



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

June 2026



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Instructions

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

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

Course Themes

Core Training Themes

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

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

Training Overview

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

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

Pre-Work Online e-Learning Modules

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

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

Foundation Training

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

Core Training

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

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

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

Transfer of Learning

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

- Pre-training
- During training
- Post-training

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

Training Evaluations

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

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

Pre-Service Training: Core Topic Schedule

Week 1:

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

Week 2:

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

Week 3:

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

Week 4:

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

Week 5:

- In-home Services
- Permanency

Week 6:

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

Pre-Service Training: Core Week 6 Day 1 Agenda

Child Welfare in North Carolina Pre-Service Training: Core

Welcome and Introductions

Child Welfare Processes Part 4: Permanency Planning Services

Kinship Placements

Progress to Permanency

BREAK

Reunification

Reunification Learning Lab

LUNCH

Adoption

Adoption Learning Lab

Guardianship and Custody

Another Planned Permanency Living Arrangement (APPLA)

BREAK

Reinstatement of Parental Rights (RPR)

Permanency Considerations

Placement Learning Lab

Self-Care Exercise

Mindfulness Activity

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

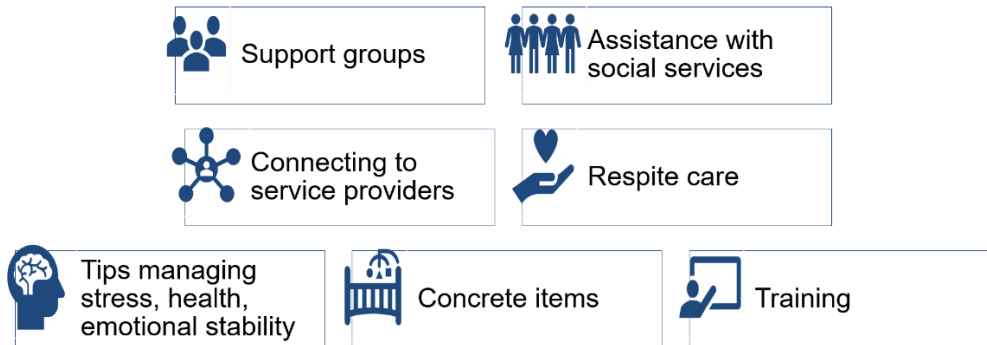
Day 1
Overview of Child Welfare Process Part 4: Permanency Planning Services
• Explain the importance of applying family-centered practices and principles to engage relatives • Discuss your role in the notification process for communication, placement with relatives, permanency, and ensuring connections with relatives, including what information can be shared with relatives, changing roles, and boundaries • Discuss ways to engage and involve relatives in planning for placement and other support, including consideration of relatives for placement • Describe ways to support relatives in maintaining kinship placements • Describe strategies to prepare the child, the child's parents, and the permanency resource for permanency • Provide examples of ways to plan for an prepare children, families, and placement providers for permanency and safe case closure • Identify preparation strategies for participation in Permanency Planning Review meetings as required by policy and statute • Explain the purpose of the Permanency Planning Family Case Plan and why it is used to achieve safety, permanency, and well-being outcomes • 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. • Explain the purpose of the SDM® Reunification Assessment • Describe the components of the SDM® Reunification Assessment • Describe the requirements to achieve each permanency option • Discuss strategies for engaging relatives in placement planning and decision-making • Explain the importance of including relatives in case planning and decision making

Core Week Six Day One

Child Welfare Process Part 4: Permanency Planning Services

Kinship Placement

Supporting Relatives and Nonrelative Kin



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

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

Notes

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

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

Visit <https://www.youtube.com/watch?v=-pQQQei8Kug> to watch the video.

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

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

The purpose of this activity is to understand the perspectives of kinship providers and be able to support and encourage kinship providers in ways that create positive safety, well-being, and permanency outcomes for children and families.

What to do:

- After watching the kinship video, discuss the questions below with your group

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

What could the system have done differently to support Bruce, Brenda, and their grandchildren?

How does your agency support kinship families (such as emotionally or financially)?

What system barriers did Bruce and Brenda encounter?

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

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

What images in the video suggest that the family was promoting healthy development for their grandchildren?

What outcomes would you expect to see?

Debrief Questions

What did Bruce and Brenda's story reveal about the difference between placing children with relatives and truly supporting kinship caregivers?

Where did you see the system either help or unintentionally create barriers?

How does what you observed in the video connect to the policies and expectations we've discussed today (normalcy, kinship support, placement stability)?

Where do you notice gaps between policy intent and lived experience?

Based on Bruce and Brenda's experience, what is one specific question, action, or practice you would commit to using with a kinship caregiver to reduce stress, promote normalcy, or strengthen placement stability?

Changing Roles and Boundaries

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

Activity Worksheet: Changing Roles and Boundaries

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

What to Do:

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

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

How might this impact the relative caregiver?

What about the child they are caring for?

What about the child's parents?

Key Takeaways

Children and families benefit from relative connections

Engaging relatives supports the child and family

Requirements to engage and notify relatives

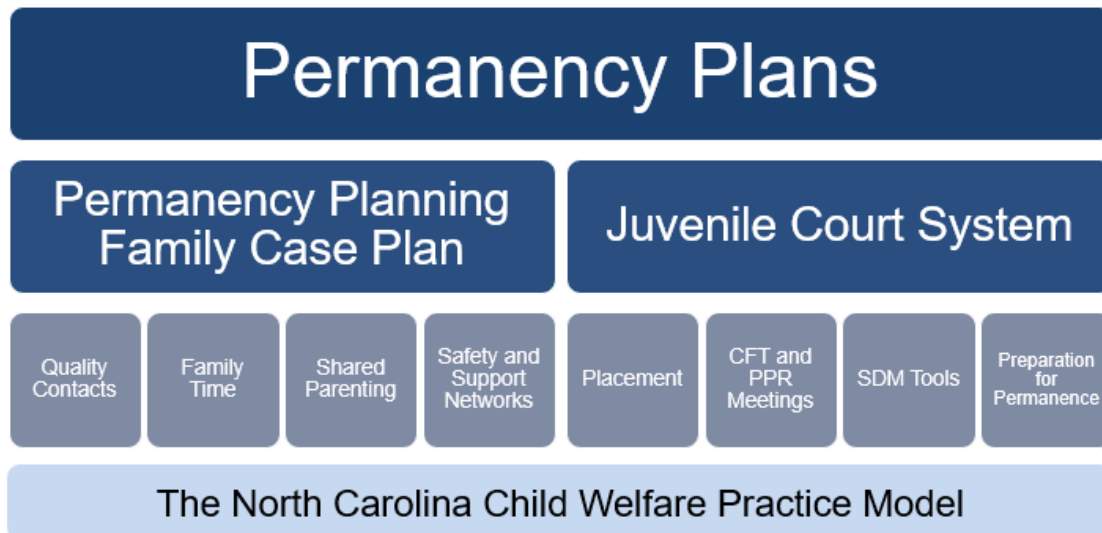
Placement with relatives is the preferred option

Kinship providers need support and services

Notes

Progress to Permanency

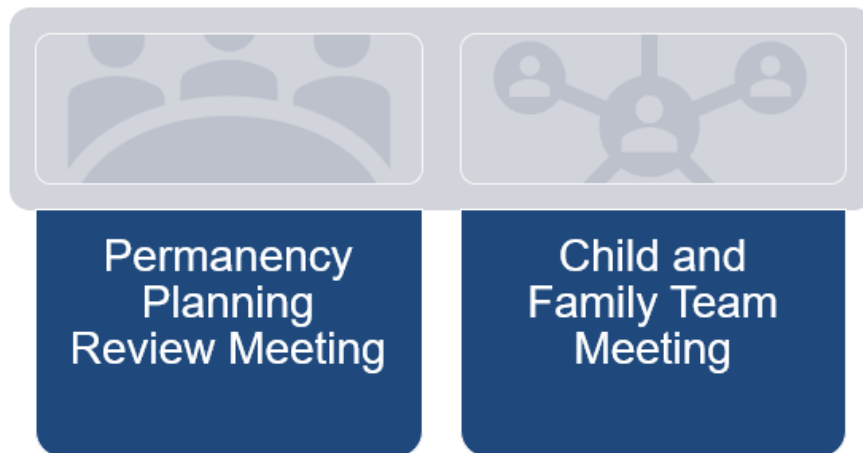
Permanency Planning Services



The Permanency Plans, both primary and secondary, guide the permanency planning process by establishing the desired outcome for each child. The process is outlined and monitored by the Permanency Planning Family Case Plan and the Juvenile Court. The required tasks and activities outlined in the policy provide opportunities to implement the plan. The NC Child Welfare Practice Model provides the foundation to facilitate this process.

Notes

Meetings to Assess Permanency Progress



Meetings are used throughout the Permanency Planning Process to monitor progress:

- Permanency Planning Review Meetings are to ensure reasonable efforts are made to achieve a safe, permanent home for a child and that they are actively pursued
- Child and Family Team Meetings are held to support decision-making throughout the Permanency Planning Process

Notes

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Activity: Meetings to Assess Permanency Progress

The purpose of this activity is to explore the similarities and differences in Permanency Planning Review (PPR) and Child and Family Team (CFT) meetings.

What to do:

- Review the *Permanency Planning Review and Child and Family Team Meetings* handout that follows this activity
- With your partner, discuss the similarities and differences between the two meeting types

Similarities**Differences**

Handout: Permanency Planning Review (PPR) and Child and Family Team (CFT) Meetings

In general, PPR meetings that are arranged and conducted to meet the minimum standards set forth in NC policy are not family-centered enough to be considered CFTMs. PPRs are agency-directed and serve as accountability measures to the policy requirements and reasonable efforts.

	Permanency Planning Review	Child and Family Team Meeting
Purpose	To ensure reasonable efforts are made to achieve a safe, permanent home for a child, and that they are actively pursued. PPRs are arranged and conducted to meet the minimum standards set forth in NC policy and are not family-centered enough to be considered CFT meetings.	To reach an agreement on child welfare issues, create a Permanency Planning Family Case Plan that incorporates family, informal, and formal support ideas, and plan how all participants will implement the agreement. Child and Family Team Meetings are opportunities to collaborate with families to make decisions about the direction of case planning.
Timeline	Occur within 60 days of placement and every 90 days thereafter, and when there is a recommended change in the permanent plan outside of the regular review schedule	Occur where there is a: • Change in placement (or potential change in placement) of the child • Change in family circumstance and it is necessary to reconvene the team to discuss the case, this includes when there is a change in the juvenile's school • Change in the permanent plan

	Permanency Planning Review	Child and Family Team Meeting
		Any time the family or child requests the team be convened. Use CFT meetings when updating the Case Plan
Conditions	Open, non-adversarial forums for focusing on case work practice and planning	CFT meetings are an opportunity for the family to be involved in decision-making and planning.
Objectives	- Evaluate the need for continued custody with the county child welfare services agency. - Assess the child's current educational, developmental, physical, mental, and social statuses, including ongoing needs. - Determine the appropriateness of the child's current placement. - Review the Family Time and Contact Plan for reasonableness and appropriateness. - Examine the child's primary and secondary permanent plans and assess their suitability. - If reunification is the plan, evaluate parents' progress in improving the conditions that led to removal. - Identify any barriers or safety issues preventing reunification. - Assess agency efforts toward achieving the child's permanent plan. - Consider services provided by other community agencies to help the family achieve goals in the	- Agreement on Child Welfare Issues: The CFT Meeting aims to reach an agreement on which child welfare issues will be addressed throughout the case's duration. - Case Plan: The team will develop a Family Case Plan that incorporates the best ideas from family, informal, and formal support. This agreement aims to enhance safety for the child/youth and family while minimizing risk. - Implementation Plan: Participants will plan how to actively support and implement the Family Case Plan.

	Permanency Planning Review	Child and Family Team Meeting
	Permanency Planning Family Case Plan. - Identify remaining services needed from the county child welfare services agency or other community agencies. - Evaluate compliance with the Permanency Planning Family Case Plan.	

Debrief Questions

How do these meetings support ongoing progress toward the Permanency Planning process?

Why might it be important for children, parents, and safety and support network members to be engaged in these meetings?

What do you need to do to ensure all appropriate parties are engaged in these meetings?

Preparing the Child and Family for Permanency

Activity: Permanency Preparation: 4 Lenses, 1 Plan

The purpose of this activity is to support understanding that permanency is a process, not an event.

What to do:

- Review the “Preparing the Child and Family for Permanency” Handout found in this workbook
- With your group, examine permanency preparation through four different lenses: child, family, placement provider, and permanent caregiver
- Discuss the questions for each lens, spending three minutes on each perspective
- When 12 minutes are up, discuss the “Alignment and Relationship-Preservation” questions

Child
Identify two readiness needs (what must be true emotionally and practically for permanency to be successful?) 1. 2.
Identify two caseworker actions that support those needs: 1. 2.
Identify one risk if skipped: what could go wrong? 1.
Which child experiences (such as grief, anxiety, confusion, divided loyalties) are most likely to show up during permanency transitions, and how should workers respond?

Family
Identify two readiness needs (what must be true emotionally and practically for permanency to be successful?) 1. 2.
Identify two caseworker actions that support those needs: 1. 2.
Identify one risk if skipped: what could go wrong? 1.
What caseworker actions help ensure safety and stability before recommending return home?

Placement Provider
Identify two readiness needs (what must be true emotionally and practically for permanency to be successful?) 1. 2.
Identify two caseworker actions that support those needs: 1. 2.
Identify one risk if skipped: what could go wrong? 1.
What supports reduce caregiver grief and strain and help preserve stability during transitions?

Permanent Caregiver
Identify two readiness needs (what must be true emotionally and practically for permanency to be successful?) 1. 2.
Identify two caseworker actions that support those needs: 1. 2.
Identify one risk if skipped: what could go wrong? 1.
What information must be shared and what supports must be arranged to increase success after placement/adoption/guardianship?

Alignment and Relationship-Preservation Questions

How do we keep everyone on the same page during transition?

How do we support continuity of connections while moving toward permanency?

Handout: Preparing the Child and Family for Permanency

Preparing the Child

County child welfare agencies must help prepare children for permanency, regardless of the permanent plan. 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, the kinds of responsibilities the child can take on to prepare 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 understand how each child perceives their situation. How a child views the permanency process will likely differ 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 not, 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 be unable to continue caring for them, and who will be there to care for 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 loyalty: 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.

Caseworkers 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 for children, and clear communication around the boundaries that both the family and the young person want 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 bring their own life experiences, trauma, and relationships, and that all 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 aware of the difficult experiences they have had in their lives, and as a result, they have unique needs for 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 older youth longer to build a lasting relationship than younger children. This is why we need to ensure we're providing ongoing support for both the young person and 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. 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 and Family Reunification Assessment within 30 days of recommending legal custody be returned to the parents.

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, formed new relationships with foster parents, and may have developed new interests. Families will have adjusted their daily routines to accommodate the child's absence. Parents may have learned new parenting skills that impact familiar family practices. During the planning process, you should keep the child and family updated on the changes. 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 their fears. 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 helping the child transition to their permanent living arrangement. The foster family will need your support and recognition for the contributions they have made to the child's life. The foster family should be informed of the reasons the county has decided to move a child to a permanent placement. Such information and preparation will help the foster family come to terms with these events, so they can help a child adjust to the move. If it is in the child's best interest, your agency should arrange contact between the child and the foster family after the 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 that 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 help retain 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, ongoing support, monitoring, and/or counseling to 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 resolving 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.

Debrief Questions

Think of a transition you've seen (professional or personal). What helped people feel steady during change, and what made it harder?

Which lens (child/family/placement provider/permanency resource) is easiest to overlook in practice, and what is the impact when we do?

What is one concrete step you could take this week to increase permanency readiness, emotionally and practically, for the people you serve?

Engaging Youth in Permanency Planning

The *Preventing Sex Trafficking and Strengthening Families Act*, Public Law 113–183, highlights the need to achieve permanency for all youth, particularly older youth. P.L. 113–183 reinforces the vital role of meaningful youth engagement in achieving permanency and underscores how it can lead to youth-centered practices that achieve better outcomes in all areas of child welfare. When agencies and courts select and approve APPLA as the permanency plan, the permanency provisions focus on including the youth’s voice and engaging the youth in the case planning process. Courts are required to ask youth about their desired permanency goal when the child welfare agency seeks an APPLA plan. This engagement can provide insight into barriers to permanency and potential services and supports to overcome them. In addition to the legal requirements for youth engagement in court and case planning, best practice recommends including youth in the work conducted to achieve permanency. Youth need to understand the efforts and actions taken to find or reconnect them with family. When youth, agencies, and courts collaborate and build “buy-in,” trust, and understanding, the likelihood of successful outcomes increases.

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

Activity: Engaging Youth in Permanency Planning

What to do:

- Review the *Engaging Youth in Permanency Planning* handout below
- Read the scenario
- Discuss the questions and formulate strategies for each
- Be prepared to report out your top or favorite strategy

Scenario:

A 15-year-old youth has been in foster care for 10 months. The permanency plan is concurrent (reunification and adoption). The youth is unsure about adoption, expresses loyalty to their parents, and avoids conversations about permanency.

What would you say or ask to help the youth understand permanency, family, and belonging?

What would you say or ask to help the youth feel safe sharing their thoughts and preferences?

What feelings might this youth be experiencing?

How would you respond in a way that validates those feelings and keeps the youth engaged?

What specific strategies would you use to:

Guarantee the youth's voice is central?

Help them explore options over time, rather than as a one-time conversation?

Keep communication honest, direct, and developmentally appropriate?

How would you support ongoing relationships while permanency decisions are being explored?

Handout: Engaging Youth in Permanency Planning

Strategies to help youth remain engaged in planning and achieving permanency:

- Actively involve youth in discussions about permanency options and ensure their voice is central to decision-making
- Help youth define what family and belonging mean to them and identify supportive, safe relationships
- Provide clear, developmentally appropriate information about all permanency options, including legal and relational paths
- Support youth in navigating feelings of grief, loss, or loyalty conflicts that may impact their willingness to pursue permanency
- Encourage and support ongoing relationships with birth family and siblings to promote identity and emotional well-being
- Use direct, authentic communication to build trust and help youth understand the reasoning behind permanency decisions
- Use SOP Tools such as safety houses, genograms, and solution-focused questions to engage youth in the process

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.

Help youth understand what family, belonging, and permanency mean. Youth who have grown up without the security of consistent family connections and positive peer support 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-assurance needed to realize one's 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.

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

Help youth explore their permanency options, including 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 establishing a permanency plan, it is important to ensure that youth are involved, aware of their options, and given opportunities to express their opinions as much as possible and appropriately.

Recognize that family loyalties may affect youth's desire to pursue permanency.

Sometimes, you may work with a youth who is resistant to exploring their permanency options. They may even tell you they don't want to achieve permanency. Often, a reluctance to explore permanency options stems from 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 explore any resistance or fears they may have about helping youth maintain such connections. When needed, help youth seek counseling from qualified therapists to process what has happened to them and, if desired, learn how to improve their relationships. Because sibling relationships are critical to well-being, sibling separation in out-of-home care can be traumatic. 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 they aspire to achieve should be an active part of the case management process. Caseworkers, existing connections, such as relatives and mentors, as well as adoptive parents, can help aid 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.

Key Takeaways

Permanency is a process, not an event

Family and youth voice are central

Court oversight ensures accountability

PPR and CFT meetings monitor progress

Safety must be demonstrated, not assumed

Behavioral change outweighs service compliance

Notes

Reunification

Reunification: Policy Requirements

Issues that precipitated removal have been addressed and resolved

Risk has been reduced

Parents have made changes in behavior and circumstances

Parent has demonstrated capacity and willingness to provide appropriate care

Child's safety and care is expected to remain secure

Supports from the agency and community are in place

Reunification is the preferred permanency option when safety concerns have been resolved, and parents demonstrate the ability to provide adequate care; it must remain a primary or secondary plan until the court determines otherwise. County child welfare workers must assess readiness for reunification using structured tools, observing Family Time, and planning activities, with judicial review required before a child can return home.

Family Reunification Services support families in resolving the conditions that led to removal and building protective factors to ensure long-term safety and stability. Legal exceptions to reunification apply when the court finds aggravated circumstances or serious harm, in which case alternative permanency options must be pursued.

Notes

Handout: Reunification Policy Requirements

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

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

Per Rylan's Law:

- these visits must occur within 30 days of the permanency planning hearing in which DSS recommends that the parent, guardian, custodian, or caretaker from whom the child was removed have unsupervised visits or physical custody returned to them.
- Before the court can order unsupervised visits with the one the child was removed, it must find that unsupervised visits are in the child's best interests.
- When returning physical custody to the one from whom the child was removed, the court must find that the juvenile will receive proper care and supervision in a safe home.

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

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

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

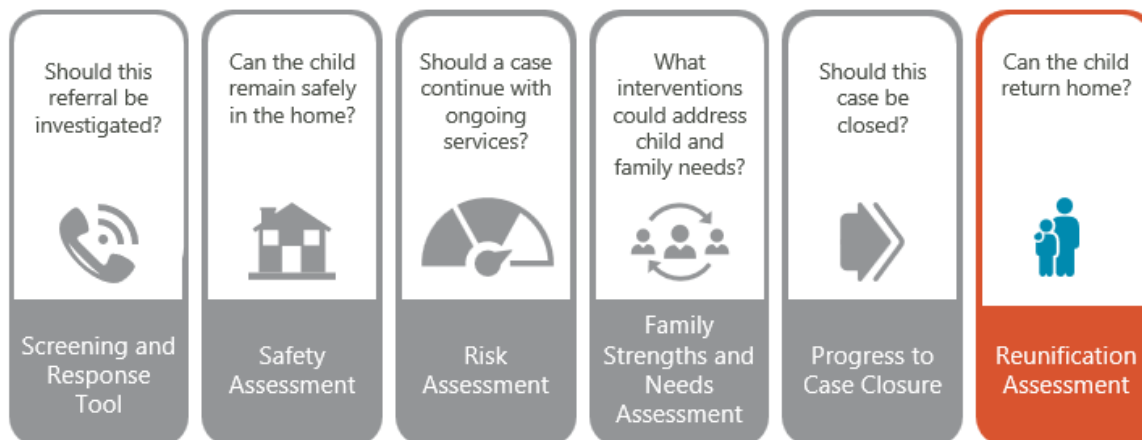
- A court of competent jurisdiction has determined that the parent has committed or encouraged the commission of, or allowed the continuation of, any of the following upon the juvenile:
 - Sexual abuse
 - Chronic physical or emotional abuse
 - Torture
 - Abandonment
 - Chronic or toxic exposure to alcohol or controlled substances that causes impairment of or addiction in the juvenile
 - Any other act, practice, or conduct that increased the enormity or added to the injurious consequences of the abuse or neglect
- A court of competent jurisdiction has terminated the parental rights of the parent involuntarily to another child of the parent.

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

A court of competent jurisdiction has determined that (i) the parent has committed murder or voluntary manslaughter of another child of the parent; (ii) has aided, abetted, attempted, conspired, or solicited to commit murder or voluntary manslaughter of the child or another child of the parent; (iii) has committed a felony assault resulting in serious bodily injury to the child or another child of the parent; (iv) has committed sexual abuse against the child or another child of the parent; or (v) has been required to register as a sex offender on any government-administered registry,

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

SDM® Reunification Assessment

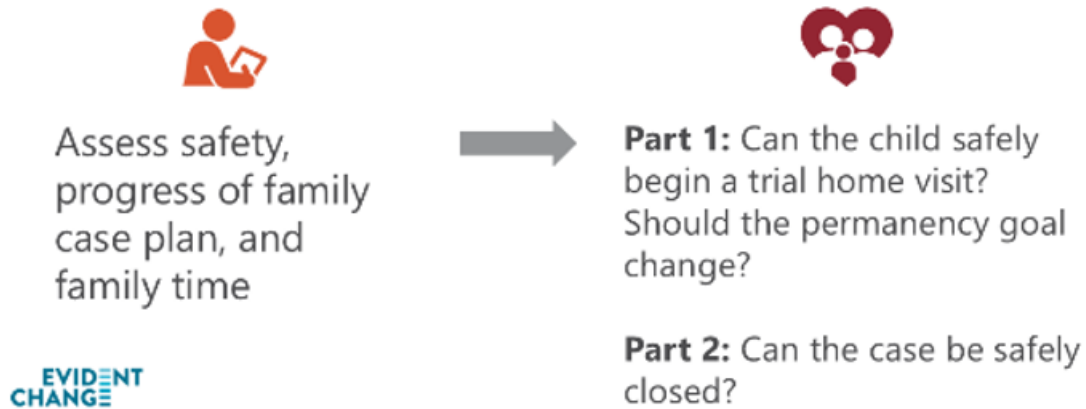
EVIDENT
CHANGE

The SDM® Reunification Assessment supports caseworkers in assessing progress toward addressing conditions that led to removal and in assessing reunification with the parent from whom the child was removed.

The Reunification Assessment is completed by the assigned caseworker. Caseworkers should inform parents of the components of the assessment at the development of the Permanency Planning Family Case Plan (PPFCP) and review the completed assessment with parents. The Reunification Assessment and the PPFCP inform the Permanency Planning Review.

Notes

Reunification Assessment and Questions



The SDM® reunification assessment has two main parts. These components may seem familiar, as they incorporate components that we have explored in other SDM Tools.

- Part one is the Trial Home Visit. This part of the tool helps answer whether a child can safely begin a trial home visit and, if not, whether the permanency goal should change. Part one assesses safety, progress of the family case plan, and family time.
- Part two is the Progress to Case Closure Guide, which helps answer whether, once a child is home, ongoing services are needed or if we can safely close the case.

Notes

SDM® Reunification Assessment Part One: Trial Home Placement

				
Safety	Case Plan	Family Time	Recommendation	Minimum Contact Frequency Guidelines
• Safety Criteria • Safety Interventions • Safety Decision	• Rating of each caretaker's progress toward behavior change	• Assess the caretaker's success with the planned frequency of family time with each child in care, as well as the quality of family time.	• Begin Trial Home Visit • Consider goal change • Continue reunification efforts and concurrent planning	• Determine minimum contact frequency through supervision

Activity: Part One: Trial Home Placement Decision

What to do:

- Review the *Reunification Assessment Part One: Trial Home Placement* handout that follows this activity
- Review the case scenario
- Determine whether a trial home visit should be recommended, using the same thinking framework as the SDM® Reunification Assessment
- Consider each step and discuss with your group
- Reach a final decision about Trial Home Placement

Case Scenario:

A child has been in out-of-home care for 6 months due to neglect related to substance use and unsafe supervision.

Since removal:

- The parent has completed substance use treatment and attends aftercare regularly
- There are no known new safety incidents, but stressors remain (housing instability and limited support network)
- The parent attends most family time visits, though misses occasionally due to transportation issues
- During visits, interactions are generally positive; however, the parent sometimes struggles with consistency in routines and limit-setting
- A relative has recently agreed to help support supervision if needed

Discussion Questions

Step 1: Safety

Are original danger indicators still present?

Are there any new safety concerns? If so, what are they?

How would a safety plan mitigate any remaining risk?

Step 2: Behavior Change

What evidence shows behavior change vs. compliance?

Is change consistent enough to support reunification?

Step 3: Family Time

What does the quality of family time suggest?

What does the frequency and consistency suggest?

Step 4: Recommendation

Choose ONE:

- ☐ Begin trial home visit
- ☐ Continue reunification efforts
- ☐ Consider goal change

Justify your decision using the three domains (safety, behavior change, family time):

Safety**Behavior Change****Family Time**

Debrief Questions

What factors most influenced your recommendation: safety, behavior change, or family time?

How did your group weigh risk vs. protective factors in decision-making?

What would need to be true for you to confidently recommend a trial home visit?

What is one question you will consistently ask yourself when assessing readiness for reunification?

Handout: Reunification Assessment Part One: Trial Home Placement

Part One of the Reunification Assessment has five parts:

Section 1 assesses safety, including:

- Are any of the danger indicators identified on the safety assessment that resulted in the child's removal still present?
- Have any new danger indicators been identified since the child's removal?
- Are there any conditions that present an immediate danger of serious harm if the child were to begin a trial home visit?
- If there are danger indicators, are there safety interventions that can mitigate these concerns?

Section One evaluates the safety of the maltreating, removal household to which the child may be returned. This part utilizes the structure of the safety assessment to determine if any of the danger indicators identified on the safety assessment that resulted in the child's removal are still present, any new danger indicators that have been identified since the child's removal and any conditions that present an immediate danger of serious harm if the child were to begin a trial home visit and a plan to mitigate those concerns whenever possible. This portion of the assessment follows the Safety Assessment structure we explored on Week 4 Day 2, assessing danger indicators, evaluating family interventions, making a safety decision, and building a safety plan when interventions can mitigate the concerns.

For permanency planning, children may begin a trial home visit if a danger indicator exists with a safety plan rigorous enough to ensure the child's safety. This plan must include at least one person from the safety and support network who could not have caused harm. Supervisor approval is required. Safety planning is a critical component of reasonable efforts to reunify. Keep in mind that the safety plan outlines the urgent nature of who will be present, what will happen during high-risk times, and how danger will be mitigated to support a trial home visit. The longer-term goals for the family are addressed with case planning, not safety planning. We should constantly assess the child's safety, especially at the critical time of reunification; therefore, it is the first component of this assessment.

Section 2 assesses caretaker progress on the family case plan, by:

- Recognizing behavioral change as the key measure of progress
- Distinguishing between compliance and demonstrated change
- Using clear thresholds to guide consistency in decision making

Section Two assesses the caretaker's overall progress in achieving case plan tasks as indicated by behavioral change. When we talk about progress in the permanency planning family case plan, we talk about behavior change, not service compliance. Service is a means to an end, but that end is a behavior change for the caretaker. To do this, review the thresholds set by the definitions and identify whether each caretaker frequently, sometimes, or rarely demonstrates behavior change consistent with the permanency planning family case plan.

Section 3 assesses the quality and quantity of family time, considering:

- Caretaker's success with the planned frequency of family time with each child in care, as well as the quality of family time
- Based on direct observation whenever possible, supplemented by observation of the child and reports by foster parents or alternative caretakers
- Focuses on interactions during the period under review (since removal or last assessment)

Section Three looks at the caretaker's success in maximizing the quantity and quality of family time with each child in care. Base your assessment on direct observation whenever possible, supplemented by reports from placement providers or others who observed visits. Focus on interactions during the period under review (since removal or last assessment).

Not only do we want to see acceptable behavior change, but we also want to see the caretaker show improvement or positive behaviors during family time with the child.

The first item of this part looks at the caretaker's efforts to maintain consistent face-to-face family time with the child. You should assess whether the caretaker is:

- Consistently following the family time plan: an "a" rating
- Is inconsistently following the family time plan: a "b" rating
- Does not follow or is prohibited from following the family time plan: a "c" rating

Caseworkers should note any extenuating factors around the consistency of family time that is no fault of the family. For example, a staffing shortage created a disruption to family time. This consideration is important because the assessment is designed to measure the caretaker's behaviors and commitments, not penalize them for systemic barriers. By capturing these extenuating or contextual factors, caseworkers maintain fairness, document the child and parent's actual experience, and highlight areas where the agency or system may need to strengthen supports.

The second item looks at caretaker behavior during contact with the child. When answering this item and evaluating appropriate limit setting and discipline, consider the setting; the child's energy, development, and emotions; and the limited time the caretaker and each child have together.

- If caretaker behavior is within the range of healthy parenting responses and the caretaker demonstrates a good understanding of child development, you would select Positive interactions, an "a" rating.
- If the caretaker demonstrates some understanding of child development but needs improvement in anticipating or responding to the child's basic needs, you would select Showing improvement, a "b" rating.
- If the caretaker's behavior regularly falls outside the range of acceptable parenting responses or demonstrates little to no understanding of child development and limited interest or ability to change parenting activities, answer Unhealthy or harmful interactions, a "c" rating.

If there are two caretakers, answer each item based on the caretaker demonstrating the least engagement with the child. Describe the discrepancy in detail if there is a difference between the caretaker's actions and engagement.

Keep in mind that family time is often the child's primary lens for seeing whether things have changed. Quantity matters, but quality matters just as much. Both are needed for a safe, sustainable return home. When we assess family time, we aren't just rating visits; we are assessing whether a child experiences consistency, predictability, and healthy caregiving. The child's trust is built (or broken) in these moments. That's why this section of the reunification assessment carries so much weight.

Section 4 supports recommendations for Trial Home Visits with outcomes including:

Recommend a trial home visit within 30 days of the next court hearing: If the household is assessed as safe OR Safe with a plan, behavioral change is occurring, and family time quality and quantity are successful or improving, the recommendation will be to begin a trial home visit. Discuss with your supervisor and, unless there is a reason for an override, begin planning to recommend a trial home visit within 30 days of the next court hearing. This plan may involve having a larger meeting to discuss and create a potential safety plan.

Consider a goal change at the next permanency planning meeting before the next court hearing: If a danger indicator is present, the progress on the case plan is not sufficient, or the family time quality or quantity is not successful or improving AND the child has been in the temporary custody of DSS and in placement for nine consecutive months or 12 of the last 22 months, the assessment will recommend a goal change at the next permanency hearing. If this is the case, you will want to shift to the concurrent plan while you continue to provide case management and support. Just as with planning for reunification, strong concurrent planning and full disclosure conversations start on Day 1 and support shifting the permanency plan when reunification is not possible.

Recommend continuing reunification efforts and concurrent planning: If a danger indicator is present, the progress on the case plan is not sufficient, or the family time quality or quantity is not successful or improving, and the child has not been in the temporary custody of DSS, and in placement for nine consecutive months or 12 of the last 22 months, the recommendation will be to continue reunification efforts. It is important to continue to review, revise, and add case plan objectives and family time plans to address areas that need additional support as appropriate.

If more than one child was brought into care, consider: Do these children have the same or different permanency goals? If children in a sibling group have different goals, they will need to be assessed individually. The recommendation summary in the assessment is designed to record the decision for each child. If they have the same goals, the permanency goals for all children will be the same. If needed, provide justification for the continued separation of siblings.

At the same time, it is critical to consider how siblings can remain connected, even if placed apart. Safe and intentional opportunities for contact should be prioritized, as sibling relationships are a key protective factor and can provide continuity, comfort, and identity for children in care.

Remember that the assessment does not decide for you. It does not force you to take action but helps guide and structure your decision-making. If the assessment

recommendations differ from your professional decision-making, review each response, definition, and internal thinking. Then, consult with your supervisor.

If, after consultation, you decide your actions should differ from the assessment's recommendations, do not change the answers in the assessment to fit the outcome. Instead, select the override to reflect that you will proceed differently from the assessment's recommendation and provide your rationale. Supervisory approval is required.

Through supervision, **Section 5** establishes minimum contact frequency when recommendations are to begin or continue a trial home visit. If a child is beginning a trial home visit, this section will ask supervisors and staff to consider a range of family and child characteristics to determine the amount of contact DSS should have with the family during this time. While North Carolina policy sets the minimum thresholds, families sometimes will find more contact helpful and supportive once a child begins a trial home visit.

Part one of the reunification assessment is required for all families with at least one child in out-of-home care with a reunification goal. The first assessment should be completed within 60 days of the child's removal from the home, prior to the first permanency planning review.

SDM® Reunification Assessment Part Two: Progress to Case Closure Guide

Activity: Part Two: Progress to Case Closure Guide, Case Closure Recommendations

The purpose of this activity is to become familiar with the potential outcomes of Part Two of the Reunification Assessment.

What to do:

- Review the handouts:
 - SDM® Reunification Assessment Part Two: Progress to Case Closure Guide
 - Case Closure Recommendations Decision Tree

Debrief Questions

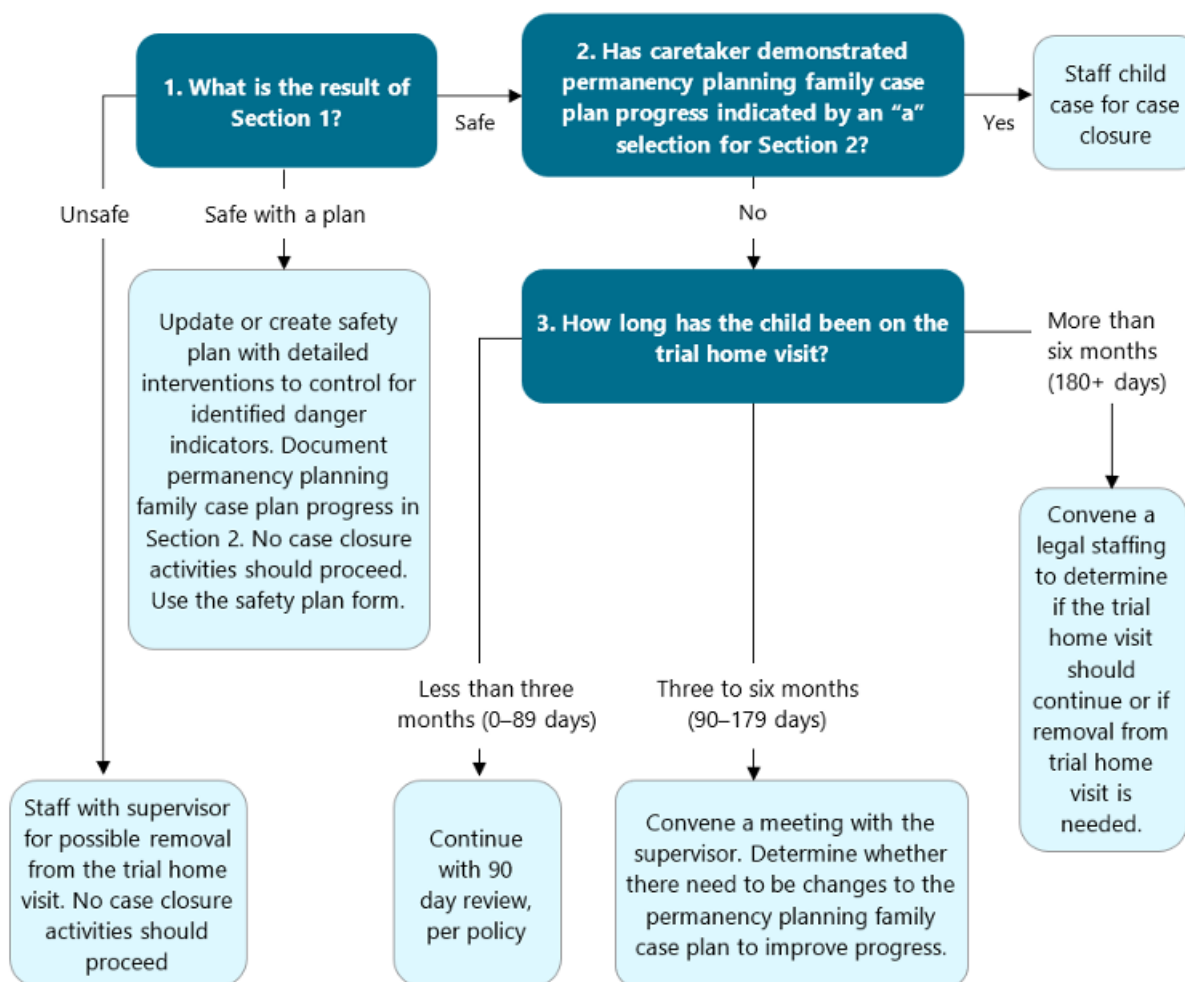
What stands out to you in your review of the case closure recommendations?

What role does strong case planning practice play in reaching the desired outcomes for reunification?

Handout: SDM® Reunification Assessment Part Two: Progress to Case Closure Guide

SECTION 3. CASE CLOSURE RECOMMENDATION

This decision tree is designed to help create consistent case closure recommendations. Use information from Sections 1 and 2 to complete this.



1. What is the result of Section 1?

- If Unsafe, staff with supervisor for possible removal from the trial home visit. No case closure activities should proceed.
- If Safe With Plan, update or create safety plan with detailed interventions to control for identified danger indicators.
- Document permanency planning family case plan progress in Section 2. No case closure activities should proceed. Use the safety plan form.
- If Safe, go to 2.

2. Has caretaker demonstrated permanency planning family case plan progress indicated by an “a” selection for Section 2?

- If Yes, staff child case for case closure.
- If No, go to 3.

3. How long has the child been on the trial home visit?

- If less than three months (0–89 days), continue with 90 day review, per policy.
- If three to six months (90–179 days), convene a meeting with the supervisor.
- Determine whether there need to be changes to the permanency planning family case plan to improve progress.
- If more than six months (180+ days), convene a legal staffing to determine if the trial home visit should continue or if removal from trial home visit is needed.

Key Takeaways

Family and youth voice are central

Preparation supports safe, lasting permanency

Emotional readiness matters as much as legal readiness

Reunification is the preferred permanency option

Safety must be demonstrated, not assumed

Behavioral change outweighs service compliance

Notes

Reunification Learning Lab

Activity: Reunification: April Harrington

The purpose of this activity is to practice completing the SDM® Reunification Assessment using a case scenario.

What to do:

- Read the April Harrington scenario
- Work with a partner to complete the Family Reunification Assessment for the April Harrington family
- You can access the Family Reunification Assessment online at the NCDHHS Policies and Manuals website [<https://policies.ncdhhs.gov/>]
- Be prepared to share your assessment results and reasoning
- Answer the reasonable efforts questions
- Be prepared to share at least one reasonable effort you observed

April Harrington Case Scenario

Mother	Molly Harrington
Father	Adam Harrington (deceased)
Child(ren)	April Harrington
Resource Parents	Henry and Jake Boyer, licensed foster parents

April has been in foster care for five months. This is the second reunification assessment. The initial danger indicator is danger indicator 7. (Caretaker's current substance use seriously impairs their ability to supervise, protect, or care for the child.) The household risk level at the end of the original risk assessment was moderate. Since the last reunification assessment, no new incidents of maltreatment reports have occurred; however, Ms. Harrington has had many disruptions in engaging her support network and making progress on her case plan activities.

Worry Statements

Grandma and Grandpa Smith (paternal grandparents), Uncle Peter (paternal uncle), Nana and Papa (maternal grandparents), and DSS are worried that Ms. Harrington's substance use has escalated to the point that she is engaging in criminal behavior and violence. As a result, April could be exposed to unsafe caregivers, chaotic environments, and serious harm if she were in Ms. Harrington's care.

The family and DSS are worried that Ms. Harrington is unwilling or unable to participate in services or use her safety network. As a result, there are no reliable adults who can intervene if Ms. Harrington becomes impaired, leaving April at high risk of neglect, injury, or abandonment.

Safety Details From Review Period

About six weeks prior to this reunification assessment, Ms. Harrington relapsed and began using substances daily. During this time, she stopped attending NA meetings, missed multiple appointments with her relapse prevention specialist, and stopped communicating with her support network.

Two weeks later, Ms. Harrington broke into her parents' home (Nana and Papa) during the night and attempted to steal electronics and cash. When her father confronted her in the home, Ms. Harrington assaulted him, resulting in visible injuries. Law enforcement was called, and Ms. Harrington was arrested and charged with breaking and entering and assault.

Ms. Harrington has been incarcerated for the past three weeks. While incarcerated, she has refused to engage in case planning services, declined substance use treatment offered at the jail, and told the caseworker that she does not believe she needs treatment and feels DSS is "overreacting."

Strengths/Needs**Strengths:**

Support network (paternal grandparents Grandma and Grandpa Smith, paternal uncle Peter, maternal grandparents Nana and Papa) has remained in consistent contact and visitation with April throughout her time in foster care.

Needs:

Ms. Harrington needs to re-engage in substance use treatment and relapse prevention supports, participate in case planning/services, and rebuild/appropriately utilize a reliable safety network so that adults can intervene if she becomes impaired.

Available Supports:

Identified support network members include Grandma and Grandpa Smith (paternal grandparents), Uncle Peter (paternal uncle), and Nana and Papa (maternal grandparents). Per the review period, members report they are currently unwilling to supervise or provide safety interventions if April were returned, due to Ms. Harrington's current behavior and refusal to accept help.

Case Plan Progress

Ms. Harrington has made minimal to no progress since the last reunification assessment.

- Discontinued substance use treatment
- No contact with relapse prevention specialist
- No participation in NA
- Refuses case planning meetings
- Has alienated key safety network members

Members of the support network report they are not willing to supervise or provide safety interventions if April were returned, given Ms. Harrington's current behavior and

refusal to accept help. They express fear for April's safety if she were to be returned and worry that they would not be able to safely provide intervention.

Family Time

Ms. Harrington attended less than 25% of scheduled visits prior to incarceration. When she did attend, she appeared distracted (playing on her phone, missing cues from April to play or when April was hungry), emotionally volatile (responding to requests from April with a loud, stern voice, crying when April said "no" to a hug), and required frequent redirection from the family time supervisor. Since incarceration, no family time has occurred.

Part 1: Trial Home Visit	
Section 1 A. Danger Indicators	1. Would any danger indicators identified on an earlier safety assessment still be present if the child began a trial home visit? Yes: 1a. If yes, are there safety interventions that can and will be incorporated into a safety plan to address these dangers? No. 2. Have any new danger indicators been identified since the last assessment? Yes: 2a. If yes, are there safety interventions that can and will be incorporated into a safety plan to address these danger indicators? No:
Section 1 B. Safety Decision	
Section 2 Permanency Planning Family Case Plan Progress	

Section 3 Family Time Assessment	1. Caretaker's efforts to maintain consistent family time: 2. Caretaker's behavior during family time with the child: 3. Summary: Consistency: Behavior: Family Time Result:
Section 4 Family Time Assessment	A. Guidelines Recommendation B. Recommendation summary C. Sibling Group
Section 5 Minimum Contact Frequency Guidelines	

Reasonable Efforts Questions

What examples of reasonable efforts did you find in the Harrington case scenario?

What reasonable efforts might be made to preserve family integrity?

Adoption

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.

Termination may be voluntary or involuntary. Parents who wish to place their children for adoption may voluntarily relinquish their rights. When addressing whether parental rights should be terminated involuntarily, the court must do the following:

- Determine, by clear and convincing evidence, that the parent is unfit
- Determine whether severing the parent-child relationship is in the child's best interests

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

Adoption: When Reunification Is Not an Option

Activity: Adoption—What Must Be True?

What to do:

- Review the Adoption: When Reunification Is Not An Option Handout below this activity
- With your partner, complete Parts A, B, and C below
- Discuss the Activity Questions

Part A: Must Be True

Identify two conditions that MUST BE TRUE for adoption to move forward.

Part B: Must Be Done

Identify 2 required agency actions once adoption is the plan.

Part C: Watch Out For

Identify 1 risk or bias that could delay or undermine adoption decisions.

Discussion Questions

Which adoption requirement feels easiest to overlook in practice and why?

How might bias (even unintentional) limit permanency options for children?

What is one action you can take as a caseworker to keep adoption decisions child-centered and timely?

Debrief Questions

Which adoption requirement feels easiest to overlook in practice and why?

How might bias (even unintentional) limit permanency options for children?

What is one action you can take as a caseworker to keep adoption decisions child-centered and timely?

Handout: Adoption: When Reunification Is Not an Option

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.

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.

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.

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.

Once Termination of Parental Rights (TPR) is finalized, a child becomes 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 or 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 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, in order to facilitate matches between persons interested in adoption and the children who are available
- 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 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?
- Have 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.

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 who recognizes 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 have an obligation to 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

There is a special condition of adoption: the safe surrender of a newborn infant. You will find more information about the safe surrender of newborns in your Workbook page titled “Safe Surrender of Newborns: What Everyone Needs to Know About North Carolina’s Law”, emphasizing that infants up to 7 days old in North Carolina can be surrendered to a responsible adult legally and anonymously for purposes of eventual placement for adoption. Explain that while this prevents the mother from being charged with abandonment, a search is conducted for the mother in order to get legal clearance for the child to be adopted. NCGS §7B-909.1 states that before the relinquishment of a juvenile to a department of social services for the purpose of adoption may be executed by a parent, whose retained counsel has entered a notice of appearance or who has an attorney whose provisional appointment has been confirmed by the court, a notice must be given to the parent’s counsel and the parent must be advised of the right to seek the advice of their counsel prior to executing the relinquishment and to have the parent’s counsel present while executing the relinquishment

- Monthly Adoption Assistance Cash Payments: Same as the board payment
- Non-Recurring Adoption Expenses: Up to \$2,000 for one-time costs directly related to the adoption of a child with special needs
- Vendor Payments: Provide up to \$2,400/year for services or treatment for handicapping conditions that existed prior to the placement for adoption
- Adoptive parents can go through the TIPS-MAPP (Trauma Informed Partnering for Permanency and Safety: Model Approach to Partnerships in Parenting) training to learn more about the children they might be able to adopt. Make sure that all learners know what TIPS-MAPP is. TIPS-MAPP is a 30-hour preservice curriculum for foster parents and potential adoptive parents that allows prospective foster/adoptive parents and the agency an opportunity to decide if fostering and/or adopting is right for their families.
- If their agency is unsuccessful in locating a person willing to adopt the child within one year of the court ordering a primary permanent plan of adoption, the permanent plan must be changed unless the agency is able to justify to the court why the plan should remain “adoption.” Justification includes the agency’s progress toward locating a person willing to assume legal responsibility for the child through adoption.
- Youth ages 12 and older who are reluctant to consider adoption must be given an opportunity to talk in a facilitated CFT meeting about their concerns. Other permanency options must be offered, and the youth’s preferred plan must be given strong consideration whenever feasible.

- Each agency should have a written plan that has been approved by the Division of Social Services for the children it places that complies with the Multiethnic Placement Act (MEPA/IEP).
- Each agency is also required to have a written policy that the agency discusses with adoptive parents that includes information on the children available for placement, the availability of Adoption Assistance, the compensation packet for children needing placement and the procedure for requesting and receiving post adoption services.
- A child may be placed in a “legal risk” placement before the child is legally cleared for adoption. The purpose of legal risk placement is to move the child into a permanent home as soon as possible without jeopardizing the legal or social well-being of the child. A legal risk placement does not allow the agency to consent to the child’s adoption. Therefore, the home in which the child is to be placed must be licensed as a foster home or approved by a court order. Legal risk placements are appropriate when the child is not yet legally free for adoption but there is a high probability that parental rights will be terminated.

Adoption Worker Roles and Responsibilities



Adoption workers must perform the following activities related to the child, the child's family, and the adoptive family when a child is placed for adoption:

- Recruitment of adoptive parents from multiple demographic categories (i.e., religions, ethnicities, zip codes/neighborhoods, communities)
- Conducting or connecting prospective parents to training classes
- Writing child summaries and child profiles
- In-depth family assessments: pre-placement assessments and screening
- Matching children and families
- Preparing children for placement
- Preparing the adoptive family and answering any questions about the adoption process
- Ongoing assessments of prospective adoptive families
- Providing ongoing support for the child and family
- Accepting relinquishments from biological parents
- Preparing adoption paperwork for court
- Providing post-adoptive services and support (Post-Adoption Mediated Contact Agreements)
- Connecting adoptive families to services and support groups, taking into consideration their cultural identity

Notes

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Adoption Learning Lab

Adoption Self-Reflection



- 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?

Activity: Adoption Self-Reflection

The purpose of this activity is to examine personal biases that may affect your adoption decisions and develop strategies to address them.

What to do:

- Quietly reflect on the questions
- Take notes in the spaces below
- This is for your own self-reflection, and sharing is optional

Identify and acknowledge situations and circumstances that might trigger your bias

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

What strategies can you use to address this bias?

Guardianship and Custody

Guardianship and Legal Custody

Activity: A Comparison of Guardianship and Custody

The purpose of this activity is to learn about and compare the Guardianship and Legal Custody permanency plan options.

What to do:

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

	Guardianship	Custody
Similarities		
Differences		
Benefits		
Drawbacks		

Handout: Guardianship

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 relatives wish to provide a permanent home for the child and maintain the child's relationships with extended family members, without terminating parental rights, as is required for adoption. 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 as an alternative. However, guardianship may be awarded to a relative or any other person deemed suitable by the court. The court may appoint co-guardians. People other than relatives to consider include foster parents or adults with a kinship bond to 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 that guardianship be awarded to a specific person, your agency must assess the potential guardian by completing the Comprehensive Provider Assessment (DSS-5204), which we previously reviewed.

Guardians will be given legal authority over the child in their home without going through the TPR or adoption process. Guardianship is a legal process that gives decision-making power to a designated caregiver or co-guardians. 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 to the guardian to act on behalf of the child without further involvement by the county child welfare services agency, but with continued court supervision. 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, but their authority cannot be removed unless the court determines them to be unfit. N.C.G.S. § 7B-600(c)

When co-guardians have been appointed as the permanent plan for the juvenile and the relationship between the permanent co-guardians dissolves, any party may file a motion under N.C.G.S. § 7B-906.1. The court shall consider the child's needs and enter an order addressing the guardianship and whether it is in the child's best interest. The court may maintain the juvenile's placement under review or order any disposition authorized by N.C.G.S. § 7B-903. The court may terminate the permanent guardianship of both or one of the co-guardians based on the dissolution of the relationship of the co-guardians and the best interest of the child. The court may maintain the co-guardianship and modify the order to address the juvenile's physical and legal custody, including placement, visitation, and decision-making between the co-guardians. The court shall consider whether custody rather than guardianship is in the juvenile's best interests and, if so, enter an order pursuant to N.C.G.S. § 7B-911.

If the court appoints a guardian or guardians of the person pursuant to this section, the court shall verify that the person(s) 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 of the prospective guardian's adequate resources.

Guardianship Assistance Programs

There are two Guardianship Assistance Programs Tracks: Kinship Guardianship Assistance Program (KinGAP) and Guardianship Assistance Program (GAP). The key difference between the programs is whether the prospective legal guardian is considered a relative of the child(ren). For KinGAP, the term relative includes not only biological family members but also non-relatives who had a significant relationship with the child(ren) or their caregiver before the child entered foster care.

The 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 Guardianship Assistance Programs is to provide financial support to the guardians of a child who is determined to be:

- 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 have been licensed and are receiving foster care maintenance payments for the child for at least 6 consecutive months. For co-guardianship, only one guardian may be the payee for guardianship assistance (KinGAP or GAP), and each co-guardian must meet all eligibility criteria.

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

- The prospective guardian is a relative of the child(ren). For these purposes, a relative is defined as a person related to the minor child by blood, marriage, adoption, or an individual that has a substantial relationship with the minor child or the minor child's parent prior to the child being placed in foster care.
- The child was removed from his or her home due to a voluntary placement agreement or as a result of judicial determination to the effect that continuation in the home would be contrary to the welfare of the child.
- At the time of entry into the guardianship agreement, a NC county child welfare agency has placement and care of the child.
- The child was eligible for foster care maintenance payments (pursuant to 42 U.S.C. § 672) while residing for at least six consecutive months in the home of a licensed prospective relative guardian.
- A determination has been made that reunification or adoption are not appropriate options for the child, as evidenced by the recommendation to cease reunification efforts and the recommendation of guardianship as the permanent plan (KinGAP) (42 U.S.C § 673).
- The child has attained 10 years of age and demonstrates a strong attachment to the prospective relative guardian, and the relative guardian has a strong commitment to caring permanently for the child; if age 14, the child must be consulted regarding the guardianship arrangement. NOTE: A child under 10 years of age is eligible for KinGAP if they reside in the same placement as their qualified older sibling, and both the agency and prospective guardian agree on the suitability for the sibling.

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

- The child has attained 10 years of age, but has not reached his or her 18th birthday, and demonstrates a strong attachment to the licensed prospective guardian and the prospective guardian has a strong commitment to caring permanently for the child; if age 14, the child must be consulted regarding the guardianship arrangement. NOTE: A child under 10 is NOT eligible for guardianship assistance even if their sibling qualifies.

- The child is in a permanent family placement setting for at least six consecutive months prior to the execution of the guardianship agreement. NOTE: The prospective legal guardian must be licensed.
- The prospective guardian is eligible to be appointed as a legal guardian pursuant to N.C.G.S. § 7B-600(b).
- A determination has been made that the child is unlikely to achieve permanency through reunification or adoption, as evidenced by the recommendation to cease reunification efforts and the recommendation of guardianship as the permanent plan (GAP).
- At the time of entry into the guardianship agreement, an NC county child welfare agency has placement and care of the child.

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

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: Guardianship or Legal Custody

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)

Every Kid Needs a Family: Advice to My Younger Self

Video: Every Kid Needs a Family

Watch the video at <https://www.youtube.com/watch?v=Peg8V6j8Rdg>

Notes

Another Planned Permanent Living Arrangement (APPLA)

APPLA-Another Planned Permanent Living Arrangement is a permanent living arrangement for youth aged 16 or 17. To be eligible to have APPLA as a permanency option, youth must:

- Reside in a family setting for at least the previous six concurrent months
- The youth and caregiver have a mutual commitment to emotional support
- The youth has been integrated into the family
- The youth and caregiver are requesting that the placement be made permanent
- 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.

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. 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.

When the youth's permanent plan is APPLA, your agency must provide and document the following services:

- Permanency Planning Services to ensure the child's ongoing safety and well-being needs are met
- Provision of relevant LINKS services, based on a written, objective assessment, and a Transitional Living Plan developed with the youth
- Access to resources for the youth through the LINKS program and other resources as appropriate
- Diligent efforts to help the youth establish a strong personal support network with friends and relatives
- Ensure the caregivers are following the Reasonable and Prudent Parent Standard, supporting the youth's engagement in age- or developmentally-appropriate activities and social events
- Ongoing support for the caregiver to avoid placement disruption.

NC Links

All youth leaving foster care will have:

Sufficient economic resources to meet daily needs

Safe and stable place to live

Academic or vocational and educational goals

Connectedness to supportive persons and the community

Avoidance of illegal or high-risk behaviors

Postponed parenthood

Access to health services and insurance

Ongoing access to engage in normalcy

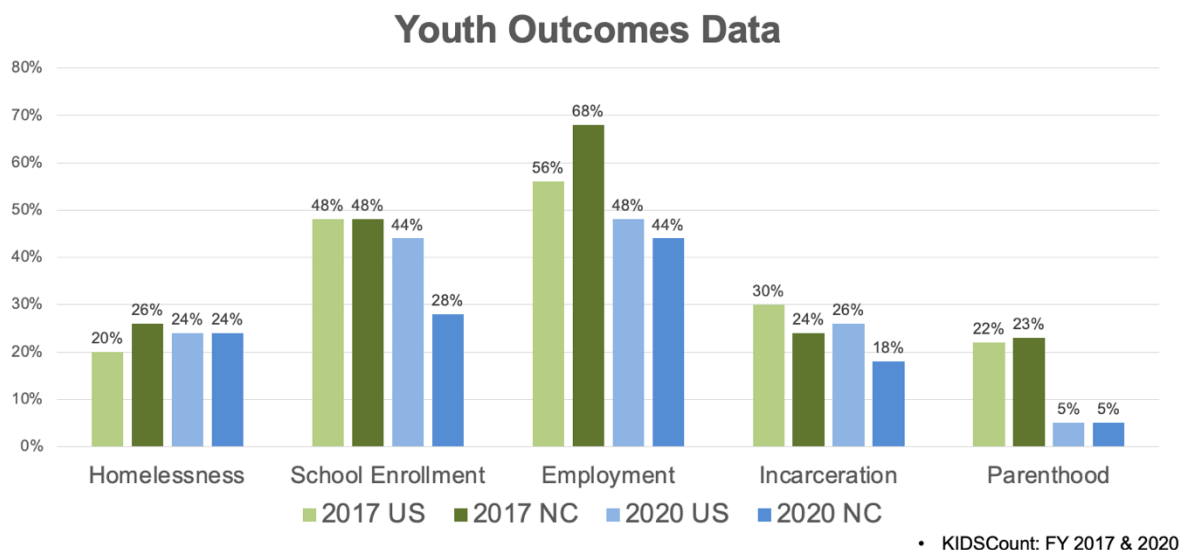
A sense of well-being with a positive sense of personal identity and self worth

In December of 1999, Congress enacted the John Chafee Foster Care, which establishes requirements for child welfare agencies to provide services to youth in out-of-home care and young adults who have been discharged from foster care. In North Carolina, the name of the program providing these services is NC LINKS. LINKS is not an acronym and therefore does not “stand” for anything. Instead, it is a word that captures the purposes of the program: to build a network of relevant services with youth so that they will have ongoing connections with family, friends, mentors, the community, employers, education, financial assistance, skills training, and other resources to facilitate their transition to adulthood. While there is no guarantee, positive outcomes are much more likely to occur if:

- Youth are engaged in making the decisions that affect their lives
- Youth are recognized and valued for their strengths and the resources they are to themselves
- Youth have a variety of opportunities to learn and to try out their new skills in a supportive environment
- Youth have increasing responsibility for themselves in handling issues that confront them.

Notes

Transition to Adulthood



Research shows that youth who exit foster care without reaching permanency, also called “aging out”, have much poorer outcomes than their peers. When youth leave the foster care system and transition to adulthood with limited connections or without the support of positive, caring adults, they have an increased risk of facing the following challenges:

- Unstable housing or homelessness
- Lack of adequate elementary and secondary education
- Lack of employment and job training
- Problems with physical health, behavioral health, and general well-being
- Lack of access to health care
- Justice system involvement
- Lack of social connections

For youth exiting foster care at age 18, the agency must:

- Provide important documents to the youth prior to the exit
- Complete the Transitional Living Plan: 90 Day Transition Plan for Youth in Foster Care (DSS5096b)
- Discuss the option of participating in Foster Care 18 to 21 with the youth

Counties are required to make diligent efforts to locate and provide the services young adults need to address their needs and improve their outcomes. These services include:

- Diligent, persistent, and ongoing efforts to locate and contact aged-out young adults whose whereabouts are unknown to determine their current status and to offer access to needed resources.
- Once located, an assessment of the young adult’s current situation, barriers that they are experiencing, efforts they have made to overcome those barriers, and plans and strategies for agency assistance if requested.

- Engagement of the young adult in planning, determination of what responsibility the young adult will handle, and choice of services that will supplement his or her own efforts.
- Informing the young adult of the availability of Education/Training Vouchers for vocational and/or educational training to enhance employment opportunities.
- Reimbursement to the counties through LINKS Special Funds for assistance with completion of high school or GED, job training, utilities, furniture, uniforms, equipment, or other items or services that are needed to facilitate achieving self-sufficiency
- Assistance in strengthening a personal support network that will continue to be available through adulthood.
- Access to existing county LINKS program services.
- Transitional housing assistance

Foster Care 18 to 21

Extended foster care allows older youth to stay in care past age 18 and receive needed services and supports to aid in the transition to adulthood. Extended foster care is associated with improved outcomes for youth as they transition from foster care. In North Carolina, this program is called Foster Care 18 to 21 and young people can remain in foster care under this program as long as certain requirements are met.

Foster Care 18 to 21 is a program that offers young adults opportunities to continue foster care placement and transition to independence with county child welfare agency supervision. Young adults who exit foster care at age 18 are also able to return to the Foster Care 18 to 21 program at a later date as long as they have not reached their 21st birthday. County child welfare agencies are responsible for providing eligible young adults who enter into an agreement for Foster Care 18 to 21 services with ongoing efforts to help prepare and ensure the young adult's successful transition into adulthood.

What challenges do you think a youth aging out of care might face?

What will you do to encourage support and connection for those with whom you are working?

Successful Transition Planning

• [Working with Youth to Develop a Transition Plan](#)



Life Skills Assessment



Transitional Living Plans

Helping youth develop lifelong connections should also be a part of the transition-planning process. Having caring adults in the youth's life who will work with them on these planning tasks can lay the foundation for relationships that will last beyond their time in foster care.

Assessment Tools for Youth Ages 13-21:

Life Skills Assessment: Assessing the youth's life skills is critical for determining their strengths and areas for additional training or experience. Life Skills Assessments must be completed with all youth and young adults ages 14 or older who are in foster care or are 18 to 21 years old.

The life skills assessments for youth aged 14-17 and young adults aged 18-21 must involve both the youth and a person who knows the youth's skills and abilities first-hand, such as a family member or caregiver, or the caseworker. The purpose of the assessment is to determine the youth's strengths and skill areas as well as the need for additional training or experience. This enables the caseworker to engage the youth in teaching, program leadership, and learning opportunities. Proper use of the tools provides a "roadmap" for identifying skills and resources the youth need to achieve their goals. The preferred and recommended assessment tool for the life skills assessment is the Casey Life Skills Assessment (CLSA). This tool assesses the behaviors and competencies youth need to achieve their long-term goals. It aims to set youth on the path to healthy, productive lives.

Transitional Living Plans for Youth Ages 14-21:

Transitional Living Plans (TLP) are required for young people aged 14 and older. This plan is jointly developed by the agency, youth, placement provider, youth supporters, and others involved with the youth. It is based on the youth's life skills assessment and should directly target those areas that need to be addressed before the youth becomes an adult. The TLP must be developed, reviewed, and updated in accordance with the following.

- Youth aged 14-17 years old (DSS-5096a)
- Developed within 30 days of the youth entering custody if the youth is 14 years old or older

- Developed no more than 30 days following the youth's 14th birthday for youth turning 14 while in care
- Reviewed within 60 days of the youth entering custody if the youth is 14 years old or older
- Updated at least every 90 days thereafter
- Emancipation plan for 17-21 year olds (DSS-5096b)
- Must be completed during different timeframes depending on the stage of the young person
- Considered an extension of the TLP and provides details and resources for you after they exit care
- TLP for youth/young adults who have left foster care (DSS-5096c)
- Optional
- Used only for LINKS eligible youth who are not currently in either foster care or Foster Care 18-21
- TLP for young adults in Foster Care 18-21 (DSS-5096d)
- Developed within 30 days following the young adult's 18th birthday or within 30 days of entry into the program
- Reviewed and updated every 90 days
- If the young adult lives out of state, the form may be sent via email or verbal acknowledgment, which must be clearly documented by the caseworker

Notes

Key Takeaways

Youth voice, Youth-led goals and preparation matter

Permanency includes relationships: Family and belonging are essential

APPLA is limited and youth-driven

Supportive, Lifelong, and caring adult connections improve outcomes

Aging out increases risk/Permanency supports adulthood

LINKS promotes youth self-determination through education, housing, and life skills

Transition planning is a process

Notes

Reinstatement of Parental Rights (RPR)

Reinstatement of Parental Rights (RPR)

Reinstatement of Parental Rights (RPR) is a permanent plan that allows parents whose rights were terminated to have them reinstated under strict conditions. Circumstances that would allow this permanency option are very narrow. Three conditions must be met to consider filing a motion for RPR:

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

A CFT meeting should be held to discuss RPR. There should be flexibility in who should attend this CFT. The youth should be able to invite any support or connections that are important to them. The CFT will assist the youth in making an informed decision and provide them with an understanding of any possible repercussions. Questions for the youth and their team to consider when RPR is an option include:

- What efforts have been made to achieve adoption or find a permanent guardian?
- Has the agency actively worked toward other permanency plan options?
- Has the former parent remedied the conditions that led to the youth's removal and placement in foster care and subsequent termination of parental rights? What specifically has changed? What evidence is there that the change will continue? Will the youth receive appropriate care and supervision with the former parent?
- How mature is the youth, and is the youth able to express their preference? Is there any reason to believe the former parent is pressuring the youth to choose this plan?
- Is the former parent willing to resume contact with the youth and have their rights reinstated?
- Is the youth willing to resume contact with the former parent and have their rights reinstated?
- What services would the former parent and youth require to succeed if rights are reinstated? Will therapy be required, and will access to it be available, including insurance and transportation? What LINKS services, including educational support, would still be available to the youth? Would the former parent and the youth be open to those services, if in the youth's best interest?
- Would this plan support the best interests of the youth?
- Would the youth be able to maintain current meaningful connections, including those with siblings? Does the youth have an ongoing relationship with any of their siblings? How is the connection supported? Will there be new family dynamics to work through to keep the connection going? What other meaningful connections do the youth have, and how will they be impacted?

Permanency Considerations

Permanency with Relatives and Kin

Relational Permanency

What is relational permanency, and why is it important? Legal permanency, achieved through reunification, guardianship, or adoption, is incredibly important, but it is not the only way to provide a sense of belonging and meaningful connections for children. 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. This could include relationships with siblings, family members, extended family, family friends, mentors, and former foster family members. Relational permanency is fundamental to the well-being of children and youth. It strengthens legal permanence by securing important lifelong connections.

When a child cannot be reunified with their family, your agency must give priority to the child's relatives or non-relative kin who have been assessed and are determined to be an appropriate resource for the child. The most common permanency options with relatives are adoption and guardianship.

Adoption

When kinship families adopt, they often have different needs and face different challenges than families who adopt children unrelated to them. Because kinship caregivers must navigate the often-blurred line between being a family member and assuming responsibility for a relative's child, misunderstandings may arise as they strive to adhere to court orders and agency rules. Partnerships between caregivers and parents, which must include clear goals and expectations, are essential for promoting family reunification and child and family well-being

Guardianship or Custody

Guardianship or custody provides permanence with relatives without severing the legal tie between the child and their parents. Guardianship may be the preferred permanency option for relative caregivers because it allows them to maintain the child's relationships with extended family members without terminating parental rights, as is required for adoption. This permanency option promotes the preservation of family, community, and social ties. In North Carolina, the Kinship Guardianship Assistance Program allows relative caregivers to become legal guardians of children with much-needed financial assistance, without having to remain in foster care.

Tips for explaining adoption and guardianship to relative caregivers:

- Discuss adoption and guardianship with relatives from the beginning of each case and often thereafter
- Explain the differences between the different permanency options
- Ensure they know about KinGAP and understand what it means
- If developmentally appropriate, talk with the child about adoption and guardianship and ask if they have a preference

Permanency for Special Populations

Activity: Permanency for Special Populations

What to do:

- Each group will discuss the topics below as they relate to their assigned population
- Be prepared to report out one key barrier and one practice change

Population Focus (Circle One)

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

Discussion Questions

Part A. Barriers to Permanency

What barriers might this population experience?

- ☐ Disproportionate system involvement
- ☐ Delayed permanency outcomes
- ☐ Limited access to culturally appropriate services
- ☐ Placement challenges
- ☐ Bias or misperception by systems or professionals
- ☐ Barriers to visitation/engagement
- ☐ Other: _____

Part B. What Caseworkers Must Do

Based on this population, what must caseworkers do intentionally?

Part C. System Reflection

Where might the system unintentionally create barriers?

Part D. Your Practice Commitment

What is one specific action you will take in your role?

I will

Handout: Permanency for Special Populations

Permanency for children and youth of color

Research shows 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: It is preferred and beneficial to place children with relatives when removal from their homes is necessary. In addition to a range of positive permanency and well-being outcomes, kinship placements can help preserve 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 for 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 reflect and are 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 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 diligently recruit resource families who reflect the racial and ethnic makeup of children awaiting homes.

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, accessible providers with demonstrated family-centered responsiveness and coordinating with other demands on families, 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 concurrently 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 when 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 race or 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 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 the 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 of 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 about these differences in age-appropriate ways. 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.

Caseworkers must:

- Prioritize and actively pursue kinship placements to preserve family and community connections
- Recruit and support culturally responsive and representative resource families
- Ensure placements support the child’s racial, cultural, and ethnic identity development
- Provide or connect families to accessible, culturally responsive services that support reunification
- Support foster and adoptive families in preserving and nurturing the child’s identity (especially in transracial placements)
- Recognize and address bias and disproportionality that impact permanency outcomes

Permanency for American Indian/Alaska Native children and youth

While all children benefit from culturally responsive permanency planning, American Indian and Alaska Native children require additional legal protections and culturally grounded approaches.

American Indian and Alaska Native children and youth have unique legal, cultural, and relational considerations that must guide permanency planning. The Indian Child Welfare Act (ICWA) establishes minimum federal standards to protect the best interests of Indian children and to promote the stability and security of Indian Tribes and families.

Caseworkers must ensure that all permanency efforts align with ICWA requirements and Tribal values.

Tribal sovereignty and partnership: Tribes are sovereign nations with the authority to make decisions regarding their children. Early and ongoing engagement with the child's Tribe is essential. Caseworkers must notify the Tribe, collaborate with Tribal representatives, and involve them in case planning and decision-making.

Placement preferences: ICWA requires that placement decisions prioritize the child's connection to family, Tribe, and culture. ICWA Preferred placement order includes:

- Extended family members
- Foster homes approved or specified by the Tribe
- Other American Indian/Alaska Native families

These preferences support the child's cultural identity and sense of belonging. It is important to recognize that an individual Tribe or Nation may have different placement preferences than those outlined in ICWA. 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.

Active efforts: Caseworkers must make active, not just reasonable, efforts to prevent removal and reunification of families. This means providing culturally relevant, intensive, and proactive services in collaboration with the Tribe and community support.

Cultural identity and connection: Maintaining a child's connection to their Tribal community, traditions, language, and identity is critical to their well-being and long-term permanency. Placement decisions and case planning should ensure ongoing cultural engagement, even when children are placed outside their Tribal community.

Relational permanency: For American Indian/Alaska Native children, permanency is not only legal but also relational and cultural. Maintaining lifelong connections to extended family, community members, and Tribal networks is essential.

Caseworkers must:

- Apply ICWA requirements faithfully at every stage of the case
- Engage Tribal partners as equal decision-makers
- Advocate for culturally appropriate services and placements
- Recognize and challenge system biases that disrupt Tribal connections

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 support the family post-permanency.

Caseworkers must:

- Identify the child's specialized needs early and ensure they are addressed in case planning
- Recruit and support resource families who are trained and prepared to meet those needs
- Connect families to specialized services, support, and healthcare resources
- Provide or arrange training for parents/caregivers to manage the child's needs
- Build a long-term support network to sustain permanency after case closure
- Ensure permanency plans are realistic, individualized, and supportive of the child's functioning

Permanency for children with 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 meeting case plan requirements, such as regularly visiting 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-consuming but 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 life. Incarcerated parents face multiple barriers to having regular contact with their children. Parent-child contact, whether in person, virtually, by phone, or by letter, is critical to maintaining or strengthening 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 non-incarcerated 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. You must 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.

Caseworkers must:

- Engage parents early and consistently, from arrest through release
- Make reasonable efforts toward reunification, even when incarceration creates challenges
- Facilitate and maintain parent-child contact (in-person, virtual, phone, or written)
- Collaborate with corrections staff, attorneys, and community partners to support case planning
- Help parents access available programs (such as parenting, mental health, substance use) while incarcerated
- Adjust service plans to account for barriers related to incarceration
- Advocate for the parent's participation in case planning and court processes

Why This Matters

Some children and families face **additional barriers** to permanency due to systemic, cultural, or situational factors. As a caseworker, your role is to recognize these differences and respond intentionally.

Key Reminders

- Permanency outcomes are not equal across populations
- Bias (even unintentional) impacts decisions and timelines
- Relational and identity factors matter
- **Relational permanency** is as critical as legal permanency
- Caseworkers must make **intentional, individualized efforts**
- While all children benefit from trauma-responsive and individualized permanency planning, American Indian and Alaska Native children require additional legal protections and culturally grounded approaches.

Every Kid Needs a Family: A Message to Caseworkers

Video: Help Teens Find Family: Videos for Caseworkers

Visit <https://www.youtube.com/watch?v=Wc6Bq6gltGQ> to watch the video.

Debrief Activity: A Message to Caseworkers

The purpose of this video and activity is to reflect on why youth, need family and what caseworkers can do to help.

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.

What to do:

- 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.
- With your small group, discuss the questions that follow.

What about the video resonates with you?

What about the experiences described by these young people are familiar to you?

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?

Placement Learning Lab

Placement Learning Lab: Khalil

Activity: Placement Learning Lab: Kahlil

The purpose of this activity is to explore grief and loss, planning for placement with children and families, placement considerations, preparing for placement, and placement stability to support their future work with children and families.

What to do:

- Read Kahlil's case scenario
- With your group, create questions to ask Kahlil, Aunt Inez, Grandmother, and Cousin Malcolm during a CFT meeting to prepare and plan Kahlil's placement move.
- Answer the following questions
- Be prepared to report out one key barrier and one question you might ask each family member

Case Scenario

Kahlil is a 16-year-old boy who has been in foster care for the past 13 months. He is living in a relative foster home with his grandmother, and his goal is guardianship with a relative. His grandmother was recently diagnosed with terminal cancer and will be unable to continue to care for Kahlil. In the past few months, the worker and the grandmother talked with Kahlil about her illness and imminent death in very clear words: "I have been diagnosed with cancer, and I am not going to live much longer." The grandmother and worker encouraged Kahlil to ask questions and to say what he was thinking and feeling about her news and his future. To stabilize his placement, you have helped Kahlil build connections with his 1st cousin, Malcolm, and paternal aunt, Inez, over the past few months. Due to his grandmother's health concerns, she has asked that Kahlil live with someone else. A Child and Family Team meeting was held, and a decision was made that Kahlil will be placed with his Aunt Inez, and his cousin Malcolm will support him by helping with his transportation to school, work, and other activities, and help to teach him how to drive. Aunt Inez is 47, lives within a 20-minute drive, and is a Head Start teacher. She is the older sister to Kahlil's biological father, who passed away several years ago.

Crafting Questions for the Family:

What might you ask Kahlil about the future loss of his grandmother?

What might you ask Kahlil about moving to his Aunt Inez's home?

What might you ask Grandmother about Kahlil's move to Aunt Inez's home?

What might you ask Aunt Inez about Kahlil moving in with her?

What might you ask Malcolm about his support of Kahlil?

What other questions might you ask the family?

Discussion Questions

How will you ensure you use clear, direct language when discussing difficult topics (such as illness, death, or transition) with youth and caregivers?

What barriers might the family face after Kahlil moves to Aunt Inez's home?

What is one specific action you will take to better prepare a youth for a placement change involving loss or grief?

How will you strengthen youth voice in placement planning moving forward?

How will you intentionally build or maintain connections (family, kin, natural supports) before a placement change occurs?

Self-Care Exercise

Mindfulness Activity

The purpose of this activity is to support self-care, grounding, and transfer of learning

- The trainer will walk you through this mindfulness activity
- Relax, pause, and process the material you learned today

Notes

Pre-Service Training: Core Week 6 Day 2 Agenda

Child Welfare in North Carolina Pre-Service Training: Core

Welcome

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

Permanency Planning Learning Lab

BREAK

Achieving Permanency and Safe Case Closure

Engaging and Partnering with Communities

Partnering with Community Services to Support Families

Key Factors Impacting Families

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

LUNCH

Engagement and Service Matching for Families Impacted by Substance Use Disorder

BREAK

Engagement and Service Matching for Families Impacted by Domestic Violence

Engagement and Service Matching for Families Impacted by Mental Health Concerns

Self-Reflection

Self-Reflection

Pre-Service Training: Core Week 6 Day 2 Learning Objectives

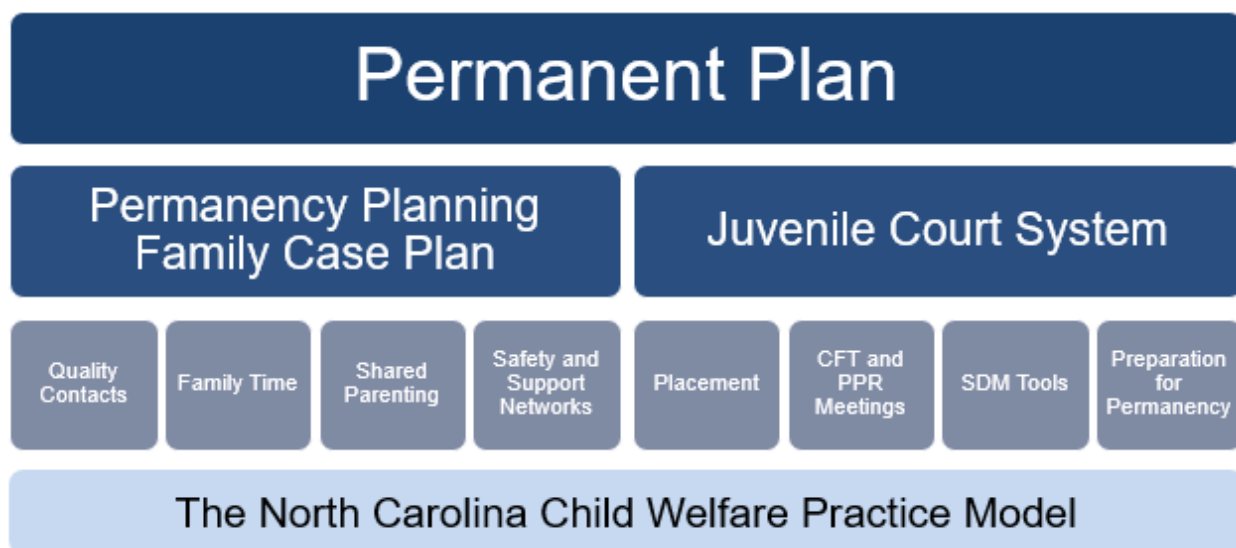
Day 2
Overview of Child Welfare Processes, Part 4: Permanency Planning Services
• Explain how the Permanency Planning Family Case Plan guides case planning and services provision • Describe the requirements to achieve each permanency option • Explain the purpose of the Permanency Planning Family Case Plan and why it is used to achieve safety, permanency, and well-being outcomes • Discuss your role in decision-making with children, parents, case planning team, and court regarding each permanency plan • 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
Engaging and Partnering with Communities
• Define community partnerships • Explain the importance of community partnerships in achieving safety, permanency, and well-being, including the prevention of maltreatment • Describe strategies to identify community partners, build partnerships, and maintain community partnerships
Key Factors Impacting Families
• 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

Core Week Six Day Two

Child Welfare Process Part 4: Permanency Planning Services

Permanency Planning Outcomes Learning Lab

Permanency Planning Components to Support Permanency



Activity Instructions

The purpose of this activity is to explore how the components of Permanency Planning services promote permanency for children and families.

What to do:

- After the large group discussion, your group will be assigned one of the remaining permanency outcomes and a corresponding color of marker:
 - Adoption
 - APPLA
 - RPR
 - Guardianship
 - Custody
- Discuss how each component listed on a flip chart promotes your assigned permanency outcome
- Write your group's responses on the corresponding flip chart in your group's assigned marker color
- You have 20 minutes for this activity
- When time is up, explore all of the flipchart displays in a gallery walk, spending one minute at each flipchart
- Notice similarities and differences between the way the permanency planning components support different permanency outcomes

Debrief Questions

In what ways do you see the components working together to promote permanency outcomes?

How important is concurrent planning to ensure permanency is achieved within required timeframes?

What role do the essential functions (communicating, engaging, assessing, planning, and implementing) play in providing a foundation for promoting permanency?

What did you notice about how the permanency planning components work together, or create tension, across different permanency outcomes?

How will this activity change the way you plan, engage families, or use permanency planning components with children and families in your daily practice?

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

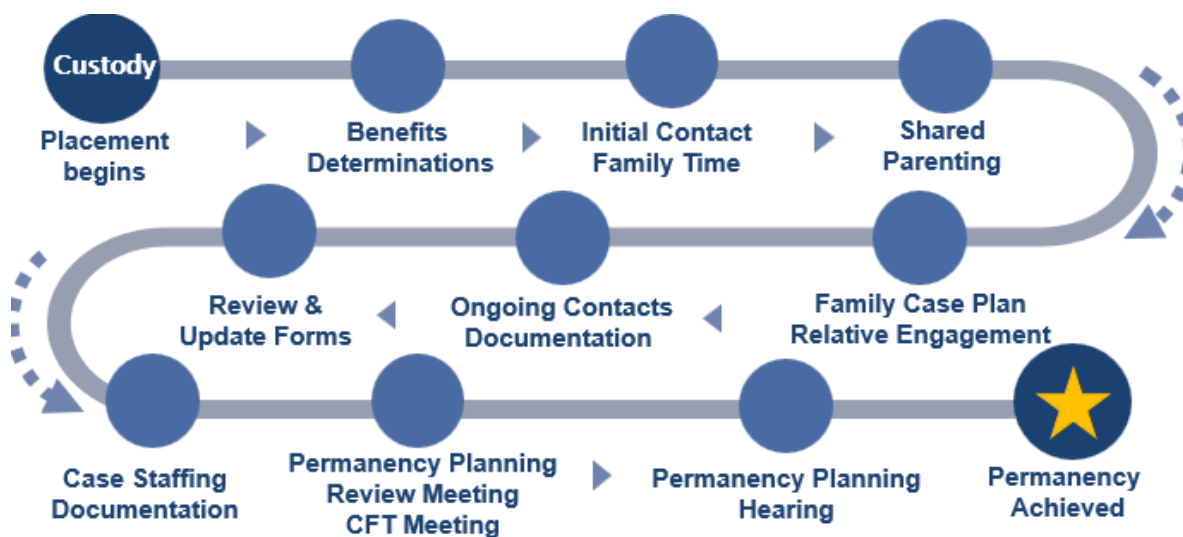
Child and their family must be engaged in permanency planning

Priority given to relatives or nonrelative-kin who is an appropriate resource for the child

Notes

Achieving Permanency and Safe Case Closure

Overview of Permanency Planning Services Process



Notes

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. 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.

The goals of reunification include the long-term safety, stability, and well-being of the entire family, as well as preventing re-entry into foster care. Preventing the need for children to reenter foster care and face additional trauma must be a key goal for child welfare services. Achieving timely reunification while preventing reentry into foster care benefits the child welfare system at multiple levels (local, county, and state). Children raised in a stable family setting experience greater positive effects on their cognitive, behavioral, and health outcomes. When fewer children reenter care, it indicates that families have made lasting adjustments that improve family functioning and keep children safe in the long term.

Conditions that make it more likely that children will reenter care after reunification:

- Race factors: African-American Child factors: Health, mental health, or behavioral needs
- Parent factors: Mental health needs, low education, or substance misuse
- Economic factors: Living in poverty
- Foster care factors: Experiencing a higher number of placements

Strategies you can use to facilitate a healthy transition to permanency:

- Define the nature of your relationship with the family early in the casework process
- Accurately assess and address the specific factors that contributed to safety, risk, abuse, or neglect

- The Family Case Plan should include helping the family to use their own inherent strengths and supports and resources that naturally exist within their environment
- Inform families of voluntary services that may be available to them, including, but not limited to:
 - Family preservation services
 - Adoption assistance
 - Post-adoption support
 - Guardianship assistance
 - LINKS services and funding
 - Foster Care 18 to 21 services
 - Respite services
- Managing separation and termination of the casework relationship at the time of permanency and case closure.

Notes

Achieving Safety and Permanency

Activity: Achieving Safety and Permanency

The purpose of this activity is to reflect on the caseworker's role in safe case closure across the child welfare continuum.

What to do:

- Consider the components of the NC Child Welfare Practice Model:
 - Core Values: Safety-focused, trauma-informed, and family-centered
 - Practice Standards and Essential Functions: Communicating, engaging, assessing, planning, and implementing
 - Safety Organized Practice (SOP)
 - Structured Decision Making® (SDM)
- Answer the questions that follow
- Using the SMART format, write actionable commitments you will make to promote safety and permanency in your day-to-day practice.
- Keep in mind:
 - Safety: absence of danger and presence of protection demonstrated over time
 - Permanency: relational, identity, and legal
- Copy your commitments onto sticky notes, one per sticky note
- Be prepared to share at least one of your commitments

In your specific child welfare role, how do you imagine the practice model will enhance your ability to promote safety, permanency, and well-being?

How might you utilize SOP skills and practices to engage families in the child welfare process?

What specific SOP skills and practices resonated with you throughout this training? How do you imagine using these in your day-to-day practice?

How will SDM® tools support you to be safety-focused, trauma-informed, and family-centered?

Part Two: Commitments



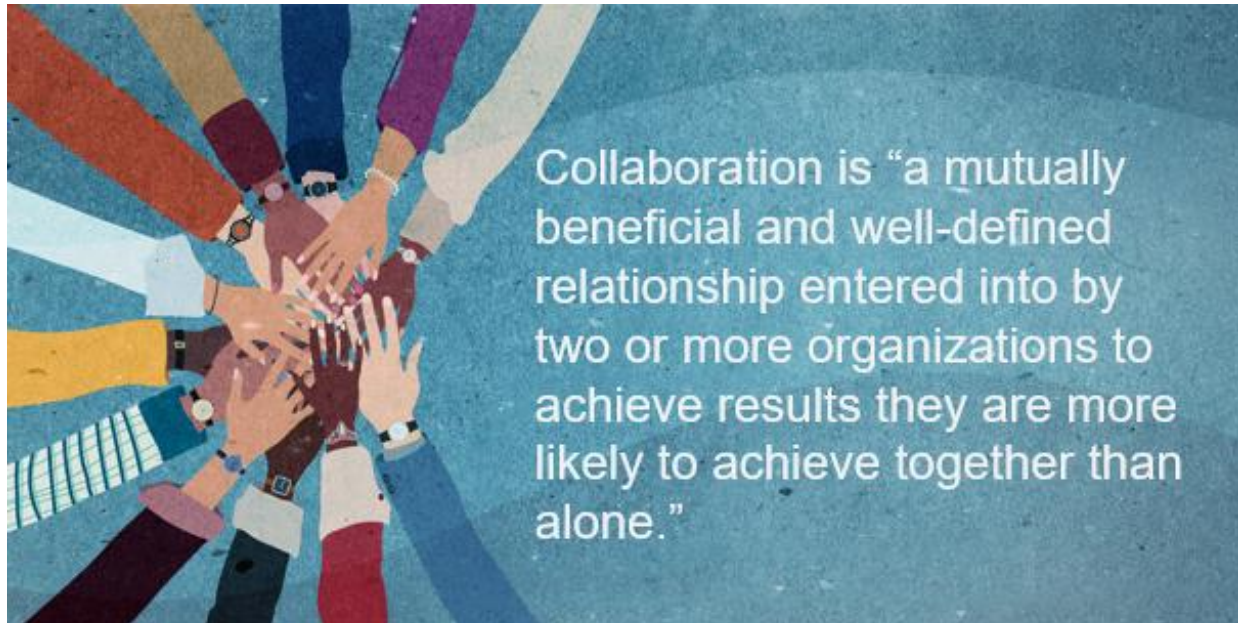
Safety Commitment

Permanency Commitment

Engaging and Partnering with Communities

Partnering with Community Services to Support Families

Importance of Community Partnerships



Your local DSS agency cannot meet the needs of the families you serve on its own. Community partnerships are collaborative relationships between public child welfare agencies and other stakeholders to address child protection. Community partnerships may work to:

- Prevent child maltreatment and reduce its recurrence
- Offer a network of support and a range of services for families in which maltreatment has occurred or is at risk of occurring
- Provide individualized responses tailored to a family's strengths and needs
- Encourage shared responsibility for ensuring safety, permanency, and well-being

Notes

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Identifying Community Partnerships

Activity: Identifying Community Partnerships

The purpose of this activity is to help you identify which agencies or people in your communities would be beneficial partners for children.

What to do:

- In pairs, brainstorm who in the communities you serve and what agencies within those communities would be beneficial to have strong partnerships with
- Be prepared to report out on your findings

Debrief Question

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

In what ways can you build relationships with community partners?

Building and Sustaining Community Relationships

Video: Building and Sustaining Community Relationships

Watch the *Building Community, Building Hope: Fostering Hope Initiative* video at https://www.youtube.com/watch?v=Y_xFIDjm_2I

Notes

Key Factors Impacting Families

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

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.

- 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

Notes

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Substance Use: Truths & Myths

**Substance Use:
Truths
&
Myths**

Addiction only happens to a certain type of person

People who misuse substances need a tough love approach

Severe Substance Use Disorder is a disease

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

Rehab can work the first time

Domestic Violence: Truths & Myths

**Domestic
Violence:
Truths
&
Myths**

Domestic violence is rare

Couple's counseling is part of domestic violence treatment

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

Most people who abuse their partners are not as well educated

Women can perpetrate intimate partner violence

Child Sexual Abuse: Truths & Myths

Child Sexual Abuse: Truths & Myths

Most men who commit sexual offenses do not know their victim

Most child sexual abusers use physical force or threat to gain compliance from their victims

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

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

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

Human Trafficking: Truths & Myths

Human Trafficking: Truths & Myths

Human trafficking is the result of poverty and inequality

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

Often victims of human trafficking are kidnapped or abducted

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

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

Self-Reflection: Who can change?

Activity Self-Reflection: Who can 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?

Activity Instructions

The purpose of this activity is self-reflection to better understand and identify your own biases.

What to do:

- Answer the following questions:

Do you believe people can change?

On a scale of one to five, with one being not at all and five being absolutely, rank your belief that people who belong to each group below are able to change:

Unhoused/Homeless
Rank: Why?

On a scale of one to five, with one being not at all and five being absolutely, rank your belief that people who belong to each group below are able to change:

Diagnosed with Mental Illness
Rank: Why?

On a scale of one to five, with one being not at all and five being absolutely, rank your belief that people who belong to each group below are able to change:

Misusing Drugs or Alcohol
Rank:
Why?

On a scale of one to five, with one being not at all and five being absolutely, rank your belief that people who belong to each group below are able to change:

Victim of Domestic or Intimate Partner Violence
Rank:
Why?

On a scale of one to five, with one being not at all and five being absolutely, rank your belief that people who belong to each group below are able to change:

Perpetrator of Family Violence
Rank:
Why?

On a scale of one to five, with one being not at all and five being absolutely, rank your belief that people who belong to each group below are able to change:

Perpetrator of Community Violence
Rank:
Why?

On a scale of one to five, with one being not at all and five being absolutely, rank your belief that people who belong to each group below are able to change:

	Perpetrator of Child Abuse
Rank:	
Why?	

How might your beliefs affect how you work with families?

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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.

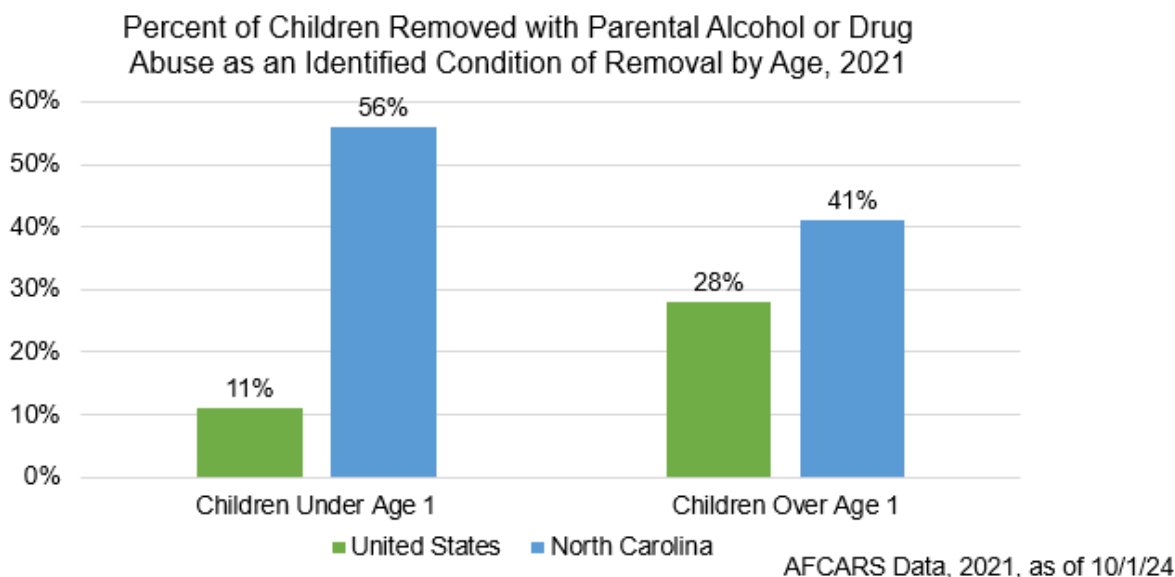
Substance use disorders affect every aspect of a family's functioning. According to the American Public Health Association, substance use disorder is a public health challenge that includes the use of illegal drugs and inappropriate use of legal substances. According to DSM-V, substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms where substance use continues despite problems. The DSM-V recognizes 10 different types of Substance Use Disorders. They are:

- Alcohol Use Disorder
- Caffeine Use Disorder
- Cannabis Use Disorder
- Hallucinogen Use Disorder
- Inhalant Use Disorder
- Opioid Use Disorder
- Sedative Hypnotic or Anxiolytic Use Disorder
- Stimulant Use Disorder
- Other (Unknown) Use Disorder

To be diagnosed with Substance Use Disorder, a person must meet at least two of the following criteria over a 12-month period:

- Cravings
- Tolerance
- Using larger amounts longer
- Giving up activities to use
- More time spent using
- Neglecting obligations
- Social or interpersonal problems related to use
- Physical or psychological problems related to use
- Dangerous use
- Inability to control or quit use
- Withdrawal

Child Welfare Substance Use Statistics



As of 2021, the national percentage of children under age one who were removed from their homes with parental alcohol or drug use was 11%. Compared to the United States as a whole, North Carolina has a higher rate at 56%. The national percentage of children aged one and older who were removed from their home whose parents had alcohol or drug abuse was 28%. In North Carolina, for this same population, 41% of removals indicated parental alcohol and drug abuse as a condition.

Which data points make you most curious?

What surprises you about how North Carolina's percentage of removals due to parental alcohol and drug abuse compares to the national average?

Why do you think these numbers may be higher in North Carolina than nationwide?

How can this data help you as child welfare workers?

Overdose Deaths Rise in NC

Video: Overdose Deaths Rise in NC

Watch the video at <https://www.youtube.com/watch?v=do89PkViro4>

What are your initial reactions to the news clip?

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

How might information about drug use and overdose help you as you prepare to work in child welfare?

Commonly Used Substances in North Carolina

Marijuana	• Approximately 20,000 marijuana-related arrests a year statewide
Cocaine	• About 8,000 people a year admitted to drug treatment centers for cocaine use
Heroin	• Often used after becoming addicted to more expensive legal prescription drugs
Methamphetamine	• Number of deaths associated with meth has risen sharply in recent years
Prescription Drugs	• 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 account for approximately 90% of the causes of treatment admissions in NC. Data shows that over 30% of opioid prescriptions written are misused in one form or another, and 70% of people struggling with substance misuse are currently holding a fully functioning job.

Notes

Engaging Families Impacted by Substance Use Disorder

Activity: Engaging Families Impacted by Substance Use Disorder

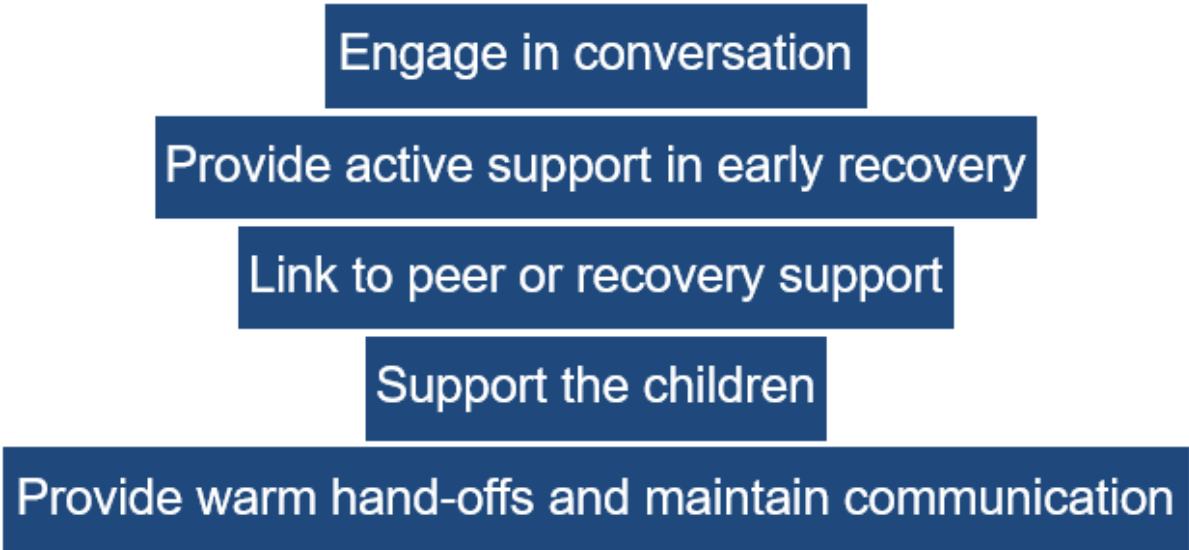
The purpose of this activity is to think of ways you engage families impacted by substance use disorder using a family-centered approach.

What to do:

- Brainstorm some ways you already engage families who are impacted by substance use disorder using family-centered
- Write down your ideas on the sticky notes
- Place your sticky notes on the flip chart in the front of the room

Notes

Engaging 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 capable of making 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
- Connecting 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

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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

Because of their history of maltreatment, stressful home circumstances, and other trauma, 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. It is also important to screen or assess children whose families have child welfare involvement but have not been removed from care. Additional screening should also be provided regularly, with special consideration for times when a child may experience significant transitions in their life, physical or emotional, as usage may begin or increase at these times.

Information that can and should be gathered during a screen includes short-term and long-term effects of substance use. Short-term effects include:

- Changes in appetite
- Wakefulness
- Heart rate
- Blood pressure and
- Mood

Long-term health effects of substance use include:

- Heart or lung disease, cancer, mental illness, hepatitis, and other health problems.
- Increased impulsivity and poor judgment
- Troubled relationships
- Risky sexual behaviors
- Criminality and
- Decreased education levels and memory

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



Substance use in parents is often an underlying cause or explanation for behaviors that put children at risk. However, the mere fact that a parent is misusing drugs or alcohol does not mean that a child should be removed from the home. An infant's prenatal exposure is also not an automatic reason for the removal and detention of that infant from the parent(s).

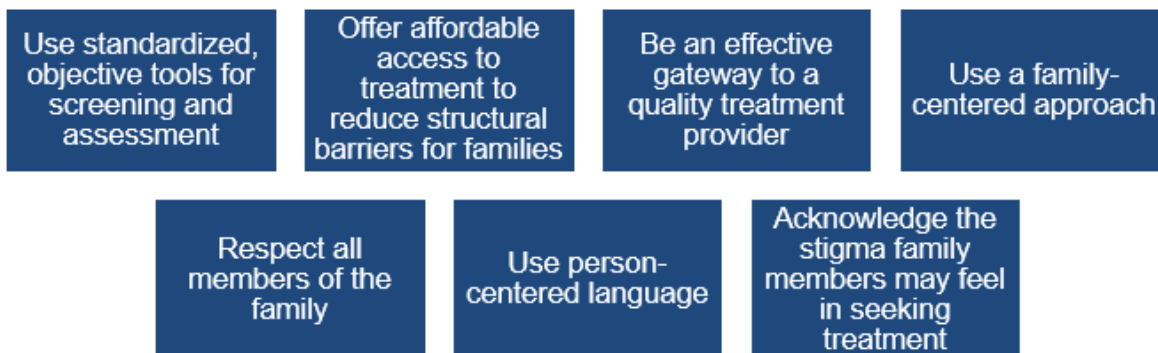
A thorough assessment of the parent is helpful in determining if alcohol or drug use is impairing a parent's judgment and ability to provide for a child. Examples of assessments are:

- Random drug tests
- Self-reports
- Observations by treatment providers, caseworkers, or other professionals
- A comprehensive substance abuse assessment
- Child safety and risk assessments

Notes

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Supporting Families Impacted by Substance Use



There is a significant relationship between child maltreatment and adolescent delinquency and the risk of a child developing a Substance Use Disorder. A successful transition from childhood to adulthood can be difficult even under the best circumstances. For youth in foster care, the trauma associated with removal, combined with a lack of guidance and support tailored to this stage of development, can further complicate the transition.

As child welfare professionals, you are also the gateway to connecting families with a quality treatment provider. SAMHSA provides five signs of spotting a quality treatment provider:

1. The provider is accredited by the State
2. The provider offers Medication Assisted Treatment (MAT) for recovery from alcohol and opioid use disorders
3. The provider uses evidence-based practices
4. The provider includes family members in the treatment process, as appropriate
5. The provider gives support and treatment beyond the Substance Use Disorder

Here are some extra tips for working with families impacted by Substance Use Disorders or substance misuse:

- Acknowledge the stigma a family may feel in seeking treatment for substance use
- Use person-centered language (“person with a Substance Use Disorder” rather than “addict”)
- Avoid guilt and shame tactics
- Emphasize strengths and promote resilience
- Respect every individual in the family

Notes

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Supporting Families Impacted by Substance Use

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.

What to do:

- Turn to your neighbor and work in pairs
- You will engage in a four-minute role-play between a caseworker and a parent
- Determine who will be the parent and who will be the caseworker
- The caseworker will be informing the parent of their drug screen results, which indicate that the parent tested positive for amphetamines and methamphetamines
- Use a supportive approach with person-centered language, respect, and compassion
- The parent may demonstrate ambivalence or react with denial at first, but then begin to respond to the caseworker who shows compassion and respect
- When time is up, the person who played the role of parent gives strength-based feedback for one minute
- Switch places and perform the role play again, repeating the 4-minute practice, 1-minute feedback cycle

What was your comfort level sharing information about the parent's drug screen results?

What will you remember to do with parents on your caseload?

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. This process requires input and services from a variety of providers, the child welfare agency, and the court. Coordination by professionals across these disciplines will help parents navigate the road to sustained recovery.

One great resource for professionals is the Child Welfare Training Toolkit developed by the National Center on Substance Abuse and Child Welfare (NCSACW). The toolkit educates child welfare workers about substance abuse and co-occurring disorders among families involved in the child welfare system. This training is intended to provide foundational knowledge to assist child welfare workers, including:

- Understanding substance abuse and co-occurring disorders
- Identifying when substance use is a factor in a child welfare case
- Learning strategies for engaging parents and families in services
- Understanding potential effects for the parent, children, and other caregivers
- Learning the importance of collaboration within a system of care

You can find the Child Welfare Training Toolkit at <https://ncsacw.acf.gov/training/toolkit/>.

Notes

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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.

Notes

The Power and Control Wheel

Handout: The Power and Control Wheel

POWER AND CONTROL WHEEL

Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence and are usually the actions that allow others to become aware of the problem. However, regular use of other abusive behaviors by the batterer, when reinforced by one or more acts of physical violence, make up a larger system of abuse. Although physical assaults may occur only once or occasionally, they instill threat of future violent attacks and allow the abuser to take control of the woman's life and circumstances.

The Power & Control diagram is a particularly helpful tool in understanding the overall pattern of abusive and violent behaviors, which are used by a batterer to establish and maintain control over his partner. Very often, one or more violent incidents are accompanied by an array of these other types of abuse. They are less easily identified, yet firmly establish a pattern of intimidation and control in the relationship.



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Domestic Violence and Social Considerations

As caseworkers, we must always consider the unique needs of children and families and work toward family-specific responses in our services. As we come across different populations affected by domestic violence, it is important for us to understand how, and in what ways, ethnicity, heritage, and traditions shape individuals, families, and communities, and how 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

To examine our personal and agency biases, we must ask ourselves:

- 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

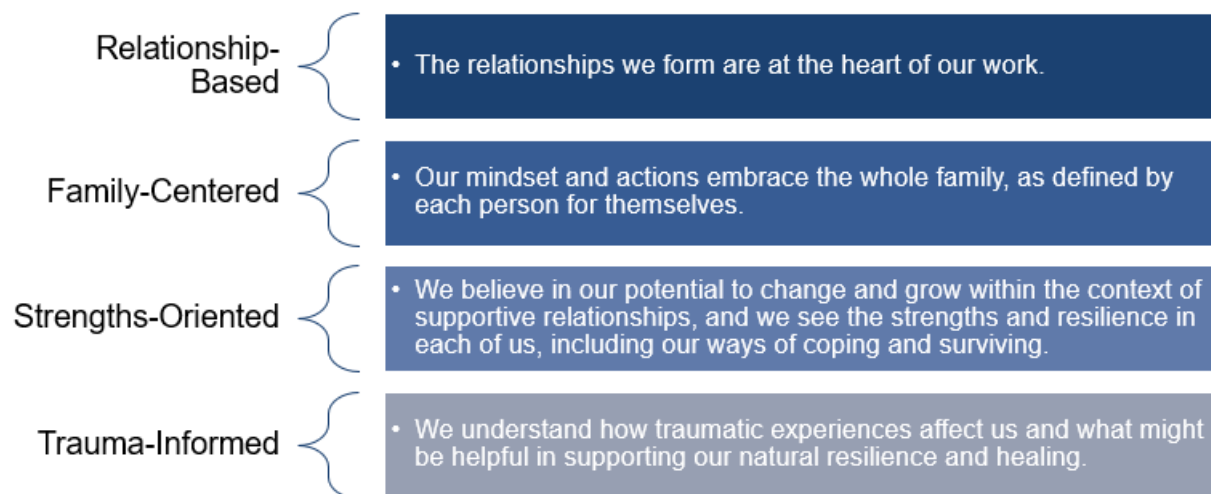
In 2020 in NC, there were 91 intimate partner homicides

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.

Notes

Engaging Families Affected by Domestic Violence and Respecting the Families' Structure



What looks familiar about the four core values from the National Center on Domestic Violence, Trauma, & Mental Health?

How does this information change your perspective about how to approach families affected by domestic violence?

What will you do differently to engage families affected by domestic violence?

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?

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

Strategies for Engagement

Activity: Strategies for Engagement

The purpose of this activity is to practice applying engagement strategies.

What to do:

- Each group will be assigned a category of someone involved in a domestic violence situation (circle your assigned category):
 - Survivors
 - Perpetrators
 - Children in the home
- Review the strategies listed for your group's assigned category
- Work with your group to identify specific questions or statements that can be used to engage families
- Write your questions on the corresponding flip chart

Tips for Engaging Survivors

- Refrain from using blaming or judging language and sharing personal feelings or information with the survivor about the perpetrator.
- Validate strengths, including any observed positive parenting or protective efforts.
- Recognize that you may have reactions to learning about violence. It's important to avoid showing those reactions through body language or facial expressions.
- Ask what actions worked in the past to keep the survivor and children safe and what supports their family and community can offer.
- 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.
- 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.
- Ask what would be helpful to the survivor and the children.
- Ask about any experiences the children have had or changes the survivor has observed that may be a result of the abuse.
- Be honest about confidentiality, the role of child welfare, and any benefits and limitations to sharing information about domestic violence with child welfare.
- Be honest about the possibility or likelihood of removal without using it as a threat or to gain the compliance of the survivor.

Questions to Engage Survivors of Domestic Violence:

Tips for Engaging Perpetrators

- When safe to do so, engage with perpetrators and their support, including providers, regularly throughout the life of the case.
- Observe perpetrators with their children, if they have access, and conduct home visits.
- 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.
- 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.
- 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).
- Be aware of a perpetrator's attempts to manipulate by blaming the survivor and attempting to gain support for abusive behavior.
- Never share personal information or personal feelings about the survivor with the perpetrator.
- Engage in an intentional and focused way on the perpetrator's behaviors and point out contradictions compared to their stated values.
- Remember to engage perpetrators as parents. When appropriate, ask about their understanding of the children's education, medical needs, routines, and personalities.
- 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.

Questions to Engage Perpetrators of Domestic Violence:

Tips for Engaging Children

- Ask a combination of direct questions and open-ended questions to give children multiple pathways to express themselves.
- 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.
- Ask the children how they feel in age-appropriate and developmentally appropriate ways. Ask verbally, using a feelings chart, art, or play-based strategies.
- Ask children about what helps them feel safe and incorporate this information into a safety plan.
- Assess whether children hold themselves responsible for intervening, or not, in the violence, and correct any misconceptions.
- Remind children that domestic violence is never their fault.
- Ask children about their hopes and worries for their family.
- Never make promises that cannot be kept, including those about safety.
- End each engagement with a child in a way that leaves the child with a sense of hope.

Questions to Engage Children Who Live in Homes with Domestic Violence:

Ensuring Everyone's Safety

Interactions with non-offending parent or caretaker:

- The non-offending parent/adult victim must never be interviewed, develop safety plans, or meet with the perpetrator of violence against them
- Use the Personalized Domestic Violence Safety Plan (DSS-5233) in safety planning with the non-offending parent/adult victim and assisting in the development of service agreements
- The county child welfare services agency should make decisions on where and how domestic violence safety plans are maintained

Interactions with children:

- The child(ren) must not be interviewed in the presence of the alleged perpetrator of the domestic violence incident
- 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

Interactions with the alleged perpetrator:

- Focus on information from third-party reports such as law enforcement, medical providers, or the Administrative Office of the Courts
- Follow up on legal accountability and/or treatment and other service referrals
- Convey to the alleged perpetrator that they will be required to take steps to stop the violence and ensure that the child(ren) are safe
- Avoid debates and arguments with the alleged perpetrator and focus on how to ensure the child(ren)'s safety with them
- Set limits within the interaction and document behaviors that make setting limits necessary and their capacity to respect those efforts

Notes

Creating Effective Service Plans

Develop and Monitor a Coordinated Family Case 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 containing scaled assessment questions that should be utilized to support the determination of safety and risk factors:

- The Non-Offending Parent/Adult Victim Domestic Violence Assessment Tool (DSS-5235)
- The Domestic Violence Perpetrator Assessment Tool (DSS-5234), and
- The Children's Domestic Violence Assessment Tool (DSS-5237)

These assessment tools are available online at the NCDHHS Policies and Manuals website.

Notes

Cross Collaboration of Services and Systems

General principles for creating community partnerships

- **Finding common ground:** talking to one another and asking questions to clarify misconceptions and confusion about each system.
- **Creating a shared mission:** working toward developing a collective vision and mission for ending domestic violence in their communities.
- **Developing leadership:** identifying people, among themselves or within the community, who are influential, impassioned, and committed to leading the charge of the collective group.
- **Taking action:** working together to identify gaps in services, available and needed resources, and strategies for creating or improving a comprehensive response for families in need.

Awareness and use of national and local resources

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

Developing leadership: Leadership is essential for capacity building and sustainability. Community partners need to identify people, among themselves or within the community, who are influential, impassioned, and committed to leading the charge of the collective group.

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

Resource: North Carolina Domestic Violence Intervention Programs website (<https://ncadmin.nc.gov/advocacy/women/domestic-violence-intervention-program>).

Notes

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Key Takeaways

Relationship-based, family-centered, strengths-oriented, and trauma-informed

Importance of assessing for levels of dangerousness

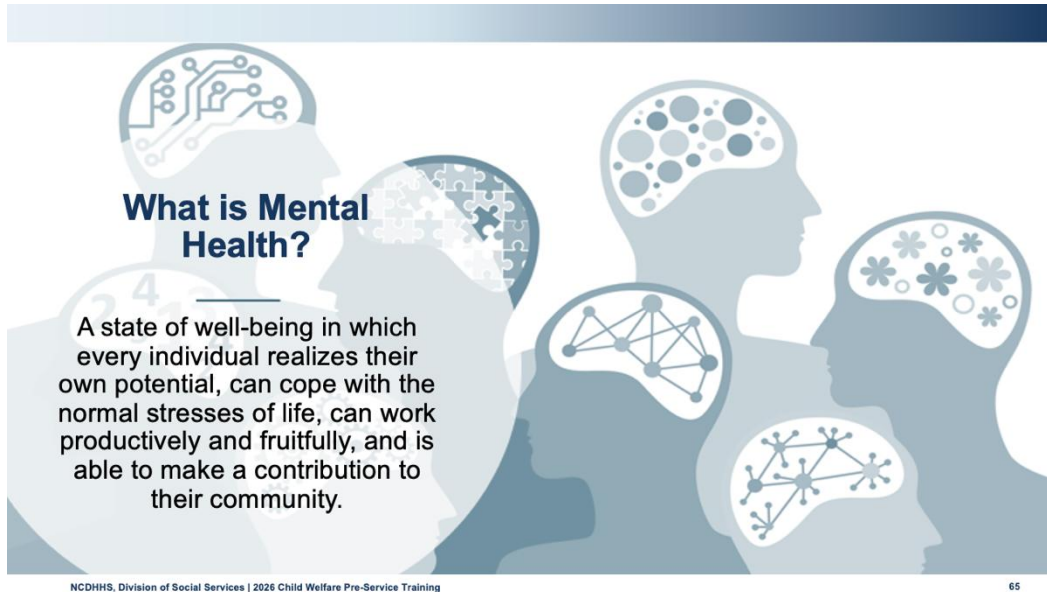
Develop and monitor a coordinated services plan for every case with domestic violence

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 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
- Family history of mental health problems

Notes

Common Parental Mental Health Needs in Child Welfare

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

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:

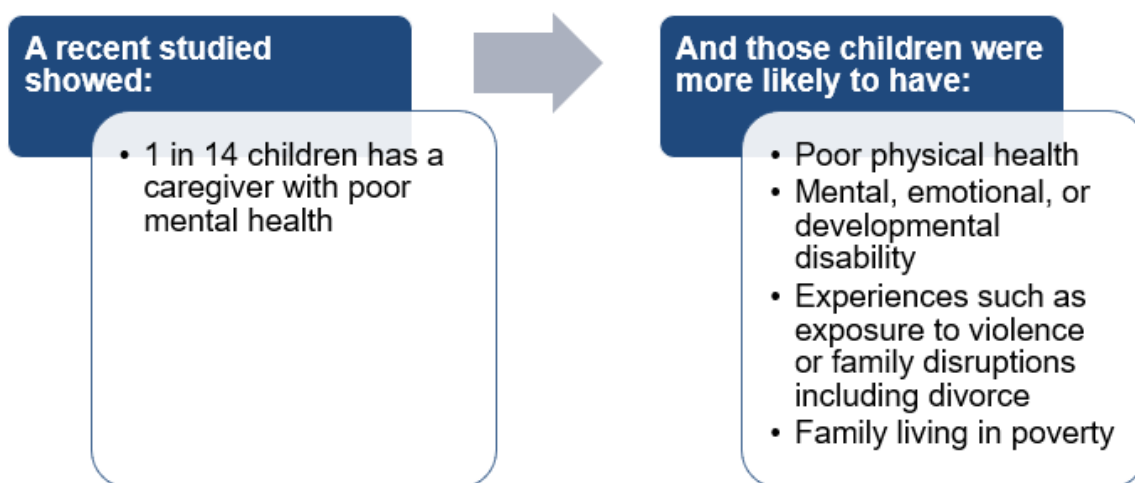
- Breaking serious rules, such as running away, staying out at night when told not to, or skipping school
- Being aggressive in a way that causes harm, such as bullying, fighting, or being cruel to animals
- Lying, stealing, or damaging other people's property on purpose

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 Mental Health and Children's Mental Health



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
- What support the family has
- Other safety, risk, and protective factors.

Notes

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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 that are generally unique to ADHD include:

- hyperactivity
- Impulsivity
- forgetfulness

Symptoms unique to trauma are:

- dissociation
- nightmares
- flashbacks
- 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.

Both trauma and ADHD have common symptoms, but they tend to impact everyone differently. While the causes of ADHD are still being explored, it is clear that genetics and early life exposures influence it to a variety of stressors. For example, bullying from peers over social difficulties resulting from ADHD symptoms increases the risk of:

- Abusive behaviors
- Substance use
- Risky behaviors
- Being in potentially traumatic situations

Trying to differentiate or manage ADHD or trauma-related signs on one's own can lead to delays in care and, in turn, worsening symptoms. Professionals must be aware of the similarities and differences between trauma and ADHD. As stated earlier, historically, children with trauma histories have been misdiagnosed with ADHD, as the symptoms are similar. However, in doing so, the correct treatment approach is delayed.

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
- 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. Children may also hide symptoms by saying and doing what they believe is expected of them. This can make seeking treatment confusing and challenging.

The following are steps you can and should take if you notice symptoms of mental illness in a child you are working with:

- First, 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.
- During the appointment, encourage the child's parent and/or resource provider (you should also do the following if you are going to attend the appointment):
 - Provide the mental health professional with as much information as possible, including medical records and past hospitalizations
 - Describe the symptoms, when they started, and whether they have changed over time
 - Disclose any medications or medical treatments the child is receiving
 - Disclose any other information that may be relevant or valuable

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. Other behaviors that may be a sign that immediate medical attention is needed include:

- Spontaneous violent behavior
- Denial of reality
- Nonsensical and paranoid claims

- Removal of clothing
- Reckless and dangerous behavior
- Claims of invincibility and other special powers

Notes

The Stigma of Raising a Child with Mental Illness

Video: The Stigma of Raising a Child with Mental Illness

Watch the video at <https://www.youtube.com/watch?v=nICPIrULSGA>

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.

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.

When a family member is experiencing a mental health disorder, it often affects more than just the person in need of treatment. In fact, evidence has shown that some people have a genetic predisposition for developing mental health disorders and may be at greater risk based on environmental factors, like growing up in a home where they were affected by another family member's mental health. It will be important for the families you work with to be open to the options of support groups or family therapy and counseling, to improve their family dynamic, even if they themselves are not struggling with mental illness. Treatment involving the entire family improves its effectiveness.

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

Self-Reflection

Activity: Self-Reflection

Today's topics are heavy subjects to encounter. 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.

Pre-Service Training: Core Week 6 Day 3 Agenda

Child Welfare in North Carolina Pre-Service Training: Core

Welcome

Key Factors Impacting Families continued

Engagement and Service Matching for Families Impacted by Sexual Abuse

Engagement and Service Matching for Families Impacted by Child Human Trafficking

Documentation

Quality Documentation

BREAK

Documentation Learning Lab

Confidentiality

Documentation Learning Lab

LUNCH

Self-Care and Worker Safety

Secondary Traumatic Stress

Worker Safety

BREAK

Planning for Self-Care and Idea Sharing

BREAK

Core Training Wrap-Up

Self-Care Exercise

Pre-Service Training: Core Week 6 Day 3 Learning Objectives

Day 3
Key Factors Impacting Families, continued
• 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
Documentation
• Explain the importance of clear, concise, and accurate documentation • Identify the components of court-ready documentation • Identify the importance of objectivity and the use of facts in 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 utilization of a system of support to help ensure physical and emotional safety of the caseworker and the families they serve • Define self-care • Explain the importance of self-care • Develop self-care plans that the caseworker can share with their supervisor

Core Week Six Day Three

Key Factors Impacting Families

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

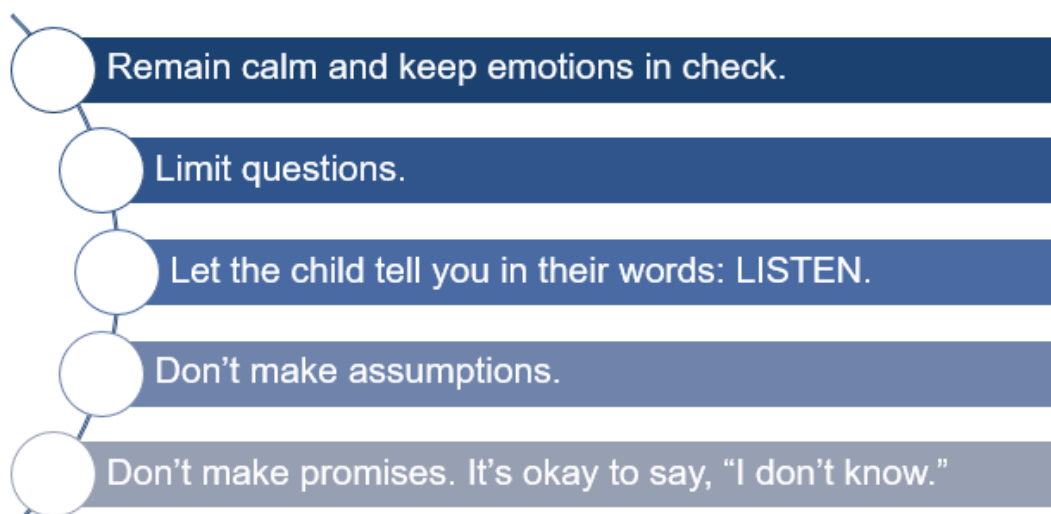
Sexual abuse is the ability to lure a child into a sexual relationship. It is based upon the powerful and dominant position of the adult or older adolescent perpetrator, which sharply contrasts with the child's age, dependency, and subordinate position. In sexual abuse, authority and power enable the perpetrator, implicitly or directly, to coerce the child into sexual compliance. Sometimes, sexual abuse occurs by force.

We should never forget that there are rarely any physical signs or evidence of sexual abuse. A touch leaves no mark, and many instances of sexual assault involve sexualized touching. Sexual assault of children involves secrecy. Offenders often are interested in continued access to the child victim and may be mindful not to cause injury or bruising.

Notes

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Responding to Disclosures



It is crucial to provide a safe space to allow a child to tell their story. The suggestions above are important to follow to ensure you receive essential information from the child in a supportive way that will inform your next steps. At the conclusion of the discussion with the child, discuss the child's disclosure with your supervisor immediately to determine the appropriate next steps.

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 (for example, who else they will talk to, that they might need to tell their story again)
- 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

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Skills and Resources for Parents



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

Notes

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Child Advocacy Centers



North Carolina is home to 39 accredited and 10 provisional CACs. In addition, several counties are developing task forces or active multidisciplinary teams. The CAC is a resource for caseworkers to aid in child welfare cases as appropriate for the individual case. However, the role of the CAC does not replace the requirements of child welfare workers to complete CPS assessments and to assess the child's safety.

CACs can offer the following collaborative services and programs:

- Family advocacy
- Mental health
- Community awareness and education
- Medical evaluations
- Forensic interviews
- Multi-disciplinary teams

Notes

Key Takeaways

Both the child and the family need support

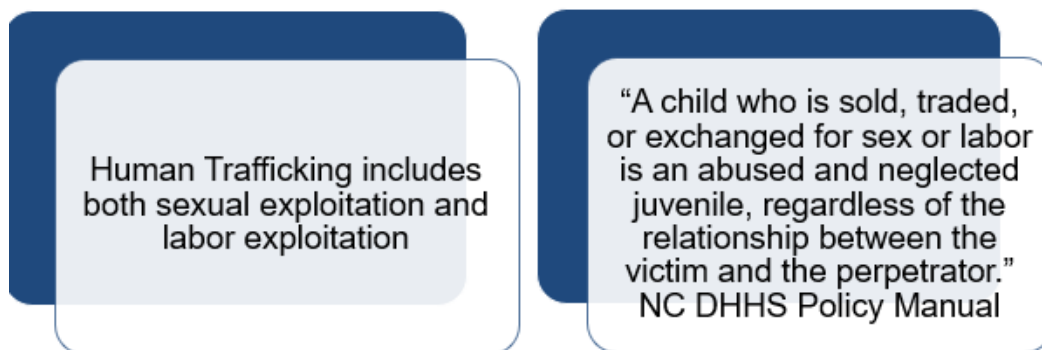
Listen more than talk

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 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 children and youth who are believed to be, or at risk of being, victims of human trafficking. This includes children and youth for whom your agency has an open case but who have not been removed from the home, children involved in Permanency Planning, and youth receiving LINKS services.

Notes

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North Carolina Child Welfare Policy Requirements

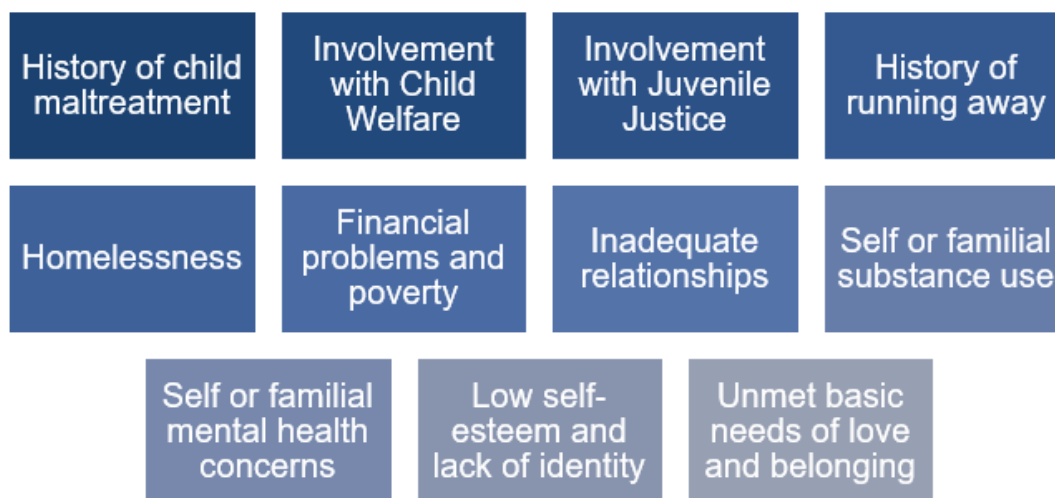
County child welfare workers must collaborate with human trafficking victim organizations and advocates to address the unique circumstances and safety issues for children who are victims of human trafficking.

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)

Notes

Child Human Trafficking: Risk Factors



There are several factors that increase a child's risk of human trafficking:

- History of maltreatment at home, especially sexual abuse
- Involvement with the child welfare or juvenile justice systems
- History of running away
- Homelessness
- Financial problems and poverty
- Inadequate family or other relationships
- Self or familial substance use or mental health problems
- Unmet intangible needs such as love, belonging, affection, and protection
- Low self-esteem and lack of identity

What factors had you not considered until now?

What about these factors would make a child more vulnerable to being trafficked?

How does knowing the risk factors help inform your engagement with youth at risk for human trafficking?

Warning Signs and Indicators of Child Human Trafficking

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:

- Living with the employer
- Poor living conditions
- Multiple people in a cramped space
- Inability to speak to an 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 involved with sex work
- 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 that he or she is reluctant to explain

Notes

Faces of Human Trafficking: Focus on Youth

Video: Faces of Human Trafficking: Focus on Youth

Watch the video at <https://www.youtube.com/watch?v=SM76xeJNCs4>

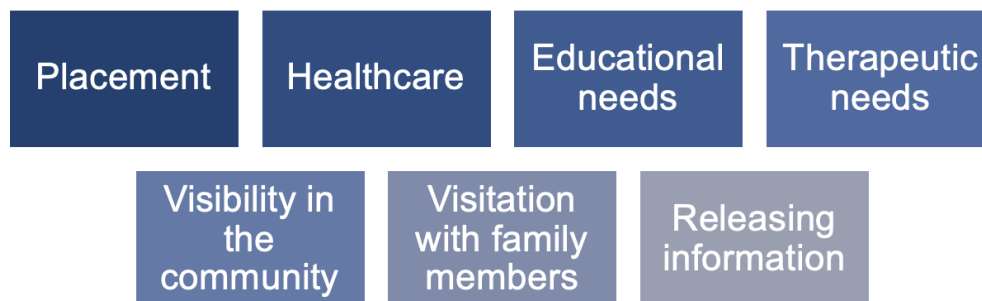
This video highlights the unique needs of victims of human trafficking with a focus on how professionals can identify youth and connect them with services

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



When a county DSS agency has an open case where the trafficking of a child is suspected or confirmed, the caseworker must provide appropriate information and resources to the family. 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 child's individual needs. Referrals to other agencies and resources are instrumental in identifying and screening victims and providing ongoing services.

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
- Risk of the child running away

Caseworkers should consider the unique needs of victims of human trafficking when making decisions about:

- Placement
- Healthcare
- Therapeutic needs
- Visibility in the community
- Visitation with family members
- Educational needs
- Releasing information

Currently, there are no evidence-based treatments for victims of trafficking. However, professionals believe that a trauma-informed approach is best. Trafficking victims are more likely to respond to services provided to them in their home or in the space they identify as safe. Experts in the field have found that most victims of trafficking highly value their independence and will rebel against what they perceive as being controlled. For this reason, it is vital that they be involved in the decision-making process as much as possible.

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

Documentation

Quality Documentation

Documentation

Case Documentation	Types of Documentation
• Case documentation includes all information in the case file • Documentation establishes the basis for all decision-making	• 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 the filing of a petition to remove a child from their parents' care. Case documentation comprises all information in the case file.

Notes

Elements of Documentation



An objective case narrative describes every aspect of each activity completed by the county child welfare worker. Most case narratives are objective narratives that include the following:

- Who (who participated)? Include the county child welfare worker, all family members, all professionals, family supports, and others who were a part of the action
- Why? What is the purpose of the action? What need or concern will be addressed during the action? Why must the action occur?
- Where? What was the location of the action?
- How? For interactions, state if the contact was by telephone, face-to-face, virtual, etc.
- When? What was the date and other pertinent information regarding the time of action?
- What (what occurred)? Describe what occurred, including but not limited to:
 - The interaction witnessed between participants
 - Capture statements word for word when appropriate
 - Describe the body language
 - Describe observed behaviors, reactions, and conditions (including tone of voice)
 - Include diagnosis, treatment recommendation, or outcome from meeting or appointment
 - Describe each service task provided

Notes

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Elements of Documentation (continued)

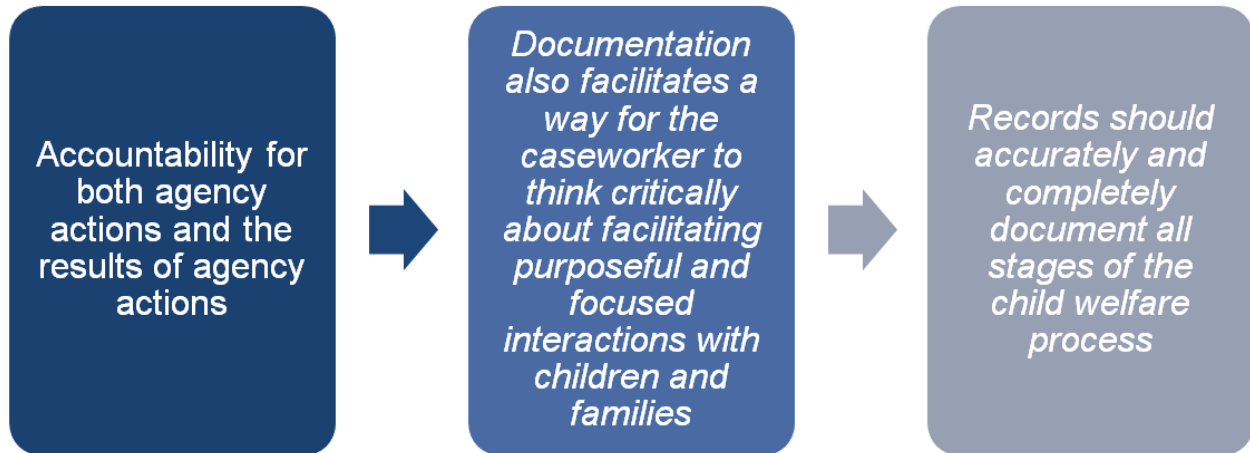


Elements of documentation include:

- Plans – for what will achieve desired change, and for what will reduce risk and/or address safety threats (usually in the form of a Safety Agreement or case plan)
- Progress – documenting what changes have occurred, what the family has accomplished, and what services were effective
- Any decisions and/or findings, and
- Summaries (for case transfer or case closing)

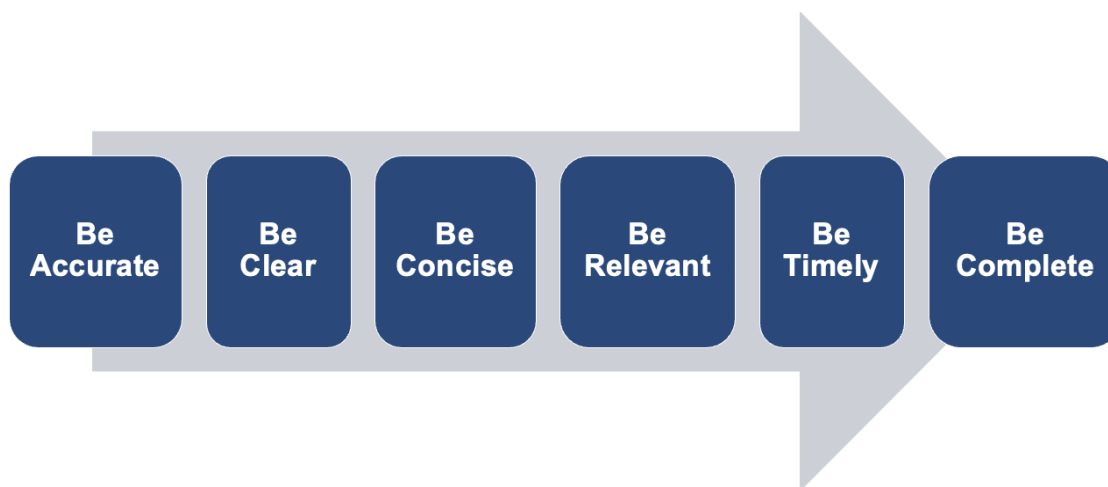
Notes

Purpose of Quality Documentation



Notes

Providing 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 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

Notes

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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:
<i>"The parent is not concerned about safety."</i>	<i>"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."</i>
Vague or Generic Descriptions:	Focus on behavior using behavior descriptions and family-specific language:
<i>"The parent is non-compliant."</i>	<i>"Sandy relates affectionately to her children. She was observed picking up baby Jonathan and consoling him when he woke up and started crying."</i>
Boilerplate Language:	Help the court understand decisions and recommendations:
<i>"The child was dressed appropriately, and the house was clean."</i>	• 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.

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

We become specific when we:

- Use objective, descriptive language - "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"
- 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

Court-Ready Skills Practice

Activity: Court-Ready Skills Practice

The purpose of this activity is to practice court-readiness in documentation.

What to do:

- Review the *Creating Court-Ready Documentation* handout below this activity
- Complete the *Creating Court-Ready Documentation* worksheet below
- Be prepared to share some of your responses

Handout: Creating Court-Ready Documentation

	Behavioral Description	Family-Specific Language
1. <i>Joe is manipulative.</i>	<i>When Joe's father says no, Joe sometimes asks his mother.</i>	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.
2. <i>Joe is disrespectful.</i>	<i>Joe's parents say he is sometimes disrespectful.</i>	
3. <i>Joe's parents need to set firm limits.</i>	<i>When Joe began throwing things at his sister, his parents tried yelling at him to stop but he did not listen.</i>	
4. <i>Mary is depressed.</i>	<i>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".</i>	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.
5. <i>Sarah is anti-social and hides out in her room.</i>	<i>Sarah's aunt says Sarah is "antisocial" and "hides out in her room". Sarah states that she feels safe in her room.</i>	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.
6. <i>The family doesn't get along.</i>	<i>Family members say that they would like to get along better.</i>	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.

Worksheet: Skills Practice

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

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. Anyone receiving or sharing information must sign a consent to release information. Confidentiality standards and requirements apply to all interactions, relationships, or communications, whether in person or via technology.

With the growing use of technology for communication, such as texting and email, you need to be aware of the unique challenges in maintaining confidentiality, obtaining informed consent, adhering to professional boundaries, maintaining record keeping, and addressing other ethical considerations. Confidentiality standards and requirements apply to all interactions, relationships, or communications, whether in person or through technology. Be sure you use safeguards, such as encryption, firewalls, and passwords, when using electronic communications to protect the information.

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."

In Permanency Planning, Consent via a release of information form must be obtained for the placement provider or any other individual to be present for the Permanency Planning Family Case Plan discussion if confidential information (e.g., substance use) is shared.

Notes

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

Our goal is always to maintain the confidentiality of the children and families with whom we work. Therefore, 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 to notify 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 – GIRP

The GIRP documentation format is simply an acronym to guide caseworkers in creating well-rounded documentation. Here is the formula:

Goal	Interventions	Results	Plan
• What is the purpose of the contact (tied to service agreement) and what type of contact is it? • Is the physical site where the services are provided? • What does the caseworker intend to accomplish? • Reflect "Who went where to do what"?	• Include the specific interventions or skills training services provided. • Reflect referrals, treatment, teaching, coaching and modeling.	• What were the results of the meeting or visit? • How effective was the intervention? • Reflect concrete, measurable, specific, and descriptive notations including the family's responses and progress.	• End the narrative with a plan. • Include any changes or revisions to the service agreement and the plan to accomplish remaining objectives and activities.

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

Goal	<i>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"?</i>
Interventions	<i>Your documentation should include the specific interventions/skills training services provided. For example, referrals, treatment, teaching, coaching, and modeling.</i>
Results	<i>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.</i>
Plan	<i>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."</i>

Documentation Models – PAPER

The PAPER model is another acronym used to encourage a strengths-based dimension to your documentation:

Purpose - Document the purpose or 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.

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.

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

P urpose	<i>Document the purpose/reason for the contact with the family.</i>
A ssessment	<i>Include an assessment of the overall family situation during the contact. Engage other family systems in the information- gathering process. And assess strengths and needs.</i>
P lan	<i>Collaborate with the family to plan, implement, monitor, and amend services.</i>
E ncourage	<i>Include how you confirmed the family as experts in their situation and specific techniques used to encourage, motivate, and empower.</i>
R esults	<i>Document a clear, concise summary of the result of the contact, including specific interventions and skills training services provided.</i>

Documentation Models – SEEMAPS

This model ensures coverage of many potential areas where the family may have issues and lays the foundation for identifying needs and strengths on which interventions with the family will be planned. Seven Domains of SEEMAPS- This model divides the family's life into seven domains or dimensions:



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

Brenda's Story

Activity: Brenda's Story

The purpose of this activity is to practice applying documentation models to case scenarios.

What to do:

- The training facilitator will sort participants into three groups and assign each a documentation model
- Circle your group's assigned documentation model:
 - GIRP
 - PAPER
 - SEEMAPS
- Review the Documentation Model handout assigned to your group
- Watch the video at <https://www.youtube.com/watch?v=jt9c2RP61Sg>
- Take general notes as you watch the video of Brenda's Story
- Use your assigned documentation model to document the following:

ACEs

PCEs

Underlying issues

Behaviors influenced by Brenda's exposure to trauma

Debrief Questions

What similarities did you notice across the three models?

Which one feels more natural for you to use?

Which one do you believe will facilitate more comprehensive documentation?

Which model do you believe allows for the least amount of bias?

What is one thing you will incorporate to help your documentation?

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

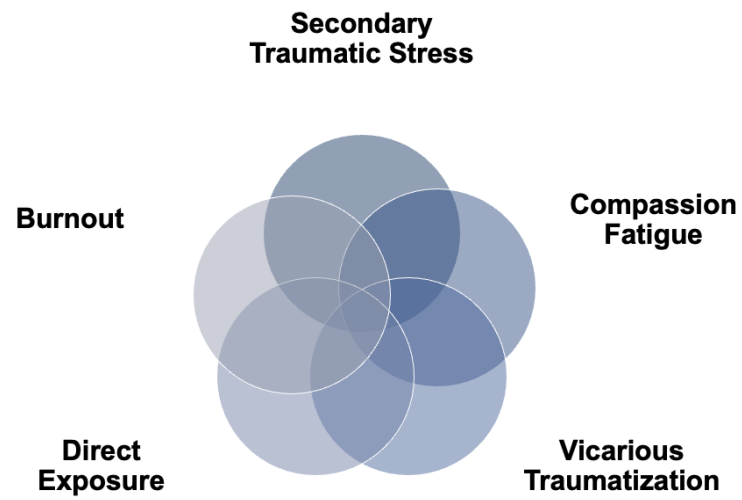
Trauma in Child Welfare



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 helps protect your well-being and prepares you for the work. Supervisors, teams, and self-care strategies are essential for resilience.

Notes

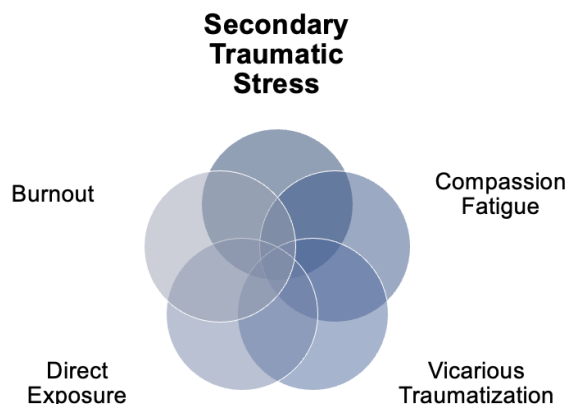
Terminology



Notes

Secondary Traumatic Stress

Emotional distress that results when an individual hears about the firsthand trauma experiences of another.



The National Child Traumatic Stress Network recognizes that STS is a common occupational hazard for professionals working with traumatized children.

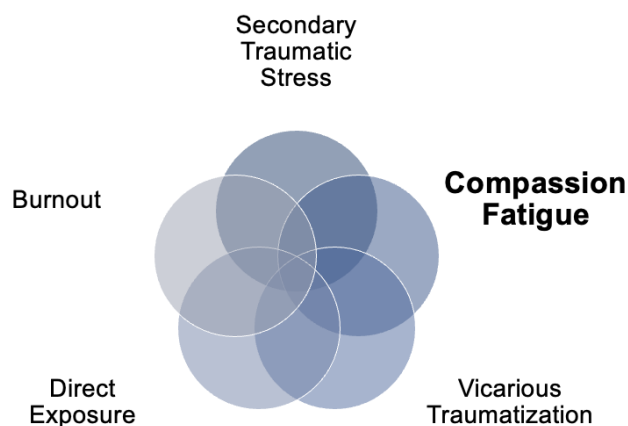
The symptoms of STS are similar to those of Post-Traumatic Stress Disorder (PTSD). Individuals with STS may experience changes in memory and perception; an altered sense of self-efficacy; a depletion of personal resources, and a disruption in their perceptions of safety, trust, and independence.

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-assessment, and supervision can help identify signs of STS.

Compassion Fatigue

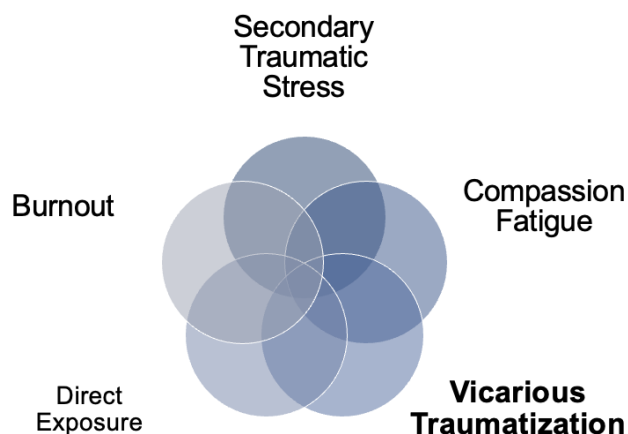
The physical and emotional exhaustion experienced by those who care for others who are in distress.



Compassion fatigue is the physical and emotional exhaustion experienced by those who care for others who are in distress. It is a less clinical and less stigmatizing term and is often used interchangeably with Secondary Traumatic Stress.

Vicarious Traumatization

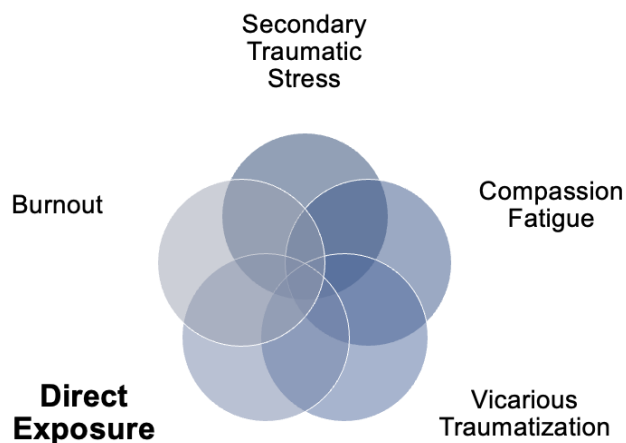
Changes in the inner experience of an individual, such as expectations for trust, safety, control, esteem, or intimacy, that result from cumulative exposure.



Vicarious trauma occurs after empathic engagement with a traumatized client and changes the inner experience of a practitioner. This term focuses less on trauma symptoms and more on cognitive changes that occur following cumulative exposure to another person's trauma. The symptoms of vicarious trauma are disturbances in the cognitive frame of reference in the areas of trust, safety, control, esteem, and intimacy.

Direct Exposure

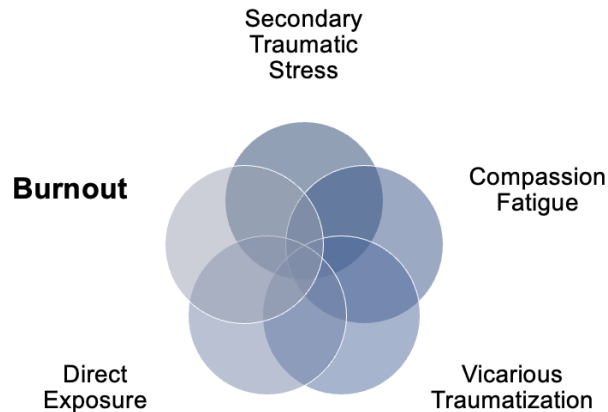
Exposure to trauma while carrying out daily work responsibilities. Includes events that involve a direct threat to oneself or witnessing threats to others.



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.

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.



Burnout is used to describe symptoms such as emotional exhaustion, cynicism, depersonalization, and loss of job satisfaction, and is common in social work and child welfare. Unlike STS, it is not caused by the effects of indirect exposure to trauma.

Burnout usually develops over time and results from work-related factors, such as high caseloads, organizational challenges, and a 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

The Ironic Injustice

Activity: The Ironic Injustice

The purpose of this activity is to explore expectations and boundaries needed to prevent burnout when engaging in barriers beyond participant control in child welfare.

What to do:

- Turn to the STS Reflections Page worksheet
- Take five minutes to answer the questions in the worksheet.

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 preventing STS and burnout?

--

Addressing Secondary Traumatic Stress

Prevention	Intervention
• 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	• 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. Understanding what might help will equip you to advocate for your needs as you continue 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 be 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

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

Notes

Three Elements of Worker 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

In thinking about the physical environment, consider:

- The size of the room. We often feel less anxious with people we don't know well or with whom we're uncomfortable if we're in a larger, more open space. If at all possible, avoid taking someone who is upset into a small, cramped room
- Just like flight attendants tell you, always know where your exits are. You will feel much more at ease if you know how to get out of the space and have easy and unobstructed access to exits
- Availability of any weapons, such as guns or knives, or anything that can be used as a weapon, like a heavy book or a vase
- Anything that could lead to increasing tension or confusion, like bystanders, crowds, loud noises, or heat
- How pleasant or unpleasant the space is. We all tend to behave better in more comfortable environments and where we feel our dignity is respected. Would you feel more comfortable in a waiting room at your doctor's office or in the waiting area at a bus station?

What about the other person in a situation could decrease your safety:

- If they have a history of violent behavior. This is the best predictor of future violence, by far, even if they do not have a criminal record.
- If they are under the influence of alcohol, drugs, or medication, as these substances can make people more likely to act on their emotions than if they were sober
- If they feel powerless or that they have no options
- If they are experiencing intense emotions, such as extreme frustration, a sense of injustice or oppression, fear, embarrassment, or grief
- If they have low impulse control
- If they know weapons or have experience in combat
- If they experienced physical abuse as a child
- If they have physical concerns such as a brain injury, psychosis, or neurological impairment, these may make it more difficult for them to regulate their emotions

These factors do not predict violent or aggressive behavior, but they are risk factors that may lead someone to act violently.

Our own behavior impacts the safety of the situation.

- Sometimes our approach to talking with others can be argumentative or confrontational.

- We can sometimes adopt an authoritative posture or tone of voice if we feel threatened or insecure, such as crossing our arms. This can provoke others.
- We need to be aware of our tone of voice, whether we sound annoyed or upset, and how our body language and facial expressions impact others.
- We can decrease safety by failing to provide people with options or choices or by violating their personal space.
- If we seem disinterested or inattentive, we can also decrease our safety and that of the person we interact with

Planning for Safety

When thinking about safety in your office or cubicle, what should you think about for the physical environment?

How about considering the other person's behavior when in your office space? What can you do to ensure your safety?

How can you act in a way that keeps you safe in your office?

When thinking about safety in a family's home, what should you think about for the physical environment?

What should you consider about other people when visiting their homes?

How can you act in a way that keeps you safe in the family's home?

And lastly, you'll need to plan for safety in your car. What might you do to keep yourself safe in your car?

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

Social work is an incredibly stressful field, and research suggests that caseworkers are at a higher risk of work-related stress, burnout, and a lower quality of life compared to the general population and other health professionals. The primary mission of social work is focused on improving the well-being of children and families, and this exposes caseworkers to higher levels of prolonged stress and vicarious trauma, as you learned about earlier in this training. Prolonged exposure to stress and trauma can lead to burnout, a lower sense of self-efficacy, low morale and lack of motivation, lack of self-confidence, and high turnover rates. Additionally, 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. 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

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Standards of Self-Care

- 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.)

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, inspiring, 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.

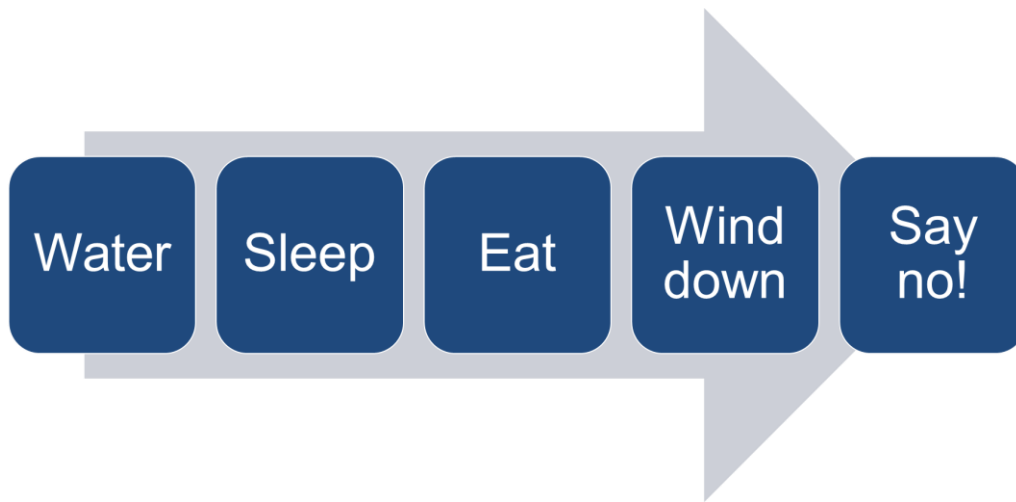
Generate strategies that work and follow them: Such a plan must be attainable and followed with great commitment and monitored by advocates of your self care.

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



- 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.
- SLEEP! Try to get seven hours a sleep each night and remove distractions like phones or TV that prevent you from sleeping soundly.
- 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.
- 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.
- 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?

--

What do you need to do to ensure you are taking care of yourself?

--

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

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	

Handout: Mindfulness to Improve Our Relationships

SELF Care

USING MINDFULNESS TO IMPROVE OUR RELATIONSHIPS, DAILY INTERACTIONS, AND REACTIONS TO TRAUMA

"Mindfulness means paying attention in a particular way: on purpose in the present moment and non-judgmentally" and "...shows us what is happening in our bodies, our emotions, our minds, and in the world. Through mindfulness, we avoid harming ourselves and others." Jon Kabat-Zinn and Thich Nhat Hanh

Practicing mindfulness improves

- Psychological well-being
- Emotional regulation
- Life satisfaction
- Physical health
- Stress



YOUR BRAIN

The Amygdala is responsible for the flight-fight-freeze response and errs on the side of overactivation to keep us safe. The prefrontal cortex is responsible for slowing us down and reasoning. Mindfulness engages the prefrontal cortex dialing down our response when it is not needed.

ACTIVITIES TO INFLUENCE YOUR RESPONSE

Hand-to-Heart

Begin by placing your hand on your heart, feeling the gentle pressure and warmth of your hand. Feel your chest rising and falling as you breathe in and out. While a simple activity, gentle touch instantly generates physiological relaxation in our bodies as it activates the vagus nerve in the parasympathetic nervous system, releases oxytocin, and activates the prefrontal cortex.

Emotional Labeling

Self-care starts with self-awareness: understanding your feelings and needs, so that you can make adaptations and shifts to take care of yourself. Labeling your emotions, or putting words to how you feel, shifts brain activity from the amygdala to the prefrontal cortex, allowing you to calm and access all of your resources for problem solving. This simple activity helps your brain to regulate and work more efficiently.



THE POWER OF TWO

When we combine strategies for calming our brain and bodies, we put ourselves in the very best position to respond with calm and care within our relationships and daily experiences. This has the power to change interactions, and families have the opportunity to learn from you. For more information, review the reference list.

NCWM.org/CWworkforce



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.

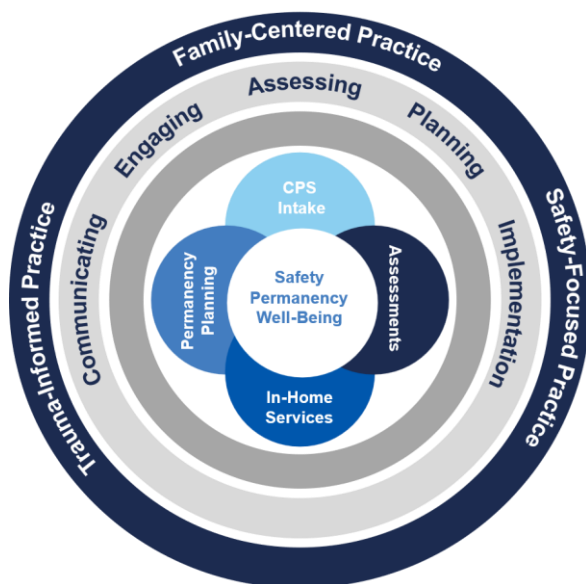
Standards for self-care are guided by two principles.

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.

Identify successes you have experienced during Core training.

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