



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**Division of Social Services**

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

### **Participant's Workbook Day One**

**December 2025**



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## Table of Contents

|  |    |
|--|----|
| Instructions.....  | 5  |
| Course Themes.....   | 5  |
| Training Overview .....  | 6  |
| Learning Objectives.....   | 8  |
| Day One Agenda.....  | 11 |
| Welcome & Introductions .....  | 12 |
| Housekeeping.....  | 12 |
| Training Resources.....  | 13 |
| Purpose and Legal Basis for Child Protection Services in North Carolina..... | 14 |
| North Carolina Practice Model .....  | 14 |
| Core Values .....  | 14 |
| North Carolina Practice Model Roadmap .....                                  | 15 |
| All Components Working Together .....  | 16 |
| Activity: Learning Review: NC Child Welfare Practice Standards .....         | 17 |
| Reflections.....   | 18 |
| Purpose and Overview of CPS Assessments .....                                | 19 |
| Goals of Child Welfare Services .....  | 19 |
| Purpose of CPS Assessment .....  | 20 |
| North Carolina CPS Assessment Policy .....                                   | 21 |
| Handout: Policy Guidance for Making Informed Decisions .....                 | 22 |
| Multiple Response System (MRS).....  | 23 |
| Overview of Assessment Processes and Policies.....                           | 24 |
| CPS Assessment Tracks .....  | 24 |
| Activity: CPS Assessment Tracks .....  | 25 |
| Learning Review: CPS Assessment Process .....                                | 26 |
| Activity: CPS Assessment Process .....                                       | 26 |
| Roles and Responsibilities of the CPS Assessment Caseworker .....            | 27 |
| Caseworker Roles and Responsibilities in CPS .....                           | 27 |
| Safety-Organized Practice (SOP).....   | 29 |
| Two-Level Decision-Making.....   | 30 |
| Legal Aspects of CPS Assessments .....                                       | 31 |
| Activity: Legal Aspects .....  | 31 |
| Legal Aspects of CPS: Children's and Parents' Rights.....                    | 32 |

|  |                                     |
|--|-------------------------------------|
| Learning Review: Right to Enter a Residence Law .....                    | 34                                  |
| Handout: North Carolina Right to Enter a Residence.....                  | <b>Error! Bookmark not defined.</b> |
| Activity: Learning Review: Applying Legal Standards .....                | 35                                  |
| Essential Function: Communicating .....                                  | 36                                  |
| Communicating Overview .....   | 36                                  |
| Communicating Core Activities .....                                      | 36                                  |
| Activity: Self-Assessment Tool- Communicating Function .....             | 37                                  |
| Activity: Introducing Your Role .....                                    | 41                                  |
| Crucial Conversations .....  | 42                                  |
| What is a Crucial Conversation?.....                                     | 42                                  |
| Crucial Conversations.....   | 43                                  |
| Activity: Power Dynamics in Child Welfare Interventions .....            | 45                                  |
| Disproportionality in Child Welfare Services.....                        | 46                                  |
| Institutional Racism in Child Welfare Systems in the United States ..... | 46                                  |
| Institutional Racism in Child Welfare Systems.....                       | 46                                  |
| Video: The Racist Roots of the Child Welfare System .....                | 46                                  |
| Impacts of Disproportionality Rates on Child and Family Outcomes .....   | 47                                  |
| CPS Assessment & Substantiation Disproportionality .....                 | 48                                  |
| Impacts of Disproportionality Rates on Child and Family Outcomes .....   | 49                                  |
| Video: Exploring Implicit Bias in Child Protection .....                 | 49                                  |
| NC Core Values Guide Our Work .....                                      | 52                                  |
| NC Core Values Guide Our Work.....                                       | 52                                  |
| Professional Curiosity .....   | 53                                  |
| Activity: Child Welfare Practice Strategies to Center Families .....     | 54                                  |
| Identifying and Addressing Bias .....                                    | 56                                  |
| Bias.....  | 56                                  |
| Activity: The Learning Edge of Discomfort .....                          | 57                                  |
| Handout: Overcoming Unconscious Bias.....                                | 59                                  |
| Trauma-Informed Care.....  | 60                                  |
| Core Value: Trauma-Informed Care .....                                   | 60                                  |
| Our Child Welfare Core Values .....                                      | 60                                  |
| What is Trauma? .....  | 61                                  |
| Trauma-Informed Care .....   | 63                                  |
| End-of-Day Values Reflections .....                                      | 64                                  |
| Reflection: Communicating: Build Your Own Field Guide.....               | 64                                  |

|   |    |
|---|----|
| Questions and Reflections.....                            | 65 |
| Bibliography of References .....                          | 66 |
| Appendix: Handouts .....                                  | 1  |
| North Carolina Practice Standards Worker Assessment ..... | 2  |
| Federal Child Welfare Laws Overview.....                  | 25 |

## 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
- Caseworker 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

| <b>Purpose and Legal Basis for Child Protection Services in North Carolina</b>   |
|--|
| <ul style="list-style-type: none"> <li>Learners will be able to describe the key decision points in an assessment.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Learners will be able to describe when an Investigative Assessment or Family Assessment is appropriate based on case circumstances.</li> </ul>          |
| <ul style="list-style-type: none"> <li>Learners will be able to distinguish between Family and Investigative Assessments.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Learners will be able to describe and follow the steps of Family and Investigative Assessments.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Learners will understand what circumstances require a MRS response.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Learners will be able to navigate the NC DSS policy manuals.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Learners will be able to describe the CPS Assessment process.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Learners will be able to explain interview protocols based on case circumstances.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Learners will be able to outline responsibilities specific to CPS Assessment workers.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Learners will be able to describe their role in assessing safety and risk and making case decisions.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Learners will be able to explain circumstances under which a child welfare professional can enter a residence when conducting an assessment.</li> </ul> |
| <ul style="list-style-type: none"> <li>Learners will be able to demonstrate appropriate information sharing during an open CPS Assessment.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Learners will be able to distinguish allowable actions from those that infringe on parental rights during a CPS Assessment.</li> </ul>                  |
| <ul style="list-style-type: none"> <li>Learners will be able to describe diligent efforts at all stages of a CPS Assessment.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Learners will be able to define Reasonable Efforts.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Learners will be able to explain the rationale and application of reasonable efforts.</li> </ul>  |

| <b>Essential Function: Communicating</b>  |  |
|---|--|
| <ul style="list-style-type: none"> <li>Learners will be able to identify points of conflict and various strategies to help children and families resolve conflict.</li> </ul>   |  |
| <b>Disproportionality in Child Welfare Services</b>   |  |
| <ul style="list-style-type: none"> <li>Learners will be able to explain the history of institutional racism in child welfare and its impact on disproportionality in child welfare.</li> </ul>  |  |
| <ul style="list-style-type: none"> <li>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.</li> </ul>  |  |
| <ul style="list-style-type: none"> <li>Learners will be able to describe how Native American, Black, and children and families of color have been historically overrepresented in child welfare.</li> </ul>   |  |
| <ul style="list-style-type: none"> <li>Learners will be able to identify institutional racism in assessment and decision-making processes.</li> </ul>   |  |
| <ul style="list-style-type: none"> <li>Learners will be able to define underrepresentation and overrepresentation in the child welfare system.</li> </ul>   |  |
| <ul style="list-style-type: none"> <li>Learners will be able to recognize underrepresentation and overrepresentation in the child welfare system.</li> </ul>  |  |
| <ul style="list-style-type: none"> <li>Learners will be able to identify underlying causes of disproportionality and disparity for children and families in minority populations.</li> </ul>  |  |
| <ul style="list-style-type: none"> <li>Learners will be able to recognize how disproportionality leads to inequitable service provision and disparate outcomes for children and families.</li> </ul>  |  |
| <ul style="list-style-type: none"> <li>Learners will be able to examine how firsthand experiences and biases affect decisions made for children and families receiving Child Protective Services.</li> </ul>  |  |
| <ul style="list-style-type: none"> <li>Learners will be able to explain the importance of professional curiosity and family-centered practice when conducting assessments.</li> </ul>   |  |
| <ul style="list-style-type: none"> <li>Learners will be able to demonstrate an understanding of professional curiosity and family-centered practice as lifelong processes of self-awareness and learning from others as experts of their own families.</li> </ul> |  |
| <ul style="list-style-type: none"> <li>Learners will be able to discuss barriers families may face when involved with Child Protective Services.</li> </ul>   |  |
| <ul style="list-style-type: none"> <li>Learners will be able to share examples of advocating for fair and family-centered In-Home Services for children and families.</li> </ul>  |  |

|   |
|---|
| <ul style="list-style-type: none"> <li>Learners will be able to explain the concept of bias and how it impacts assessments and decision-making.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Learners will be able to utilize techniques for self-reflection and self-evaluation to recognize and manage their own potential biases.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Learners will be able to discuss social and health disparities among children and youth across all populations.</li> </ul>   |
| <ul style="list-style-type: none"> <li>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 outlined in the Act.</li> </ul> |
| <ul style="list-style-type: none"> <li>Child welfare professionals will collaborate with Tribal agencies as required during CPS Assessments.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Learners will be able to describe the importance of linking children and families to family-centered and family-specific community services.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Learners will be able to provide legal and practical Notice to Tribes when children are believed to have American Indian/Alaskan Native heritage.</li> </ul>                                   |
| <ul style="list-style-type: none"> <li>Learners will be able to define Active Efforts.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Learners will be able to describe the importance of identifying their own biases.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Learners will be able to explain how they will maintain professional curiosity and family-centered practice in their work.</li> </ul>  |
| <p style="text-align: center;"><b>Trauma-Informed Care</b></p>  |
| <ul style="list-style-type: none"> <li>Learners will be able to define and discuss the definition of childhood trauma and its impact throughout a lifetime.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Learners will be able to describe Adverse Childhood Experiences (ACEs) and explain how to assess children and families for ACEs.</li> </ul>  |
| <ul style="list-style-type: none"> <li>Learners will be able to describe how a family's risk and protective factors can prevent occurrences of ACEs.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Describe the impact of trauma on child development.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Learners will be able to explain how families heal together and their role in providing support and identifying trauma-informed interventions.</li> </ul>                                      |
| <ul style="list-style-type: none"> <li>Learners will be able to discuss trauma-informed practice and our role in ensuring trauma-informed casework.</li> </ul>  |

## 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 the CPS Assessment Caseworker

Legal Aspects of CPS Assessment

#### **Essential Function: Communicating**

Communicating Overview

Crucial Conversations

#### **Disproportionality in Child Welfare Services**

Institutional Racism in Child Welfare Systems in the United States

NC Core Values Guide Our Work

Identifying and Addressing Bias

#### **Trauma-Informed Care**

Core-Value: Trauma-Informed Care

#### **End-of-Day Values Reflections**

## Child Welfare Track Training: CPS Assessment Day 1

### Welcome & Introductions

#### Housekeeping

---

Community College Registration Forms

---

Parking

---

Restrooms

---

Vending Machines

---

Training Hours & Breaks

---

Cell Phones

---

Attendance Policy

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## Training Resources

- Follow lecture
- Record notes
- Complete activities

Participant  
Workbook



- Appear in order of use
- Listed in Appendix

Handouts



- North Carolina Child Welfare Policies & Procedures

Policy  
Manual



- Questions to be answered

Parking Lot

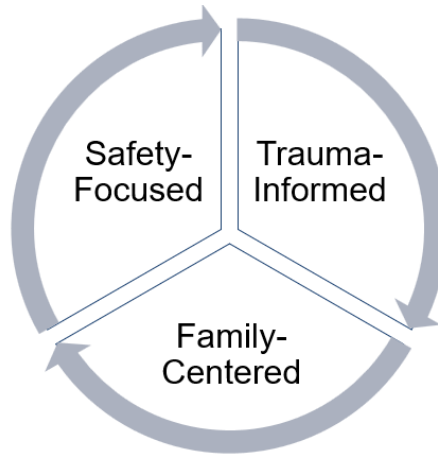


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## Purpose and Legal Basis for Child Protection Services in North Carolina

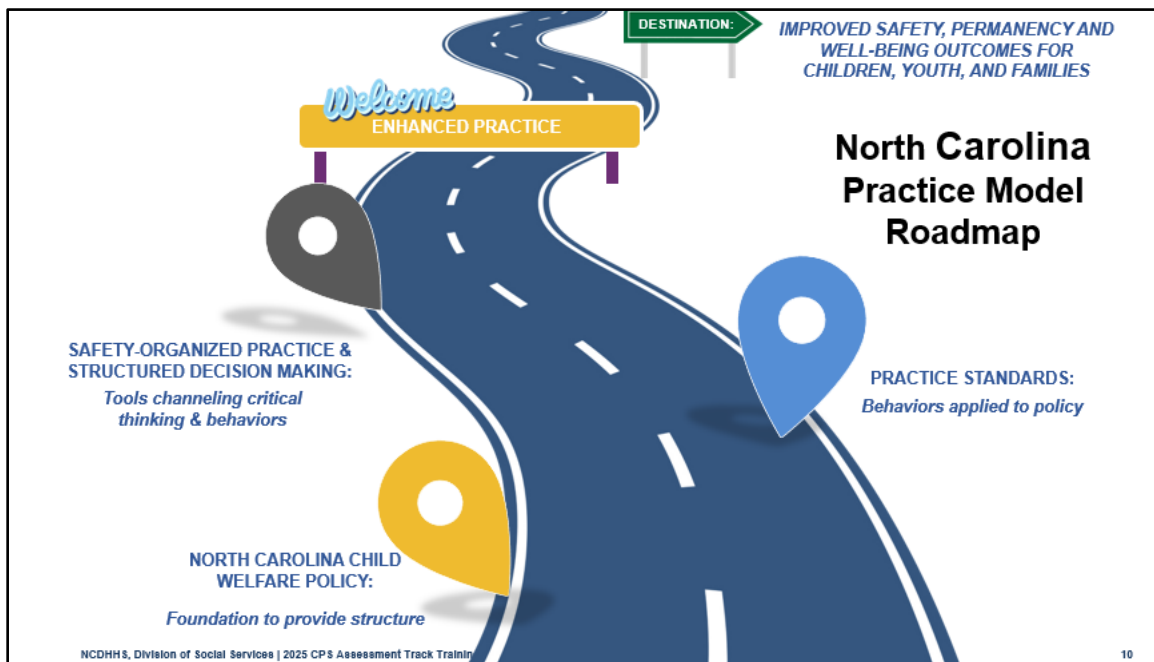
### North Carolina Practice Model

#### Core Values



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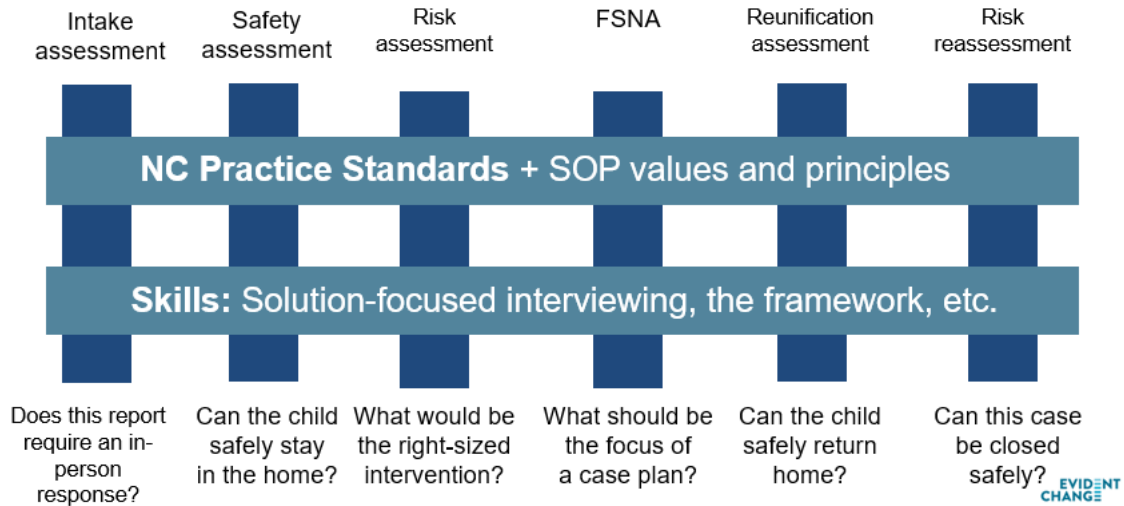
## North Carolina Practice Model Roadmap



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## All Components Working Together



The fence analogy illustrates how the components of the Practice Model work together.

- Structured Decision Making® (SDM) Tools are used at key decision points and support answering key questions
- NC Practice Standards and Safety Organized Practice (SOP) offer key activities and behaviors to support and stabilize quality casework practice
- Skills and tools that align with SOP also stabilize practice

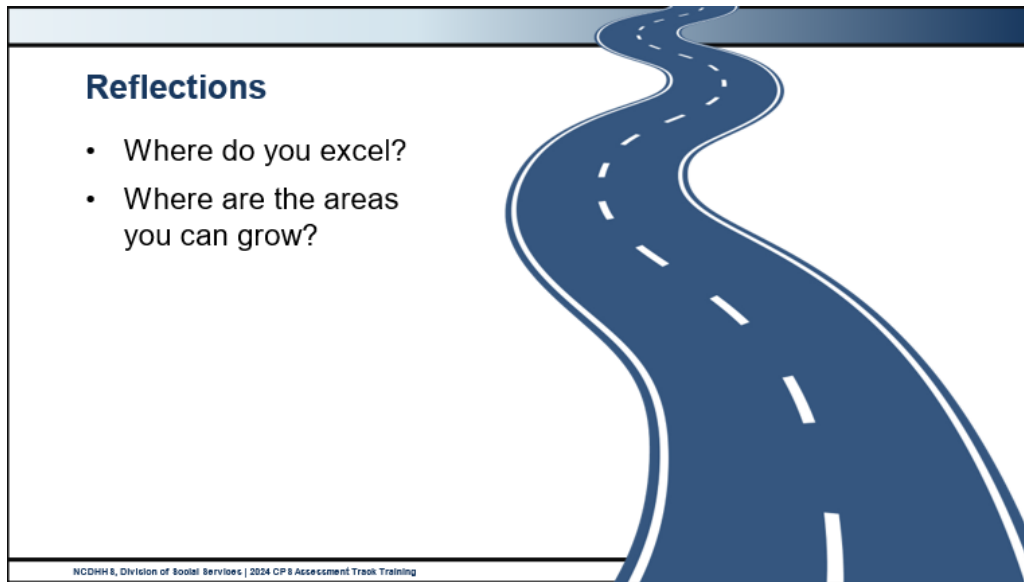
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Activity: Learning Review: NC Child Welfare Practice Standards



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## Reflections

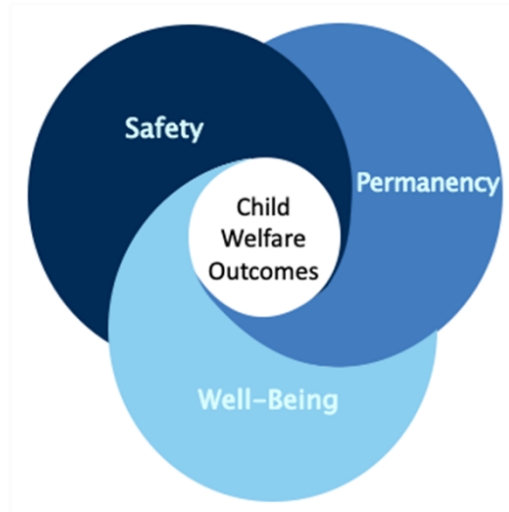


**What areas do you excel in?**

**Where are the areas you can grow?**

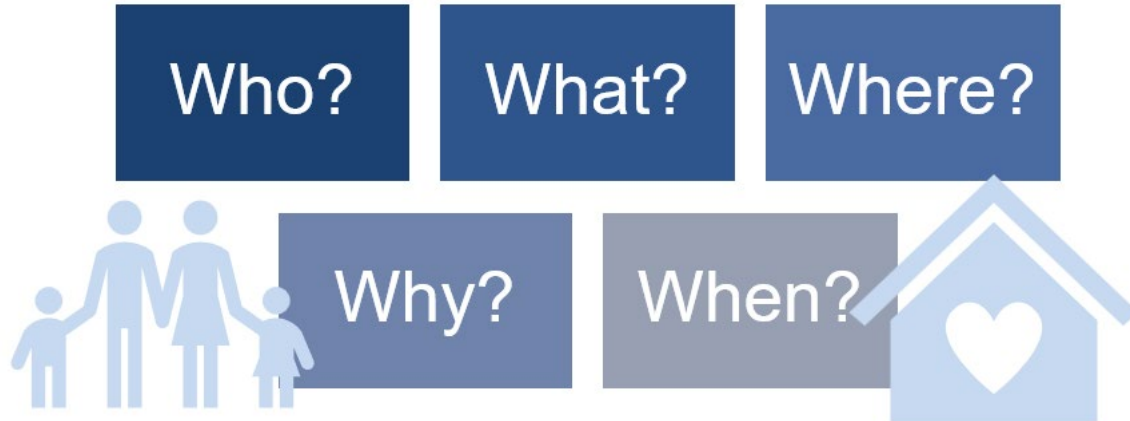
## Purpose and Overview of CPS Assessments

### Goals of Child Welfare Services



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## Purpose of CPS Assessment

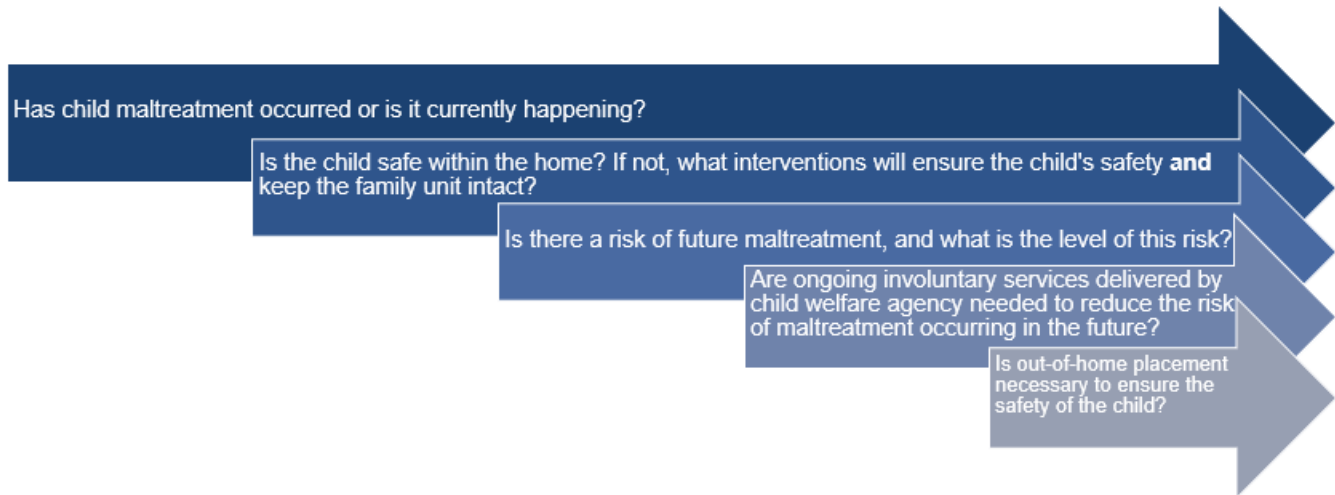


The primary goal of CPS Assessments is to protect children from further maltreatment and to support and improve parental/caregiver abilities to assure a safe and nurturing home for each child

CPS Assessments are legally mandated, involuntary services for children who are alleged to be victims of abuse, neglect, and/or dependency due to the action of, or lack of protection by, the child's parent/guardian/custodian or caretaker, as well as the household members of such children.

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## North Carolina CPS Assessment Policy



**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/caretaker abilities to assure 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, what level of intervention is necessary to assure safety, and if the family needs additional services regardless of whether those services are involuntary or not.

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:

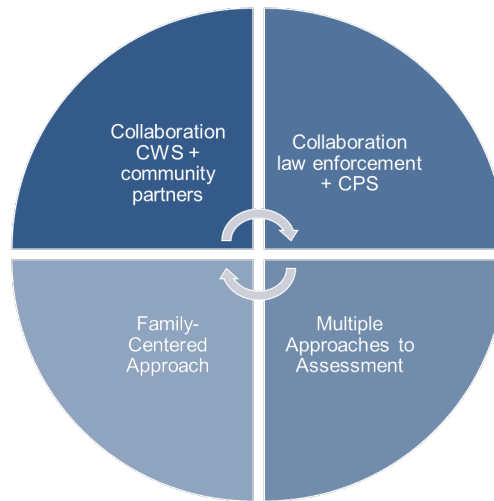
- Child maltreatment occurred;
- The child is safe within the home, and if not, what interventions can be implemented that will ensure the child's protection and maintain the family unit intact if reasonably possible;
- There is a risk of future maltreatment, and the level of that risk
- Ongoing involuntary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

### **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 whether 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 has a continued need for CPS; and
- Whether the specific environment in which the child is found meets the child's need for care and protection by the local county child welfare.

Source: North Carolina Department of Health and Human Services, Division of Social Services. (2025). *NC Child Welfare Manual: CPS assessment policy, protocol, and guidance*, Purpose. <https://policies.ncdhhs.gov/wp-content/uploads/PATH-NC-Assessments-October-2025.pdf>

## Multiple Response System (MRS)



The Multiple Response System (MRS) provides the ability to assign CPS Assessments to one of two tracks: Family Assessment or Investigative Assessment

**Use this space to record notes.**



## Overview of Assessment Processes and Policies

### CPS Assessment Tracks



**Use this space to record**

### Activity: CPS Assessment Tracks

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

**Use this space to record notes.**

## Learning Review: CPS Assessment Process

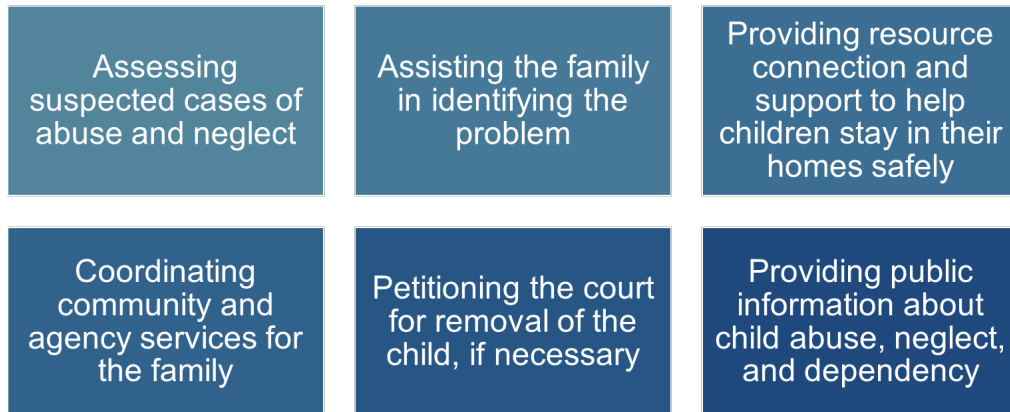
### Activity: CPS Assessment Process

Work with your table group to arrange the CPS Assessment Process activities in the correct order.

**Use this space to record notes.**

## Roles and Responsibilities of the CPS Assessment Caseworker

### Caseworker Roles and Responsibilities in CPS



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

### Reflection Questions

**How will you accomplish these tasks and responsibilities?**

**What do you do when you are stuck or can't decide what to do?**

**What impact does engagement have on your ability to fulfill your responsibilities?**

Source:

North Carolina Department of Health and Human Services, Division of Social Services. (2020). *NC Child Welfare Manual: CPS Purpose & Philosophy*, Legal Basis, p. 4-5. <https://policies.ncdhhs.gov/wp-content/uploads/purpose.pdf>.

Safety-Organized Practice (SOP)



Developing good  
working  
relationships



Using critical  
thinking and  
decision-support  
tools



Building  
collaborative  
plans to enhance  
daily child safety



**Use this space to record notes.**

## Two-Level Decision-Making



Use this space to record notes.

## Legal Aspects of CPS Assessments

### Activity: Legal Aspects

Review the handout in the appendix titled Federal Child Welfare Laws Overview.

Consider the following:

- What resonates with you?
- What surprises you?
- What questions do you have?

**Use this space to record notes.**



## Legal Aspects of CPS: Children's and Parents' Rights



Best practice, as laid out in the NC Child Welfare and System of Care policy, outlines that all parents/caretakers 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 which DSS may take, including petitioning the court to remove the child to ensure safety and protection.
- Know DSS's expectations of the parent/caretaker.
- Know what services they can expect from DSS and other community agencies.
- Have a family case plan, when needed, that is clearly stated, measurable, specific, that includes time-limited goals and is mutually developed by the DSS and the parent/caretaker.

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

### **Reasonable Efforts**

**Diligent Efforts**

**Active Efforts**

**Parental Rights to Notification**

**Right to Privacy (Confidentiality)**

**North Carolina Right to Enter a Residence**

## Learning Review: Right to Enter a Residence Law

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.

**Use this space to record notes.**

**Activity: Learning Review: Applying Legal Standards**

- Review your assigned scenario. 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

#### Communicating Core Activities



Use this space to record notes.

## Activity: 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   |     |     |     |       |
|--|-----|-----|-----|-------|
|  | A   | 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 |     |     |     |       |
|  | A   | 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 enhance two-way communication with families through questions and checks for understanding                  |     |     |     |       |
|  | A   | S   | N   | Notes |

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|   |     |     |     |
|---|-----|-----|-----|
| 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 |     |     |     |       |
|--|-----|-----|-----|-------|
|  | A   | 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   | (1) | (2) | (3) |       |
| I fully inform families of options and opportunities, seek options from families   | (1) | (2) | (3) |       |

Division of Social Services

4

## 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) |       |
| <b>Practice Standard 6: Always tell the truth, including during difficult conversations, in a manner that promotes dialogue</b> |     |     |     |       |
|   | A   | 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

|   |     |     |     |       |
|---|-----|-----|-----|-------|
| <b>Practice Standard 7: Diligently respect confidentiality while sharing information when necessary and appropriate</b> |     |     |     |       |
|   | A   | 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) |       |

Division of Social Services

5



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

(1) (2) (3)

**Activity: 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 caseworker. 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 that 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.

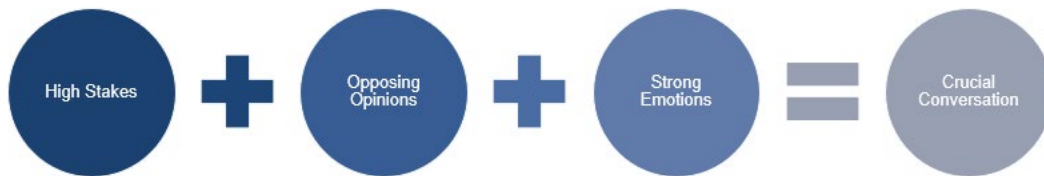
Prepare to contact the family for the initial contact.

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

**Use this space to record notes.**

## Crucial Conversations

What is a Crucial Conversation?



**Use this space to record notes.**

## Crucial Conversations

|                              |  |
|------------------------------|--|
| Start With The Heart         |  |
| Learn to Look                |  |
| Make it Safe                 |  |
| Master Your Stories          |  |
| State Your Path              |  |
| Explore Other's Perspectives |  |
| Move to Action               |  |

| 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 about 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?**

## **Disproportionality in Child Welfare Services**

### **Institutional Racism in Child Welfare Systems in the United States**

Institutional Racism in Child Welfare Systems

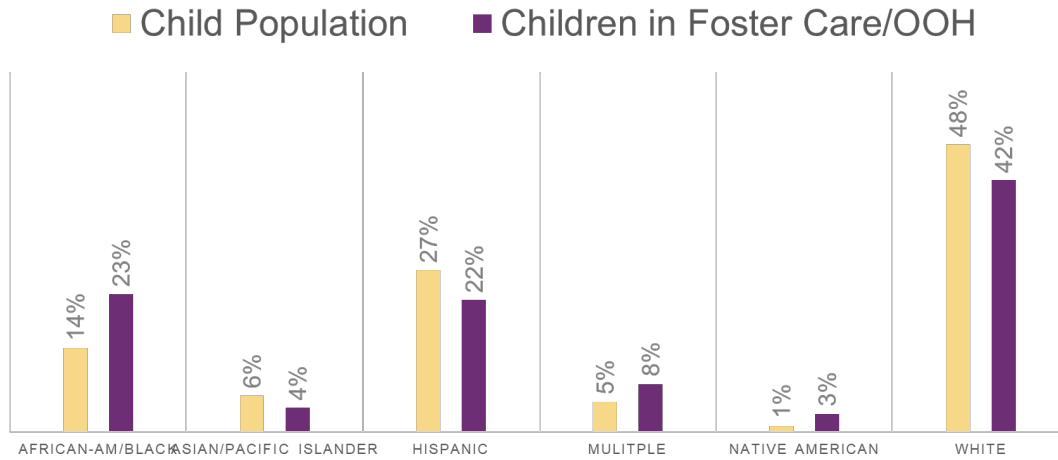
Video: The Racist Roots of the Child Welfare System

[https://www.youtube.com/watch?v=UsJCFWi\\_lbE](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?**

## Impacts of Disproportionality Rates on Child and Family Outcomes



Use this space to record notes.



## CPS Assessment &amp; Substantiation Disproportionality

| Disproportionate Foster Care of AI/AN Children:<br>15 States with the Highest Rates <sup>1</sup> |                                   |                                |  |
|--|-----------------------------------|--------------------------------|--|
| State  | Disproportionality<br>Rate (2019) | % of children<br>who are AI/AN | % of children<br>in foster care<br>who are AI/AN |
| Minnesota  | 14.99                             | 1.7%                           | 25.8%  |
| Wisconsin  | 5.87                              | 1.3%                           | 7.7%   |
| North Dakota   | 5.16                              | 8.5%                           | 43.7%  |
| South Dakota   | 4.52                              | 13.7%                          | 62.1%  |
| Nebraska   | 4.16                              | 1.3%                           | 5.3%   |
| Iowa   | 4.14                              | 0.4%                           | 1.8%   |
| Montana  | 3.45                              | 10.6%                          | 36.7%  |
| Washington   | 3.16                              | 1.8%                           | 5.6%   |
| Hawaii   | 3.02                              | 0.2%                           | 0.6%   |
| Oregon   | 2.98                              | 1.6%                           | 4.7%   |
| Alaska   | 2.65                              | 21.6%                          | 57.3%  |
| Utah   | 2.26                              | 1.1%                           | 2.4%   |
| North Carolina   | 1.74                              | 1.3%                           | 2.3%   |
| California   | 1.52                              | 0.5%                           | 0.8%   |
| Maine  | 1.41                              | 1.1%                           | 1.5%   |

## White/Caucasian Children



## American Indian/Alaska Native Children



National Indian Child Welfare Association. Disproportionality Fact Sheet, (2021).

Use this space to record notes.

## Impacts of Disproportionality Rates on Child and Family Outcomes

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 Child Welfare 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?**

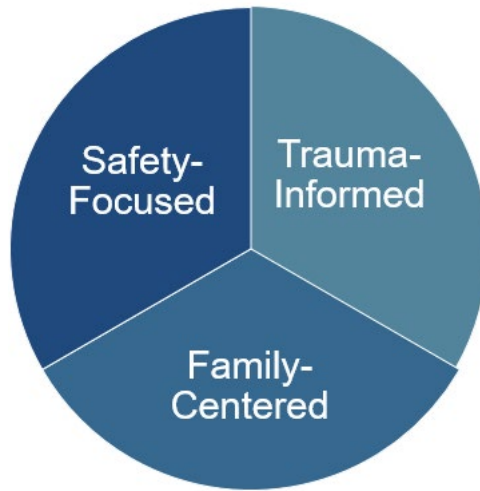
**What are your reflections on this information?**

**What have you learned since preservice that supports your ability to disrupt institutional racism and implicit bias, and family-centered practice?**

**Give an example of a time when you were able to disrupt institutional racism and/or implicit bias and support family-centered practice.**

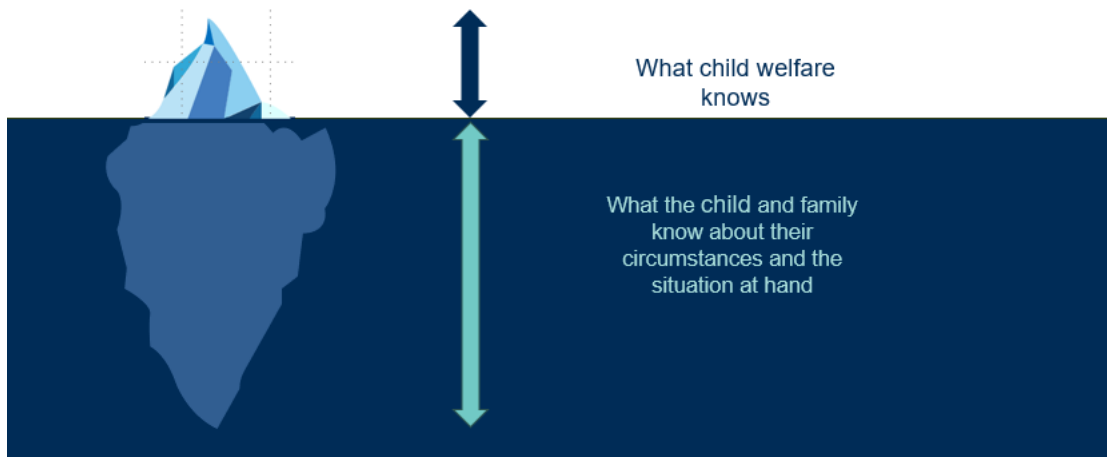
## NC Core Values Guide Our Work

NC Core Values Guide Our Work



**Use this space to record notes.**

## Professional Curiosity



Use this space to record notes.

Activity: Child Welfare Practice Strategies to Center Families

**Part 1: List aspects of your family beliefs, customs, and traditions that make your family unique, that may be unseen or unfamiliar to those outside your family.**

**What about your family's beliefs, customs, or traditions would CPS be challenged to understand without explanation or context?**

**What in your family might be interpreted negatively without that family context and information?**

**Part 2: Discuss your answers to Part 1 with your group and answer the following questions:**

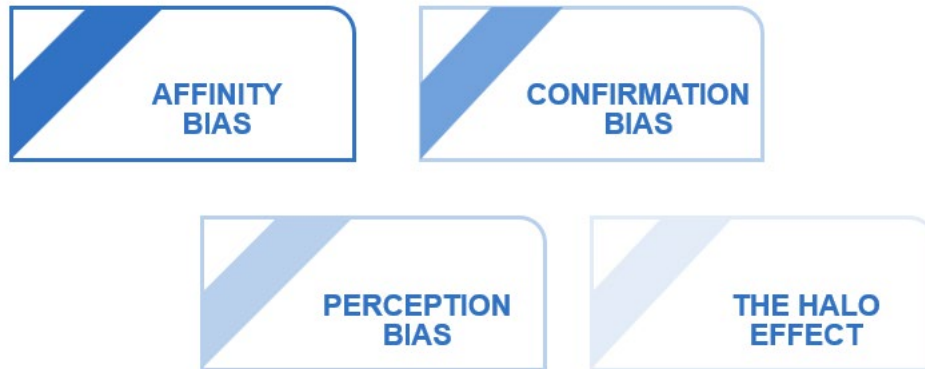
**How would CPS get your family to talk about those topics?**

**How do you practice professional curiosity with families in CPS?**



## Identifying and Addressing Bias

### Bias



Affinity Bias: Favoring those who have things in common with oneself.

Confirmation Bias: Seeking information that confirms initial perceptions and ignoring contrary information.

Perception Bias: Tendency to form stereotypes or assumptions about certain groups that impede objective judgment about individual members of that group.

The Halo Effect: Tendency to think everything about someone is good because our first impression of them was good.

**Use this space to record notes.**

## Exercise: The Learning Edge of Discomfort

Activity: The Learning Edge of Discomfort



**What about this work have I found challenging, and what did I do about it?**

**How do I reflect on my own biases?**

**How do I mitigate or prevent negative impact from my biases?**

**How will you sit with the discomfort of the learning zone to learn about families?**

## 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.

### STAY COMMITTED

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.

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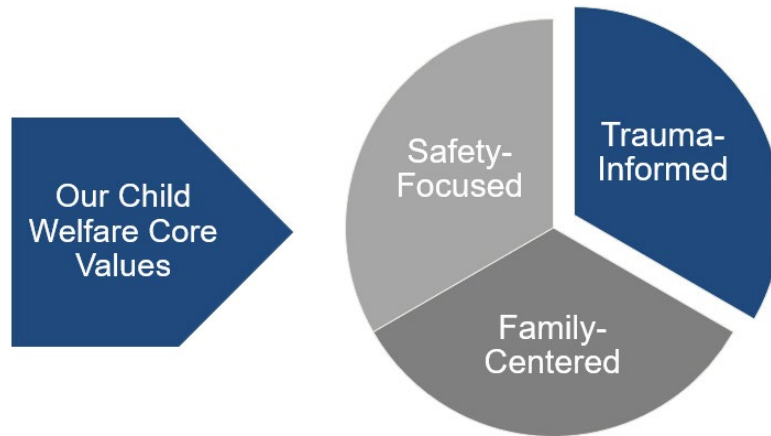


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## Trauma-Informed Care

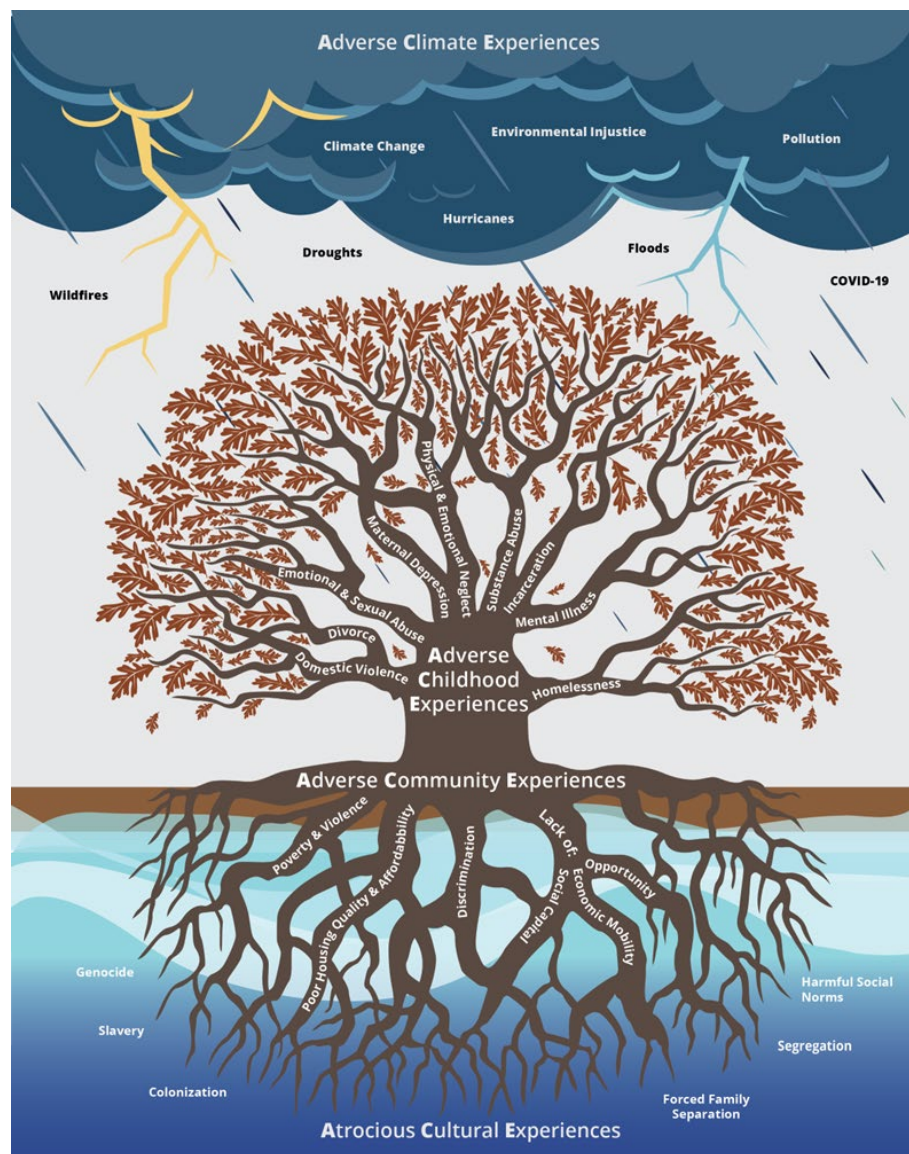
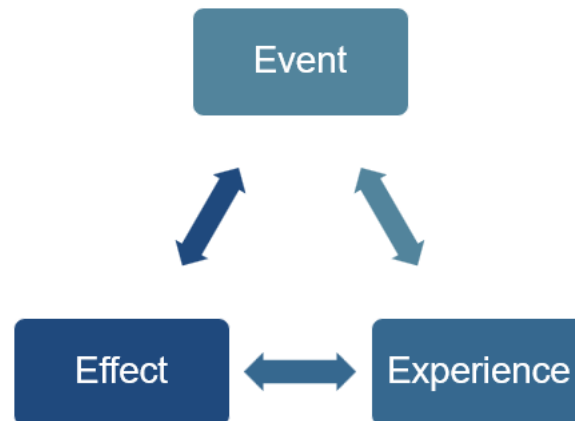
### Core Value: Trauma-Informed Care

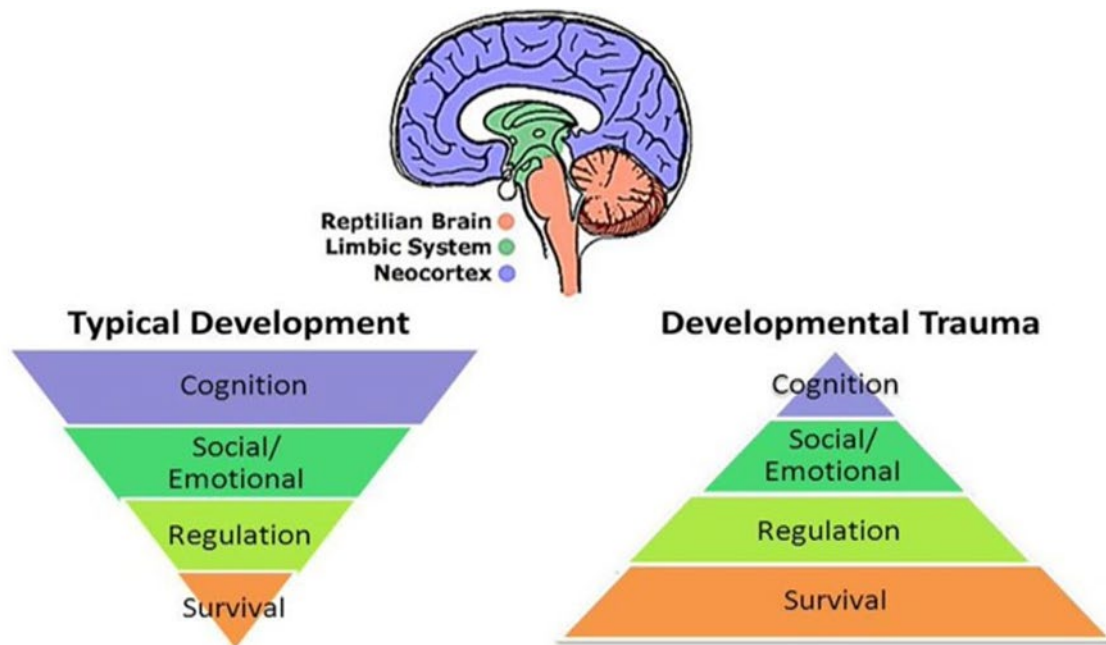
Our Child Welfare Core Values



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## What is Trauma?

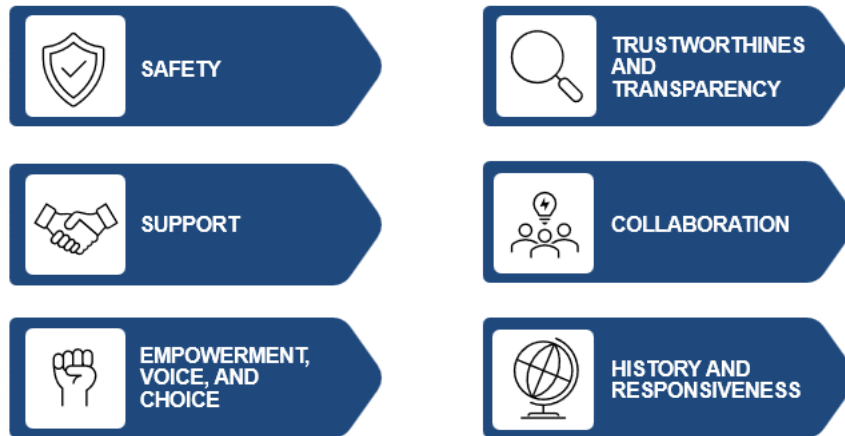




Adapted from Holt & Jordan, Ohio Dept. of Education

**Use this space to record notes.**

## Trauma-Informed Care



### There are 6 core principles of trauma-informed care:

Safety: Families and child welfare caseworkers feel physically and psychologically safe.

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

Support: 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.

Collaboration: 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 caseworkers and families, and among organizational staff, are leveled to support shared decision-making.

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

History and Responsiveness: Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed. Child welfare caseworkers 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 Reflections

### Reflection: Communicating: Build Your Own Field Guide

**What are three things to remember about communicating when in the field working with families?**

1.

2.

3.

**Think about how you learn best. What do you need to try out new skills and approaches?**

## Questions and Reflections

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

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## Appendix: Handouts

North Carolina Practice Standards Worker Assessment

Federal Child Welfare Laws Overview



## North Carolina Practice Standards Worker Assessment



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**Division of Social Services**

## 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 360-degree 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 with.

#### 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.

#### Instructions

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

1



**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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

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## 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   |     |     |     |       |
|--|-----|-----|-----|-------|
|  | A   | 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 |     |     |     |       |
|  | A   | 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 enhance two-way communication with families through questions and checks for understanding                  |     |     |     |       |
|  | A   | 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 |     |     |     |       |
|--|-----|-----|-----|-------|
|  | A   | 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   | (1) | (2) | (3) |       |
| I fully inform families of options and opportunities, seek options from families   | (1) | (2) | (3) |       |

Division of Social Services

4

## 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, including during difficult conversations, in a manner that promotes dialogue |     |     |     |       |
|  | A   | 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 |     |     |     |       |
|  | A   | 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) |       |

Division of Social Services

5

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

(1) (2) (3)

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

## 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                |     |     |     |       |
|--|-----|-----|-----|-------|
|  | A   | S   | N   | Notes |
| I attend to families, ignore other distractions                              | (1) | (2) | (3) |       |
| I explain notetaking, present and paying attention                           | (1) | (2) | (3) |       |
| I 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) |       |
| I establish rapport  | (1) | (2) | (3) |       |
| Practice Standard 2: Prepares in advance to be able to connect with families |     |     |     |       |
|  | A   | 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) |       |

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

|  |     |     |     |       |
|--|-----|-----|-----|-------|
| 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 |     |     |     |       |
|  | A   | 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 |     |     |     |       |
|   | A   | 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) |       |

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

|   |     |     |     |       |
|---|-----|-----|-----|-------|
| 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) |       |
| I engage families in problem solving, encourage ownership             | (1) | (2) | (3) |       |
| Practice Standard 5: Use body language to convey interest to families |     |     |     |       |
|   | A   | S   | N   | Notes |
| I maintain eye contact  | (1) | (2) | (3) |       |
| I lean in when speaking   | (1) | (2) | (3) |       |
| I am mindful of facial expressions and nod my head affirmatively      | (1) | (2) | (3) |       |
| I understand culture may play a role in body language                 | (1) | (2) | (3) |       |

Table 3. Core Activity: Acknowledging family strengths

|  |     |     |     |       |
|--|-----|-----|-----|-------|
| Practice Standard 6: Acknowledge and celebrate strengths and successes |     |     |     |       |
|  | A   | 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) |       |
| I identify positives   | (1) | (2) | (3) |       |
| I take a holistic approach, focusing on strengths                      | (1) | (2) | (3) |       |



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

|  |     |     |     |
|--|-----|-----|-----|
| I encourage families to identify their strengths | (1) | (2) | (3) |
|--|-----|-----|-----|

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

## 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 information and positions                      |     |     |     |       |
|--|-----|-----|-----|-------|
|  | A   | 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 families and explain the assessment process |     |     |     |       |
|  | A   | 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) |       |

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

|  |     |     |     |       |
|--|-----|-----|-----|-------|
| I keep in mind the culture of the family when gathering information  | (1) | (2) | (3) |       |
| Practice Standard 3: Asks questions based on information needed and at ease asking uncomfortable questions |     |     |     |       |
|  | A   | S   | N   | Notes |
| I 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 difficult information without reaction  | (1) | (2) | (3) |       |
| I engage in crucial conversations  | (1) | (2) | (3) |       |
| I utilize a narrative approach to gather 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 read in the record and 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) |       |

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

|   |     |     |     |
|---|-----|-----|-----|
| 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 |     |     |     |       |
|---|-----|-----|-----|-------|
|   | A   | 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) |       |

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

|  |     |     |     |       |
|--|-----|-----|-----|-------|
| I prioritize information that negatively impacts children to address first | (1) | (2) | (3) |       |
| Practice Standard 8: Remains non-judgmental when processing information    |     |     |     |       |
|  | A   | 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) |       |
| I 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) |       |

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

## 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

| Practice Standard 1: Engages family in understanding assessment and history, focusing on strengths to customize plans |     |     |     |       |
|---|-----|-----|-----|-------|
|   | A   | 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 causes and underlying reasons for family involvement                              |     |     |     |       |
|   | A   | S   | N   | Notes |
| I seek input from others with knowledge of family history, keep an open mind  | (1) | (2) | (3) |       |
| I focus plan on identified needs, tied to assessment  | (1) | (2) | (3) |       |
| I ask questions and seek information to help families understand root cause   | (1) | (2) | (3) |       |
| I discuss DSS concerns with family, get feedback  | (1) | (2) | (3) |       |

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 |     |     |     |       |
|---|-----|-----|-----|-------|
|   | A   | 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 family in identifying their team  |     |     |     |       |
|   | A   | 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) |       |
| I 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

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

|   | A   | 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 engages participants throughout, acknowledging and managing conflict |     |     |     |       |
|   | A   | 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 |     |     |     |       |
|---|-----|-----|-----|-------|
|   | A   | S   | N   | Notes |
| I co-create plans that are flexible and individualized                                    | (1) | (2) | (3) |       |



## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

|   |     |     |     |       |
|---|-----|-----|-----|-------|
| 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) |       |
| Practice Standard 8: Revisits the case plan regularly, willing to modify or update as needed, but at a minimum per policy |     |     |     |       |
|   | A   | S   | N   | Notes |
| I bring subject of case plan into every conversation  | (1) | (2) | (3) |       |
| I ensure families have a copy of their case plan  | (1) | (2) | (3) |       |
| I update plans with every success to show progress, keep families motivated   | (1) | (2) | (3) |       |

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

## 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   |     |     |     |       |
|--|-----|-----|-----|-------|
|  | A   | 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 solutions to challenges                           |     |     |     |       |
|  | A   | 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) |       |
| I support families in their service prioritization   | (1) | (2) | (3) |       |

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

| Practice Standard 3: Explains to families what services are and what they could do for the family to provide information and informed decisions |     |     |     |       |
|---|-----|-----|-----|-------|
|   | A   | 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 service providers 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 sought  | (1) | (2) | (3) |       |

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

|   |     |     |     |       |
|---|-----|-----|-----|-------|
| 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) |       |
| Practice Standard 6: Accesses natural supports in the community to assist families to achieve their goals |     |     |     |       |
|   | A   | S   | N   | Notes |
| I engage families to identify community supports  | (1) | (2) | (3) |       |
| I educate families regarding how to access community resources  | (1) | (2) | (3) |       |
| I encourage families to reach out to other systems  | (1) | (2) | (3) |       |
| I facilitate meetings between families and support systems  | (1) | (2) | (3) |       |

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 |     |     |     |       |
|  | A   | 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) |       |

Division of Social Services

21

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

|  |     |     |     |       |
|--|-----|-----|-----|-------|
| 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 implementing actions 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) |       |
| I 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 delivery for achievement of safety, permanency, and well-being outcomes for the family |     |     |     |       |
|  | A   | 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) |       |

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

## 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.

|    | 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. |                            |   |   |

## 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

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



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.

- **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:**
  - **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.
  - **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.
  - The "active efforts" requirement is defined, and specific examples are provided.
  - 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).



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- 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), HIPAA 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



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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 cost-effective 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 October 1, 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

- 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