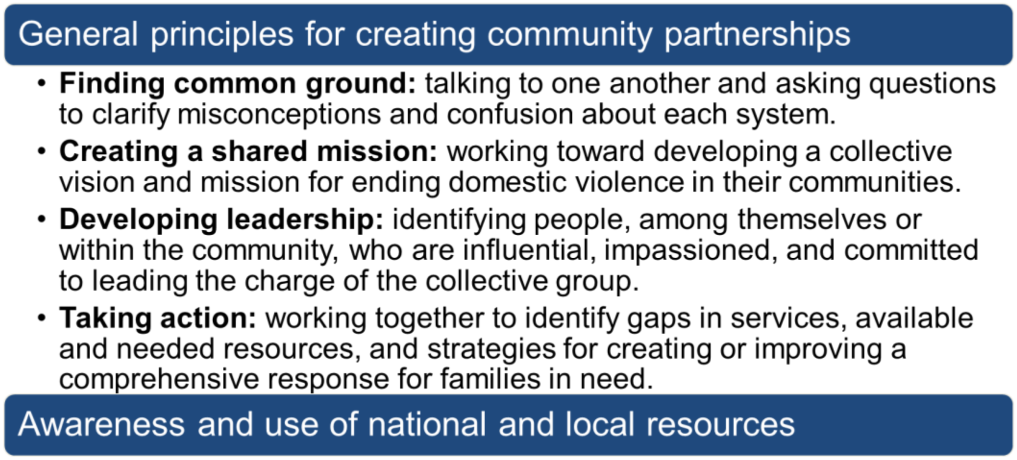
Develop and Monitor a Coordinated Services Plan

- Seek out and utilize the consultation of a domestic violence expert throughout the life of the case.
- Communicate with a domestic violence perpetrator's probation or parole officer regarding any current abuse.
- Reach out and make connections with school caseworkers and teachers to gain information about the children's day-to-day functioning.
- Work closely with Work First to create plans together. This is especially true when Work First may already be providing or can assist in referring a family for domestic violence services.

- North Carolina has three assessment tools (DSS-5235, DSS-5234, DSS-5237) containing scaled assessment questions that should be utilized to determine safety and risk factors
- The goal is to utilize these tools to help develop and monitor a coordinated services plan for every case with domestic violence
- Seek out and utilize the consultation of a domestic violence expert throughout the life of the case
- Reach out and make connections with school caseworkers and teachers to gain information about the child(ren)'s day-to-day functioning
- Work closely with Work First to create plans together

Notes

Cross-Collaboration of Services and Systems



- Domestic violence can have a devastating effect on the lives of the children and adult survivors
- Safety for children and adults affected by domestic violence can be significantly enhanced through collaborative partnerships and integrative practice approaches between caseworkers and various service providers
- Finding common ground – Partnership members need to talk to one another. Asking questions will clarify misconceptions and confusion about each system and help find similarities and areas of agreement related to the safety and well-being of families and individuals in their communities
- Creating a shared mission – Through informal or formal meetings, partners can work toward developing a collective vision and mission for ending domestic violence in their communities
- Taking action – Community partners must work together to identify gaps in services, available and needed resources, and strategies for creating or improving a comprehensive response for families in need

Notes

Handout: Domestic Violence Resources

Types	County	Agency	Telephone Number
Men	Alamance	Alamance County DV Prevention	336-570-4633
Men/Women	Brunswick	DV Offender Program	910-395-7838
Men/Women	Buncombe	ANEW-A New Way	828-552-3771
Men/Women	Cabarrus	Genesis…A New Beginning	704-720-7770
Men/Women	Caldwell	Stay Kalm	336-262-9054
Men/Women	Caswell	HOPE DVIP	336-631-1948
Men	Catawba	Family Guidance Center	828-322-1400
Men	Chatham	Partner Violence Intervention	919-245-3309
Men/Women	Cherokee	Meridan Behavioral Health	828-339-1520
Men/Women	Clay	Meridan Behavioral Health	828-339-1520
Men	Cleveland	IMPACT	704-999-6130
Men/Women	Cumberland	Resolve-DV Intervention Program	910-677-2528
Men/Women	Cumberland	Peace Project	910-829-9017
Men	Davidson	Lifeskills Counseling	336-224-0863
Men/Women	Davie	Alternatives	704-798-9460
Men/Women	Duplin	Insight DVIP	910-596-0931
Men/Women	Durham	True Care, Inc.	919-667-1554
Men	Durham	Partner Violence Intervention	919-245-3309
Men/Women	Forsyth	Cool Program	336-776-0322
Men/Women	Forsyth	HOPE DVIP	336-631-1948
Men/Women	Franklin	Choosing to Change	919-850-2105
Men	Gaston	IMPACT	980-721-7268
Men/Women	Granville	Higher Aspiration Behavioral Health	336-500-2403
Men	Greene	S.A.F.E. in Lenior	252-523-5573
Men/Women	Guilford	DVIP	336-387-6161
Men	Harnett	HALT	919-272-8791
Men/Women	Haywood	Meridan Behavioral Health	828-339-1520
Men	Henderson	Safelight, Inc.	828-693-3840
Men	Hoke	Hoke County Domestic Violence	910-875-5590
Men/Women	Iredell	Stay Kalm	336-262-9054
Men/Women	Iredell	AKOMA Program	980-446-0004
Men/Women	Jackson	Meridan Behavioral Health	828-339-1520
Men	Johnston	HALT	919-272-8791
Men	Lenoir	S.A.F.E. in Lenior	252-523-5573
Men	Lincoln	IMPACT	704-999-6130
Men/Women	Macon	Meridan Behavioral Health	828-339-1520

Men/Women	Mecklenburg	New Options for Violent Actions	704-336-4344
Men	Mecklenburg	IMPACT	980-721-7268
Men	Mecklenburg	Baitual Hemayah, Inc.	704-249-3790
Men	Montgomery	Rewire DVIP	980-354-4222
Men/Women	Nash	Choosing to Change	919-850-2105
Men/Women	New Hanover	Domestic Violence Offender Program	910-395-7838
Men/Women	Onslow	Domestic Violence Offender Program	910-395-7838
Men	Orange	Partner Violence Intervention	919-245-3309
Men/Women	Pender	Domestic Violence Offender Program	910-395-7838
Men/Women	Polk	Steps to Hope	828-894-2340
Men/Women	Randolph	New Horizon Treatment Center	336-628-4636
Men	Robeson	CHOICES	910-739-8622
Men	Rockingham	AMENDS Program	336-342-5238
Men/Women	Rockingham	HOPE DVIP	336-631-1948
Men/Women	Rowan	Alternatives	704-798-9460
Men/Women	Rowan	Genesis…A New Beginning	704-636-0838
Men	Rutherford	Preferred Choice Healthcare, Inc.	828-287-7806
Men/Women	Sampson	INSIGHT DVIP	910-596-0931
Men	Stanley	Rewire DVIP	980-354-4222
Men/Women	Stokes	HOPE DVIP	336-631-1948
Men/Women	Surry	Stay Kalm	336-262-9054
Men/Women	Swain	Meridan Behavioral Health	828-339-1520
Men/Women	Transylvania	DVIP of SAFE	828-885-7233
Men/Women	Union	STOP	704-282-5006
Men	Union	IMPACT	704-999-6130
Men/Women	Vance	Choosing to Change	919-850-2105
Men/Women	Wake	DOSE	919-821-0790
Men/Women	Wake	Choosing to Change	919-850-2105
Men/Women	Warren	Choosing to Change	919-850-2105
Men	Wayne	Wayne Uplife DVIP	919-735-4262
Men/Women	Wilkes	Stay Kalm	336-262-9054
Men/Women	Yadkin	HOPE DVIP	336-631-1948

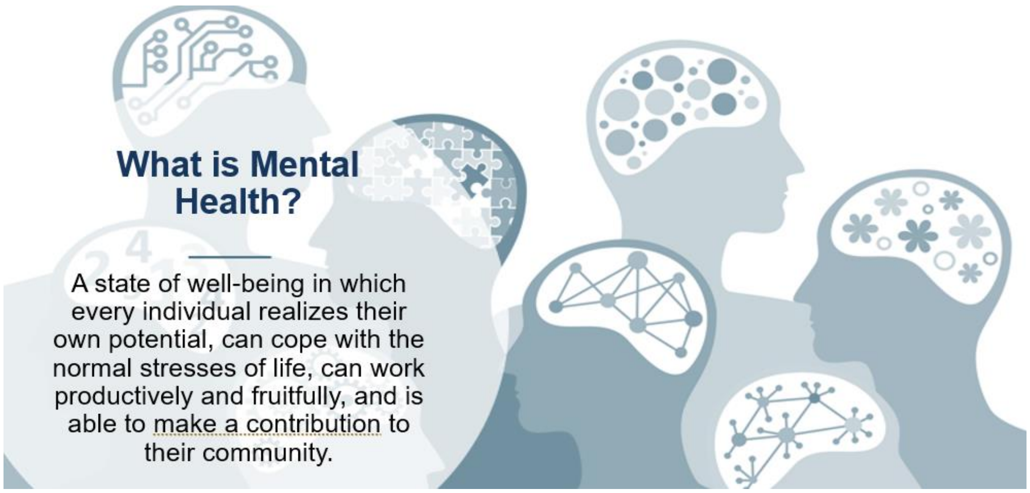
Key Takeaways

- Relationship-based, family-centered, strengths-oriented, and trauma-informed
- Importance of assessing for levels of dangerousness
- Develop and monitor a coordinated services plan for every case with domestic violence
- Cross-collaboration supports the development of shared principles, procedures, and treatment programs

Notes

Engagement and Service Matching for Families Impacted by Mental Health Concerns

What is Mental Health?



- The World Health Organization defines mental health as “a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community”
- Mental health includes our emotional, psychological, and social well-being
- It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices
- Mental health is important at every stage of life, from childhood and adolescence through adulthood
- Many factors contribute to mental health needs, including biological factors, such as genes or brain chemistry; life experiences, such as trauma or abuse; and family history of mental health problems

Notes

Common Parental Mental Health Needs in Child Welfare

- Depression
- Anxiety
- Post-Traumatic Stress Disorder (PTSD)
- Personality Disorders
- Serious Mental Health Diagnoses

Depression is a disorder of the brain. There are a variety of causes, including genetic, biological, environmental, and psychological factors. Depression can happen at any age. Depression is more than just a feeling of being sad or "blue" for a few days. More than 19 million teens and adults in the United States have depression, and the feelings do not go away. These feelings persist and interfere with everyday life.

Anxiety disorders are conditions where anxiety does not go away and can get worse over time. Anxiety is a feeling of fear, dread, and uneasiness. It might cause you to sweat, feel restless and tense, and have a rapid heartbeat. It can be a normal reaction to stress. For example, you might feel anxious when faced with a difficult problem at work, before taking a test, or before making an important decision. Anxiety can help you to cope by giving you a boost of energy or helping you focus. But for people with anxiety disorders, the fear is not temporary and can be overwhelming and affect their daily functioning. Panic disorders and phobias are sub-classifications within anxiety disorders.

Post-traumatic stress disorder (PTSD) is a condition that some people develop after they experience or see a traumatic event. The traumatic event may be life-threatening, such as combat, a natural disaster, a car accident, or sexual assault. But sometimes the event is not necessarily a dangerous one. For example, the sudden, unexpected death of a loved one can also cause PTSD. Researchers don't know why some people get PTSD and others don't. PTSD is usually diagnosed if symptoms occur longer than four weeks and interfere with daily living.

Personality disorders are a group of mental illnesses. They involve long-term patterns of thoughts and behaviors that are unhealthy and inflexible. The behaviors cause serious problems with relationships and work. People with personality disorders have trouble dealing with everyday stresses and problems. They often have stormy relationships with other people. Personality disorders can be difficult to treat. Examples of the most common personality disorders are: Borderline Personality, Anti-social Personality, and Obsessive-Compulsive Personality.

Serious Mental Health Diagnoses are the most difficult to treat. The most common serious mental health diagnosis for parents who encounter child welfare is Schizophrenia. It is a serious brain illness. People who are diagnosed with

Schizophrenia may hear voices that aren't there. They may think other people are trying to hurt them. Sometimes they don't make sense when they talk. This disorder makes it hard for them to keep a job or take care of themselves or others.

Notes

Common Mental Health Needs in Children and Youth

- Attention Deficit-Hyperactivity/Attention Deficit Disorders
- Anxiety and Depression
- Post-Traumatic Stress Disorder
- Attachment Disorders
- Oppositional Defiant Disorder
- Conduct Disorder
- Obsessive Compulsive Disorder

ADHD is one of the most common neurodevelopmental disorders of childhood. It is usually first diagnosed in childhood and often lasts into adulthood. Children with ADHD may have trouble paying attention and may act without thinking about what the result will be. In other words, being impulsive, or overly active. Children with ADHD do not just grow out of these behaviors. The symptoms continue, can be severe, and can cause difficulty at school, at home, or with friends.

While some fears and worries are typical in children, persistent or extreme forms of fear and sadness could be due to anxiety or depression. Anxiety and depression have increased over the past 10 years. Children with anxiety disorders have fears and worries that do not go away and that interfere with their daily lives at home and school. Like anxiety disorders, children who have been diagnosed with depression experience their symptoms over time, and these symptoms interfere with their daily life. Extreme depression can lead to suicide.

When children experience a traumatic event, they can have difficulty coping with the stress the event caused. A child could experience trauma directly or could witness it happening to someone else. When children develop long-term symptoms from a stressful event, which are upsetting or interfere with their relationships and activities, they may be diagnosed with post-traumatic stress disorder (PTSD).

Attachment Disorders are disorders that can develop in young children who have problems attaching emotionally to others. Parents, caregivers, or physicians may notice that a child has problems with emotional attachment as early as their first birthday. Most children with attachment disorders have had severe problems or difficulties in their early relationships. They may have been physically or emotionally abused or neglected. Some have experienced inadequate care in an institutional setting or other out-of-home placement. Others have had multiple traumatic losses or changes in their primary caregiver. A related disorder is Reactive Attachment Disorder (RAD). Children with RAD are less likely to interact with other people because of negative experiences with adults in their early years. They have difficulty calming down when stressed and do not look for comfort from their caregivers when they are upset. These children may seem to have little to no emotions when interacting with others.

Oppositional Defiant Disorder (ODD) usually starts before 8 years of age, but no later than 12 years of age. Children with ODD are more likely to act oppositional or defiant around people they know well, such as family members, a regular care provider, or a teacher. Children with ODD show these behaviors more often than other children their age. Examples of ODD behaviors include:

- Often being angry or losing one's temper
- Often arguing with adults or refusing to comply with adults' rules or requests
- Often resentful or spiteful
- Deliberately annoying others or becoming annoyed with others
- Often blaming other people for one's own mistakes or misbehavior

Conduct Disorder (CD) is diagnosed when children show an ongoing pattern of aggression toward others, and serious violations of rules and social norms at home, in school, and with peers. These rule violations may involve breaking the law and result in arrest. Children with CD are more likely to get injured and may have difficulties getting along with peers. Examples of CD behaviors include:

- Breaking serious rules, such as running away, staying out at night when told not to, or skipping school
- Being aggressive in a way that causes harm, such as bullying, fighting, or being cruel to animals
- Lying, stealing, or damaging other people's property on purpose

Both ODD and CD are classified as Behavior Disorders in the DSM.

An obsessive-compulsive disorder (OCD) is when a child has unwanted thoughts, and the behaviors they feel they must do because of these thoughts, happen frequently, take up a lot of time (more than an hour a day), interfere with their activities, or make them very upset. These thoughts are called obsessions and the behaviors are called compulsions. A common myth is that OCD means being really neat and orderly. Sometimes, OCD behaviors may involve cleaning, but many times someone with OCD is too focused on one thing that must be done over and over, rather than on being organized. Obsessions and compulsions can also change over time.

Notes

Connection Between Parental and Children's Mental Health

A recent studied showed:

- 1 in 14 children has a caregiver with poor mental health

And those children were more likely to have:

- Poor physical health
- Mental, emotional, or developmental disability
- Experiences such as exposure to violence or family disruptions including divorce
- Family living in poverty

- A child's healthy development depends on their parents or caregivers, who serve as their first sources of support in becoming independent and leading healthy and prosperous lives
- When parents have their own mental health challenges, such as coping with symptoms of depression or anxiety, they may have more difficulty providing care for their child than parents who have good mental health
- Parents and children may also experience shared risks, such as inherited conditions, living in unsafe environments, and facing discrimination or deprivation
- Just because a parent has a mental health diagnosis does not mean they cannot parent their child
- Several factors should be assessed when working with parents who face mental health challenges, such as the severity of the symptoms, the treatment plan, how old the child is, the support the family has, and other safety, risk, and protective factors

Notes

Trauma and ADHD

Symptoms of ADHD	• Hyperactivity • Impulsivity • Forgetfulness
Symptoms of Trauma	• Dissociation • Nightmares • Flashbacks • Sudden bursts of anger
Symptoms of Both	• Agitation or irritability • Impulsivity or risk taking • Disorganization • Poor self-esteem • Inattention • Risky behaviors

- ADHD is a mental health condition typically characterized by inattentive, hyperactive, and/or impulsive behavior
- Past trauma, especially childhood trauma, has been linked to an increased risk for ADHD development and severity of symptoms
- Trauma and ADHD have the following symptoms in common: agitation and irritability, heightened impulsivity and risk-taking, disorganization, poor self-esteem, inattention, distractions, problems concentrating, difficulty with work, school, sleep, or chores
- Symptoms unique to trauma are dissociation, nightmares, flashbacks, and sudden bursts of anger
- Professionals should implement a treatment approach that targets brain-related deficits and disruptions that give rise to symptoms. Treatment may include Behavioral therapy, Stimulant medication, and Trauma-informed care

Notes

Parenting Children with Mental Health Needs

Symptoms in children are not always visible

Children may hide symptoms

Make a referral for an appointment with a mental health professional as soon as possible

Certain symptoms without the influence of drugs or alcohol require immediate medical attention

- Parenting a child with mental health needs is difficult – many times, symptoms come and go or aren't visible all the time.
- As a caseworker, you should always remain vigilant and act out of an abundance of caution if you notice symptoms of mental illness in children and encourage parents and resource providers to do the same.
- You should make a referral or schedule an appointment with a licensed psychiatrist or psychologist. If this isn't possible, schedule an appointment with the child's pediatrician or primary care physician.
- If a doctor does not provide a diagnosis or referral to another professional, or you or the child's parent disagrees with the doctor's conclusions, seek to understand the doctor's reasoning. If you still disagree, be cautious and seek a second opinion.
- Sometimes specific symptoms warrant immediate medical attention. If a child reports seeing or hearing things that are not there, without the influence of drugs and alcohol, seek medical attention as soon as possible.

Notes

Video: The Stigma of Raising a Child with Mental Illness

Visit: Stigma of Raising a Mentally Ill Child

In this video, Scott Pelley, a journalist and CBS correspondent, talks with a group of parents about the difficulties of raising a child with mental illness and their fight to get treatment for their children.

As you watch this video, listen to the stories that the mothers share, and the stigma associated with parenting a child with mental illness.

What did you hear about stigma?

What's the difference between raising a child with a physical illness and raising a child with a mental illness?

Resources, Services, and Interventions

Treatment is not a one-size-fits-all solution

For many people, the most effective treatment is counseling and medication

Family support and treatment involving family is crucial

Attention should be given to co-occurring disorders, as they can be difficult to treat

- For many people, the most effective behavioral health approach involves a combination of counseling and medication, although treatment is not a one-size-fits-all solution
- Treatment involving the entire family improves its effectiveness
- A serious mental illness is defined by someone over 18 having (within the past year) a diagnosable mental, behavioral, or emotional disorder that causes severe functional impairment that substantially interferes with or limits one or more major life activities
- The coexistence of both a mental health and a substance use disorder is referred to as co-occurring disorders
- SAMHSA has a Behavioral Health Treatment Services Locator and an Early Serious Mental Illness Treatment Locator, making it easier to find treatment options and professionals in a family's area: Home | SAMHSA - Substance Abuse and Mental Health Services Administration

Notes

Key Takeaways

- Mental health includes emotional, psychological, and social well-being
- Biological factors, life experiences, and family history all contribute
- Several factors should be assessed in mental health challenges
- Similarities and differences between trauma and ADHD
- Mental health treatment is not a one-size-fits all solution

Notes

Engagement and Service Matching for Families Impacted by Sexual Abuse

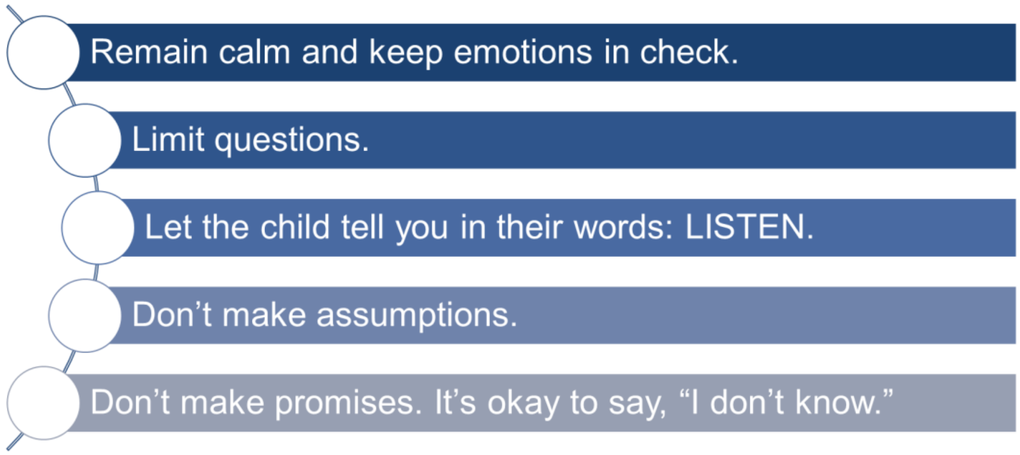
Child Sexual Abuse Definitions and Signs

- Child sexual abuse is a sexual act imposed on a child under the age 18 by an adult
- Physical signs or evidence of sexual abuse is uncommon
- Some children who have been sexually abused exhibit overly sexualized behavior, but this is not always a sign of sexual abuse
- The "evidence" in most sexual abuse cases is the child's story

The NC policy definition of child sexual abuse: as any person under 18 years of age whose parent, guardian, custodian, or caretaker commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile: first-degree rape, second-degree rape first-degree sexual offense, second-degree sexual offense, intercourse and sexual offenses with certain victims; consent no defense, unlawful sale, surrender, or purchase of a minor, crime against nature, incest, preparation of obscene photographs, slides or motion pictures of the juvenile, employing or permitting the juvenile to assist in a violation of the obscenity laws; dissemination of obscene material to the juvenile; displaying or disseminating material harmful to the juvenile; first and second-degree sexual exploitation of the juvenile, promoting the prostitution of the juvenile, and taking indecent liberties with the juvenile regardless of the age of the parties.

Notes

Responding to Disclosures



A child disclosing sexual abuse can be frightening for many caseworkers. Sometimes workers have been known to avoid questions that might lead to disclosure, even though they may need to be asked. Therapists sometimes debate about whether you should let the child tell their story or not, knowing they may have to repeat the story for others, such as law enforcement. It is always essential to provide a safe space for a child to tell their story. Suppose you suspect a child has been sexually abused. In that case, the suggestions on the slide are important to follow to ensure that you receive essential information from the child in a supportive way that will inform what your next steps should be:

- Remain calm
- Don’t show strong reactions, shock, fear, judgment, or discomfort
- Don’t “over-question” the child or demand details or place blame on the child
- Listen and don’t make assumptions. Listen more than you talk and avoid giving advice or solving problems
- Don’t put words in the child’s mouth or assume you know what he/she means or is going to say. Let the child use language they are comfortable with
- Let the child set the pace and don’t rush them
- Show interest and concern
- Make no promises, but do tell the child what you will do next
- Don’t stop the child in the middle of their story to go get someone or do something else
- Don’t limit the child’s disclosure

Other helpful things to keep in mind are:

- Reassure and support the child and their decision to disclose the sexual abuse, regardless of what the child shares
- Provide support for the child that they have done nothing wrong…that this is not their fault
- Be as specific as possible about what will happen next…i.e., who else they will talk to, etc.
- Write down, as soon as possible, exact quotes from the child
- At the conclusion of the discussion with the child, discuss the child's disclosure with your supervisor immediately to determine the appropriate next steps

Notes

Activity: Responding to Disclosures

The purpose of this activity is to practice utilizing trauma-informed care when responding to disclosures.

Work with your group to determine the following roles. Note: the role play will be conducted in three rounds so everyone gets to play each part.

- Person 1: Caseworker who hears the child's disclosure and practices a non-judgmental, trauma-informed response
- Person 2: Child who will disclose information from the case scenario
- Person 3: Observer who takes notes to provide strength-based feedback and keep time

Case Scenario:

You are a ten-year-old child who lives with your mother, stepfather, and two-year-old sister. About two months ago, your stepfather started coming into your bedroom at bedtime to "tuck you in" for bed. This consists of him rubbing your back, buttocks, and legs. Two weeks ago, he began to touch your genitals when "tucking you in" at bedtime. You told your mom that you don't like it when your stepfather rubs your back. You overheard your mom ask your stepfather about the back rubs, and he told her that he wants you to like him more, so he has started tucking you in at bedtime. Since you overheard that conversation, your stepfather has explained that when he tucks you in at bedtime, it is your "special" time together and is "not your mom's business."

How comfortable were you hearing a child's disclosure?

How will you manage your discomfort with a child in the future?

What is one thing you will remember to do when a child discloses to you?

Skills and Resources for Parents

Individual counseling with a trained sexual abuse therapist	Group therapy for children and adults	Non-offending parent-child joint therapy
Child Advocacy Centers	Child advocates	Trauma-informed therapies

Child sexual abuse violates physical and emotional boundaries. It breaks trust within the entire family. Children who have been abused may see the world as unsafe and adults as manipulative and untrustworthy, or they may lack boundaries and be unaware when they are in unsafe situations. Many factors influence how children think and feel about the sexual abuse they experienced, how it affects them, and how they develop resilience. Some of these factors are:

- The age of the child
- The duration of the abuse
- Who perpetrated the abuse
- Does the non-offending parent believe and support the child

Here are some tips that you can share with parents:

- Respect every family member's comfort level with touching, hugging, and kissing. Encourage children and adults to respect the comfort and privacy of others
- Be cautious with playful touch, such as play fighting and tickling. This type of play may be uncomfortable or trigger memories of sexual abuse
- Be mindful that some children who have experienced sexual abuse may not have healthy boundaries. Teach your children and the entire family about healthy age-appropriate boundaries
- Teach children and youth the importance of privacy. Remind children to knock before entering bathrooms and bedrooms, and model privacy and respect
- Keep adult sexuality private. Adult caretakers need to pay special attention to intimacy and sexuality when young children with a history of sexual abuse are around. Including what they watch on TV or other devices

As caseworkers, you will need to assist families in finding the appropriate supports and resources for their children and themselves. Common resources that are recommended for child sexual abuse victims and their families are:

- Individual counseling with a trained sexual abuse therapist
- Group therapy for children and adults
- Non-offending parent-child joint therapy

- Child Advocacy Centers
- Child advocates
- Trauma-informed therapies

Notes

Child Advocacy Centers

- The National Children's Advocacy Center (CAC) model of a Multidisciplinary Team (MDT) approach, pulled together law enforcement, criminal justice, child protective services, and medical and mental health workers onto one coordinated team
- Currently, this approach has been widely adopted as a best practice in responding to child sexual abuse in the United States
- The CAC is a resource for caseworkers to aid in child welfare cases as appropriate for the individual case
- The role of the CAC does not replace the requirements of child welfare workers to complete CPS assessments and to assess for the child's safety

Notes

Key Takeaways

- Both the child and the family need support
- Listen more than talk-it's the child's story
- Linking families to resources is vital for recovery

Notes

Engagement and Service Matching for Families Impacted by Child Human Trafficking

Defining Human Trafficking

Human Trafficking includes both sexual exploitation and labor exploitation

“A child who is sold, traded, or exchanged for sex or labor is an abused and neglected juvenile, regardless of the relationship between the victim and the perpetrator.” NC DHHS Policy Manual

- Human trafficking can be compared to a modern-day form of slavery. It involves the exploitation of people through force, coercion, threat, and deception, and includes human rights abuses such as debt bondage, deprivation of liberty, and lack of control over freedom and labor
- Sexual exploitation includes forcing an individual to engage in commercial sex acts, including prostitution or the production of pornography
- The types of labor exploitation include domestic servitude, restaurant work, janitorial work, sweatshop factory work, and migrant agricultural work
- Child welfare agencies must identify, document in case records, and determine appropriate services for child(ren) and youth who are believed to be, or at risk of being, victims of human trafficking
- This includes child(ren) and youth for whom your agency has an open case, but who have not been removed from the home, child(ren) who are involved with Permanency Planning, and youth who are receiving LINKS services

Notes

Policy Requirements

> County child welfare workers must collaborate with human trafficking victim organizations and advocates to address the unique circumstances and safety issues for children who are victims of human trafficking.

- Within 24 hours of accepting a report with allegations involving human trafficking or when the county DSS becomes aware that a child may have been trafficked, it must:
- Check the National Center for Missing and Exploited Children
- Check the North Carolina Center for Missing Persons
- Check with the appropriate local law enforcement agency
- Notify the U.S. Department of Health and Human Services Office on Trafficking in Persons (OTIP)
- Human trafficking can be compared to a modern-day form of slavery
- Trafficking can be for purposes of sexual exploitation or labor exploitation
- Child welfare agencies must identify, document in case records, and determine appropriate services for child(ren) and youth who are believed to be, or at risk of being, victims of human trafficking
- In situations where the perpetrator of human trafficking is not the parent, guardian, custodian, or caretaker, the caseworker must assess and address the parent’s ability and/or willingness to keep the child safe

Notes

Child Human Trafficking: Risk Factors

History of child maltreatment	Involvement with Child Welfare
Involvement with Juvenile Justice	History of running away
Homelessness	Financial problems and poverty
Inadequate relationships	Self or familial substance use
Self or familial mental health concerns	Low self-esteem and lack of identity
Unmet basic needs of love and belonging	

This list is not exhaustive, and a child's experience with one or more of these factors is not a definite indication that they have been or will be trafficked. This list is not definitive, and the absence of these risk factors is not an indication that a child has not been trafficked or is not at risk of being trafficked.

Notes

Warning Signs and Indicators of Child Human Trafficking

- Living with employer
- Poor living conditions
- Multiple people in cramped space
- Inability to speak to individual alone
- Answers appear to be scripted and rehearsed
- Employer is holding identity documents
- Signs of physical abuse
- Submissive or fearful
- Unpaid or paid very little
- Under 18 and in prostitution
- Wearing new clothes of any style or getting hair or nails done with no financial means to do this independently
- A young person with a tattoo which he or she is reluctant to explain

As caseworkers, it is essential to know the potential indicators of sex or labor trafficking so that you can be aware of the possibility of a child being a victim even when you are not administering a formal screening. While not an exhaustive list, these are some key red flags that could alert you to a potential trafficking situation that should be reported.

Notes

Video: Faces of Human Trafficking: Focus on Youth

Visit: Faces of Human Trafficking: Focus on Youth

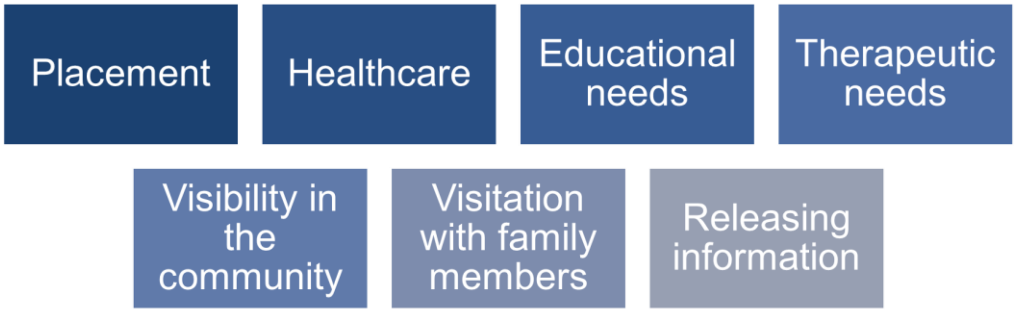
This video highlights the specific vulnerabilities, risk factors, and needs of youth, with a focus on the diverse range of professionals who are in a position to identify exploited youth and connect them with appropriate services.

What part of working with a youth who has been trafficked concerns you?

How will you manage your emotional response when you hear a child or youth relate their story of being trafficked?

What is one thing you will remember to ask about when you see or hear from someone on your caseload?

Common Needs and Needed Services



- Referrals to other agencies and resources are instrumental in identifying and screening victims, and in providing ongoing services. These referrals must be made in accordance with the individual needs of the child
- Immediate safety issues may include, but are not limited to: Access of the trafficker to the child; Child’s lack of safe housing or a safe place to stay; Safety issues in the home of the parent, guardian, custodian, or caretaker; and Risk of the child running away
- Caseworkers should consider the unique needs for victims of human trafficking when making decisions about: Placement; Healthcare; Therapeutic needs; Visibility in the community; Visitation with family members; Educational needs; and Releasing information
- Currently, there are no evidence-based treatments for victims of trafficking. However, professionals believe that a trauma-informed approach is best
- It is vital that [trafficking victims] be involved in the decision-making process as much as possible

Notes

Key Takeaways

- Human trafficking consists of sexual and labor exploitation
- Collaboration is required to meet the unique needs of victims
- There is a connection between child sex abuse and child sex trafficking
- Trafficking victims have unique needs

Notes

Self-Reflection

In child welfare work, we frequently manage cases where the children and families are dealing with significant trauma, which exposes us to indirect trauma when we listen to their voices and experiences. Please take a few minutes to reflect on your responses to these traumatic and challenging subjects and brainstorm some ideas for how you will attend to your well-being and self-care.

Notes

Pre-Service Training: Core Week 6 Day 3 Agenda

Child Welfare in North Carolina Pre-Service Training: Core

Welcome

Documentation

Quality Documentation

Documentation Learning Lab

Confidentiality

Documentation Learning Lab

BREAK

Self-Care and Worker Safety

Secondary Traumatic Stress and Vicarious Trauma

Worker Safety

LUNCH

Planning for Self-Care and Idea-Sharing

Core Training Wrap-Up

Self-Care Exercise

Mindfulness Activity: Breathing Meditation

Preservice Training: Core Week 6 Day 3 Learning Objectives

Day 3
Documentation
• Create clear, concise, and accurate documentation. • Identify the components of court-ready documentation. • Identify the importance of objectivity and the use of facts in documentation. • Describe a client’s right to confidentiality. • Describe situations when information can and cannot be released and the steps that must be taken when confidentiality is breached.
Self-Care and Worker Safety
• Define vicarious traumatization and secondary traumatic stress. • Explain the differences between vicarious traumatization and secondary trauma. • Identify the impacts of vicarious traumatization and secondary traumatic stress on child welfare workers. • Identify agency supports, resources, and services that address secondary traumatic stress. • Identify potential impacts of vicarious traumatization and secondary traumatic stress on decision-making. • Discuss strategies that promote physical and emotional safety. • Identify ways to promote the utilization of a system of support to help ensure the physical and emotional safety of the social worker and the families they serve. • Define self-care. • Explain the importance of self-care. • Develop self-care plans that the social worker can share with their supervisor.

Core Week 6 Day 3

Documentation

Quality Documentation

Documentation

Case Documentation

- Case documentation includes all information in the case file
- Documentation establishes the basis for all decision-making

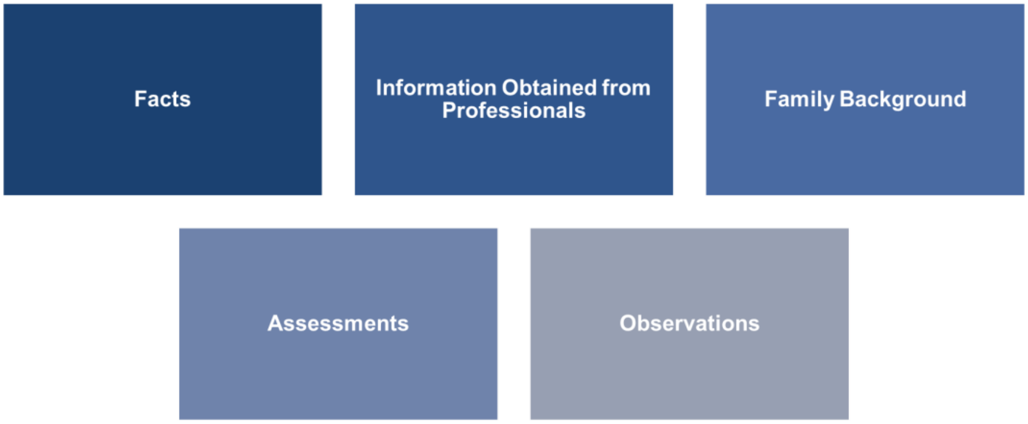
Types of Documentation

- Narrative
- SDM tools and required forms
- Documents from service providers and collaterals
- Court reports and court orders

Case documentation is critical in child welfare work as it establishes the basis for all decision-making, including filing a petition to remove a child from their parents' care. Case documentation comprises all information in the case file. Let's begin by recognizing the types of documentation.

- Narrative: written by the county child welfare worker to capture every action and activity completed
- North Carolina child welfare SDM tools and required forms. Examples include but are not limited to:
  - Intake Screening and Response Tool
  - Risk Assessment (DSS-5230)
  - Family Assessment of Strengths and Needs (DSS-5229)
  - Safety Assessment (DSS-5231)
  - In-Home Services Home Visit Record (5236)
  - Monthly Permanency Planning Contact Record (DSS-5295)
  - Case plans
- Documents from service providers and collaterals. Examples include, but are not limited to:
  - Criminal reports
  - Medical records
  - School records
  - Treatment plans
- Court reports and court orders

Elements of Documentation



- An objective case narrative describes every aspect of each activity completed by the county child welfare worker.
- Documentation must include:
    - Facts – Case details of Who, What, Where, When, and Why
    - Information obtained from professionals such as medical, educational, and mental health information
    - Family background, including CPS history, criminal history, or other service history
    - Assessments
    - Observations

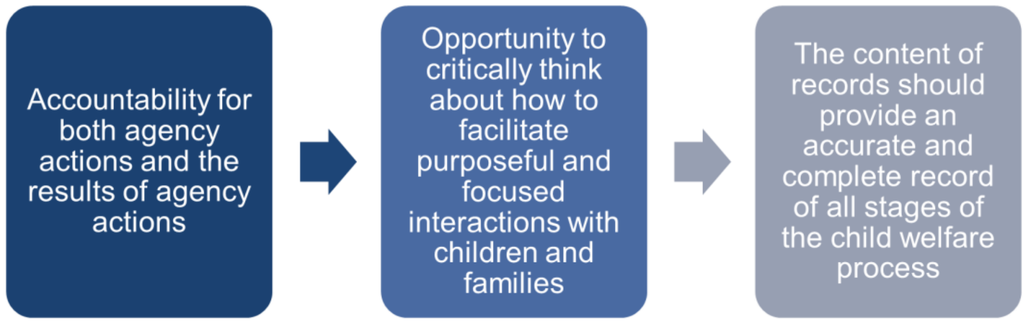
Notes

Elements of documentation include:

- Plans
  - To achieve desired change, reduce risk and/or address safety threats
- Progress, including
  - Changes
  - Accomplishments
  - Effective services
- Any Decisions and/or Findings
- Summaries
  - For case transfer or case closing

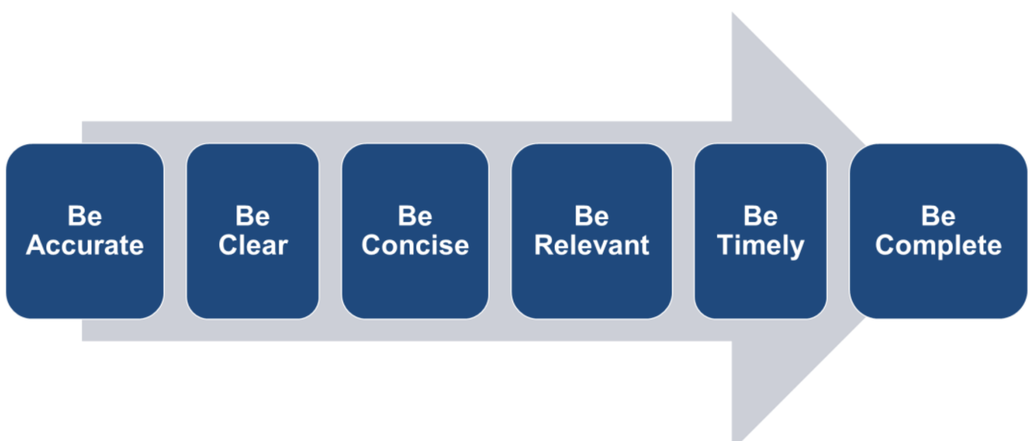
Notes

Purpose of Quality Documentation



- The purpose of quality documentation is to provide accountability for both what the agency does and the results of what the agency does
- Documentation also facilitates a way for the caseworker to critically think about how to facilitate purposeful and focused interactions with children and families
- The content of records should provide an accurate and complete record of all stages of the child welfare process

Providing Quality Documentation



Handout: Quality Documentation Tips

Utilize this check list to ensure you are creating quality documentation:

- **Be Accurate** – Statements, conclusions, and opinions must be based on facts that are clearly described.
- **Be Clear** – Jargon should be avoided, and the descriptions of circumstances should be written using behavioral descriptors based on observations and specific statements of involved parties.
- **Be Concise** – Records should only contain information that is relevant and necessary to the CPS program’s purposes.
- **Be Relevant** – Documentation of decisions with respect to the substantiation of the alleged maltreatment, risk and safety assessments, and basis for any placements in out-of-home care or court referral if necessary
- **Be Timely** - Documentation, including narrative, must be current within 7 days of every activity or action.
- **Be Complete** – documentation contains all the information needed to take action, for example, contact names, dates, times, and locations.

Planning for Documentation

Quality documentation requires concentration and effort

Create a plan and purposeful approach to documentation

Be creative with where and when you record notes

- Use the time between home visits
- Use wait times during office visits
- Dictate phone calls while you are on the phone
- Reserve the first hour of the day for documentation as few visits happen at that hour

Notes

Creating Court-Ready Documentation

❌ Avoid:	✔ Be Specific:
Opinions:	Use objective, descriptive language:
*"The parent is **not concerned** about safety."*	*"The children's hair looked **matted** and **unkempt**. They were dressed in shorts and tee shirts that were **heavily stained and soiled** but **appropriate for the season and climate**."*
Vague or Generic Descriptions:	Focus on behavior using behavior descriptions and family-specific language:
*"The parent is **non-compliant**."*	*"Sandy **relates affectionately** to her children. She was **observed picking up baby Jonathan and consoling him** when he woke up and started crying."*
Boilerplate Language:	Help the court understand decisions and recommendations:
*"The child was dressed **appropriately**, and the house was **clean**."*	• *What **led** to your conclusions?* • *What would **change** your conclusions?*

Focus on behavior and use behavior descriptions and family-specific language to describe exactly what family members are saying and doing, as well as what they are not doing that is needed to ensure safety and meet the goals of the family's plan - "Sandy relates affectionately to her children. She was observed picking up baby Jonathan and consoling him when he woke up and started crying."

Help the court understand your decisions and recommendations - Describe what you saw or heard that led to your conclusions. Also, describe what you would need to see or hear to change your conclusions.

Notes

Documentation Learning Lab

Handout: Creating Court-Ready Documentation

<table>
<tr><th></th><th>Behavioral Description</th><th>Family-Specific Language</th></tr>
<tr><td>1. Joe is manipulative.</td><td>When Joe's father says no, Joe sometimes asks his mother.</td><td rowspan="3">Due to risk factor of history of excessive corporal discipline, parents agree they need to discuss decisions together and provide a consistent response to Joe's behavior. They have not demonstrated the ability to do this to date. Parents state they do not have time to attend parenting classes and don't think they can learn to parent sitting in a class.</td></tr>
<tr><td>2. Joe is disrespectful.</td><td>Joe's parents say he is sometimes disrespectful.</td></tr>
<tr><td>3. Joe’s parents need to set firm limits.</td><td>When Joe began throwing things at his sister, his parents tried yelling at him to stop but he did not listen.</td></tr>
<tr><td>4. Mary is depressed.</td><td>Mary says that sometimes she has a hard time getting up in the morning and feels “like it's not worth trying since no one is going to help me”.</td><td>Because children were removed due to inadequate supervision, Mary agrees that it is not safe for her to stay in bed during the day when her children are home.</td></tr>
<tr><td>5. Sarah is anti-social and hides out in her room.</td><td>Sarah's aunt says Sarah is “antisocial” and “hides out in her room”. Sarah states that she feels safe in her room.</td><td rowspan="2">Social worker discussed with aunt the importance of helping Sarah feel safe and welcome in the home, given Sarah's history of sexual abuse by her uncle. Social worker and aunt together read a flyer on psychological safety for children who have experienced trauma. Aunt agreed to consider how to help Sarah feel more safe and to talk about this topic again at next visit.</td></tr>
<tr><td>6. The family doesn’t get along.</td><td>Family members say that they would like to get along better.</td></tr>
</table>

Adapted from: NC Division of Social Services, December 9, 2014, Webinar and NCDSS, 2012 (CPS Assessment in Child Welfare Services)

Worksheet: Skills Practice

Typical Language	Court-Ready Language
1. *The house is filthy.*	1.
2. *The children's behavior is out of control.*	2.
3. *Mrs. Smith used appropriate discipline during the visit.*	3.
4. *Mrs. Smith cannot manage her children's behavior.*	4.
5. *John isolates himself from the rest of the foster family.*	5.
6. *Mr. Jones was intoxicated.*	6.

Adapted from: NC Division of Social Services, December 9, 2014, Webinar and NCDSS, 2012 (CPS Assessment in Child Welfare Services)

Key Takeaways

- Case documentation is critical
- Creates accountability
- Facilitates a means to think critically
- Must provide accurate and complete record of all stages
- Planning and a purposeful approach is critical

Notes

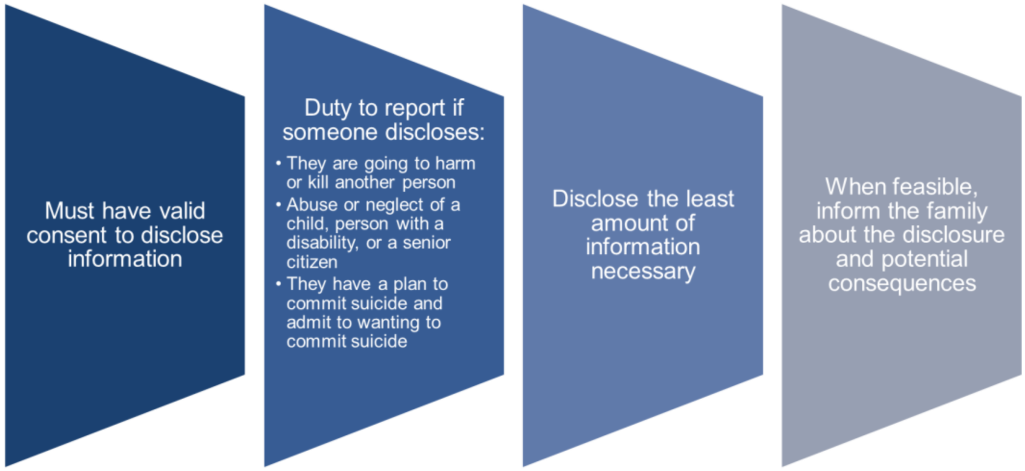
Confidentiality

Maintaining Confidentiality

- Confidential information includes everything that is shared with you verbally during home visits and in court, and written information in the family's file
- Family files must be stored in a secure location, so these records are not available to others who are not authorized to have access to the records
- Confidential information about a child or their family CANNOT be discussed with your friends, neighbors, or your relatives, other professionals, on social media, or with others who are not specifically authorized to receive the information
- Anyone receiving or sharing information must sign a consent to release information
- Confidentiality standards and requirements apply to all interactions, relationships, or communications, whether they occur in person or with the use of technology

Notes

Disclosure of Confidential Information



- There are times when you may disclose confidential information, but only when you have a valid consent from the family or a person legally authorized to consent on their behalf
- Under North Carolina laws, you are a mandated reporter and have a legal obligation to report to the designated authority if someone discloses any of the following:
    - They are going to harm or kill another person
    - Abuse or neglect of a child, person with a disability, or a senior citizen
    - They have a plan to commit suicide and admit to wanting to commit suicide
- Caseworkers should disclose the least amount of confidential information necessary and only information that is directly relevant to the purpose for which the disclosure is made
- If you are going to disclose confidential information, you should (when feasible and to the extent possible) inform the family about the disclosure and the potential consequences prior to disclosing the information
- When family or community members call you to talk about a CPS case, you should say, "I can neither confirm nor deny that our agency has an open case on this person, but I am happy to listen to your concerns"

Breaches of Confidentiality

Breaches of confidentiality are a serious violation

Review your agency's policy and procedures for notifying families of any breach of confidential information

Notify families in a timely manner

- When confidentiality is broken, it can be a violation of our ethical duty. A breach of confidentiality is considered malpractice and should be taken very seriously
- Your agency should have policies and procedures in place for notifying families of any breach of confidential information in a timely manner
- You should review your agency's policy and talk with your supervisor to be sure you understand your agency's requirements should a breach of information occur

Notes

Key Takeaways

- Confidential information includes everything that is shared with you verbally during home visits and in court, and written information in the family's file
- Anyone receiving or sharing information must sign a consent to release information
- Confidentiality standards and requirements apply to all interactions, relationships, or communications, whether they occur in person or with the use of technology
- Duty to report if someone discloses harm or abuse to themselves or others
- A breach of confidentiality is considered malpractice and should be taken very seriously

Notes

Documentation Learning Lab

Documentation Models – G.I.R.P.

The G.I.R.P. documentation format is simply an acronym used to guide social workers in creating well-rounded documentation.

Handout: G.I.R.P. Model for Documentation

Goal	*What is the purpose of the contact (tied to service agreement) and what type of contact is it? For example, a child and family team meeting, a home visit, court, or a phone call. Is the physical site where the services are provided? What does the social worker intend to accomplish? Basically, your documentation should reflect, "Who went where to do what"?*
Interventions	*Your documentation should include the specific interventions/skills training services provided. For example, referrals, treatment, teaching, coaching, and modeling.*
Results	*What were the results of the meeting or visit? How effective was the intervention? Your documentation should reflect concrete, measurable, specific, and descriptive notation. Documentation should also include the family's responses and progress.*
Plan	*The social worker should end the narrative with a plan. Include any changes or revisions to the service agreement and the plan to accomplish remaining objectives and activities. For example, "The social worker ended the meeting by scheduling the next visit."*

Notes

Documentation Models – P.A.P.E.R.

The P.A.P.E.R. model is also used to encourage a strengths-based dimension to your documentation.

Handout: P.A.P.E.R. Model for Documentation

Purpose	*Document the purpose/reason for the contact with the family.*
Assessment	*Include assessment of the overall family situation during the contact. Engage other family systems in the information- gathering process. And assess for strengths and needs.*
Plan	*Collaborate with the family to plan, implement, monitor, and amend services.*
Encourage	*Include how you confirmed the family as experts in their situation and specific techniques used to encourage, motivate, and empower.*
Results	*Document a clear, concise summary of the result of the contact including specific interventions and skills training services provided.*

Notes

Documentation Models – S.E.E.M.A.P.S.

As a reminder, this model divides the family's life into seven domains or dimensions and ensures coverage of many of the possible areas in which the family may have issues and sets the foundation for the identification of needs and strengths upon which interventions with the family will be planned.

Handout: Understanding S.E.E.M.A.P.S.

The key to understanding the purpose of S.E.E.M.A.P.S. is found in understanding that a holistic assessment makes for a more accurate and overall stronger assessment while a partial assessment makes for a poor assessment. The one question that is not asked might be the key to an underlying need of the family or the strength that could be unlocked to help the family remain together. S.E.E.M.A.P.S. is an acronym used to assist the worker in structuring their documentation of the assessment process. The family's life is divided into seven domains or dimensions. These dimensions (Social, Economic, Environmental, Mental health, Activities of daily living, Physical health, and a Summary of strengths) help ensure that the worker assesses all areas of a family's life. Use of the S.E.E.M.A.P.S. method:

- gives structure to the assessment process,
- ensures coverage of many of the possible areas in which the family may have issues, and
- sets the foundation for the identification of needs and strengths upon which interventions with the family will be planned

These seven S.E.E.M.A.P.S. dimensions are comprised primarily of exploratory questions that the worker should use not as a script, but rather as prompts to better understand the family and their strengths and needs. It may not be necessary to ask each of these questions every time the worker makes contact on a case. However, the more familiar a worker becomes with these questions, the better equipped the worker will be to assess the family.

Social

- Who lives in the house?
- How are people connected to each other?
- What is the feeling when you enter the house (comfortable, tense, etc.)?
- How do people treat one another?
- How do they speak to and about one another to someone outside the family?
- How far away is this home from other homes?
- Would it be likely that people would be able to visit here easily?
- Who does visit the family?
- Ask questions to determine what individuals, organizations, and systems are connected to the family. Are those people/organizations/systems helpful or not?
- What does the family do for fun?
- What stories do they tell about themselves?
- What kind of social support systems the family can depend on?

- How does the family use resources in the community?
- How does the family interact with social agencies, schools, churches, neighborhood groups, extended family, or friends?
- Do the children attend school regularly?
- Are there behavior problems at school?
- Can children discern between truths and lies?
- Do the children have age-appropriate knowledge of social interactions?
- Do the children have age-appropriate knowledge of physical or sexual relationships?
- Are preteen or teenage children sexually active?
- Do not forget the importance of non-traditional connections a family may have.

Economic

- Are adults willing to discuss their finances after a period of getting acquainted?
- Does the family have adequate income and/or resources to meet basic needs?
- Do adults in the home know how to access benefits programs for financial support?
- Is the family receiving food stamps, child support, TANF, or LIEAP? If not, are they eligible?
- Do the adults in the family demonstrate an awareness of how to budget the money that is available to them? Are bills paid on time?
- What are the income sources in the family?
- What is the strongest economic skill each person in this family displays?
- Do they have enough money to make it through the month?
- Does the parent subsystem agree about the destination of any monies available?
- Are adults employed? If so, are they content with the job they have?

Environment / Home

- How does the residence look from the outside (kept up; in disrepair; etc.)?
- What is the surrounding area like?
- Are there places for children to play?
- Are there obvious hazards around the house (old refrigerators, non-working cars,
- broken glass, etc.)?
- What is the feeling you get when you arrive at this residence?
- Are there any safety concerns in the neighborhood?
- In the residence, is there any place to sit and talk?
- Are there toys appropriate for the ages of the children who live there?
- Can you tell if someone creates a space for children to play?
- Is there a place for each person to sleep?
- Is it obvious that people eat here?
- What kind of food is available in the home?
- Are there any pictures of family members or friends?
- Is there a working phone available to the family?
- Is there a sanitary water supply available to the family?

- Are there readily available means of maintaining personal hygiene (toileting, bathing, etc.)?
- Is there a heating and/or cooling system in the home?
- What are the best features of this environment?
- Is the family aware of weapons safety issues?

Mental Health

- Take a mental picture of the people in this family. What is their affect? Does their affect make sense, given the situation?
- Do members of this family have a history of emotional difficulties, mental illness, or impulse problems?
- Does anyone take medication for any other mental health condition?
- If so, are they able to afford the medication, and do they have continued access to medical care for refills?
- Are the people you interview able to attend to the conversation?
- Are there times when they seem emotionally absent/distant during conversation?
- Are family members clearly oriented to time and location and coherent?
- Are there indicators that persons in this family have substance use concerns?
- Do adults have an appropriate understanding of child development?
- How do people in this family express anger?
- Are family members able to discuss and describe emotions?
- What is the major belief system in this family?
- Does anyone in the family express any concern about their own mental health or the mental health of a family member?
- Has anyone ever received counseling or been under the care of a physician for a mental health problem?
- Is there any history of mental illness in the family?

Activities of Daily Living

- Do family members understand “Safe Sleeping” habits (for infants under the age of 18 months)?
- Is the children’s clothing adequate (appropriate as to: weather, size, cleanliness, etc.)?
- What activities does the family participate in?
- How does the family spend its free time?
- Do adults in this family know how to obtain, prepare, and feed meals to children in this family? What is the family’s native language? If it is not English, do they have language barriers to accessing resources?
- Does the family engage in some activities of a spiritual nature?
- Are adults able to connect usefully with their children's schools, doctors, and friends?
- Do the adults in the house demonstrate developmentally appropriate and accurate expectations of the children in the home?
- Does the family have reliable means of transportation (car, public transportation)?

- Do people in this family have the ability and willingness to keep the home safe and reasonably clean?
- What skill does this family demonstrate the most?
- Do parents know how to discipline their children or adolescents?
- Do they need some support in learning how to manage or organize their household, or how to stretch their limited budget?

Physical Health

- Do the children appear healthy?
- Do the children appear on target with their height and/or weight?
- Are there any special medical concerns faced by family members?
- If so, who knows how to treat or administer those concerns?
- How do people in this family appear?
- Do they tend to their hygiene regularly?
- Does anyone appear fatigued or overly energetic?
- Is anyone chronically ill, taking medication, or physically disabled?
- Is anyone in this family using illegal drugs or abusing prescription drugs?
- Do people in this family eat healthy food and/or get regular exercise?
- Does anyone in this family use tobacco products?
- Are there any members of the family who appear to be significantly obese?
- Are there any members of the family who appear to be significantly underweight?
- How long has it been since members of the family had a physical examination?
- Are there older children who continue to have bedwetting problems?
- Do people have marks or bruises on their bodies (remember that people may overdress or apply heavy makeup, perhaps to hide injuries)?
- Have steps been taken to ensure that the area where small children live is reasonably free from life-threatening hazards?
- Do small children ride in safety seats or use seatbelts?
- What is the healthiest thing this family does?
- What are the skin tone, hair quality, and color of lips (especially with infants) with family members? Have the children had vaccinations?
- Are they up to date?
- Does anyone in the family have mobility issues?
- What is the family's perception of their own physical health?
- Does the family have medical and/or dental insurance coverage? If so, who is the provider? If not, is the family eligible to apply for Medicaid? If the family is not eligible to receive Medicaid are there other resources available?
- Does the family have a "Medical Home"? If so, who are the providers that make up that "Medical Home"?

Summary of Strengths

What are the major interpersonal strengths of this family? Assess if any adults in the family (especially regular caregivers) were abused or neglected as children. Were there substance abuse or domestic violence issues in the homes of the adult family members? How were adult family members disciplined?

Strengths may be identified by observation from the worker or by disclosure from the family. Family strengths take many forms and appear as dreams, skills, abilities, talents, resources, and capacities. Strengths apply to any family member in the home (grandparents, aunts, uncles, etc.). Strengths can be an interest in art, the ability to throw a football, getting to work every day, drawing a picture, making friends, cooking a balanced meal, etc.

These interests, talents, abilities, and resources can all be used to help a family meet its needs. Strengths can be found by asking family members and by asking other professionals.

Notes

Activity: Brenda's Story

- Review the Documentation Model handout assigned to your group
- Take general notes as you watch the video of Brenda's Story. https://www.youtube.com/watch?v=jt9c2RP61Sg
- Use the Model assigned to your group to develop documentation of the following:

ACEs

Underlying issues

Behaviors influenced by Brenda's exposure to trauma

Key Takeaways

- There are three models that can be helpful in developing your documentation.
- GIRP is used to guide caseworkers in creating well-rounded documentation
- PAPER is used to encourage a strengths-based dimension to your documentation
- SEEMAPS divides the family's life into seven domains or dimensions and sets the foundation for the identification of needs and strengths

Notes

Self-Care and Worker Safety

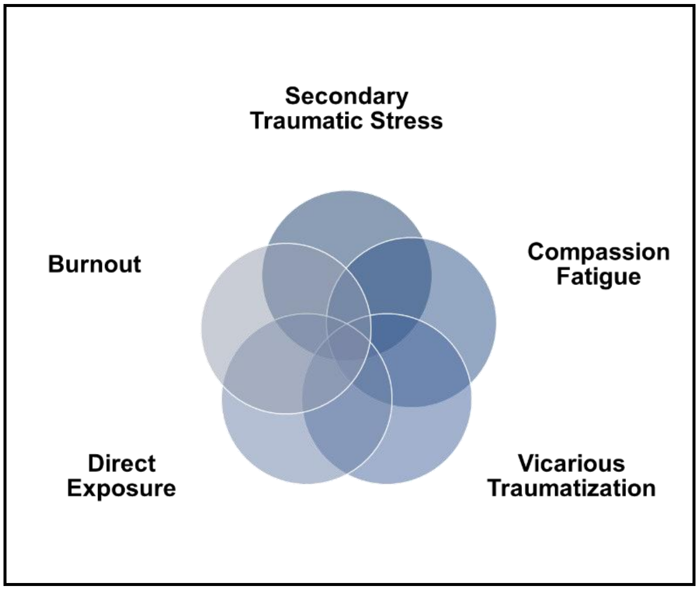
Secondary Traumatic Stress and Vicarious Trauma

Trauma in Child Welfare

- Not everyone can do this work, and for the right person, it's gratifying
- Families often have trauma histories, and DSS involvement and actions may add to that trauma
- Exposure to trauma can affect workers personally and professionally
- Understanding Secondary Traumatic Stress (STS) helps protect your well-being and prepares you for the work
- Supervisors, teams, and self-care strategies are essential for resilience

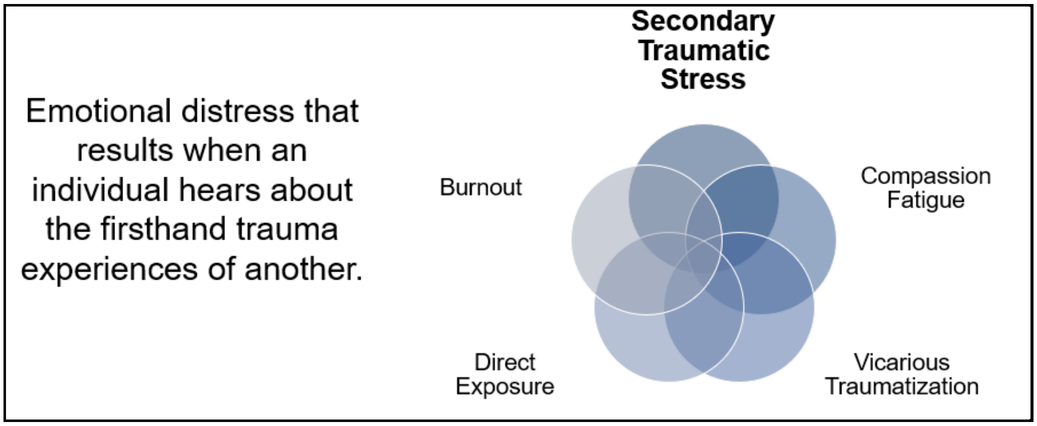
Notes

Terminology



Notes

Secondary Traumatic Stress



- The National Child Traumatic Stress Network recognizes that STS is a common occupational hazard for professionals working with traumatized children
- The symptoms of STS are similar to those of Post-Traumatic Stress Disorder (PTSD). Individuals with STS may experience changes in memory and perception; an altered sense of self-efficacy; a depletion of personal resources, and a disruption in their perceptions of safety, trust, and independence
- Other symptoms may include hypervigilance, hopelessness, inability to embrace complexity, inability to listen, avoidance of clients, anger and cynicism, sleeplessness, fear, chronic exhaustion, physical ailments, minimizing, guilt
- Education, self-assessments, and supervision can help identify signs of STS

Notes

Handout: Secondary Traumatic Stress

Secondary traumatic stress disorder, or Compassion fatigue, is a natural but disruptive by-product of working with traumatized clients. It is a set of observable reactions to working with people who have been traumatized and mirrors the symptoms of post-traumatic stress disorder (PTSD). Many types of professionals, such as physicians, psychotherapists, human service workers, and emergency workers, are vulnerable to developing this type of stress, though only a subset of such workers experience it. The symptoms of compassion fatigue may include feelings of isolation, anxiety, dissociation, physical ailments, and sleep disturbances. Additionally, compassion fatigue is associated with a sense of confusion, helplessness, and a greater sense of isolation from supporters than is seen with burnout. It is preventable and treatable, however, if unaddressed, the symptoms can result in problems with mental and physical health, strained personal relationships, and poor work performance.

Evidence of compassion fatigue can be difficult to recognize in oneself or even in others. Symptoms often include a combination of cognitive, behavioral, emotional, and physical features. They may also involve a spiritual component such as questioning meaning or loss of faith. Common examples include:

Common Compassion Fatigue Symptoms

Cognitive	**Emotional**
Lowered concentration Apathy Rigid thinking Perfectionism Preoccupation with trauma	Guilt Anger Numbness Sadness Helplessness
Behavioral	**Physical**
Withdrawal Sleep disturbance Appetite change Hyper-vigilance Elevated startle response	Increased heart rate Difficulty breathing Muscle and joint pain Impaired immune system Increased severity of medical concerns

These kinds of symptoms can be alarming and personally overwhelming to anyone experiencing them. However, once recognized, compassion fatigue can be addressed and resolved, and the caregiver or helper can heal and even grow from the experience.

Why Secondary Traumatic Stress is Important for Human Services Agencies

Understanding secondary traumatic stress (STS), its effects on staff, and how to alleviate its impact is of concern to agency and organizational leaders. Being exposed to traumatic and troubling events, sometimes daily, influences one's personal and professional life. Staff acquire different ways to cope — some are adaptive, others are not. STS can decrease staff functioning and create challenges in the working environment. Some of the documented negative organizational effects that can result from STS are increased absenteeism, impaired judgment, low productivity, poorer quality of work, higher staff turnover, and greater staff friction.

Relevant Interventions and Approaches

Addressing compassion fatigue needs to occur at both the individual and organizational levels and falls into two categories: prevention and treatment. Helpers can adopt lifestyle and work habits that help them maintain strong practice approaches and personal boundaries that can be protective in relation to a helping role. Sometimes even the most seasoned and personally balanced professionals find themselves struggling with secondary traumatization.

Individual Prevention Strategies to Consider:

- Life balance — work to establish and maintain a diversity of interests, activities, and relationships.
- Relaxation techniques — ensure downtime by practicing meditation or guided imagery.
- Contact with nature — garden or hike to remain connected to the earth and help maintain perspective about the world.
- Creative expression — things like drawing, cooking, or photography expand emotional experiences.
- Assertiveness training — learn to be able to say "no" and to set limits when necessary.
- Interpersonal communication skills — improve written and verbal communication to enhance social and professional support.
- Cognitive restructuring — regularly evaluate experiences and apply problem-solving techniques to challenges.
- Time management — set priorities and remain productive and effective.
- Plan for coping — determine skills and strategies to adopt or enhance when signs of compassion fatigue begin to surface.

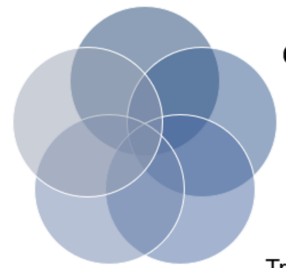
Individual Treatment Strategies to Consider:

- Focusing on self-care — maintaining a healthy diet, exercise, and regular sleep priorities reduces adverse stress effects.
- Journaling — writing about feelings related to helping or care giving and about anything that has helped or been comforting can help make meaning out of negative experiences.
- Seeking professional support — working with a counselor who specializes in trauma to process distressing symptoms and experiences provides additional perspectives and ideas.

- Joining a support group — talking through experiences and coping strategies with others who have similar circumstances can enhance optimism and hope.
- Learning new self-care strategies — adopting a new stress management technique such as yoga or progressive muscle relaxation can reduce adverse physical stress symptoms.
- Asking for help — asking social support or co-workers to assist with tasks or responsibilities can hasten healing.
- Recognizing success and creating meaning — identifying aspects of helping that have been positive and important to others assists with resolving trauma and distress.

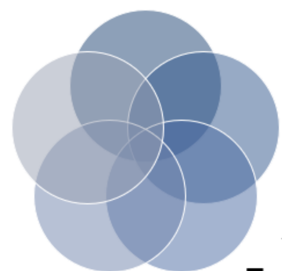
Compassion Fatigue

The physical and emotional exhaustion experienced by those who care for others who are in distress.



Vicarious Traumatization

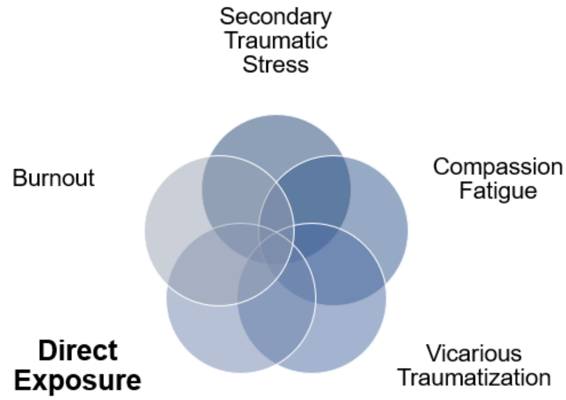
Changes in the inner experience of an individual, such as expectations for trust, safety, control, esteem, or intimacy, that result from cumulative exposure.



Notes

Direct Exposure

Exposure to trauma while carrying out daily work responsibilities. Includes events that involve a direct threat to oneself or witnessing threats to others.

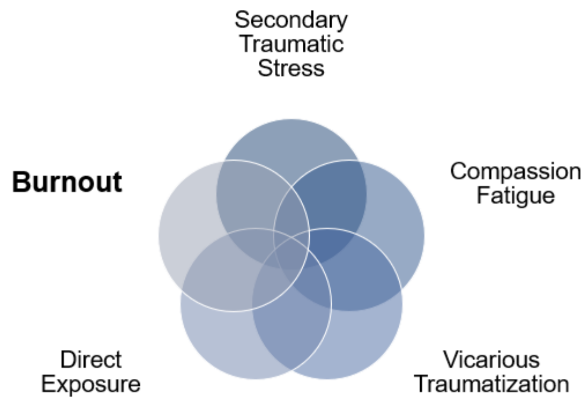


- Direct exposure can result in posttraumatic stress symptoms
- If you directly witness or experience a traumatic event as a part of your work with DSS, it is important to notify your supervisor and debrief soon after the event

Notes

Burnout

The result of a high workload with little support and few resources. Symptoms of burnout include emotional exhaustion, cynicism, depersonalization and loss of job satisfaction.



- Unlike STS, it is not caused by the effects of indirect exposure to trauma
- Burnout usually occurs over time and results from work related circumstances, such as high caseloads, organizational challenges, and lack of supportive supervision
- The symptoms of burnout include:
    - Feelings of helplessness or hopelessness
    - Disillusionment
    - Negative self-concept
    - Negative attitudes towards clients, work and other areas of life
    - Chronic stress
    - Decreased coping abilities
    - Feelings of isolation
    - Feelings of stagnation
    - Frustration

Notes

Worksheet: Secondary Traumatic Stress Reflections Page

Examples of things you CANNOT fix for children and families:

How would STS and burnout impact your ability to work with families?

How would STS and burnout impact you personally?

What would you like to know about how to prevent STS and burnout?

Addressing Secondary Traumatic Stress

Prevention

- Psychoeducation
- Clinical supervision
- Ongoing skills training
- Informal or formal self-report screening
- Workplace self-care groups
- Balanced caseload
- Flextime scheduling
- Self-care accountability buddy system
- Use of evidence-based practices
- Exercise and good nutrition

Intervention

- Cognitive behavioral interventions
- Mindfulness training
- Reflective supervision
- Caseload adjustment
- Informal gatherings following crisis events
- Change in job assignment or workgroup
- Referrals to Employee Assistance Programs

Some of the strategies listed on the slide are within your control, and some are more related to supervision or your DSS agency. Having an understanding of what might help will equip you to advocate for your needs as you continue with your work.

Notes

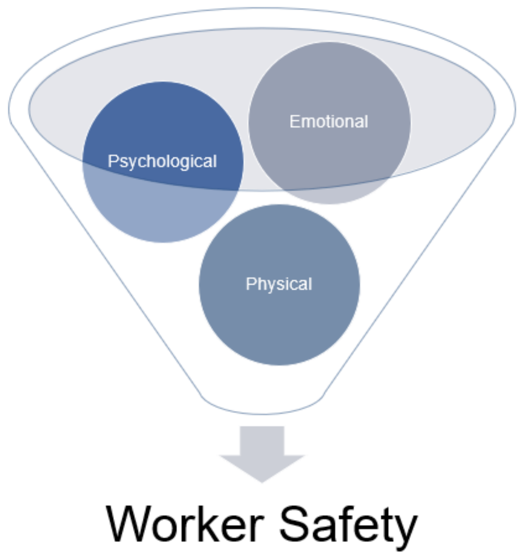
Key Takeaways

- Education and understanding is a preventative measure
- STS is emotional distress that results from hearing about firsthand trauma experiences
- Understanding terms will help you know what to look for in your practice
- Understanding what you can will help manage stress and challenges
- Prevention and intervention strategies

Notes

Worker Safety

Defining Worker Safety



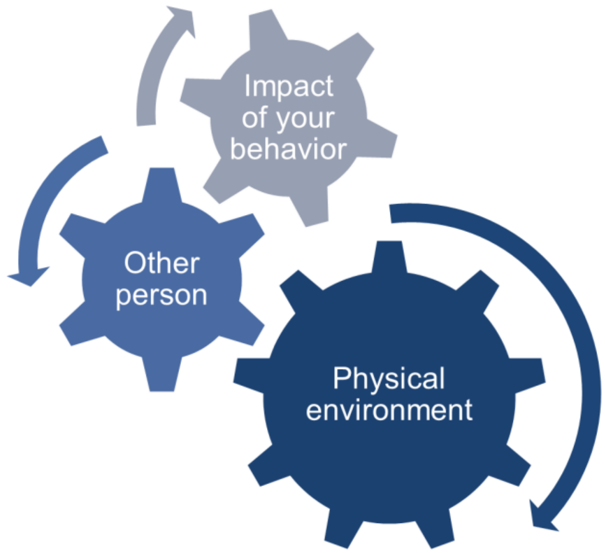
For caseworkers, we think about three types of safety: emotional, psychological, and physical. While physical safety is probably the first one that comes to mind when working in child welfare, all three are vital to keeping yourself safe.

- Emotional safety is about the ability to identify our feelings and being able to feel them and feeling safe enough to able to express yourself authentically. This includes the ability to be resilient at work
- Psychological safety is the belief that you won't be punished or humiliated for speaking up about your ideas, questions, concerns, or making mistakes
- Physical safety, as you can imagine, is about being protected from physical aggression and violence and minimizing the possibility of injury

In order for child welfare agencies to create a workforce mindset that promotes worker safety, each of these aspects needs to be addressed in both policy and practice.

Notes

Three Elements of Safety



Any time you are in a potentially dangerous situation, there are three things for you to consider:

- The conditions of your surroundings, or the physical environment
- The characteristics of the other person, and
- The impact of your own behavior

Notes

Planning for Safety

Handout: Safety Plan

	Your Office	Family's Home	Your Car
Physical Environment			
Other People			
My Behaviors			

Questions for My Supervisor

Key Takeaways

Worker safety includes emotional safety, psychological safety, and physical safety

There are three elements of safety: physical environment, characteristics of the other person, and impact of your behavior

You need to consider your safety in your office, a family's home, and in your car

Notes

Planning for Self-Care and Idea-Sharing

Caseworker Wellness

> When social workers attend to their own wellness by reducing various negative health risk factors, social workers may be able to more effectively address the well-being of marginalized populations and society at-large.
>
> -National Association of Social Workers
> North Carolina Chapter

- Research suggests that caseworkers are at a higher risk of work-related stress, burnout, and a lower quality of life than the general population and other health professionals
- Prolonged exposure to stress and trauma can lead to burnout, lower sense of self-efficacy, low morale and lack of motivation, lack of self-confidence, and high turnover rates
- Exposure to the trauma we see in families increases our susceptibility to secondary traumatic stress and puts us at risk of depression, anxiety, irritability, and poor interpersonal interactions
- There is some initial research about the role of healthy behaviors, such as stress management, physical activity, and healthy eating, on caseworker wellness and quality of life
- Caseworker wellness exists on a continuum and includes physical health, mental health, social connections, economic vitality, and emotional, spiritual, and cultural relationships

Notes

Standards of Self-Care

- Ethical Principles of Self-Care
- Standards of Humane Practice of Self-Care
- Standards for Expecting Appreciation and Compensation
- Standards for Establishing and Maintaining Wellness
- Inventory of Self-Care Practice: Personal and Professional

- First, do no harm to yourself while helping others, and second, attend to your own physical, social, emotional, and spiritual needs to ensure that you deliver high-quality services to others. (NASW standards)
- It is unethical not to attend to your self-care, because self-care prevents harming those we serve. (Includes: Respect for the dignity and worth of self, Responsibility of self-care, Self-care and duty to perform.)
- You have a universal right to wellness: Physical rest and nourishment, Emotional rest and nourishment, Sustenance Modulation.
- Seeking, finding, and remembering appreciation from supervisors and families… Make it known that you wish to be recognized for your service… Find an advocate or advocates.
- Make a formal, tangible commitment… Set deadlines and goals… Generate strategies that work and follow them.” (Includes strategies for letting go of work and gaining a sense of self-care achievement.)

Notes

Handout: Standards of Self-Care

Green Cross Academy of Traumatology
Standards of Self Care Guidelines

Link: www.traumatologyacademy.org

I. **Purpose of the Guidelines**
As with the standards of practice in any field, the practitioner is required to abide by standards of self care. These Guidelines are utilized by all members of the Green Cross. The purpose of the Guidelines is twofold: First, **do no harm to yourself** in the line of duty when helping/treating others. Second, attend to your physical, social, emotional, and spiritual needs as a way of ensuring high quality services who look to you for support as a human being.

II. Ethical Principles of Self Care in Practice : These principles declare that it is unethical *not* to attend to your self care as a practitioner because sufficient self care prevents harming those we serve.

Respect for the dignity and worth of self : A violation lowers your integrity and trust.

Responsibility of self care : Ultimately it is your responsibility to take care of yourself and no situation or person can justify neglecting it.

Self care and duty to perform: There must be a recognition that the duty to perform as a helper can not be fulfilled if there is not, at the same time, a duty to self care.

III. Standards of Humane Practice of Self Care

Universal right to wellness : Every helper, regardless of her or his role or employer, has a right to wellness associated with self care.

Physical rest and nourishment: Every helper deserves restful sleep and physical separation from work that sustains them in their work role.

Emotional Rest and nourishment : Every helper deserves emotional and spiritual renewal both in and outside the work context.

Sustenance Modulation Every helper must utilize self restraint with regard to what and how much they consume (e.g., food, drink, drugs, stimulation) since it can compromise their competence as a helper.

IV. Standards for Expecting Appreciation and Compensation

Seek, find, and remember appreciation from supervisors and clients: These and other activities increase worker satisfactions that sustain them emotionally and spiritually in their helping.

Make it known that you wish to be recognized for your service: Recognition also increases worker satisfactions that sustain them.

Select one or more advocates: They are colleagues who know you as a person and as a helper and are committed to monitoring your efforts at self care.

V. Standards for Establishing and Maintaining Wellness
Section A. Commitment to self care

Make a formal, tangible commitment: Written, public, specific, and measurable promises of self care.

Set deadlines and goals: the self care plan should set deadlines and goals connected to specific activities of self care.

Generate strategies that work and follow them: Such a plan must be attainable and followed with great commitment and monitored by advocates of your self care.

Section B: Strategies for letting go of work

Make a formal, tangible commitment: Written, public, specific, and measurable promise of letting go of work in off hours and embracing rejuvenation activities that are fun, stimulating, inspiriting, and generate joy of life.

Set deadlines and goals: The letting go of work plan should set deadlines and goals connected to specific activities of self care.

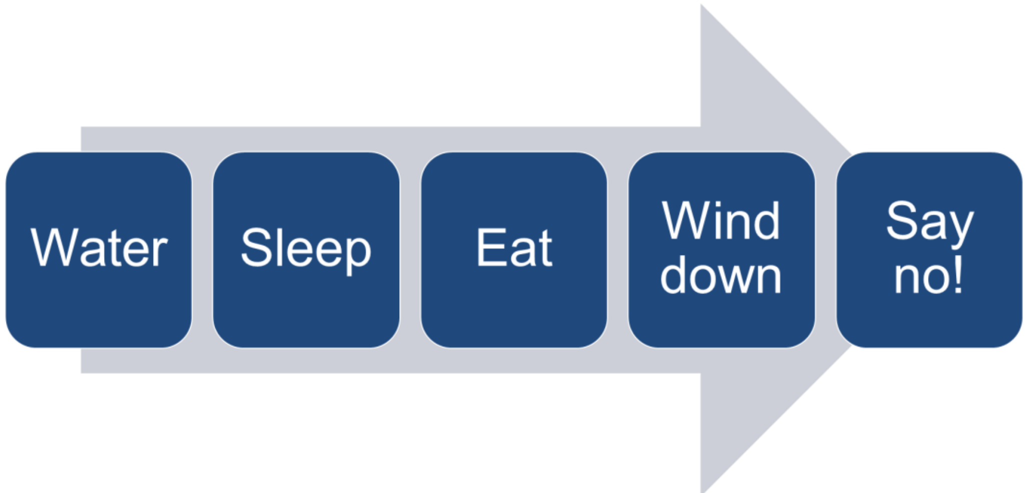
Generate strategies that work and follow them: Such a plan must be attainable and followed with great commitment and monitored by advocates of your self care.

Section C. Strategies for gaining a sense of self care achievement

Strategies for acquiring adequate rest and relaxation: The strategies are tailored to your own interest and abilities which result in rest and relaxation most of the time.

Strategies for practicing effective daily stress reductions method(s): The strategies are tailored to your own interest and abilities in effectively managing your stress during working hours and off-hours with the recognition that they will

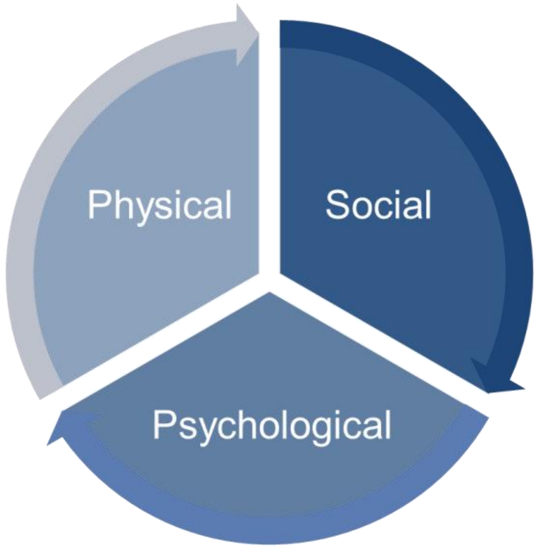
How to Care for Yourself



1. Stay hydrated. We all need more water than we think we do – or than we think we drink each day! Even if we don't have time to sit down and eat, we can drink water and stay hydrated.
2. SLEEP! Try to get seven hours a sleep each night and remove distractions like phones or TV that prevent you from sleeping soundly.
3. Eat. Sounds simple, right? But with busy schedules and going out into the field, we have to plan to make sure we have enough food with us each day to stay nourished.
4. Wind down. What can you do that helps you shut down your mind and body at the end of the day? Is it reading, taking a bath, or meditating? Find an activity that can help you close out each day.
5. Say no! We have to learn how to say no to things that push us beyond our limits and take care of ourselves. We need to remember that "no" is a complete sentence.

Which of these things aren't you doing that you can start doing TODAY?

Holistic Framework for Social Worker Well-Being



The three dimensions for social workers are:

- Physical well-being consists of a social worker's overall health and well-being, including general physical health such as sleep disturbances, headaches, respiratory infections, workplace safety, workplace violence, verbal or physical threats, and secondary traumatic stress.
- Psychological well-being includes job satisfaction, psychological safety, and feeling able to show oneself without negative consequences to self-image, career, or status. It also includes burnout, work engagement, and inclusion.
- Social well-being includes social support and the effectiveness of the work-life balance.

We also have strategies to support workforce well-being for each dimension.

The physical strategies include:

- Taking precautions to maintain physical safety
- Identifying and addressing secondary traumatic stress
- Developing staff self-care plans that include concrete actions

The psychological strategies include:

- Encouraging all staff to make decisions and learn from mistakes without shaming or blaming
- Ensuring black, indigenous, and staff of color are emotionally supported
- Supporting a mobile and flexible workforce

The social strategies include:

- Creating an inclusive and equitable organizational climate through problem-based workgroups and distributive leadership
- Ensuring all staff have access to work supports
- Facilitating social gatherings and celebrations, and celebrating successes, no matter how small they seem!

What other strategies can you think of that we didn't name?

Activity: Create a Self-Care Plan

Use the following handout to create a Self-Care Plan. You do not need to share in class but it will be helpful to share this with your supervisor as you’re comfortable, to ensure you are caring for yourself as best you can.

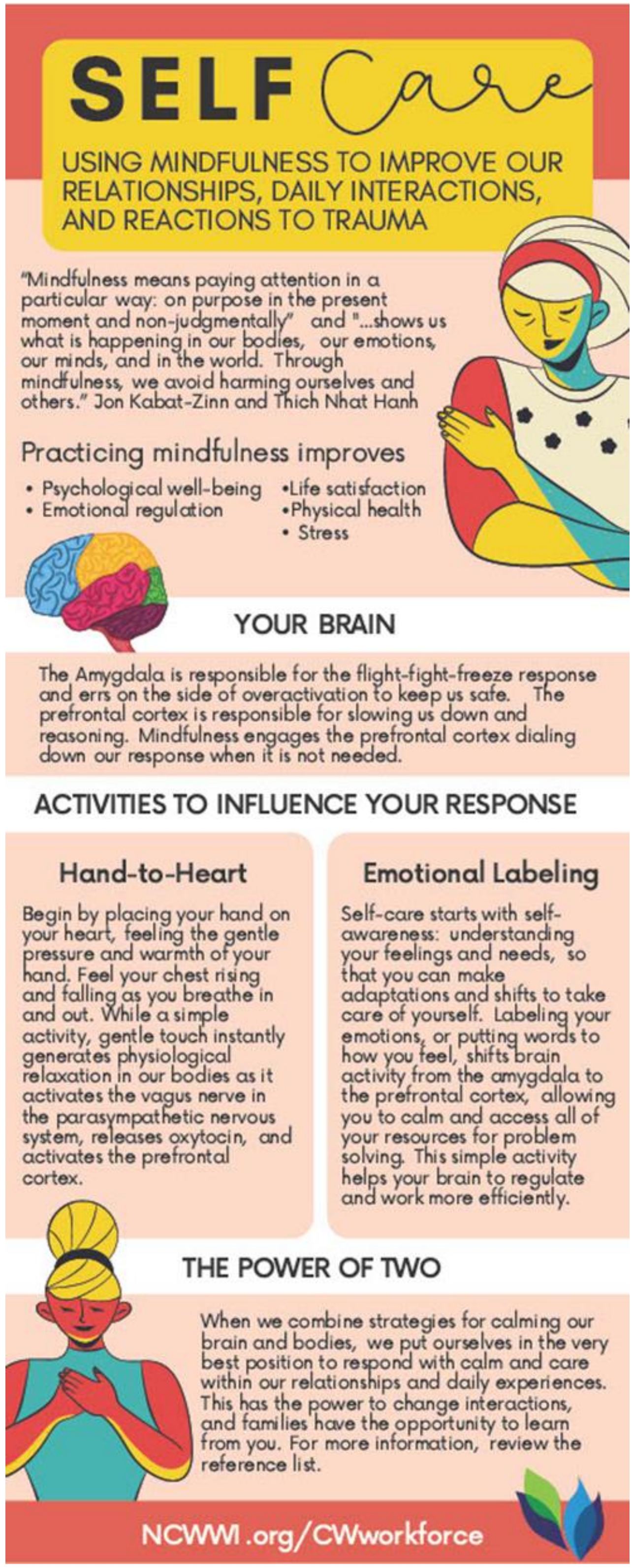
Handout: Self-Care Plan

Physical	
Body Work	
Effective Sleep Induction and Maintenance	
Proper Nutrition	
Psychological	
Work/Play Balance	
Relaxation	
Nature/Calming Stimuli	
Creative Expression	
On-Going Self-Care (Assertiveness, Stress Reduction, Inter-personal Communication, Cognitive Restructuring, Time Management)	
Meditation/Spiritual Practice	
Self-Assessment and Self-Awareness	
Social/Interpersonal	
Social Supports (5 people, at least 2 at work)	
Getting Help (Informal and Professional)	
Social Activism	
Professional	
Work/Home Balance	
Boundaries/Limits Setting (Time/Overworking, Therapeutic/Professional, Personal, Multiple Roles, Change and Acceptance)	
Support/Help at Work (Peer Support, Supervision, Consultation, Therapy, Role Models/Mentors)	
Work Satisfaction	

Prevention Plan Development:

- Review current self-care and prevention functioning
- Select one goal from each category
- Analyze the resources for and resistances to achieving the goal
- Discuss the goal and implementation plan with a support person
- Activate plan
- Evaluate the plan weekly, monthly, and yearly with a support person
- Notice and appreciate the changes

Handout: Mindfulness to Improve Our Relationships



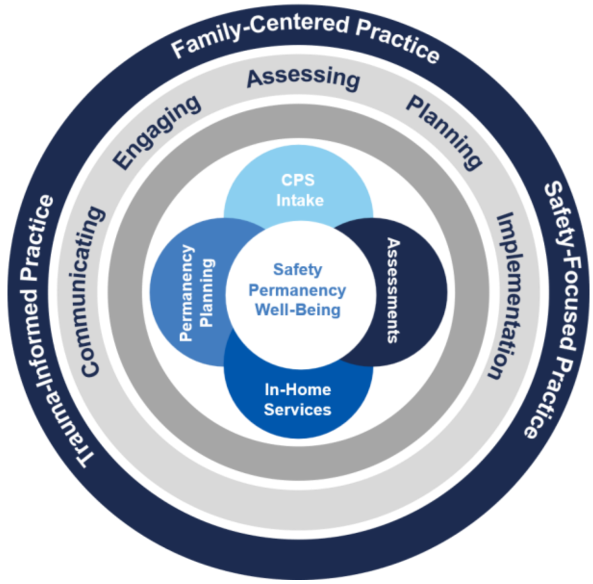
Key Takeaways

- Attending to your wellness, will allow you to effectively address well-being of children and families.
- Wellness exists on a continuum of physical health, mental health, social connections, economic vitality, and relationships.
- Standards for self-care are guided by two principles.
- While self-care can feel like a lot of work, it really can be pretty simple.

Notes

Core Training Wrap-Up

Debrief and Wrap-Up



The two outside circles contain the North Carolina Practice Standards, which include the Core Values (***Trauma-Informed practice, Family-centered practice, and Safety-Focused practice***), and Essential Functions (***Communicating, Engaging, Assessing, Planning, and Implementing***). The skills and knowledge associated with these two circles apply to every task and every interaction with children and families, regardless of job title or program area.

Moving in, you see the four circles ***CPS Intake, Assessments, In-Home Services, and Permanency Planning***. These represent our four main program areas where we work with children and families. These training topics are about applying the foundational skills to case management.

In the center, you see the primary ***Child Welfare goals: safety, permanency, and well-being***. These are the outcomes we seek to achieve for all children and families we serve. When we apply family-centered, trauma-informed, safety-focused practice, the practice standards, and the essential functions to the social work process in our program, these outcomes are possible.

Create a summary of your reflections for the Core training as a whole:

Self-Care Exercise

Activity: Mindfulness Activity – Breathing Meditation

This activity is a guided mindfulness exercise. There is no wrong way to do this exercise. This exercise itself will last about three minutes and there will be a chime sound when it is over. When it has concluded you are free to go.

- https://www.uclahealth.org/marc/mpeg/01_Breathing_Meditation.mp3

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Week 6 Day 1

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