



North Carolina Department of Health and Human Services CPS Assessment in Child Welfare Track Training

Participant's Workbook Day One

September 2025



600 Airport Rd Lakewood, NJ, 08701-5995 www.pubknow.com

> info@pubknow.com (800) 776-4229

This curriculum was developed by the North Carolina Department of Health and Human Services, Division of Social Services, and revised by Public Knowledge® in 2025.

Copyright © 2024 Public Knowledge®. All rights reserved. No part of this publication may be reproduced, distributed, or transmitted in any form without the written permission of the publisher.

Table of Contents

Instructions	4
Course Themes	4
Training Overview	5
Learning Objectives	7
Day One Agenda	10
Welcome & Introductions	11
Purpose and Legal Basis for Child Protection Services in North Carolina	13
North Carolina Practice Model	13
Activity: Core Values	13
Activity: Learning Review: NC Child Welfare Practice Standards	15
Purpose and Overview of CPS Assessments	17
Goals of Child Welfare Services	17
Handout: Intake Process Map	19
Handout: Policy Guidance for Making Informed Decisions	21
Multiple Response System (MRS)	22
Activity: CPS Assessment Tracks	23
Overview of Assessment Processes and Policies	24
Activity: Learning Review: CPS Assessment Process	24
Activity: Learning Review: CPS Assessment Policy	25
Roles and Responsibilities of CPS Assessment Social Worker	26
Legal Aspects of CPS Assessment	29
Activity: Legal Aspects	29
Handout: North Carolina Right to Enter a Residence	33
Activity: Learning Review: Applying Legal Standards	34
Essential Function: Communicating	35
Communicating Overview	35
Self-Assessment Tool: Communicating Function	36
Skills Practice: Introducing Your Role	40
Crucial Conversations	41
Activity: Power Dynamics in Child Welfare Interventions	44
Diversity, Equity, Inclusion and Belonging	45
Institutional Racism in Child Welfare Systems in the United States	45
Video: The Racist Roots of the Child Welfare System	45

Video: Exploring Implicit Bias in Child Protection	48
Debrief	49
Cultural Humility, Inclusion, and Considerations for Child Welfare Assess Decision-Making	
Video: What Exactly is Cultural Humility?	50
Activity: Child Welfare Practice Strategies to Center Families	52
Identifying and Addressing Bias	54
Activity: Learning Zones	55
Handout: Overcoming Unconscious Bias	57
Trauma-Informed Care	58
Core Value: Trauma-Informed Care	58
End-of-Day Values Reflection	62
Communicating: Build Your Own Field Guide	62
Questions and Reflections:	63
Bibliography of References	64
Appendix: Handouts	1
Intake Process Map	2
Policy Guidance for Making Informed Decisions	3
Federal Child Welfare Laws Overview	4
North Carolina Practice Standards Worker Assessment	21
North Carolina Right to Enter a Residence	44

Instructions

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

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

Course Themes

The central themes of the CPS Assessment Track Training are divided across several course topics.

- Purpose and Legal Basis for Child Protection Services in North Carolina
- Essential Function: Communicating
- Diversity, Equity, Inclusion, and Belonging
- Trauma-Informed Care
- Family-Centered Practice
- Essential Function: Engaging
- Safety Focused
- Essential Function: Assessing
- Interviewing Learning Lab
- The Role of Observation in Assessing for Safety
- Structured Decision-Making: Safety Assessment
- Assessment Learning Lab
- Safety Planning
- Safety Planning Learning Lab
- Trauma-Informed Practice
- Considerations for Cases Involving Special Circumstances
- Social Worker Safety
- Engaging the Family in Child Protection Services
- Risk Assessment
- Crucial Conversations
- Quality Contacts
- Assessing Family Strengths and Needs
- Secondary Traumatic Stress and Vicarious Traumatization
- Ongoing Assessment
- Family Engagement and Ongoing Assessment Learning Lab
- Documentation
- Well-Being as an Outcome
- Reasonable Efforts and Removals

- Reasonable Efforts and Removals Learning Lab
- Decision-Making
- Decision-Making and Case Closure Learning Lab

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 CPS Assessment Track Training in the form of online e-Learning modules. Completion of the e-Learnings is required prior to attendance at the classroom-based training. The following are the online e-Learning modules:

- 1. North Carolina Worker Practice Standards
- 2. Safety Organized Practice
- 3. Understanding and Assessing Safety and Risk
- 4. Understanding and Screening for Trauma

Transfer of Learning

The CPS Assessment Track Training Transfer of Learning (ToL) tool is a comprehensive and collaborative activity for workers and supervisors to work together in identifying worker goals, knowledge gain, and priorities for further development throughout the training process. In four distinct steps, the worker and supervisor will highlight their goals and action plan related to participating in training, reflect on lessons and outstanding questions, and create an action plan to support worker growth. The tool should be started prior to beginning the CPS Assessment Track Training and re-visited on an ongoing basis to assess growth and re-prioritize actions for development.

- Part A: Training Preparation: Prior to completing any eLearning and in-person
 Track Training sessions, the worker and supervisor should meet to complete Part
 A: Training Preparation. In this step, the worker and supervisor will discuss their
 goals for participation in training and develop a plan to meet those goals through
 pre-work, other opportunities for learning, and support for addressing anticipated
 barriers.
- Part B: Worker Reflections During Training: The worker will document their thoughts, top takeaways, and outstanding questions regarding each section. This level of reflection serves two purposes. First, the practice of distilling down a full section of training into three takeaways and three remaining questions requires

the worker to actively engage with the material, subsequently forming cognitive cues related to the information for future use in case practice. Second, prioritizing takeaways and questions by section allows workers to continually review information to determine if questions are answered in future sessions and supports the development of an action plan by requiring workers to highlight the questions they find most important.

- Part C: Planning for Post-Training Debrief with Supervisor: The worker considers
 the takeaways and questions they identified in each section and creates a
 framework to transfer those takeaways and questions into an action plan.
- Part D: Post-Training Debrief with Supervisor: Provides an opportunity for the supervisor and worker to determine a specific plan of action to answer outstanding questions and to further support worker training.

While this ToL is specific to the Track Training in North Carolina, workers and supervisors can review the takeaways and questions highlighted by the worker in each section of training on an ongoing basis, revising action steps when prior actions are completed, and celebrating worker growth and success along the way.

Training Evaluations

At the conclusion of each 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.

Learning Objectives

Day One

Purpose and Legal Basis for Child Protection Services in North Carolina

- Learners will be able to describe the key decision points in an assessment.
- Learners will be able to describe when an Investigative Assessment or Family Assessment is appropriate based on case circumstances.
- Learners will be able to distinguish between Family and Investigative Assessments.
- Learners will be able to describe and follow the steps of Family and Investigative Assessments.
- Learners will understand what circumstances require a MRS response.
- Learners will be able to navigate the NC DSS policy manuals.
- Learners will be able to describe the CPS Assessment process.
- Learners will be able to explain interview protocols based on case circumstances.
- Learners will be able to outline responsibilities specific to CPS Assessment workers.
- Learners will be able to describe their role in assessing safety and risk and making case decisions.
- Learners will be able to explain circumstances under which a child welfare professional can enter a residence when conducting an assessment.
- Learners will be able to demonstrate appropriate information sharing during an open CPS Assessment.
- Learners will be able to distinguish allowable actions from those that infringe on parental rights during a CPS Assessment.
- Learners will be able to describe diligent efforts at all stages of a CPS Assessment.
- Learners will be able to define Reasonable Efforts.
- Learners will be able to explain the rationale and application of reasonable efforts.

Essential Function: Communicating

 Learners will be able to identify points of conflict and various strategies to help children and families resolve conflict.

Diversity, Equity, Inclusion, and Belonging

- Learners will be able to explain the history of institutional racism in child welfare and its impact on disproportionality in child welfare.
- Learners will be able to discuss the impact of institutional racism in child welfare on safety, well-being, and permanency outcomes for children and families.
- Learners will be able to describe how marginalized children and families have been historically overrepresented in child welfare.
- Learners will be able to identify institutional racism in assessment and decision-making processes.
- Learners will be able to define underrepresentation and overrepresentation in the child welfare system.
- Learners will be able to recognize underrepresentation and overrepresentation in the child welfare system.
- Learners will be able to identify underlying causes of disproportionality and disparity for children and families in marginalized populations.
- Learners will be able to recognize how disproportionality leads to inequitable service provision and disparate outcomes for children and families.
- Learners will be able to examine how firsthand experiences and biases affect decisions made for children and families receiving Child Protective Services.
- Learners will be able to explain the importance of cultural humility and inclusion when conducting assessments.
- Learners will be able to demonstrate an understanding of cultural humility as a lifelong process of self-awareness and learning from other cultures.
- Learners will be able to discuss cultural barriers families may face when involved with Child Protective Services.
- Learners will be able to share examples of advocating for fair and culturally appropriate In-Home Services for children and families.
- Learners will be able to explain the concept of bias and how it impacts assessments and decision making.

- Learners will be able to utilize techniques for self-reflection and self-evaluation to recognize and manage their own potential biases.
- Learners will be able to discuss social and health disparities among children and youth in diverse populations.
- Learners will be able to assess whether children fall under the Indian Child Welfare Act (ICWA) and how to comply with prevention and active efforts standards set forth in the Act.
- Child welfare professionals will collaborate with Tribal agencies as required during CPS Assessments.
- Learners will be able to describe the importance of linking children and families to culturally competent community services, and advocacy groups.
- Learners will be able to provide legal and practical Notice to Tribes when children are believed to have American Indian/Alaskan Native heritage.
- Learners will be able to define Active Efforts.
- Learners will be able to describe the importance of identifying their own biases.
- Learners will be able to explain how they will maintain cultural humility in their work.

Day One Agenda

CPS Assessment Track Training

Welcome and Introductions

Purpose and Legal Basis for Child Protection Services in North Carolina

North Carolina Practice Model

Purpose and Overview of CPS Assessments

Multiple Response System

Overview of Assessment Process and Policies

Roles and Responsibilities of CPS Assessment Social Worker

Legal Aspects of CPS Assessment

Essential Function: Communicating

Communicating Overview

Crucial Conversations

Diversity, Equity, Inclusion, and Belonging

Institutional Racism in Child Welfare Systems in the United States

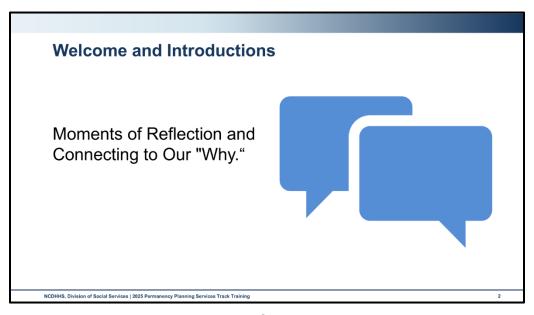
Cultural Humility, Inclusion, and Considerations for Child Welfare Assessments and Decision-Making Identifying and Addressing Bias

Trauma-Informed Care

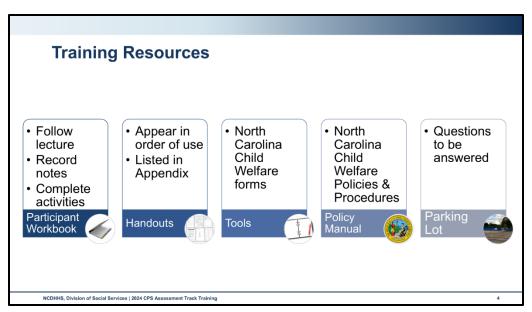
Core-Value: Trauma

End-of-Day Values Reflection

Welcome & Introductions



Use this outlined space to record notes from the introduction activity.	



Use this space to record notes.	

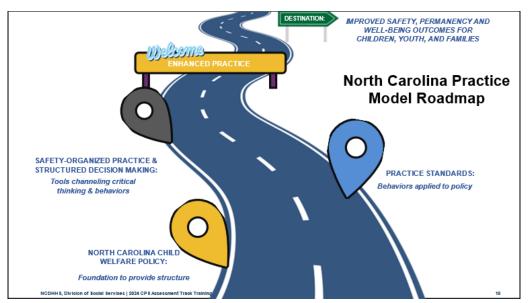
Purpose and Legal Basis for Child Protection Services in North Carolina

North Carolina Practice Model

Activity: Core Values

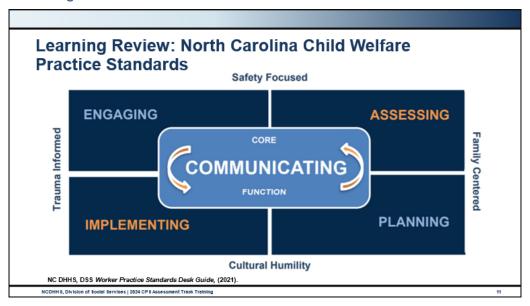


U	se this space t	<u>o recora note</u>	<u>S.</u>		



Use this space to record notes.			

Activity: Learning Review: NC Child Welfare Practice Standards



ι	Jse	this	sp	ace	to	record	no [°]	tes.
Γ								

Reflections

- · Where do you excel?
- Where are the areas you can grow?



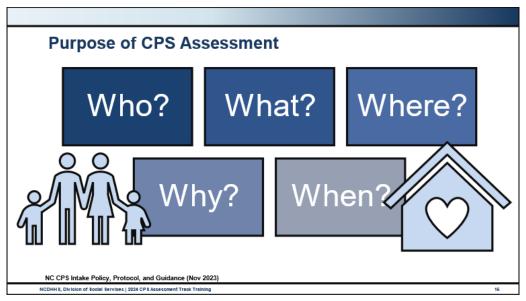
What area	Vhat areas do you excel in?					

Where are the areas you can grow?

Purpose and Overview of CPS Assessments Goals of Child Welfare Services

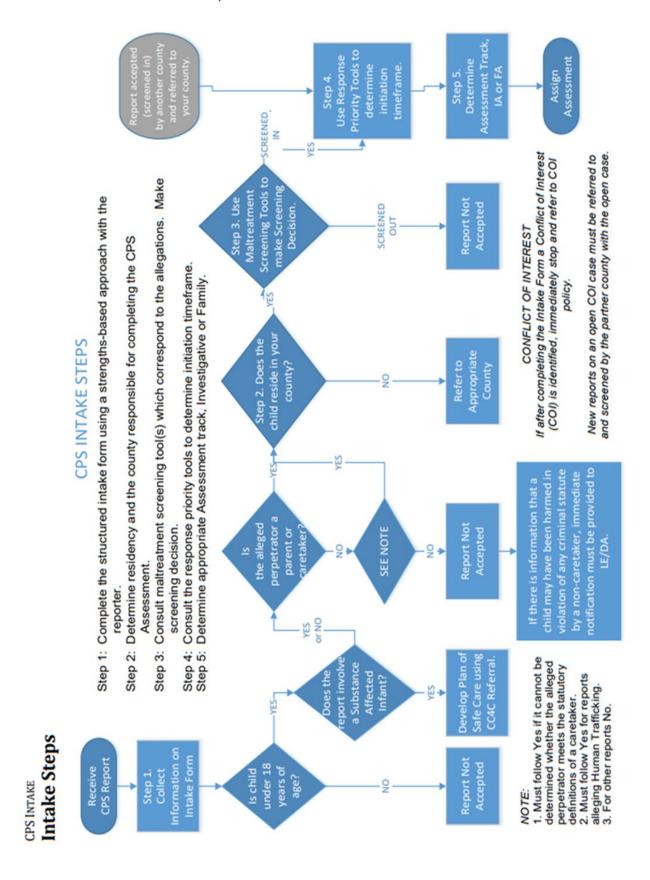


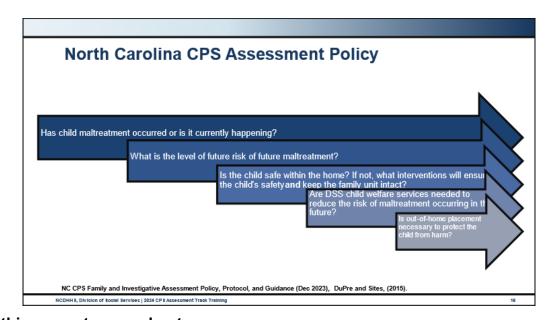
Us	Jse this space to record notes.				



Use this space to record notes.	

Handout: Intake Process Map





Use this space to record notes.

Handout: Policy Guidance for Making Informed Decisions

Purpose of CPS Family and Investigative Assessments

The primary goal of CPS Assessments is to protect children from further maltreatment and to support and improve parental/caregiver abilities to ensure a safe and nurturing home for each child.

The task of the CPS Assessment is to determine if the child(ren) is/are abused, neglected, and/or dependent, or if the family needs services, and what level of intervention is necessary to assure safety.

The purpose of the CPS Assessment is to gather sufficient information through interviews, observations, and, when appropriate, analysis of reports, medical records, photographs, etc. to determine if:

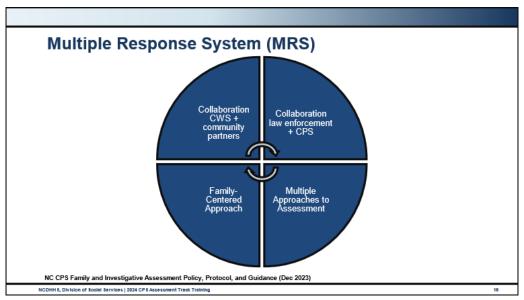
- Child maltreatment occurred;
- There is a risk of future maltreatment and the level of that risk;
- The child is safe within the home and, if not, what interventions can be implemented that will ensure the child's protection and maintain the family unit intact if reasonably possible;
- Ongoing agency services are needed to reduce the risk of maltreatment occurring in the future;
- Out-of-home placement is necessary to protect the child from harm.

During the course of a CPS Assessment, sufficient information must be gathered to assess:

- The safety of the child and the potential risk of harm;
- What actions might be needed to assure the safety of the child:
- Whether the facts identified through a structured gathering of information support
 the substantiation that a child is abused, neglected, and/or dependent as defined
 by statute, and the extent of the abuse, neglect, and/or dependency;
- If through observation and the gathering of information it is determined that due to the level of safety and risk, the family is in need of services; and
- Whether the specific environment in which the child is found meets the child's need for care and protection.

Source: CPS Assessments Policy, Protocol, and Guidance (February 2024)

Multiple Response System (MRS)



Use this space to record notes.

Activity: CPS Assessment Tracks

There are two possible tracks within CPS Assessments: Family Assessment and Investigative Assessment. It is important to understand the differences between the tracks to ensure compliance to policy.

In your small groups:

- Choose a scribe.
- Draw a vertical line (top-to-bottom) splitting the page in half, then label each side with SIMILAR and DIFFERENT at the top.
- For three minutes, list as many differences and similarities as you can.

se this space to record notes.

Overview of Assessment Processes and Policies

Activity: Learning Review: CPS Assessment Process

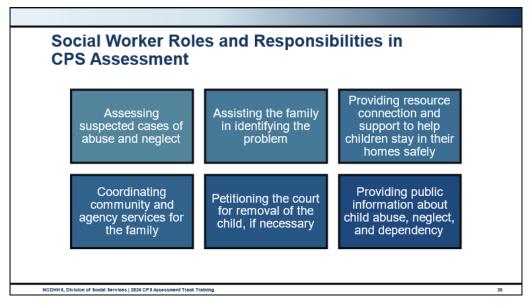
• Work with your table group to place all of the CPS Assessment Process activities in the correct order.

Use this space to record notes.	

Activity: Learning Review: CPS Assessment Policy

 Work with your table group to match all of the CPS Assessment Policies with the corresponding CPS Assessment Processes from the previous activity.
Jse this space to record notes.

Roles and Responsibilities of CPS Assessment Social Worker



CPS staff accomplish these services through:

- Assessing suspected cases of abuse and neglect
- Assisting the family in identifying the problem
- Providing in-home counseling and supportive services to help children stay safely home with their families
- Coordinating community and agency services for the family
- Petitioning the court for removal of the child, if necessary
- Providing public information about child abuse, neglect, and dependency

Providing Child Protective Services in any capacity requires certain knowledge, skills, personal qualities, and respect for the values of others. Specific competencies are required of CPS professionals that enable staff to perform effectively the tasks associated with each stage of the CPS casework process. Supervisors and social workers are expected to meet all training requirements to perform Child Protective Services duties.

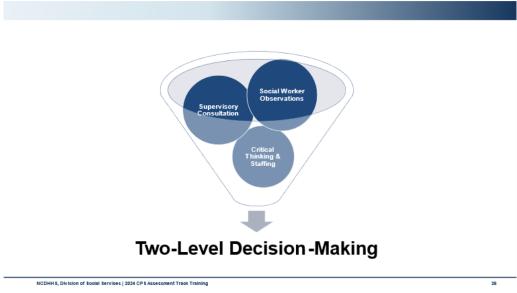
Reflection Questions

HOW	/ WIII	you	accon	npiisn	tnese	tasks	s and I	respon	ISIDIIITI	les?		

What do you	do when yo	u are stuck,	or can't decid	de what to do	?
Vhat impact	does engag	ement have	on your abilit	y to fulfill you	ır responsibilities
•					•

Source:

NC CPS Family and Investigative Assessments Policy, Protocol, and Guidance (Feb 2024)



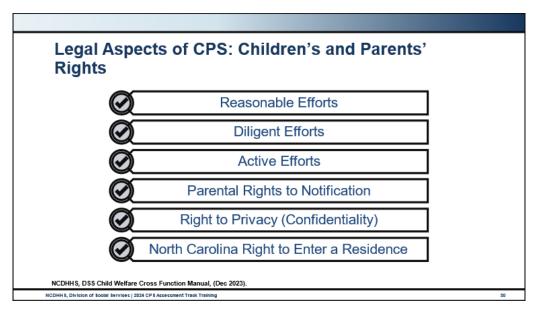
Use this space to record notes.

Legal Aspects of CPS Assessment

Activity: Legal Aspects

- Review the handout in the appendix titled Federal Child Welfare Laws Overview.
- Consider the following:
 - o What resonates with you?
 - o What surprises you?
 - o What questions do you have?

Use this space to record notes.



Best practice, as laid out in NC Child Welfare and System of Care policy outlines that all parents/caregivers involved in cases of abuse, neglect, or dependency must:

- Be treated in a courteous and respectful manner.
- Know DSS's legal authority and right to intervene in cases of child abuse, neglect, or dependency.
- Know the allegations of abuse, neglect, or dependency reported at the first contact with DSS.
- Know any possible action that DSS may take, including petitioning the court to remove the child in order to ensure safety and protection.
- Know DSS's expectations of the parent/caregiver.
- Know what services they can expect from DSS and other community agencies.
- Have a family services case plan that is clearly stated, measurable, and specific, that includes time-limited goals and is mutually developed by the DSS and the parent/caretaker.

Policy outlines best practice. Parent's rights are measured against the following legal terms. Use the space below each term to record notes.

Reasonal	Reasonable Efforts					

Diligent Efforts
Active Efforts
Active Liferts
Parental Rights to Notification
Right to Privacy (Confidentiality)
North Carolina Right to Enter a Residence

Learning Review: Right to Enter a Residence Law Emergency Situation The reasonable belief that a juvenile is in imminent danger of death or serious physical injury. Informed Consent The permission of the parent or person responsible for the juvenile's care. Executive Authority The accompaniment of a law enforcement officer who has legal authority to enter the residence. Judicial Authority An order from a court of competent jurisdiction. N.C.G. S. §7B-302(h)

Use this space to record notes.

Handout: North Carolina Right to Enter a Residence

N.C.G.S. § 7B-302 Assessment by director; military affiliation; access to confidential information; notification of person making the report.

The director or the director's representative may not enter a private residence for assessment purposes without at least one of the following:

- The reasonable belief that a juvenile is in imminent danger of death or serious physical injury.
- The permission of the parent or person responsible for the juvenile's care.
- The accompaniment of a law enforcement officer who has the legal authority to enter the residence.
- An order from a court of competent jurisdiction

Activity: Learning Review: Applying Legal Standards

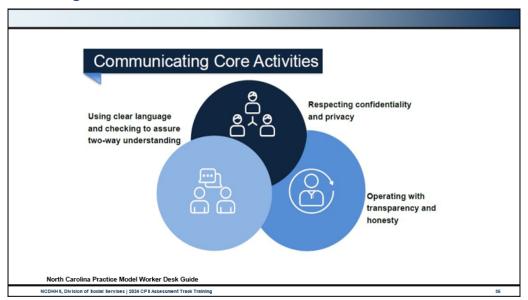
- Review your assigned scenario and based on laws and policies decide the best course of action for CPS to take.
- Refer to the Federal Laws Overview in the Appendix and online resources.
- If working in small groups, record your recommendations on the provided flip charts.

Use this space to record notes and then transfer information to a flipchart.

What details should be considered in the scenario?	What are the next steps you should take?	What laws and/or policies inform your decision?
Notes		

Essential Function: Communicating

Communicating Overview



Use this space to record notes.

Self-Assessment Tool: Communicating Function

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

North Carolina Worker Assessment: Communicating

Introduction

Communicating is defined as timely and consistent sharing of spoken and written information so that meaning, and intent are understood in the same way by all parties involved. Open and honest communication underpins successful performance of all essential functions in child welfare.

There are four Communicating core activities: (1) use clear language and checking to assure two-way understanding, (2) using respectful, non-judgmental, and empowering language, (3) operating with transparency, and (4) respecting confidentiality and privacy.

Table 1. Core Activity: Using clear language and checking to assure two-way understanding

Practice Standard 1: Ensure clarity when communicating						
	Α	s	N	Notes		
l use clear, specific, understandable oral and written communication	(1)	(2)	(3)			
I share important information with families verbally and in writing	(1)	(2)	(3)			
Practice Standard 2: Adapt communicational family members who need it	n to fa	amily	needs	and preferences, and provide consistent information to		
	Α	s	N	Notes		
I consider language barriers, preferences, literacy, and tailor communication	(1)	(2)	(3)			
I use preferred gender pronouns	(1)	(2)	(3)			
I attend to the child and family's language and use their words	(1)	(2)	(3)			
I ask families for their communication preferences	(1)	(2)	(3)			
I share appropriate information, provide consistent information	(1)	(2)	(3)			
Practice Standard 3: Allow time to enhand understanding	Practice Standard 3: Allow time to enhance two-way communication with families through questions and checks for understanding					
	Α	S	N	Notes		

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

I seek to allow enough time for two-way communication	(1)	(2)	(3)
I inform families of time limits, fully present, schedule follow-up meeting	(1)	(2)	(3)
I actively listen to families, reflect back	(1)	(2)	(3)
I ask questions for deeper understanding	(1)	(2)	(3)
I encourage and respond to questions from families, confirm understanding	(1)	(2)	(3)

Table 2. Using respectful, non-judgmental, and empowering language

Practice Standard 4: Speak with youth and families in a non-judgement, respectful manner					
	Α	S	N	Notes	
I convey interest and respect through body language	(1)	(2)	(3)		
I use consistently objective, strengths- based language	(1)	(2)	(3)		
I regularly seek out families' feelings, validate them	(1)	(2)	(3)		

Table 3. Operating with transparency and honesty

Practice Standard 5: Clearly and openly express to youth and families what is expected from them and what they can expect from child welfare					
	Α	S	N	Notes	
I explain the role of child welfare, what to expect, decision points, timeframes	(1)	(2)	(3)		
I fully inform families of options and opportunities, seek options from families	(1)	(2)	(3)		

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

I follow through with commitments, explain changing circumstances	(1)	(2)	(3)	
I set timeframes for responses to questions, follow through	(1)	(2)	(3)	
I answer questions honestly	(1)	(2)	(3)	
Practice Standard 6: Always tell the truth, dialogue	includ	ding di	uring (difficult conversations, in a manner that promotes
	Α	s	N	Notes
l acknowledge mistakes and misunderstandings	(1)	(2)	(3)	
I acknowledge when information is not known, cannot be shared	(1)	(2)	(3)	
	(1)	(2)	(3)	

Table 4. Core Activity: Respecting confidentiality and privacy

Practice Standard 7: Diligently respect confidentiality while sharing information when necessary and appropriate					
	Α	s	N	Notes	
I clarify and follow legal expectations for confidentiality, explain what can be shared	(1)	(2)	(3)		
I follow-up with my supervisor on what can be shared	(1)	(2)	(3)		
I take the release of information process seriously	(1)	(2)	(3)		
I ensure families know their right to revoke release of information	(1)	(2)	(3)		
I anticipate and minimize breaches of confidentiality	(1)	(2)	(3)		

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

I understand that families perceive confidentiality as isolating, discuss confidentiality, obtain releases

(1) (2) (3)

Skills Practice: Introducing Your Role

- Take turns with your partner practicing how you will introduce yourself to a family upon meeting them for the first time when you initiate a family assessment due to concerns about a hungry 7-year-old child.
- Consider the discussion from earlier about the roles and responsibilities of a CPS-Assessment social worker. Take a moment and think about how you might introduce yourself.

Report Summary:

You have received a report that 7-year-old Anita has recently lost weight. The report alleges that at breakfast and lunch, Anita is seen "shoveling" food in her mouth. Anita eats so fast; that she often throws up. In the second half of the school day, Anita lays her head down on her desk and is so lethargic she cannot really participate in school. Reporter alleges that when asked, Anita says that she doesn't eat at home, only at school, and that her empty belly "hurts so bad all the time." The report alleges that the parents recently lost their jobs and are probably too proud to apply for food stamps, as the parents refused the free food bag that goes home to families in need on Fridays.

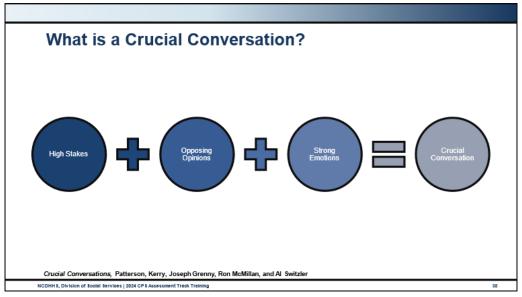
This report is screened neglect-unsafe food/nutrition and assigned as family assessment response, 72-hour.

Prepare to contact the family for the initial contact.

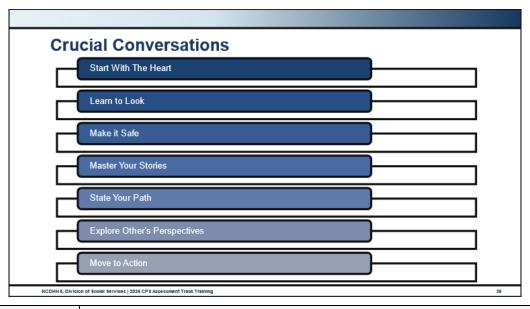
- Consider allegations, response track, and parental rights for notification
- Consider the roles and responsibilities of CPS-Assessment Social Worker

Use this space to record note	es.	

Crucial Conversations



Use this space to record notes) .	



Steps	How Do I Do This?
Start with the Heart.	Start from a genuine, well-intentioned place. Stay focused on what you really want and your intentions for the conversation.
Learn to Look.	Look for signs of stress, conflict, and emotional elevation. Notice when your safety is at risk. Manage your own response tendencies. Look for language and behavior that could escalate the conversation.
Make it Safe.	Notice when others don't feel safe to respond, check to make sure you are listening well and validating. Keep highlighting the common goal. When you notice a risk, step out" of the conversation and work to restore safety.
Master Your Stories.	Manage intended and unintended bias and check how you see others. "Stories" are assumptions we make for why others are doing what they are doing. Assumptions can interfere with your conversation.
State Your Path.	Share very specific concerns and a clear explanation of the purpose for the conversation. Talk about your experience and inquire about the ways of others. Speak cautiously to be clear and not too soft or too firm.
Explore Others' Perspectives.	Active listening becomes key, and empathy is critical. Validate the person's feelings while maintaining the importance of what needs to be accomplished.
Move to Action.	Make decisions and commit to action together.

Use this space to record reflections and notes.	

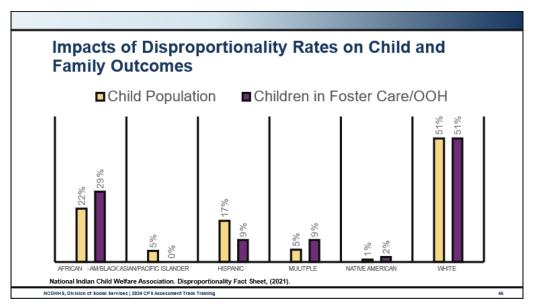
Source: Patterson, Kerry, Joseph Grenny, Ron McMillan, and Al Switzler. 2002. Crucial Conversations. Maidenhead, England: McGraw-Hill Contemporary.

Activity: Power Dynamics in Child Welfare Interventions What happened in your group? Did you get as much power as you wanted? What surprised you? What did it feel like to have someone try to take power away from you? What do you think happens when people continuously have their power taken away? How does this exercise relate to families' experiences with child welfare services and historical distrust? How do you define power?

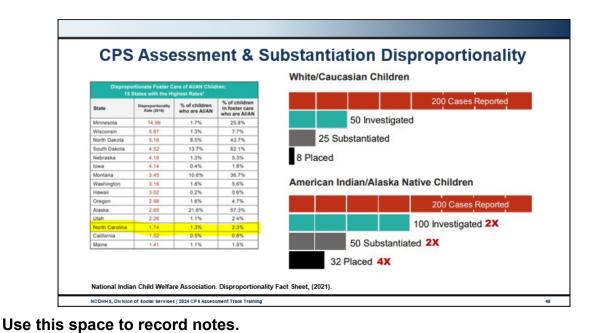
Diversity, Equity, Inclusion and Belonging

Institutional Racism in Child Welfare Systems in the United States

Video: The Racist Roots of the Child Welfare System https://www.youtube.com/watch?v=UsJCFWi lbE How does this history impact the work you are doing today? How does institutional racism show up in your cases or your regions today?



Use this space to record notes.



Video: Exploring Implicit Bias in Child Protection

https://www.youtube.com/watch?v=PsWkqtO4HLY

With your group, discuss the following questions.
What do you think contributes to or causes disproportionate CWS involvement for some children and not others?
What role do you play in disproportionality rates in NC CPS?
How will you develop self-awareness of your own implicit biases?

De	h	ri,	∽f
שע	;	ш	ᄀ

vvnat are your	reflections on t	his information	?		
How does this	history impact	your work with	children and fa	milies today?	
	, , , , , , , , , , , , , , , , , , ,				
	, , , , , , , , , , , , , , , , , , , ,				
	, , , , , , , , , , , , , , , , , , ,				

Cultural Humility, Inclusion, and Considerations for Child Welfare Assessments and Decision-Making

Video: What Exactly is Cultural Humility?

https://www.	<u>/youtube.com/</u>	/watch?v= l	<u>JR58nY</u>	<u>im5xo&t=1s</u>

Jse this space to record notes.				



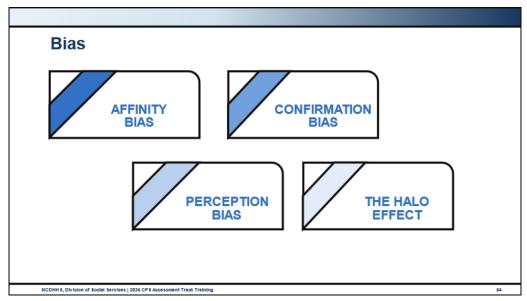
Use this space to record notes.				

Activity: Child Welfare Practice Strategies to Center Families

<u>Part 1</u> : Create a list of aspects of your culture that make your family unique and may not be visible or known to outsiders.
What about your family culture, would CPS be challenged to understand withou
explanation or context?
What in your culture might be interpreted negatively without that family context and information?

<u>Part 2</u> : Discuss your answers to Part 1 with your group and answer the following questions:
How would CPS get your family to talk about those topics?
How do you practice inclusion with families in CPS?

Identifying and Addressing Bias



Affinity Bias: The tendency to warm up to people who are similar to ourselves; favoring those who have things in common with us.

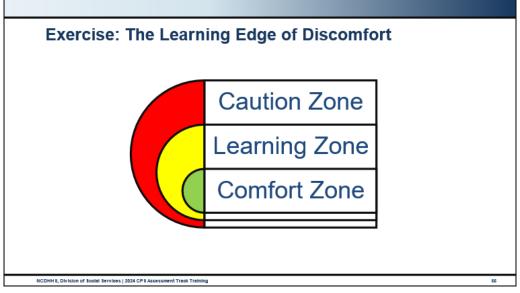
<u>Confirmation Bias</u>: Seeking out evidence that confirms our initial perceptions, ignoring contrary information.

<u>Perception Bias</u>: The tendency to form stereotypes and assumptions about certain groups that make it difficult to make an objective judgment about individual members of those groups.

<u>The Halo Effect</u>: The tendency to think everything about a person is good because our first impression of them was good.

Į	Use this space to record notes.				
Ī					
1					

Activity: Learning Zones



What about this work have I found challenging and what did I do about it?	
He de La flaction in the Property	
How do I reflect on my own blases?	
How do I reflect on my own biases?	
How do I reflect on my own blases?	
How do I reflect on my own blases?	
How do I reflect on my own blases?	
How do I reflect on my own blases?	
How do I reflect on my own blases?	
How do I reflect on my own blases?	
How do I reflect on my own blases?	
How do I reflect on my own blases?	
How do I reflect on my own blases?	
How do I reflect on my own blases?	

How do	I mitigate or	prevent neg	ative impact i	rom my biase	S?	
How will	you sit with	the discomf	ort of the lea	rning zone to	learn about famili	es?
How will	you sit with	the discomf	ort of the lea	rning zone to	learn about famili	es?
How will	you sit with	the discom	ort of the lea	rning zone to	learn about famili	es?
How will	you sit with	the discom	ort of the lea	rning zone to	learn about famili	es?
How will	you sit with	the discomf	ort of the lea	rning zone to	learn about famili	es?
How will	you sit with	the discom	ort of the lea	rning zone to	learn about famili	es?
How will	you sit with	the discom	ort of the lea	rning zone to	learn about famili	es?
How will	you sit with	the discom	ort of the lea	rning zone to	learn about famili	es?
How will	you sit with	the discom	ort of the lea	rning zone to	learn about famili	es?
How will	you sit with	the discom	ort of the lea	rning zone to	learn about famili	es?
How will	you sit with	the discomi	ort of the lea	rning zone to	learn about famili	es?
How will	you sit with	the discomi	ort of the lea	rning zone to	learn about famili	es?
How will	you sit with	the discomi	ort of the lea	rning zone to	learn about famili	es?

Handout: Overcoming Unconscious Bias

HOW INDIVIDUALS CAN CHALLENGE IMPLICIT BIAS

LEARN MORE Learn about the root causes of implicit bias. Think about how bias affects interactions between employees and coworkers, and outcomes such as who gets hired, promoted, or offered stretch assignments and new opportunities.

IDENTIFY BIAS Become familiar with different types of biases regarding people's inherent characteristics, such as ageism, gender bias, beauty bias, and weight bias, as well as racism, colorism, and bias against the LGBTQ+community. How do these play out in your workplace?

START WITH YOU Engage in critical self-reflection. Consider times when you may have made automatic assumptions about colleagues based on stereotypes, without giving them the chance to be individuals. How could that lead to unintended consequences? Reflect on how this might conflict with your personal and/or organizational values.

QUESTION YOUR OWN ASSUMPTIONS Start to ask yourself: Why am I thinking this way? Would I be drawing the same conclusions if this scenario involved someone of a different profile (e.g., a man instead of a woman, a person with no children instead of a parent)?

CONSIDER THE OPPOSITE

Notice the next time you find yourself making a judgment about someone based on a group stereotype (e.g., automatically assuming that an older employee isn't tech savvy or that a colleague with a heavy accent isn't competent), and then consider whether the opposite is true.

OBSERVE AND CONSIDER

Look around your workplace. How are colleagues treated when they are the only person of their race, ethnicity, and/or gender in a group? Who gets heard in meetings? Who suggests an idea that seems to be ignored, but gets restated by someone else who gets credit for it?

BE CURIOUS Make personal connections and spend time learning how your coworkers experience your workplace. Talk with someone new in the breakroom who is from a different demographic group than you are. Ask questions and listen.

ACCEPT DISCOMFORT The journey of unlearning implicit biases requires confronting qualities of ourselves that we may not like. Know that discomfort = growth, and that perfection is not the goal. Be willing to admit when you've demonstrated bias, instead of becoming defensive or making exceptions for yourself.



We all have biases that change and evolve even when we confront them. Remain committed to sustained action over time.

Note: While many people use the term "unconscious bias," Catalyst prefers the term "implicit bias." Unconscious bias implies that these biases are outside our awareness and control. All people at an organization have the ability to become aware of implicit biases in themselves and others and take action to mitigate their impact on building diverse, equitable, and inclusive workplaces.

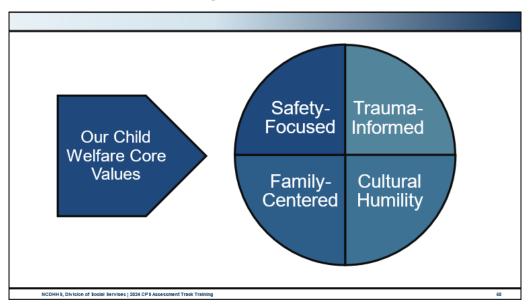


© Catalyst 2018-2023

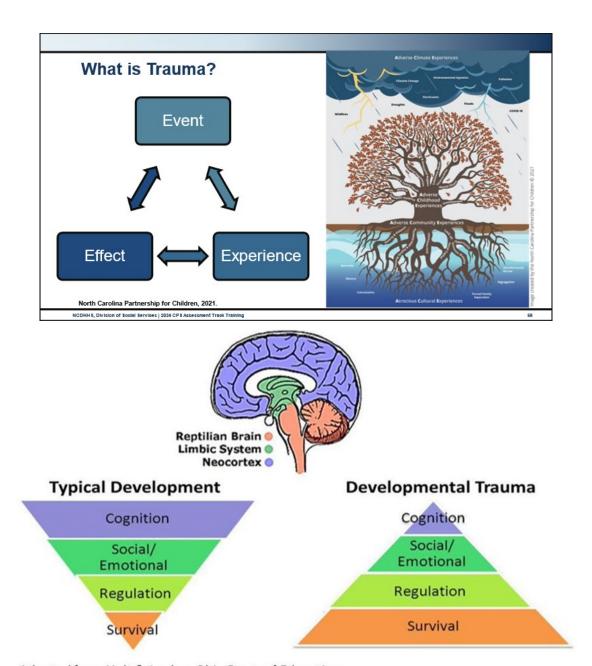
CATALYST.ORG

Trauma-Informed Care

Core Value: Trauma-Informed Care

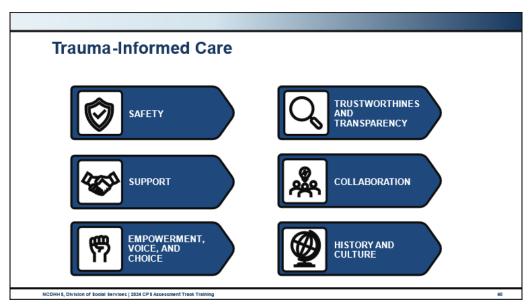


Use this space to record notes.



Adapted from Holt & Jordan, Ohio Dept. of Education

Use this space to record notes.				



There are 6 core principles of trauma-informed care:

<u>Safety</u>: Families and child welfare social workers feel physically and psychologically safe.

<u>Trustworthiness and Transparency</u>: Decisions are made with transparency and with the goal of building and maintaining trust.

<u>Support</u>: Child and family safety decisions are team decisions and no one person should make decisions about families alone. Consulting with your peers and supervisor is viewed as integral to child welfare service delivery.

<u>Collaboration</u>: Child welfare services are family-centered interventions to assess and provide child and family safety. As a representative of the government, power differences between child welfare social workers and families, and among organizational staff, are leveled to support shared decision-making.

<u>Empowerment</u>: Child and family strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma.

<u>Humility and Responsiveness</u>: Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed. Child welfare social workers are responsible for engaging in courageous and crucial conversations with families with the understanding that families are the experts on their own lives, strengths, and challenges.

End-of-Day Values Reflection

Communicating: Build Your Own Field Guide

about how you learn best. What	at do you need to try out new skills and
about how you learn best. Wha	at do you need to try out new skills and
about how you learn best. Wha	at do you need to try out new skills and
about how you learn best. Wha	at do you need to try out new skills and
about how you learn best. Wha	at do you need to try out new skills and
about how you learn best. Wha	at do you need to try out new skills and
about how you learn best. Wha	at do you need to try out new skills and
about how you learn best. Wha	at do you need to try out new skills and
about how you learn best. Wha	at do you need to try out new skills and
about how you learn best. Wha	at do you need to try out new skills and
about how you learn best. Wha	at do you need to try out new skills and
about how you learn best. What paches?	at do you need to try out new skills and
about how you learn best. Wha	at do you need to try out new skills and
paches?	at do you need to try out new skins and

Questions and Reflections:

Use this space to record reflections and questions about what you have learned today.				

Bibliography of References

Day One

The Annie E Casey Foundation. (April 2023). "Children who are confirmed by child protective services as victims of maltreatment by race and Hispanic origin in the United States." *Kids Count*. Retrieved from https://datacenter.aecf.org/data/tables/9906-children-who-are-confirmed-by-child-protective-services-as-victims-of-maltreatment-by-maltreatment-

type#detailed/1/any/false/1095,2048,574,1729,37,871,870,573/3885,3886,3887,3888,3889,3890/19240,19241 on 6 Nov 2023.

CalSWEC Online, (2019, April 29) *Child Welfare Worker Realistic Job Preview.* [Video]. YouTube.com.

https://www.youtube.com/watch?v=2aoOYAwgp2o&list=PLNYfSDZN2XUpWQ62KzijZDZg2VEjlSGD&index=1

Casey Family Programs, (2019, January 18) Jeremiah Donier: Birth dad winner. [Video]. YouTube.com. https://www.youtube.com/watch?v=yxBeN5-Rq_E&t=249s

Center for the Study of Social Policy. (June 2023). *Implicit Racial Bias 101: Exploring Implicit Bias in Child Protection*. [Video]. YouTube.com.

https://www.youtube.com/playlist?list=PL-oK-jkL0HeVOuQKt9GTsx2df6Wfo8ZJc

Child Abuse, Prevention, and Treatment Act of 1974, P.L. 93-247. (1974, rev. 2019). Section 106 (b)(2)(A)(xviii) Assurances and Requirements, Notification of Allegations. https://policies.ncdhhs.gov/wp-content/uploads/fscw_al_0706-01.pdf

Child Welfare Information Gateway. (2020, October). How the Child Welfare System Works. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://www.childwelfare.gov/pubPDFs/cpswork.pdf

Child Welfare Information Gateway. (2023). *Index of Federal laws*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

https://cwlibrary.childwelfare.gov/discovery/search?query=title,exact,Index%20of%20Federal%20Child%20Welfare%20Laws,AND&tab=catalog&search_scope=PublicCat&sortby=rank&vid=01CWIG_INST:01CWIG&mode=advanced&offset=0

Child and Family Services. (2014, July 23) *Child and family services reviews (CFSR) quick reference items list*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://www.acf.hhs.gov/sites/default/files/documents/cb/cfsr_quick_reference_list.pdf

Children's Bureau. (2022). *Child Maltreatment 2020.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families.

Children's Bureau. (2022). *National Child Abuse and Neglect Data System (NCANDS) Child File, FFY 2000–2021*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families.

Children's Bureau. (2023). *Child Welfare Policy Manual*. Washington, DC: United States Department of Health and Human Services, Administration for Children and Families. Retrieved from https://www.acf.hhs.gov/ on 12 Nov 2023.

Diabetes Africa. (2022, December 1). What Exactly is Cultural Humility? [Video]. YouTube.com. https://www.youtube.com/watch?v=UR58nYjm5xo&t=1s

DuPre, D.P., & Sites, J. (2015). Chapter 1: Introduction. *Child Abuse Investigation Field Guide*, 1-8. DOI: https://doi.org/10.1016/B978-0-12-802327-3.00001-1.

Foronda, C., Baptiste, D., Reinholdt, M.M. & Ousman, K. (2015). Cultural Humility. *Journal Of Transcultural Nursing* 27(3): 210-217. doi:10.1177/1043659615592677. Retrieved from https://inclusion.uoregon.edu/what-cultural-humility-basics

Garcia, A.R., Gupta, M., Greeson, J.K.P., Thompson, A., & DeNard, C. (2017, August). Adverse childhood experiences among youth reported to child welfare: Results from the national survey of child & adolescent wellbeing. *Child Abuse & Neglect 70*: 292-302. https://www.sciencedirect.com/science/article/abs/pii/S0145213417302478

Juvenile Code, Article 3 – Screening of Abuse and Neglect Complaints. North Carolina Stat. §7B-302(h). (1979, rev. 2021).

https://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByChapter/Chapter_7B.html

Magruder, K.M., McLaughlin, K.A., & Elmore Borbon, D.L. (2017). Trauma is a public health issue. *European Journal of Psychology* 8(1). Retrieved from https://www.tandfonline.com/doi/full/10.1080/20008198.2017.1375338 on 8 March 2024.

McCrae, J.S., Bender, K. Brown, S.M., Phillips, J.D., & Rienks, S. (2019). Adverse childhood experiences and complex health concerns among child welfare-involved children. *Children's Health Care* 48(1): 38-58.

https://www.tandfonline.com/doi/abs/10.1080/02739615.2018.1446140

McPhatter, A.R. (2018). "Cultural competence in child welfare: What is it? How do we achieve it? What happens without it?" *Child Welfare* 76(1), 251-274. Routledge, 2018.

National Child Welfare Workforce Institute. (2022, May). *Overrepresentation of Black children in Child Welfare*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

https://ncwwi.org/wp-content/uploads/2022/05/Overrepresentation-of-Black-children-in-Child-Welfare.pdf

National Indian Child Welfare Association. (2021, November). *Disproportionality in Child Welfare Fact Sheet*. Retrieved from NICWA_11_2021-Disproportionality-Fact-Sheet.pdf on 7 Nov 2023.

New York Civil Liberties Union (NYCLU). (2023). *The Racist Roots of the Child Welfare System*. [Video]. YouTube.com. https://www.youtube.com/watch?v=UsJCFWi_lbE

North Carolina Department of Health and Human Services, Division of Social Services. (2020, May). CPS Purpose & Philosophy, Legal Basis, Administration: NC Child Welfare manual, 9. https://policies.ncdhhs.gov/wp-content/uploads/purpose.pdf

North Carolina Department of Health and Human Services, Division of Social Services. (2021). *North Carolina practice standards worker assessment*.

https://www.ncdhhs.gov/cw-worker-north-carolina-worker-assessment-all-practice-standards/open

North Carolina Department of Health and Human Services, Division of Social Services. (2021). *Worker practice standards desk guide*. https://www.ncdhhs.gov/cw-worker-north-carolina-worker-practice-standards-desk-guide/open

North Carolina Department of Health and Human Services, Division of Social Services. (2024, April). *Cross function topics: NC Child Welfare manual*. https://policies.ncdhhs.gov/wp-content/uploads/In-Home_April-2024_2.pdf

North Carolina Department of Health and Human Services, Division of Social Services. (2024, August). *CPS Assessments Policy, Protocol, and Guidance: NC Child Welfare manual.* https://policies.ncdhhs.gov/wp-content/uploads/CPS-Assessments-Aug-2024.pdf

North Carolina Department of Health and Human Services, Division of Social Services. (2024, August). *CPS Intake Policy, Protocol, and Guidance: NC Child Welfare manual*. https://policies.ncdhhs.gov/wp-content/uploads/CPS-Intake_Aug-2024.pdf

Patterson, K., Grenny, J., McMillan, R., & Switzler, A. (2002). *Crucial Conversations*. Maidenhead, England: McGraw-Hill Contemporary.

SMART START and North Carolina Division of Public Health. (2021). *Building Healthy and Resilient Communities Across North Carolina, One Community at a time*. Retrieved from https://indd.adobe.com/view/f9cca8b9-d326-4666-99d0-afe7ea06bd73.

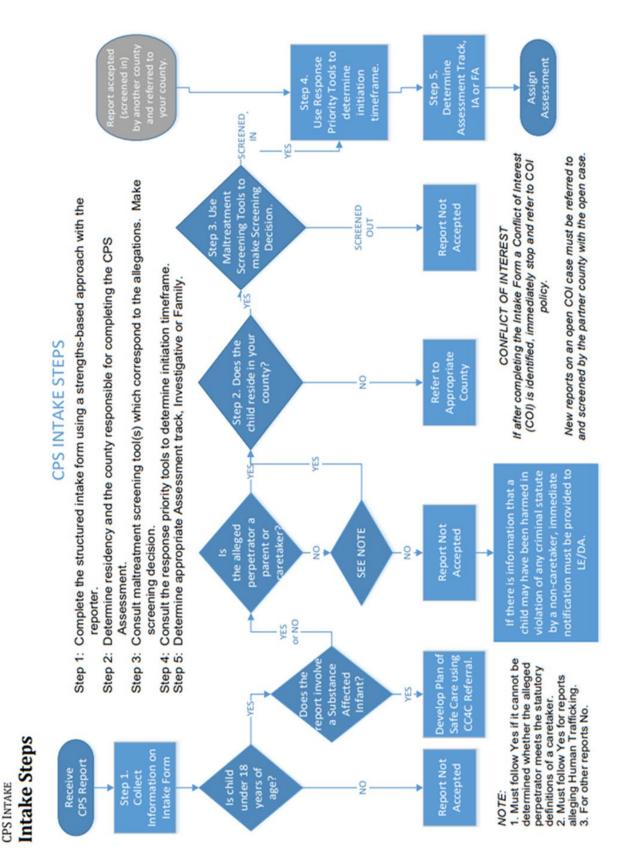
Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/sites/default/files/sma14-4884.pdf

Appendix: Handouts

Appendix: Handouts

Intake Process Map	Error! Bookmark not defined
Policy Guidance for Making Informed Decisions	Error! Bookmark not defined
Federal Child Welfare Laws Overview	Error! Bookmark not defined
Self-Assessment Tool: Communicating Function	Error! Bookmark not defined
North Carolina Right to Enter a Residence	Error! Bookmark not defined

Intake Process Map



Policy Guidance for Making Informed Decisions

Purpose of CPS Family and Investigative Assessments

The primary goal of CPS Assessments is to protect children from further maltreatment and to support and improve parental/caregiver abilities to ensure a safe and nurturing home for each child.

Appendix: Handouts

The task of the CPS Assessment is to determine if the child(ren) is/are abused, neglected, and/or dependent, or if the family needs services, and what level of intervention is necessary to assure safety.

The purpose of the CPS Assessment is to gather sufficient information through interviews, observations, and, when appropriate, analysis of reports, medical records, photographs, etc. to determine if:

- Child maltreatment occurred;
- There is a risk of future maltreatment and the level of that risk;
- The child is safe within the home and, if not, what interventions can be implemented that will ensure the child's protection and maintain the family unit intact if reasonably possible;
- Ongoing agency services are needed to reduce the risk of maltreatment occurring in the future;
- Out-of-home placement is necessary to protect the child from harm.

During the course of a CPS Assessment, sufficient information must be gathered to assess:

- The safety of the child and the potential risk of harm;
- What actions might be needed to assure the safety of the child;
- Whether the facts identified through a structured gathering of information support the substantiation that a child is abused, neglected, and/or dependent as defined by statute, and the extent of the abuse, neglect, and/or dependency;
- If through observation and the gathering of information it is determined that due to the level of safety and risk, the family is in need of services; and
- Whether the specific environment in which the child is found meets the child's need for care and protection.

Source: CPS Assessments Policy, Protocol, and Guidance (February 2024)

Federal Child Welfare Laws Overview

Federal Law Overview

Federal Child Welfare Legislation

CAPTA (Child Abuse Prevention and Treatment Act - 42 U.S.C.A. § 5106a(b)(2)(B)(viii)-(x))

Enacted in 1974. CAPTA provides federal funding to states in support of prevention, assessment, investigation, prosecution, and treatment activities, as well as grants to public agencies and nonprofit organizations for demonstration programs and projects. CAPTA provided for mandatory reporting of child abuse. Additionally, CAPTA identifies the federal role in supporting research, evaluation, technical assistance, and data collection activities. CAPTA also sets forth a minimum definition of child abuse and neglect. CAPTA, as amended by the CAPTA Reauthorization Act of 2010, defines child abuse and neglect as, at minimum:

- "Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation"; or
- "An act or failure to act which presents an imminent risk of serious harm."

While Federal legislation sets minimum standards for states that accept CAPTA funding, each state provides its own definitions of maltreatment within civil and criminal statutes.

As it relates to GALs, CAPTA provides that if judicial proceedings are necessary to protect a child, then a GAL must be appointed to represent the child's interest. CAPTA, however, does not currently require that the GAL be an attorney. A portion of CAPTA funds may also be used to train professionals, including attorneys, and to improve legal preparation and representation.

AACWA (Adoption Assistance and Child Welfare Act of 1980 - Public Law 96-272)

AACWA was a response to concerns over the number of children entering the foster care system and the length of time children remained in the system following removal. The goal of the Act was to reduce the number of children entering the system and decrease the amount of time spent in the system for those who did enter. In that regard, the Act mandates that state agencies must make "reasonable efforts" to prevent the removal of children and to facilitate permanency for children after removal. The underlying mandate of AACWA was to preserve families. To comply with that mandate, many state agencies increased their use of "family preservation" services.

AACWA also created Titles IV-B and IV-E of the Social Security Act and established the first federal rules to govern child welfare case management, permanency planning, and foster care



1

placement reviews. States were also required to develop reunification and preventative programs for foster care and ensure that children in non-permanent settings had either court or state agency reviews at least every six months.

Title IV-B of the Social Security Act

Established by ACCWA as a funding scheme to allow state agencies to prevent and respond to cases of child maltreatment. The purpose was to promote a state agency's ability to develop and expand child and family services programs that utilized community-based services and to ensure that children are raised in safe and permanent families.

NOTE: How a state intends to use their IV-B funds should be detailed in their "state plan" which is accessible to the public. As an attorney for the Children's Department you may want to become familiar with Missouri's state plan so that, among other reasons, you can effectively communicate with the agency about available services and you can be prepared to defend the Department if opposing counsel raises an issue re: the state plan.

TITLE IV-E of the Social Security Act

Established by AACWA as a funding scheme to help states offset the costs of placing abused and neglected children into the foster care system when they cannot be safely maintained at home. It requires that the first court order authorizing removal contain a finding that it is "contrary to the child's welfare" to remain in the home (or in the child's best interests to be removed) and a statement of the reasons for that finding. This is especially important for attorneys who represent the Department to be cognizant of so that they can ensure the Department does not lose funding based on the failure to include that language in the court's order.

Additionally, it requires that every child who enters foster care have a plan that articulates the permanency goal and a schedule of services that the parents and children must receive to facilitate reunification (or if reunification is not the goal, the alternative permanency plan).

ASFA (Adoption and Safe Families Act of 1997, Pub. L. No. 105-89)

Enacted in 1997, ASFA was one of the most sweeping child welfare laws passed in over two decades. It was, in part, a response to concerns about the safety and timely permanence of children. ASFA adds to the reasonable efforts requirement, providing that "in determining reasonable efforts, the child's health and safety shall be the paramount concern." In addition, ASFA does the following:

Requires states to file for TPR if a child has been in the state's custody for 15 of the
most recent 22 months, with 3 exceptions. The exceptions are established if (1) the



2

child is **placed with a relative**, (2) the state agency documents a **compelling reason** why termination is NOT in the child's best interest, OR (3) the state agency has **not provided adequate reunification services**, even though obligated to do so.

- Requires that permanency hearings be held every 12 months.
- Clarifies when a state agency can forego efforts to reunify families and proceed straight to termination/adoption or an alternative permanency goal. These are "aggravated circumstances" that each state can define.
- Requires states to document efforts to move children toward adoption.
- Extends adoption subsidies.
- Provides incentives to state agencies to finalize adoptions.
- Permits states to use *concurrent planning* in order to expedite permanency.
- Expanded permanency options available to include permanent guardianship and APPLA (Another Permanency Planned Living Arrangement).

NOTE: Before using an APPLA permanency plan, the state agency must document and present to the court *compelling reasons* why a more permanent placement option is not available to the child. Sometimes caseworkers would like to change the permanency plan to APPLA when a child has behavioral or mental health issues that make permanent placement challenging. Attorneys representing the Department should ensure that the reasons the Department asserts to the court are compelling (although this is not defined) and not simply because it's too hard.

FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT OF 2008 (Pub. L. No. 110-351)

The Fostering Connections Act aimed to maintain a child's ties with family, expedite permanency, and achieve better outcomes for youth once they leave the foster care system. States must "opt-in" to many of the provisions contained in this Act. Some specific provisions include:

- Allows states to establish a subsidized kinship guardianship program.
- Provides for matching grants to assist state agencies with "family finding" efforts.
- Requires state agencies to notify adult relatives within 30 days of a child's removal.
- Allows states to waive non-safety licensing rules for relative placements.



child is **placed with a relative**, (2) the state agency documents a **compelling reason** why termination is NOT in the child's best interest, OR (3) the state agency has **not provided adequate reunification services**, even though obligated to do so.

- Requires that permanency hearings be held every 12 months.
- Clarifies when a state agency can forego efforts to reunify families and proceed straight to termination/adoption or an alternative permanency goal. These are "aggravated circumstances" that each state can define.
- Requires states to document efforts to move children toward adoption.
- Extends adoption subsidies.
- Provides incentives to state agencies to finalize adoptions.
- Permits states to use *concurrent planning* in order to expedite permanency.
- Expanded permanency options available to include permanent guardianship and APPLA (Another Permanency Planned Living Arrangement).

NOTE: Before using an APPLA permanency plan, the state agency must document and present to the court *compelling reasons* why a more permanent placement option is not available to the child. Sometimes caseworkers would like to change the permanency plan to APPLA when a child has behavioral or mental health issues that make permanent placement challenging. Attorneys representing the Department should ensure that the reasons the Department asserts to the court are compelling (although this is not defined) and not simply because it's too hard.

FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTIONS ACT OF 2008 (Pub. L. No. 110-351)

The Fostering Connections Act aimed to maintain a child's ties with family, expedite permanency, and achieve better outcomes for youth once they leave the foster care system. States must "opt-in" to many of the provisions contained in this Act. Some specific provisions include:

- Allows states to establish a subsidized kinship guardianship program.
- Provides for matching grants to assist state agencies with "family finding" efforts.
- Requires state agencies to notify adult relatives within 30 days of a child's removal.
- Allows states to waive non-safety licensing rules for relative placements.



- Allows states to extend foster care to youth up to age 21.
- Requires that state agencies develop a transition plan for youth within 90 days of their exit from the foster care system.
- Promotes educational stability by requiring state agencies to take the child's education into account when making placement changes and work with the school system to ensure that a child can remain in their home school.
- Requires state agencies to make reasonable efforts to place siblings together, or if not placed together, to facilitate frequent visitation or other on-going interaction.
- Allows tribes to develop their own plans in order to be eligible for federal funds.
- Increases adoption incentive payments to states.

THE FOSTER CARE INDEPENDENCE ACT of 1999 (Chafee Act) Pub. L. No. 106-169

Increased funding to enable states to design, conduct, and evaluate independent living programs with the purpose of assisting youth as they transition out of foster care. Encouraged states to create programs that support youth by addressing finances, housing, health, education, and employment. The act also increases support to youth aging out of foster care in other ways, such as allowing states to provide Medicaid coverage for foster care youth until age 21 (** Now extended up to age 26 via the Affordable Care Act).

ICWA (Indian Child Welfare Act) 25 U.S.C. §§ 1901-63

Enacted in 1978 to address the disproportionate removal of American Indian children from their homes for purposes of placement into white foster homes or institutions for adoption. ICWA's purpose is to "protect the best interests of Indian children and to promote the stability and security of Indian tribes and families." As such, it imposes substantive mandates on the states.

Major provisions of ICWA include:

- Application: ICWA applies to cases in state courts only in specific situations:
 - (1) Child custody proceedings foster care placement, termination of parental rights, pre-adoptive and adoptive placements
 - (2) Involving an "Indian child" any person under the age of 18 who (a) is a member of an Indian tribe, or (b) is the biological child of a member of an Indian tribe and is eligible for membership in an Indian tribe.



- Allows states to extend foster care to youth up to age 21.
- Requires that state agencies develop a transition plan for youth within 90 days of their exit from the foster care system.
- Promotes educational stability by requiring state agencies to take the child's education
 into account when making placement changes and work with the school system to
 ensure that a child can remain in their home school.
- Requires state agencies to make reasonable efforts to place siblings together, or if not
 placed together, to facilitate frequent visitation or other on-going interaction.
- Allows tribes to develop their own plans in order to be eligible for federal funds.
- Increases adoption incentive payments to states.

THE FOSTER CARE INDEPENDENCE ACT of 1999 (Chafee Act) Pub. L. No. 106-169

Increased funding to enable states to design, conduct, and evaluate independent living programs with the purpose of assisting youth as they transition out of foster care. Encouraged states to create programs that support youth by addressing finances, housing, health, education, and employment. The act also increases support to youth aging out of foster care in other ways, such as allowing states to provide Medicaid coverage for foster care youth until age 21 (** Now extended up to age 26 via the Affordable Care Act).

ICWA (Indian Child Welfare Act) 25 U.S.C. §§ 1901-63

Enacted in 1978 to address the disproportionate removal of American Indian children from their homes for purposes of placement into white foster homes or institutions for adoption. ICWA's purpose is to "protect the best interests of Indian children and to promote the stability and security of Indian tribes and families." As such, it imposes substantive mandates on the states.

Major provisions of ICWA include:

- Application: ICWA applies to cases in state courts only in specific situations:
 - (1) Child custody proceedings foster care placement, termination of parental rights, pre-adoptive and adoptive placements
 - (2) Involving an "Indian child" any person under the age of 18 who (a) is a member of an Indian tribe, or (b) is the biological child of a member of an Indian tribe and is eligible for membership in an Indian tribe.



- Jurisdiction: Where a Native child resides or is domiciled on a reservation or is the ward of the tribal court, only the tribal court may properly exercise jurisdiction. For all other children, however, state courts have concurrent jurisdiction. The state court is required to transfer the case to tribal court, however, if the tribe or parents request transfer except when: (1) either parent objects to transfer, (2) the tribal court declines transfer, or (3) there is good cause to the contrary.
- Placement: No placement (away from the biological parents, adoptive parents, or Indian custodian) can be made without (1) active efforts to preserve the family through remedial and rehabilitative services designed to prevent the breakup of the Indian family; and (2) clear and convincing evidence that continued custody by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child. A qualified expert witness is required to establish the clear and convincing standard.

Placement Preferences:

o Foster Care Placement:

- With a member of the child's extended family;
- In a foster home licensed, approved or specified by the child's Tribe;
- In an Indian foster home licensed or approved by an authorized non-Indian licensing authority (such as the state or a private licensing agency);
- In an institution for children approved by an Indian tribe or operated by an Indian organization that has a program suitable to meet the child's needs.

O Adoptive Placement:

- With a member of the child's extended family;
- With other members of the child's Tribe; or
- With another Indian family.
- Termination of Parental Rights: In proceedings to terminate parental rights to an
 Indian child, there must be: (1) evidence beyond a reasonable doubt that continued
 custody of the child by the parent or Indian custodian is likely to result in serious
 emotional or physical harm to the child and (2) testimony by a qualified expert witness.



NOTE: Failing to follow the requirement of ICWA may be grounds for a tribe, parent, Indian custodian or a child to ask the court to vacate court orders and require new proceedings.

- NEW ICWA REGULATIONS: The Bureau of Indian Affairs (BIA) released new ICWA
 regulations on June 8, 2016, which are now binding. The intent of these regulations is
 to clarify and strengthen ICWA's requirement to "ensure that Indian families and tribal
 communities do not face the unwarranted removal of their youngest and most
 vulnerable members." Some provisions that specifically relate to practice are as follows:
 - A party must certify on the record whether he or she knows or has reason to know that the child is an Indian child.
 - o The "active efforts" requirement is defined, and specific examples are provided.
 - o Requirements of a "qualified expert witness" are established.
 - Emergency removal is permitted only as necessary to prevent imminent physical damage or harm to the child. The court must immediately terminate the emergency removal as soon as it receives sufficient evidence that the removal is no longer necessary.

ADA (Americans with Disabilities Act)

Enacted to address discrimination against persons with physical and mental disabilities. Relates to child welfare law specifically by guaranteeing that all litigants have reasonable access to legal proceedings and that foster children are not denied services based on a disability.

Recently there has been some case law (Michigan) in which a TPR was reversed and remanded because the Department did not comply with the ADA in providing services to the mother. Attorneys who represent the Department should be aware of this and should insist that when a parent has a disability, the Department is complying with the ADA in its provision of services pursuant to the case plan.

IDEA (Individuals with Disabilities Education Act)

Enacted in 1975 to ensure that children with disabilities have access to a free appropriate public education that is tailored to their individual needs. Here are the main principles:

• Every child is entitled to a free and appropriate public education (FAPE).



NOTE: Failing to follow the requirement of ICWA may be grounds for a tribe, parent, Indian custodian or a child to ask the court to vacate court orders and require new proceedings.

- NEW ICWA REGULATIONS: The Bureau of Indian Affairs (BIA) released new ICWA
 regulations on June 8, 2016, which are now binding. The intent of these regulations is
 to clarify and strengthen ICWA's requirement to "ensure that Indian families and tribal
 communities do not face the unwarranted removal of their youngest and most
 vulnerable members." Some provisions that specifically relate to practice are as follows:
 - A party must certify on the record whether he or she knows or has reason to know that the child is an Indian child.
 - o The "active efforts" requirement is defined, and specific examples are provided.
 - o Requirements of a "qualified expert witness" are established.
 - Emergency removal is permitted only as necessary to prevent imminent physical damage or harm to the child. The court must immediately terminate the emergency removal as soon as it receives sufficient evidence that the removal is no longer necessary.

ADA (Americans with Disabilities Act)

Enacted to address discrimination against persons with physical and mental disabilities. Relates to child welfare law specifically by guaranteeing that all litigants have reasonable access to legal proceedings and that foster children are not denied services based on a disability.

Recently there has been some case law (Michigan) in which a TPR was reversed and remanded because the Department did not comply with the ADA in providing services to the mother. Attorneys who represent the Department should be aware of this and should insist that when a parent has a disability, the Department is complying with the ADA in its provision of services pursuant to the case plan.

IDEA (Individuals with Disabilities Education Act)

Enacted in 1975 to ensure that children with disabilities have access to a free appropriate public education that is tailored to their individual needs. Here are the main principles:

• Every child is entitled to a free and appropriate public education (FAPE).



- When a school professional believes that a student between the ages of 3 and 21 may have a disability that has a substantial impact on the student's learning or behavior, the student is entitled to an evaluation in all areas related to the suspected disability.
- Creation of an Individualized Education Plan (IEP). The purpose of the IEP is to lay out a series of specific actions and steps through which educational providers, parents, and the student may reach the stated goals.
- The education and services for children with disabilities must be provided in the least restrictive environment, and if possible, those children be placed in a "typical" education setting with non-disabled students.
- The input of the child and his or her parents must be considered in the education process.
- When a parent feels that an IEP is inappropriate for his or her child, or that the child is not receiving needed services, the parent has the right under IDEA to challenge the child's treatment (through due process).

Additionally, the IDEA requires schools to provide transition planning for children and actively engage them in the planning process.

MEPA (Multi-Ethnic Placement Act) & Inter-Ethnic Adoption Provisions

Enacted in 1994, MEPA establishes the following:

- Prohibits discrimination on the basis of race, color, or national origin in foster care licensing and foster/adoptive placements.
- Requires diligent recruitment of foster/adoptive parents that "reflect the ethnic and racial diversity of children in the state for whom homes are needed."
- Prohibits delay in placement on the basis of race, color, or national origin.
- Prohibits states from making placement decisions solely on the basis of race, color, or national origin.

The Inter-Ethnic Adoption Provisions amended MEPA by:

- Establishing that a MEPA violation may result in a loss of IV-E funding.
- Creating a private right of action for MEPA violations.
- Specifying that the provisions of MEPA do not apply to ICWA children.

HIPAA (Health Insurance Portability and Accountability Act)



This Act and the accompanying regulations provide national standards for protecting health information. It regulates how others may use and disclose health information, gives patients more protection and control over their records, and sets boundaries for the release and use of health records. Doctors, clinics, and psychologists are among the entities covered by the Act. Generally, under the Act, health information may be disclosed only with the consent of the patient.

The Child Abuse Exception:

- Although HIPAA generally overrides state laws, HIPAA rules do not apply where "state law... provides for the reporting of disease or injury, child abuse, birth, or death..."
 (Section 160.203[c]). Therefore, pursuant to state statute (C.R.S. § 19-1-307), HIPPA allows disclosure to child protection caseworkers where child abuse or neglect is suspected.
- Where disclosure is not otherwise required or permitted, a court may issue a subpoena
 or order release after the victim/child is given notice and an opportunity to object. Even
 in this situation, since the victim is a child and notice would otherwise be given to the
 parent responsible for the abuse or neglect, the notice generally need not be given in
 advance.
- Disclosure is permitted when consistent with legal and ethical practices, such as when
 disclosure is necessary "to prevent or lessen a serious and imminent threat to the health
 or safety of a person or the public."
- Medical records need not be released to a dangerous parent when there is a
 "reasonable belief" that the child "has been or may be subjected to . . . abuse or neglect
 . . . or when release would endanger the child."

ICPC (Interstate Compact on the Placement of Children)

The ICPC is a uniform law enacted by all 50 states, the District of Columbia, and the U.S. Virgin Islands, to ensure that children placed *out of their home state* receive the same protections and services that would be provided if they remained in their home state. ICPC applies to the following types of placements:

- Placement preliminary to an adoption (independent, private or public adoptions);
- Placement in licensed or approved foster homes (with related or unrelated caregivers);
- Placements with parents and relatives when a parent or relative is not making the placement as defined in Article VIII(a); OR



 Group homes/residential placement of all children, including adjudicated delinquents in institutions in other states.

The ICPC requires:

- The sending state must notify the receiving state and receive back from that state notice
 that the proposed placement does not appear to be contrary to the interests of the
 child.
- Approval by BOTH states.
- The sending state retains jurisdiction over and financial responsibility for the child.

NOTE: The ICPC process is very bureaucratic and can take weeks or months depending on the particular states involved. An expedited ICPC evaluation, however, can and should be requested if the child meets any of the following requirements:

- The child is under two years of age;
- · The child is in an emergency shelter; OR
- The child has spent a substantial amount of time in the home of the proposed placement recipient.

USA (Uninterrupted Scholars Act of 2013 - Public Law No: 112-278)

Amends the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974 that prohibit the Department of Education from funding educational agencies or institutions that release student educational records (or personally identifiable information other than certain directory information) to any individual, agency, or organization without written parental consent.

Expands the list of organizations exempt from such prohibitions (thereby permitting the educational agencies or institutions participating in a Department of Education program to release records or identifiable information to such organizations without parental consent) to include an agency caseworker or other representative of a state/local child welfare agency or tribal organization authorized to access a student's case plan when such agencies or organizations are legally responsible for the care and protection of the student.

* Permits the release of such records and information without additional notice to parents and students when a parent is a party to a court proceeding involving child abuse and neglect or dependency matters, and a court order has already been issued in the context of that proceeding.

PREVENTING SEX TRAFFICKING & STRENGTHENING FAMILIES ACT - Public Law No. 113-183



Signed into law in September 2014, the Act seeks to protect foster children and improve the child welfare system as it specifically relates to establishing normalcy and permanency for children.

Specific provisions include:

TITLE I:

- Requires that child welfare agencies create policies and procedures by September 29, 2015, for identifying, documenting and determining appropriate services for children over whom they have legal responsibility to either provide care OR supervision and who the state has reasonable cause to believe are victims or are at risk of becoming victims of sex trafficking.
- Requires that child welfare agencies immediately (within 24 hours) report children identified as sex trafficking victims to law enforcement.
- Requires child welfare agencies to **develop** and **implement** plans to expeditiously locate children missing from foster care.
- Allows foster parents and other trained designated officials to make parental decisions, applying the reasonable and prudent parent standard, that maintain the health, safety, and best interest of the child, including decisions about participation in extracurricular, enrichment, cultural and social activities.
- In FY 2020, provides additional \$3 million under Title IV-E ILP to support participation in age-appropriate activities for youth likely to age out of foster care.
- Eliminates APPLA for children under 16 years of age (effective 9/29/15 for child welfare agencies and 9/29/17 for children under the responsibility of their tribe).
- Requires additional case plan and review requirements for youth with an APPLA goal.
- Requires that the child welfare agency engage children who are 14 years and older in their case plan development and modification and allows the child to self-select two individuals to be a part of their case planning team (*Department retains veto power if it determines that the individual chosen by the youth would not act in the child's best interest).
- Requires the child welfare agency include in the child's case plan a "list of rights" that
 outlines their rights with respect to education, health, visitation, and court participation.



 Requires the child welfare agency to ensure that youth who are aging out and who have been in care for 6 months or longer receive a copy of their birth certificate, a social security card, health insurance information, medical records, and a driver's license or identification card.

TITLE II:

- Extends adoption incentive program through FY 2016.
- Creates four incentive categories.
- Clarifies that states must use adoption and guardianship incentive payments to supplement, as opposed to supplant, other funds already being used under either IV-E or IV-B.
- Allows a successor guardian to receive kinship guardianship assistance in the event of death or incapacity of the original relative guardian.
- Requires that all parents of siblings are identified and notified within 30 days after the
 removal of a child from the parents (* This includes siblings whose parent's rights were
 previously terminated).

ESSA (Every Student Succeeds Act - Public Law No. 113-183)

Enacted in 2015, the Act reauthorizes the *Elementary and Secondary Education Act* and focuses its provisions on promoting school stability and success. It also requires collaboration between schools and child welfare agencies.

Specifically, as to foster care, the ESSA:

- Provides that state education agencies must ensure that students in foster care remain in their school of origin, unless it would not be in their best interests.
- Allows children in foster care to immediately enroll in a new school when a change is necessary, even without school records. The new school is required to immediately contact the child's previous school to obtain records.
- Requires local education and child welfare agencies to develop plans for providing costeffective transportation options that would allow children to remain in the same school (by December 10, 2016).
- Requires state education agency to designate a point of contact for child welfare agencies. This point person would facilitate communication and collaboration with the child welfare agency.



 Requires state educational agencies to collect data and report annually on student achievement/graduation rates for students in foster care.

FFPSA (Family First Prevention and Services Act- enacted in February 2018)

This act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system. The bill aims to prevent children from entering foster care by allowing federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training. It also seeks to improve the well-being of children already in foster by incentivizing states to reduce placement of children in congregate care.

Part I. - Prevention Activities under Title IV-E (Sec. 50711, 50712, 50713)

• Sec. 50711. Foster Care Prevention Services and Programs State Option – At the option of the state, the Secretary may make a payment to a State for providing the following services or programs for children who are candidates for foster care or who are pregnant or parenting foster youth and the parents or kin caregivers of the children.

Available Services:

- Mental Health Services
- Substance Abuse Prevention and Treatment services
- In-home Parent Skill-based programs

Who is eligible:

- Children who are identified as candidates for foster care identified in a prevention plan
 as safe to remain safely at home or in a kinship placement with receipt of services or
 programs
- Children in foster care who are pregnant or parenting,
- The parents or kin caregivers where services are needed to prevent the child's entry into care.

Duration:

- 12 months beginning at identification of prevention strategy
- New prevention plan may begin another 12 months for children/families identified again as candidates.

State Requirements:

- Must identify and maintain a written prevention plan for the child to remain safely at home, live temporarily with a kin caregiver, or live permanently with a kin caregiver and list the services or programs to be provided to or on behalf of the child (including information about how they will monitor, assess, train workforce etc.)
- For pregnant or parenting foster youth the prevention plan must list the services or programs to be provided to or on behalf of the youth to ensure that the youth is



- prepared or able to be a parent and describe the prevention strategy for any child born to the youth.
- Services must be trauma informed and should be promising, supported, well-supported practices as modeled by the California Evidence-Based Clearinghouse for child welfare.
- Must report outcomes for those receiving services and costs associated.
- HHS to issue guidance on practices criteria and pre-approved services and programs no later than October 1, 2018

Federal Payments:

- 50 percent of amount spent for prevention services and programs will be available to states beginning October 1, 2019- October 1, 2026,
- Beginning October1, 2026 the FFP will be the state's FMAP for the prevention services and programs
- States may use IV-E funds for associated training and administrative costs at 50 percent reimbursement
- Maintenance of effort requirement for foster care expenditures so that states do not substitute their state and local prevention dollars for IV-E prevention dollars

Part IV – Ensuring the Necessity of a Placement that is not in a Foster Family Home (Sections 50741, 50742, 50743, 50744, 50745, 50746)

Sec. 50741 Limitation of Federal funds for non- foster family settings:

After two weeks, federal reimbursement will only be made for group homes if the child is in:

- A qualified residential treatment program (QRTP)
- A setting specializing in providing prenatal, post-partum, or parenting supports for youth,
- Supervised independent living for youth over 18

QRTP requirements:

- Should have a trauma-informed treatment model designed to address the needs of children with emotional or behavioral disorders and be able to implement the treatment identified by the assessment
- Has registered or licensed nursing staff and clinical staff onsite to the extent the program's treatment model requires
- · Facilitates outreach to family members of the child
- Documents how family members are integrated into the treatment process for the child
- Provides discharge planning and family-based care support for 6 months after discharge

Family foster home definition:

• Licensed or approved by state where child in foster care resides

NACC
National Association of Counsel for Children

- Adheres to the reasonable and prudent parent standard Provides 24-hour care for the child
- Provides the care for not more than 6 children in foster care (there is flexibility here: parenting youth, siblings, meaningful relationship with a family, special family training)

Sec. 50742 Assessment and Documentation of the Need for Placement in a Qualified Residential Treatment Program (QRTP)

- Assessment must be conducted within 30 days after placement in QRTP to receive federal payment by a qualified individual (a trained professional or licensed clinician, cannot an employee of the state)
- Assessment will look at the strengths and needs of the child using an age appropriate evidence-based validated functional assessment tool approved by HHS
- Determine which setting is best for the child, ideally the least-restrictive environment
- Develop list of short- and long-term child specific mental and behavioral health goals
 Family and permanency team must be assembled to work in conjunction with qualified individual
- State must document in child's case plan what the team decides, who was there, etc.
- A shortage of foster family homes is not an acceptable reason for determining that the needs of the child cannot be met in a foster family home
- Within 60 days of placement in a QRTP, a family or juvenile court will consider the
 assessment, determine the most appropriate placement of the child and approve or
 disapprove the placement- state has to demonstrate why child is in QRTP if for an
 extended period of time
- If the assessment determined that the placement of a child in a QRTP is not appropriate, a court disapproves of the placement or the child is returning to a family home setting, federal funds can be used while the child remains in QRTP during the transition period
- No federal funds can be used after 30 days of such a determination

Sec. 50743 Protocols to Prevent Inappropriate Diagnoses

• Establishes protocols to make sure inappropriate diagnoses are not being made to keep child in a QRTP or other non-foster family home



North Carolina Practice Standards Worker Assessment





Division of Social Services

Appendix: Handouts

North Carolina Practice Standards Worker Assessment

North Carolina Worker Assessment

The North Carolina Practice Standards builds skills and behaviors in the workforce that provide the groundwork for learning, and they are the foundation of North Carolina's Practice Model. The Practice Standards are anchored by our core values: safety-focused, trauma-informed, family-centered, and cultural humility. They are described in observable, behaviorally specific terms to illustrate how social workers will conduct the essential functions of child welfare and how supervisors and leaders will support them. The Practice Standards are divided into five essential functions: communicating, engaging, assessing, planning, and implementing.

The North Carolina Worker Assessment tool is a companion document to the Practice Standards. This assessment is a useful tool to evaluate ways in which you incorporate the Practice Standards into your own practice and areas to improve upon. Assessments are used as a quality improvement measure and will support your learning to enhance your skills and behaviors. This assessment tool can be used in a variety of ways, such as a self-assessment, peer review, or a 360degree evaluation. Following the assessment tool is an Action Plan you will complete where you will identify the specific actions you plan to take to implement the behaviors of the Practice Standards into your work paying particular attention to the areas noted as occurring 'sometimes' or 'never.'

Self-Assessment

A self-assessment is your evaluation of your own practice, behaviors, and attitudes, in particular your implementation of the Practice Standards within your work. When completing the assessment tool as a self-assessment, you will complete the tool on your own following the below instructions. Reflective, thoughtful, and honest responses to each item will provide you with the information necessary to improve your practice to the benefit of the children and families you work

Peer Review

A peer review is an evaluation of your practice and professional work by others in similar positions who you work with. A peer review provides a structured framework for other workers to assess and provide feedback to you on your work and implementation of the Practice Standards. When completing the assessment tool as a peer review, you will ask other workers to complete the tool as an evaluation of your work following the below instructions. You can use the information gathered through the peer review as you complete your action plan.

360-Degree Evaluation

A 360-degree evaluation is a process where you receive confidential and anonymous feedback on your practice and work from others who work around you, including leaders in your organization, your supervisor, and other workers. It's important that a 360-degree evaluation be completed by a variety of your colleagues in different positions. A 360-degree evaluation is a helpful assessment that will provide you with greater insight and understanding of your practice and behaviors, particularly those that relate to the Practice Standards. When completing the assessment tool as a 360-degree evaluation, you will ask leaders, supervisors, workers, and other staff within your organization to complete the tool as an evaluation of your work following the below instructions. You can use the information gathered through the 360-degree evaluation as you complete your action plan.

The North Carolina Worker Assessment tool is divided into several sections; there is one section for each corresponding Practice Standard. Each section may be completed in one sitting or completed over time. The assessment should be completed individually, and keep in mind the assessment will be looking at your practice as a whole. Each core activity within the Practice Standards is broken down into three stages: optimal, developmental, and insufficient. These stages should be used to anchor the ratings in the assessment. Each stage is a steppingstone to the

Division Name Goes Here

next allowing you to gradually improve your skill set as a child welfare professional. This assessment will help you, as a learner, identify goals and objectives to begin integrating the Practice Standards into your work.

The assessment is completed by determining which number on the rating scale corresponds best to your own practice behaviors. There is also space to take notes where a rationale for the rating can be added. Each behavior will be rated on a three-point scale: (1) always, (2) sometimes, (3) never.

- 1. Always: I implement this standard consistently in my own child welfare practice
- 2. Sometimes: I inconsistently implement this standard in my own child welfare practice
- 3. Never: I never implement this standard in my own child welfare practice

Appendix: Handouts

North Carolina Worker Assessment: Communicating

Introduction

Communicating is defined as timely and consistent sharing of spoken and written information so that meaning, and intent are understood in the same way by all parties involved. Open and honest communication underpins successful performance of all essential functions in child welfare.

There are four Communicating core activities: (1) use clear language and checking to assure two-way understanding, (2) using respectful, non-judgmental, and empowering language, (3) operating with transparency, and (4) respecting confidentiality and privacy.

Table 1. Core Activity: Using clear language and checking to assure two-way understanding

and it. one recently coming occurring and arcording to assure the truly article and any							
Practice Standard 1: Ensure clarity when	comm	nunica	iting				
	Α	s	N	Notes			
I use clear, specific, understandable oral and written communication	(1)	(2)	(3)				
I share important information with families verbally and in writing	(1)	(2)	(3)				
Practice Standard 2: Adapt communication to family needs and preferences, and provide consistent information to all family members who need it							
	Α	S	N	Notes			
I consider language barriers, preferences, literacy, and tailor communication	(1)	(2)	(3)				
I use preferred gender pronouns	(1)	(2)	(3)				
I attend to the child and family's language and use their words	(1)	(2)	(3)				
I ask families for their communication preferences	(1)	(2)	(3)				
I share appropriate information, provide consistent information	(1)	(2)	(3)				
Practice Standard 3: Allow time to enhan- understanding	ce two	-way	comn	nunication with families through questions and checks for			
	Α	S	N	Notes			

Division of Social Services

Appendix: Handouts

I seek to allow enough time for two-way communication	(1)	(2)	(3)
I inform families of time limits, fully present, schedule follow-up meeting	(1)	(2)	(3)
I actively listen to families, reflect back	(1)	(2)	(3)
l ask questions for deeper understanding	(1)	(2)	(3)
I encourage and respond to questions from families, confirm understanding	(1)	(2)	(3)

Table 2. Using respectful, non-judgmental, and empowering language

Practice Standard 4: Speak with youth and families in a non-judgement, respectful manner							
	Α	S	N	Notes			
I convey interest and respect through body language	(1)	(2)	(3)				
I use consistently objective, strengths- based language	(1)	(2)	(3)				
I regularly seek out families' feelings, validate them	(1)	(2)	(3)				

Table 3. Operating with transparency and honesty

Practice Standard 5: Clearly and openly express to youth and families what is expected from them and what they can expect from child welfare

A S N Notes

I explain the role of child welfare, what to expect, decision points, timeframes

I fully inform families of options and opportunities, seek options from families

I follow through with commitments, explain changing circumstances	(1)	(2)	(3)			
I set timeframes for responses to questions, follow through	(1)	(2)	(3)			
I answer questions honestly	(1)	(2)	(3)			
Practice Standard 6: Always tell the truth, including during difficult conversations, in a manner that promotes dialogue						
	Α	S	N	Notes		
I acknowledge mistakes and misunderstandings	(1)	(2)	(3)			
I acknowledge when information is not known, cannot be shared	(1)	(2)	(3)			
I consistently model transparency and honesty	(1)	(2)	(3)			
I share important information without threatening or attacking, promotes dialogue	(1)	(2)	(3)			

Table 4. Core Activity: Respecting confidentiality and privacy

Practice Standard 7: Diligently respect confidentiality while sharing information when necessary and appropriate						
	Α	S	N	Notes		
I clarify and follow legal expectations for confidentiality, explain what can be shared	(1)	(2)	(3)			
I follow-up with my supervisor on what can be shared	(1)	(2)	(3)			
I take the release of information process seriously	(1)	(2)	(3)			
I ensure families know their right to revoke release of information	(1)	(2)	(3)			
I anticipate and minimize breaches of confidentiality	(1)	(2)	(3)			

I understand that families perceive confidentiality as isolating, discuss confidentiality, obtain releases

(1) (2) (3)

North Carolina Worker Self-Assessment: Engaging

Introduction

Engaging is defined as empowering and motivating families to actively participate with child welfare by communicating openly and honestly with the family, demonstrating respect, and valuing the family's input and preferences. Engagement begins upon first meeting a family and continues throughout child welfare services.

There are three Engaging core activities: (1) Focused attention to understand families, (2) demonstrating interest and empathy for families in verbal and non-verbal behavior, and (3) acknowledging family strengths.

Table 1. Core Activity: Focused attention to understand families

Practice Standard 1: Fully present when meeting with families							
	Α	S	N	Notes			
I attend to families, ignore other distractions	(1)	(2)	(3)				
I explain notetaking, present and paying attention	(1)	(2)	(3)				
l acknowledge the statements of families	(1)	(2)	(3)				
I am aware of cultural norms and family preferences	(1)	(2)	(3)				
I allow families to finish speaking	(1)	(2)	(3)				
l establish rapport	(1)	(2)	(3)				
Practice Standard 2: Prepares in advance	e to be	able	to cor	nnect with families			
	Α	S	N	Notes			
I develop clarifying and follow-up questions	(1)	(2)	(3)				
I prepare questions, is flexible based on meeting dynamics	(1)	(2)	(3)				
I prepare for interactions based on individual needs	(1)	(2)	(3)				

Division of Social Services

Appendix: Handouts

I remember action items for future discussions	(1)	(2)	(3)						
I collaborate with families, brings understanding to all interactions	(1)	(2)	(3)						
I understand, adjust to cultural considerations and preferences	(1)	(2)	(3)						
Practice Standard 3: Considers the family's perspective in all exchanges and actions									
	Α	S	N	Notes					
I operate with belief that families are experts of their own situation	(1)	(2)	(3)						
I listen and acknowledge families' perspective	(1)	(2)	(3)						
I ask questions to understand	(1)	(2)	(3)						
I treat families as essential partners	(1)	(2)	(3)						
I show respect by including families in planning	(1)	(2)	(3)						
I include families in decision making	(1)	(2)	(3)						
I appropriately build relationships with families from other cultural groups	(1)	(2)	(3)						

Table 2. Core Activity: Demonstrating interest and empathy for families in verbal and non-verbal behavior

Practice Standard 4: Recognizes the family's perspectives and desires							
	Α	S	N	Notes			
I empower families to feel confident and comfortable	(1)	(2)	(3)				
I provide opportunity for families to co- lead conversation	(1)	(2)	(3)				

I engage with families to check-in after tough situations	(1)	(2)	(3)			
I recognize the power dynamics in uncomfortable situations	(1)	(2)	(3)			
I am open minded	(1)	(2)	(3)			
l engage families in problem solving, encourage ownership	(1)	(2)	(3)			
Practice Standard 5: Use body language to convey interest to families						
	Α	S	N	Notes		
I maintain eye contact	A (1)	S (2)	N (3)	Notes		
I maintain eye contact I lean in when speaking				Notes		
	(1)	(2)	(3)	Notes		

Table 3. Core Activity: Acknowledging family strengths

Practice Standard 6: Acknowledge and celebrate strengths and successes								
	Α	S	N	Notes				
I build on small successes and verbally recognize progress	(1)	(2)	(3)					
I am consistently strengths-based and objective	(1)	(2)	(3)					
l identify positives	(1)	(2)	(3)					
I take a holistic approach, focusing on strengths	(1)	(2)	(3)					

I encourage families to identify their strengths

(1) (2) (3)

North Carolina Worker Assessment: Assessing

Introduction

Assessing is defined as gathering and synthesizing information from children, families, support systems, agency records, and persons with knowledge to determine the need for child protective services and to inform planning for safety, permanency, and well-being. Assessing occurs throughout child welfare services and includes learning from families about their strengths and preferences.

There are four Assessing core activities: (1) gathering information from children, caretakers, and other family members, (2) gathering and reviewing history, including agency records and other service assessments, (3) gathering information from collateral sources including service providers and persons with relevant knowledge, and (4) using critical thinking to synthesize information, assess what additional information is needed, and inform decision making.

Table 1. Core Activity: Gathering information from children, caretakers, and other family members

Practice Standard 1: Differentiates between	Practice Standard 1: Differentiates between information and positions							
	Α	S	N	Notes				
I moderate information gathering sessions	(1)	(2)	(3)					
I gather information that supports all positions	(1)	(2)	(3)					
I understand my own biases that may cloud positions	(1)	(2)	(3)					
Practice Standard 2: Takes time to get to	know	famili	ies an	d explain the assessment process				
	Α	S	N	Notes				
I take time to conversationally gather the family's story	(1)	(2)	(3)					
I use engagement to build family participation in assessment process	(1)	(2)	(3)					
I get a picture of the family's hopes, aspirations, challenges, and worries	(1)	(2)	(3)					
I explain the assessment process, reiterating purpose	(1)	(2)	(3)					
I authentically share with the family about the process	(1)	(2)	(3)					

Division of Social Services

Appendix: Handouts

I keep in mind the culture of the family when gathering information	(1)	(2)	(3)			
Practice Standard 3: Asks questions ba	sed o	on info	rmatic	on need	ed and at ease asking uncomfortable questions	
		A.	S	N	Notes	
l ask open-ended, strengths-based questions		1)	(2)	(3)		
I understand what type of questions elicit the best type of answers		1)	(2)	(3)		
I have the ability to hear difficul information without reaction		1)	(2)	(3)		
I engage in crucial conversations	š (1)	(2)	(3)		
I utilize a narrative approach to gathe perspectives on historical information		1)	(2)	(3)		

Table 2. Core Activity: Gathering and reviewing history, including agency records and other service assessments

Practice Standard 4: Stays open to different explanations of events in the record, keeping biases in check						
	A	S	N	Notes		
I continuously gather information	(1)	(2)	(3)			
I am diligent in pursuing information	(1)	(2)	(3)			
I understand how to factor historical information into current situation	(1)	(2)	(3)			
I keep an open mind	(1)	(2)	(3)			
Practice Standard 5: Balances what is rea	ad in t	he rec	ord a	nd what families share		
	A	S	N	Notes		
I review information ahead of meeting the family, but ask them to share their perspective	(1)	(2)	(3)			

I identify in the record what has historically worked well for the family	(1)	(2)	(3)
I have an understanding of what biases I hold when reviewing history	(1)	(2)	(3)

Table 3. Core Activity: Gathering information from collateral sources including service providers and persons with relevant knowledge

Practice Standard 6: Obtains all sides if there are differing positions among collaterals, engaging families in the process							
	Α	s	N	Notes			
I seek out wide number of collaterals and balance collateral sources	(1)	(2)	(3)				
I obtain information from as many collaterals as time permits	(1)	(2)	(3)				
I consider all relevant collateral sources	(1)	(2)	(3)				
I am honest with families when I must reach out to collaterals the family is unhappy with and explain why	(1)	(2)	(3)				
I let the family help identify collaterals and ask their permission before contacting	(1)	(2)	(3)				

Table 4. Core Activity: Using critical thinking to synthesize information, assess what additional information is needed, and inform decision making

Practice Standard 7: Synthesizes information and considers sources, prioritization, and timelines								
	A	S	N	Notes				
I continually gather information	(1)	(2)	(3)					
I understand assessment is ongoing process in determining needs	(1)	(2)	(3)					
I rank information received based on relevance and priority	(1)	(2)	(3)					

I prioritize information that negatively impacts children to address first	(1)	(2)	(3)				
Practice Standard 8: Remains non-judgm	ental v	when	proce	processing information			
	Α	s	N	Notes			
I am inquisitive from the beginning of assessment process	(1)	(2)	(3)				
I understand the family's community as they define it	(1)	(2)	(3)				
I operate with cultural humility	(1)	(2)	(3)				
I persevere in gathering information, follow the information	(1)	(2)	(3)				
l understand not all information is relevant	(1)	(2)	(3)				
I normalize reactions family has to information and assessment results	(1)	(2)	(3)				
I understand fight, flight, or freeze response	(1)	(2)	(3)				

North Carolina Worker Assessment: Planning

Introduction

Planning is defined as respectfully and meaningfully collaborating with families, communities, tribes, and other identified team members to set goals and develop strategies based on the continuous assessment of safety, risk, family strengths, and needs through a child and family team process. Plans should be revisited regularly by the team to determine progress towards meeting goals and make changes when needed.

There are Four Planning core activities: (1) synthesizing and integrating current and previous assessment information and family history to inform plans, (2) preparing families for the teaming/planning process, (3) conducting child and family team meetings with children, youth, and families, and (4) completing and revising behaviorally based case plans.

Table 1. Core Activity: Synthesizing and integrating current and previous assessment information and family history to inform plans

plans									
	Α	S	N	Notes					
I transparently share assessments with families	(1)	(2)	(3)						
I see family input into what has and hasn't worked in the past, apply information	(1)	(2)	(3)						
I partner with families owning their plan, creating buy-in	(1)	(2)	(3)						
Practice Standard 2: Discovers root caus	es and	Practice Standard 2: Discovers root causes and underlying reasons for family involvement							
	Α	S	N	Notes					
I seek input from others with knowledge of family history, keep an open mind	A (1)	S (2)	N (3)	Notes					
				Notes					
of family history, keep an open mind I focus plan on identified needs, tied to	(1)	(2)	(3)	Notes					

Division of Social Services

Appendix: Handouts

Table 2. Core Activity: Preparing families for the teaming/planning process

Practice Standard 3: Believes and practices the importance of preparation, both for self and for the family, for teaming and planning								
	Α	S	N	Notes				
I come to meeting prepared based on review of information	(1)	(2)	(3)					
I prepare families for meetings ahead of time, providing copies of documents	(1)	(2)	(3)					
I consider adjustments to better accommodate families	(1)	(2)	(3)					
I ensure families understand CFTs are their meetings, explains rights	(1)	(2)	(3)					
I ask families who they would like to invite to meetings	(1)	(2)	(3)					
I ask families what they want to accomplish during meetings	(1)	(2)	(3)					
Practice Standard 4: Actively engages far	nily in	ident	ifying	their team				
	Α	S	N	Notes				
I explain to families the purpose of teams, role they play	(1)	(2)	(3)					
I explore ways to involve children in CFT	(1)	(2)	(3)					
I work with families to identify supports, encourage families to invite to meetings	(1)	(2)	(3)					
l explain why having support is important	(1)	(2)	(3)					
I creatively explore and troubleshoot with families past supports	(1)	(2)	(3)					

Table 3. Core Activity: Conducting child and family team meetings with children, youth, and families

Practice Standard 5: Promotes family voice as the cornerstone of the meeting

Division of Social Services

	Α	S	N	Notes
I encourage families to start meetings sharing strengths or concerns	(1)	(2)	(3)	
I encourage children and youth to participate	(1)	(2)	(3)	
I reinforce strengths of families through meeting, share protective capacity examples	(1)	(2)	(3)	
I provide families options about aspects of meetings to engage families	(1)	(2)	(3)	
Practice Standard 6: Facilitates and enga	ges p	articip	ants	throughout, acknowledging and managing conflict
	Α	S	N	Notes
I set and reinforce boundaries and expectations throughout meetings	(1)	(2)	(3)	
I make sure all voices are heard and expressed during meetings	(1)	(2)	(3)	
I show empathy and acknowledge how distressing situation may be, provide support	(1)	(2)	(3)	
I am clear on concerns, ask families to identify solutions	(1)	(2)	(3)	
I diffuse situations when conversations escalate	(1)	(2)	(3)	
I manage emotions in the room well	(1)	(2)	(3)	

Table 4. Core Activity: Completing and revising behaviorally based case plans.

Practice Standard 7: Actively involves families in developing behavioral based case plans							
	Α	S	N	Notes			
I co-create plans that are flexible and individualized	(1)	(2)	(3)				

I invite families to identify issues they want to change, include in plan	(1)	(2)	(3)
I utilize harm and danger statements to identify safety issues	(1)	(2)	(3)
I plan with families not for or about families	(1)	(2)	(3)
I structure plan around behaviors desired to change, not completion of programs	(1)	(2)	(3)
I prioritize tasks in plans and break down tasks into manageable steps	(1)	(2)	(3)
down tasks into manageable steps	l .		
	an reg	ularly,	y, willing to modify or update as needed, but at a minimum per
Practice Standard 8: Revisits the case pla	an reg	ularly,	y, willing to modify or update as needed, but at a minimum per Notes
Practice Standard 8: Revisits the case pla			N Notes
Practice Standard 8: Revisits the case pla policy I bring subject of case plan into every	A	S	N Notes

North Carolina Worker Assessment: Implementing

Introduction

Implementing is defined as carrying out plans that have been developed. Implementing includes linking families to services and community supports, supporting families to take actions agreed upon in plans and monitoring to assure plans are being implemented by both families and providers, monitoring progress on behavioral goals, and identifying when plans need to be adapted.

There are three Implementing core activities: (1) supporting families to take actions agreed upon in the plan and connecting families to services and community support, (2) collaborating with providers and informal supports in the community to help families achieve desired outcomes, and (3) coaching with families and partnering with providers to assure plans are being implemented, progress is made, and outcomes achieved.

Table 1. Core Activity: Supporting families to take actions agreed upon in the plan and connecting families to services and community support

Practice Standard 1: Supports families to take actions								
	Α	S	N	Notes				
I prioritize the family's availability and convenience when providing support	(1)	(2)	(3)					
I offer to call or link families to providers as a first step	(1)	(2)	(3)					
I show families through actions and words that I am interested in their success	(1)	(2)	(3)					
Practice Standard 2: Works with families	to find	solut	ions t	o challenges				
	Α	S	N	Notes				
I ask questions tailored to individual family needs to identify challenges to engaging in services	(1)	(2)	(3)					
I ask families what their concerns about services and service delivery	(1)	(2)	(3)					
I advocate for families and help them navigate the system	(1)	(2)	(3)					
I ensure families are participating in the amount of services they can handle	(1)	(2)	(3)					
l support families in their service prioritization	(1)	(2)	(3)					

Division of Social Services

Appendix: Handouts

Practice Standard 3: Explains to families what services are and what they could do for the family to provide information and informed decisions								
	Α	S	N	Notes				
I engage families in conversation about purpose of recommended service	(1)	(2)	(3)					
I check-in for families' understanding of services purpose on ongoing basis	(1)	(2)	(3)					
I provide families with contact information for service providers	(1)	(2)	(3)					
I make suggestions on the frequency families should follow-up with providers	(1)	(2)	(3)					
I ensure recommended services are behaviorally specific, not duplicative	(1)	(2)	(3)					
I seek to understand and empathize families' concerns related to services	(1)	(2)	(3)					
Practice Standard 4: Offers an array of se	rvice	provid	iers to	choose from if there are choices to be had				
	A	S	N	Notes				
I identify resources available and provide information to families	(1)	(2)	(3)					
I offer to think with the families as they decide on service providers	(1)	(2)	(3)					
I point out service providers based on knowledge of families' history	(1)	(2)	(3)					

Table 2. Core Activity: Collaborating with providers and informal supports in the community to help families achieve desired outcomes

Practice Standard 5: Advocates with and for families with providers on what behavioral change is expected to ensure quality service delivery

A S N Notes

I communicate with providers and families about agreed upon behavioral changes being sough

(1) (2) (3)

I share with providers relevant assessment and case plan information	(1)	(2)	(3)	
I provide feedback to providers, ask questions about services	(1)	(2)	(3)	
I regularly check-in, monitor service delivery	(1)	(2)	(3)	
I escalate problems to my supervisor	(1)	(2)	(3)	
I understand what treatment being provided, what is expected, and evidence of results	(1)	(2)	(3)	
I ensure services delivered are tailored to meet families' needs	(1)	(2)	(3)	
to frieet fairlifies frieeds				
	pports	in th	e comn	nunity to assist families to achieve their goals
	pports A	s in the	e comn	nunity to assist families to achieve their goals Notes
				<u> </u>
Practice Standard 6: Accesses natural su	Α	S	N	<u> </u>
Practice Standard 6: Accesses natural sur-	A (1)	S (2)	N (3)	<u> </u>

Table 3. Core Activity: Coaching with families and partnering with providers to assure plans are being implemented, progress is made, and outcomes achieved

Practice Standard 7: Checks-in on an ongoing basis with families on progress with the Family Service Agreement							
	Α	S	N	Notes			
I routinely ask families if services are good match	(1)	(2)	(3)				
I provide families feedback if they are or are not making efforts	(1)	(2)	(3)				

I follow-up with families when appointments missed to identify challenges	(1)	(2)	(3)	
I problem solve with families to find solutions to challenges	(1)	(2)	(3)	
I reassess barriers once services begun	(1)	(2)	(3)	
Practice Standard 8: Assesses progress	in impl	emen	iting a	ctions of plan, making adjustments as needed
	A	S	N	Notes
I work with families to identify when changes needed in service delivery	(1)	(2)	(3)	
I troubleshoot when goals not achieved to determine root cause	(1)	(2)	(3)	
l engage collaterals about progress made and additional service needs	(1)	(2)	(3)	
I make changes in actions in plan when necessary, not when convenient	(1)	(2)	(3)	
I celebrate wins when goals achieved	(1)	(2)	(3)	
Practice Standard 9: Tracks service delive the family	ery for	achie	eveme	ent of safety, permanency, and well-being outcomes for
	Α	S	N	Notes
I routinely check-in with service providers on progress	(1)	(2)	(3)	
I assess successful completion of service in connection with desired behavior change	(1)	(2)	(3)	
I consider the long-term outcomes when determining achievement of outcomes	(1)	(2)	(3)	

Appendix: Handouts

North Carolina Worker Action Plan

Action Planning

This Action Plan will help you identify the specific actions you plan to take to implement the behaviors of the Practice Standards into your work. While you complete the Action Plan, pay particular attention to the behaviors noted as happening 'sometimes' or 'never' and identify specific actions to address these areas.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

	Practice Standard Behavior	As a result of what I learned through this assessment, I am going to	I will know I am succeeding with this objective when
1.			
2.			
3.			
4.			
5.			
6.			
7.			

North Carolina Right to Enter a Residence

N.C.G.S. § 7B-302 Assessment by director; military affiliation; access to confidential information; notification of person making the report.

The director or the director's representative may not enter a private residence for assessment purposes without at least one of the following:

• The reasonable belief that a juvenile is in imminent danger of death or serious physical injury.

Appendix: Handouts

- The permission of the parent or person responsible for the juvenile's care.
- The accompaniment of a law enforcement officer who has the legal authority to enter the residence.
- An order from a court of competent jurisdiction