North Carolina Department of Health and Human Services
Foster Home Licensing Track Training

Participant's Workbook
Day Five

October 2024

PUBLIC KNOWLEDGE®
YOUR CATALYST FOR CHANGE

This curriculum was developed by the North Carolina Department of Health and Human Services, Division of Social Services and revised by Public Knowledge® in 2024.

Table of Contents

Instructions

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

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

Course Themes

The central themes of the Foster Home Licensing Track Training are divided across several course topics.

- The Practice Model and Family-Centered Practice
- Diversity, Equity, Inclusion, and Belonging
- Licensing Worker Roles and Responsibilities
- Foster Parent Roles, Responsibilities, and Skills
- Assessing Foster Homes
- Foster Parent Qualifications and Background Checks
- Assessing 12 Skills for Successful Fostering
- Physical and Environmental Safety Requirements
- Issuing a License
- Mutual Home Assessment
- Permanency
- Shared Parenting
- Supporting Foster Parents
- Working with Relatives
- Supporting Placement
- Licensing Visits with Family
- Quality Licensing Visits
- Other Licensing Topics
- Foster Home Recruitment and Retention
- Worker Safety

Training Overview

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

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

Pre-Work Online eLearning Modules

There is required pre-work for the Foster Home Licensing Track Training in the form of online eLearning modules. Completion of the eLearnings is required prior to attendance at the classroom-based training. The following are the online eLearning modules:

1. North Carolina Worker Practice Standards
2. Safety Organized Practice
3. Introduction to Foster Home Licensing
4. Understanding and Assessing Safety and Risk
5. Understanding and Screening for Trauma

Transfer of Learning

The Foster Home Licensing 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 Foster Home Licensing 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 Five

Licensing Visits with Family
• Learners will be able to identify the required frequency of licensing compliance visits.
• Learners will be able to articulate the purposes of conducting licensing compliance visits.
• Learners will be able to describe what documentation is required for each licensing compliance visit.
• Learners will be able to describe the relationship between quality ongoing case contacts and child welfare outcomes.
• Learners will be able to describe the core components of quality contacts.
• Learners will be able to identify the characteristics of quality contacts.
• Learners will be able to create time management strategies to prioritize quality contacts.
• Learners will be able to describe the steps to prepare for quality contacts.
• Learners will be able to identify scheduling considerations and how they impact quality visits.
• Learners will be able to explain the importance of gathering and reviewing information prior to contacts.
• Learners will be able to explain the importance of clear, concise, and accurate documentation.
• Learners will be able to demonstrate the components of documentation.
• Learners will be able to differentiate between objectivity and subjectivity in documentation.
Quality Licensing Visits Learning Lab
• Learners will be able to describe the relationship between quality ongoing case contacts and child welfare outcomes.
• Learners will be able to describe the core components of quality contacts.
• Learners will be able to identify the characteristics of quality contacts.
• Learners will be able to create time management strategies to prioritize quality contacts.

Day Five, continued

Other Licensing Topics
• Learners will be able to implement the required processes for ICPC to support out-of-state placements.
• Learners will be able to explain the requirements and timelines of re-licensure to foster families.
• Learners will be able to implement the required process for transferring a license.
• Learners will be able to describe all required documents needed for re-licensure.
• Learners will be able to describe all the required documents needed for a transfer.
Foster Home Recruitment and Retention
• Learners will be able to explain the importance of supporting foster homes and how support results in foster parents maintaining their commitment to fostering.
• Learners will be able to identify effective strategies for supporting and retaining foster homes.
• Learners will be able to explain the different types of recruitment strategies and when it would be appropriate to use each type.
• Learners will be able to recognize how data can inform diligent recruitment and retention plans.
Diligent Recruitment and Retention Learning Lab
• Learners will be able to explain the different types of recruitment strategies and when it would be appropriate to use each type.
• Learners will be able to recognize how data can inform diligent recruitment and retention plans
Worker Safety
• Learners will be able to share and discuss examples of vicarious traumatization and Secondary Traumatic Stress (STS).
• Learners will be able to identify at least three risk factors associated with STS.
• Learners will be able to identify the impacts of STS on emotional, physical, and psychological health and decision-making of child welfare professionals and for themselves.
• Learners will be able to recognize and discuss burnout and compassion fatigue.

Day Five, continued

Worker Safety, continued
• Learners will apply strategies to promote their physical, psychological, and emotional safety and well-being.
• Learners will be able to explain the importance of their safety while performing their role.
• Learners will be able to discuss strategies that promote their physical, psychological, and emotional safety.
• Learners will recognize at least three signs of danger and at least three methods of avoiding or mitigating danger when conducting after-hours or on-call tasks.
• Learners will develop and utilize a safety plan that describes methods of preventive, environmentally and situationally aware, and responsive behavior.
• Learners will be able to describe skills to de-escalation, calm, and verbally intervene to diffuse tense and potentially violent outbursts.
• Learners will discuss their self-care plan with an accountability partner and seek out support when needed.
• Learners will be able to discuss strategies that promote their physical, psychological, and emotional safety.
• Learners will be able to incorporate safety and threat and risk identification and mitigation into their self-care plan.
• Learners will identify, discuss, and apply strategies to promote their physical, psychological, and emotional safety and well-being.

Day Five Agenda

Foster Home Licensing Track Training

I.   Welcome

Licensing Visits with Family

II.   Required Licensing Visits

III.   Importance of Quality Visits

IV.   Preparing for Quality Licensing Visits

V.   Quality Documentation of Licensing Visits

Quality Licensing Visits Learning Lab

Other Licensing Topics

VI.   Licensing Homes for ICPC

VII.   License Renewal

Foster Home Recruitment and Retention
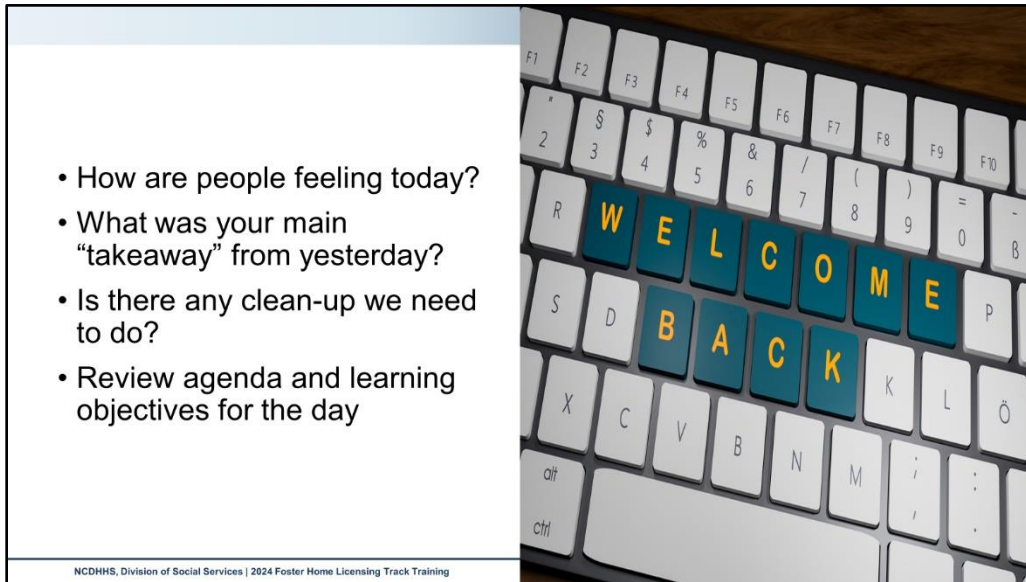
VIII.   Support and Resources for Foster Parents

IX.   Recruitment Strategies

Diligent Recruitment and Retention Learning Lab

X.   Secondary Traumatic Stress and Vicarious Traumatization

XI.   Considerations for Foster Care Licensing Worker Safety

XII.   Worker Wellness and Self-Care

Self-Reflection Activity and Training Wrap-Up

Welcome

• How are people feeling today?

• What was your main "takeaway" from yesterday?

• Is there any clean-up we need to do?

• Review agenda and learning objectives for the day

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Licensing Visits with Family

Required Licensing Visits

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Discuss creative strategies you might use to assess the following areas:

12 Skills Assessing

Updates to Mutual Home Assessment

Changes to Household Members

Physical Home and Property

Questions and Reflections

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

Importance of Quality Visits
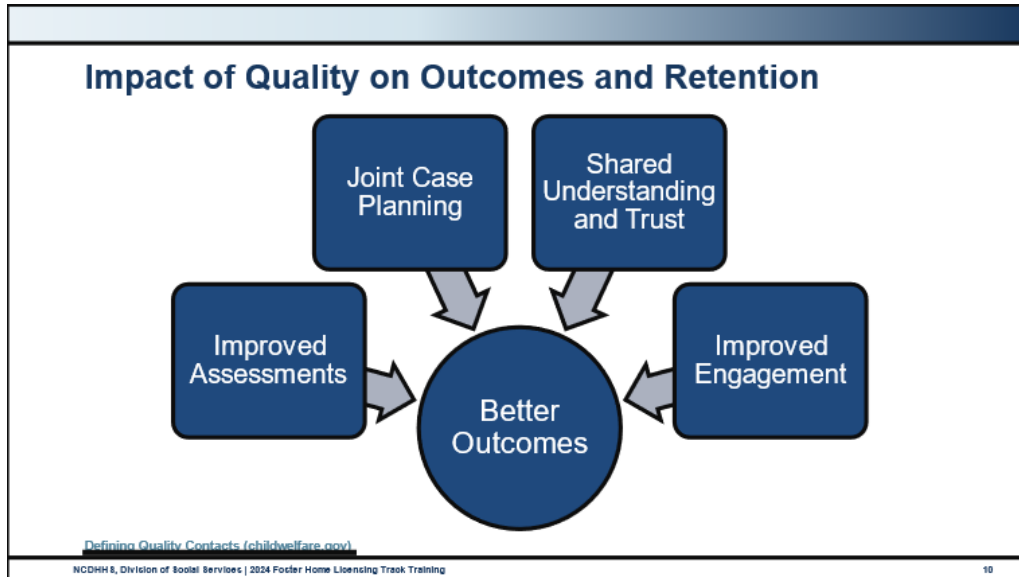
Quality contacts are…

Purposeful interactions between social workers and children, youth, parents, and resource parents that reflect engagement and contribute to assessment and case planning processes. These face-to-face interactions often are referred to as "home visits" or "social worker visits."

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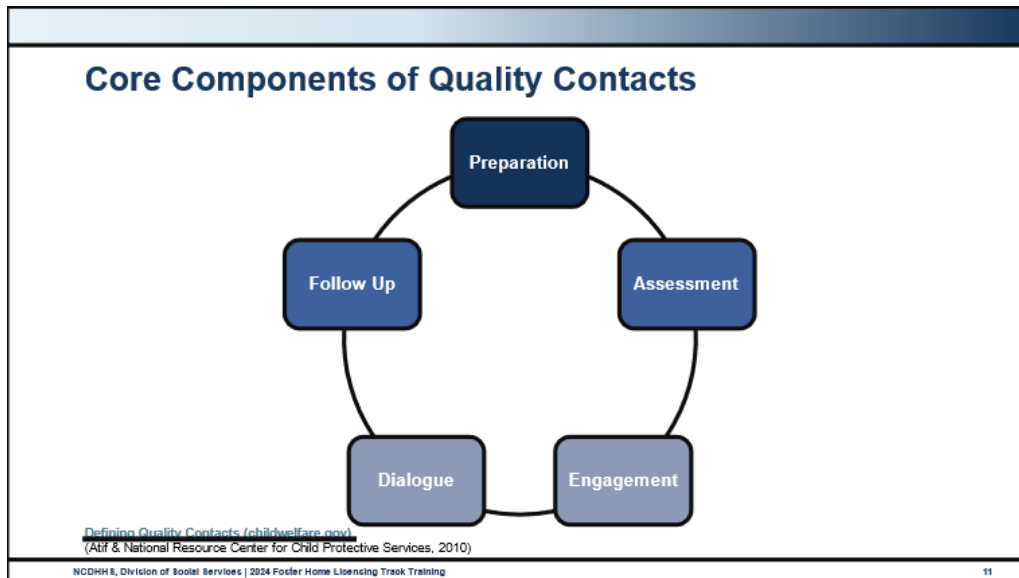
Quality contacts incorporate the following components:

- Preparation and planning tailored to the specific circumstances of the child or youth and foster parent

- Assessment of safety and risk in the foster home

- Progress toward individual goals of the foster parent

- Engagement of foster parents by the social worker through use of empathy, genuineness, and respect

- Dialogue that values the foster parent and promotes reflection on strengths, needs, and concerns

- Follow-up on tasks or concerns discussed previously (this may include difficult conversations about why certain things did not happen as planned)

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Characteristics of Quality Contacts

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

Defining Quality Contacts (childwelfare.gov)

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Factors That Can Affect Quality Contacts

- Gaps in worker knowledge and skills, including engagement practices
- High caseloads
- Competing priorities
- Crisis Management
- Proximity to family / Traveling long distances
- Staff turnover

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Strategies to Address Barriers to Quality

Practice Standards | Crucial Conversations | Engagement

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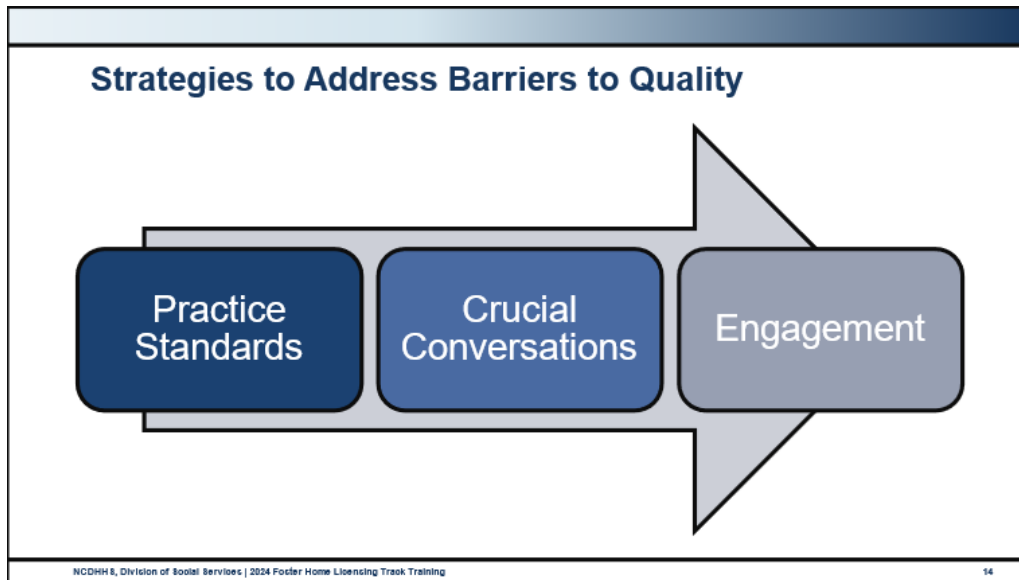
What are strategies that can be used to address the barriers to quality visits?

Have you experienced any of these barriers? If so, what strategy did you use to overcome the barrier?

Questions and Reflections

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

Preparing for Quality Licensing Visits

Overview of Policy and Procedure Requirements

- Quarterly
- Face-to-Face
- Privacy

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Overview of Preparation Activities

Schedule → Gather Information & Review → Plan & Prepare

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Gathering and Reviewing Information

Case Documents

Collateral Contacts

Review Contacts

Quality Contact Casework Activities Worksheet, Child Welfare Capacity Building Collaborative (2017)

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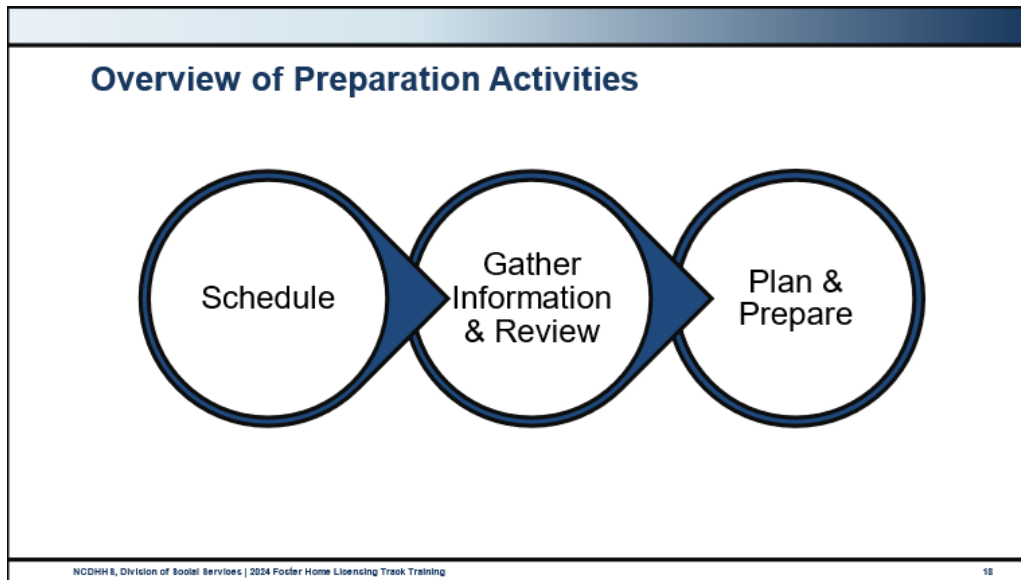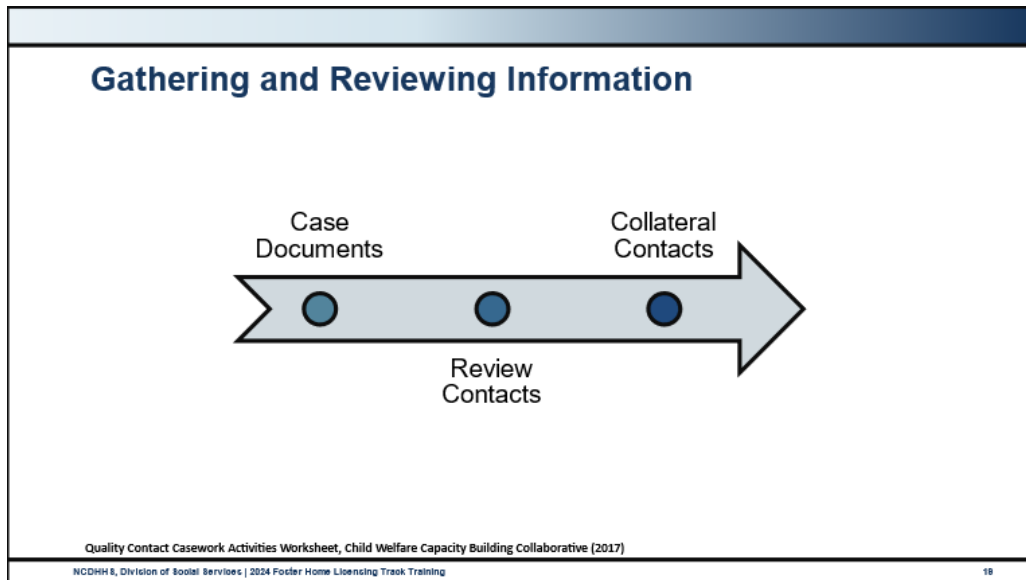
How might you gather information? How will you review information?

Planning the Visit

Purpose | Agenda

Safety | Issues / Concerns

Quality Contact Casework Activity Worksheet

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Questions and Reflections

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

Quality Documentation of Licensing Visits

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Providing Quality Documentation

Be Accurate	Be Clear	Be Concise
• Statements, conclusions, and opinions based on facts that are clearly described	• Avoid jargon • Use behavioral descriptors based on observations and specific statements of involved parties	• Information that is relevant and necessary to the child welfare program's purposes

Be Relevant	Be Timely	Be Complete
• Document decisions related to substantiations, assessments, and basis for placement or court referrals	• Documentation must be current within 7 days of every activity or action	• Document all the information needed to take action

• Child Protective Services: A Guide for Caseworkers

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Questions and Reflections

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

Quality Licensing Visits Learning Lab
Activity: Quality Licensing Visits

Think back to the Michelle Lewis scenario and refer to Michelle's Mutual Home Assessment in the Appendix of this Workbook and re-read it to yourself. For this scenario, we are assuming that we've issued Michelle her license and are performing our first quarterly licensing visit.

With your group, determine what tasks you will need to complete to schedule, review information, and prepare for the contact.

Debrief

What specific circumstances did you consider for this case?

What information specifically did you factor into when, where, and for how long you scheduled this visit with Michelle?

What information did you review?

What was on your agenda?

Are there services that would be helpful for Michelle in getting comfortable with her role as foster parent?

What was the goal for the contact?

What issues and concerns did you add to your agenda?

What safety considerations did you include for yourself?

Questions and Reflections

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

Other Licensing Topics
Licensing Homes for ICPC

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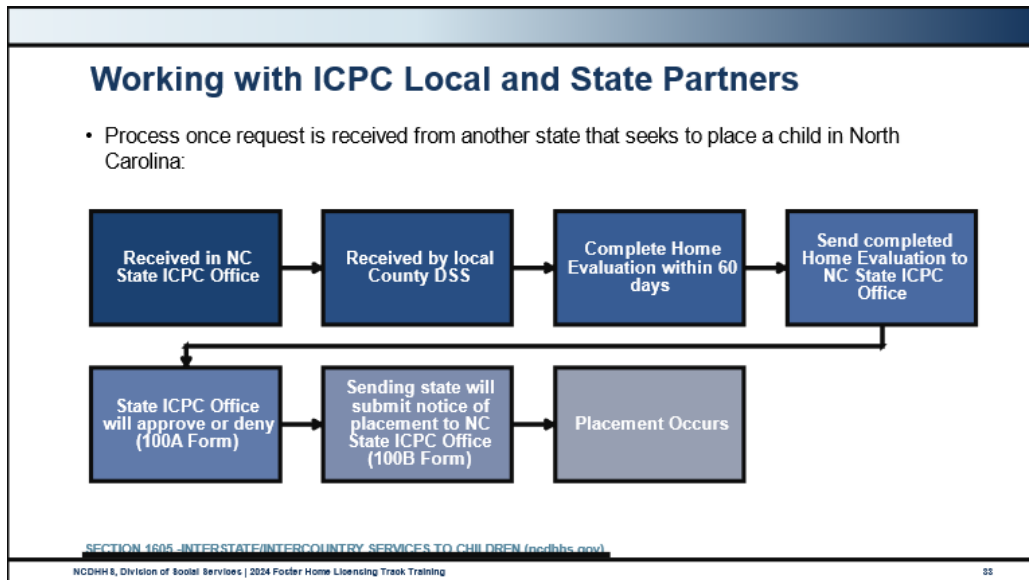
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Required Forms and Documentation

Kinship Home Study

Foster Care Home Study

SECTION 1605 -INTERSTATE/INTERCOUNTRY SERVICES TO CHILDREN (ncdhhs.gov)

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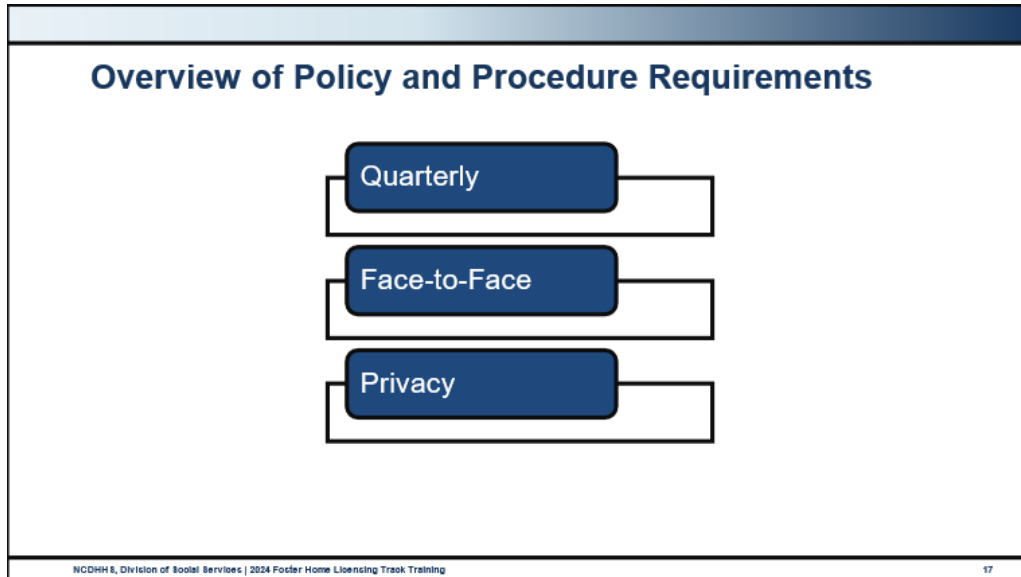
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Questions and Reflections

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

License Renewal

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Activity: License Renewal with the Smith family

Take a few minutes to review the Smith family scenario. With your group members, make a plan for how you would approach re-licensing with the family. You'll have 10 minutes to brainstorm an action plan to get the Smith family ready for re-licensure.

As you make your plan, consider the items on the slide and think about the following questions:

What are the "must do" requirements that the family must attend to in order to be eligible for re-licensure?

What trainings or supports would you suggest to this family?

What changes will need to be addressed in an updated Mutual Home Assessment?

What, if any, immediate concerns would you address with this family?

SMITH FAMILY SCENARIO

Licensed Family Foster Home: The Smith Family

Household members:
- Michael Smith – Age 45
- Mary Smith – Age 43
- Sean Johnson (Foster Placement) – Age 4
- Pets: 2 dogs; 1 cat

Background:
The Smith Family has been licensed for 1 ½ years and currently have one foster child, Sean, placed in their home. The licensing worker makes their quarterly visit and has planned to begin conversations about the re-licensure process. The family lives in a three-bedroom, two-bathroom house that is approximately 2500 sq ft.

Quarterly Home Visit:
At the home visit, the following is learned and observed:

- Both Michael and Mary have completed 10 hours of in-service training.

- Sean has been placed in the Smith home for approximately four months.

- Sean's placement has been going well, but Michael and Mary have been struggling with their relationship with Sean's birth mother.
  - Sean's mother, Jackie, was upset that she did not know about Sean's yearly check-up last month.
  - She heard Sean call Mary "mom" during a recent family time meeting and got very upset and missed two subsequent family time meetings.

- Sean's preschool teacher called Michael last week and had said that she has been noticing Sean's behavior has changed at school and that he appears to me more aggressive with other students, including biting and hitting.

- Michael's adult daughter from a previous relationship needs a place to stay after she graduates from college in a couple months. She is planning to apply to graduate school but wants to take some time to work and save money in between. They inform the licensing worker that she will be staying with the family for at least a year.

- Michael was recently laid off from his IT job. He is a little stressed about this, but received a severance payment and has been actively looking for a new opportunity.

- Mary works part-time as a school aid but has indicated that she may ask to go full-time if they need additional financial support in the home.

- The licensing worker assess inside and outside of the home. Everything looks to be consistent with previous visits. The house is appropriately maintained and there have been no changes to the physical environment.

Completed Required Forms

> **All relicensing materials must be dated within 180 days of receipt of the relicensing packet by the Licensing Authority. There is only one exception to the 180-day rule. Medical Evaluations (DSS-5156) must be dated within 12 months of receipt of the relicensing packet by the Licensing Authority. The entire licensing packet must be received at least 30 days prior to the end of the current license.**

The Relicensure Packet, at a minimum, consists of the following:
- Cover letter
- DSS-5015: Foster Care Facility License Action Request
- DSS-5157: Foster Home Relicense Application
- DSS-1515: Foster Home Fire Inspection Report
- DSS-5150: Foster Home Environmental Conditions Report
- DSS-5017: Medical History Form
- DSS-5018: Foster Home Licensing Water Hazard Safety Assessment Form
- DSS-5156: Medical Evaluation (TB test results not needed)

Training Requirements

To be relicensed, foster parents must complete at least 20 hours of in-service training. If this has not been done within the first 18 months of the licensure period, training becomes a high priority.

It is the supervising agency's responsibility to provide foster parents with a list of resources to meet this training requirement. Once foster parents have met the relicensure training requirement, this must be documented on the Foster Home Relicense Application (DSS-5157) and on the Foster Care Facility Licensing Action Request Form (DSS-5015).

Visit Family

At relicensure, the licensing social worker must provide a written summary of the foster parent's experience during the last two years. This summary should include examples of how the foster parents used the twelve parenting skills.

Mutual Home Assessment

Complete an updated summary of mutual home assessment. This should include a brief summary of the family's two years of fostering, any changes in the household or sleeping arrangements, an update of family's strengths and needs and what is being done to meet their needs, a list of quarterly visits, and a recommendation for continued licensure.

Background Checks

The supervising agency must update all criminal records checks except fingerprints as part of relicensure. This means checking and recording the status on the following lists:
- Local Courts Records Check
- NC Department of Corrections (Public Safety) Offender Information
- Sex Offender Public Registry
- NC Health Care Personnel Registry

Pet Vaccinations

If the family has pets in the home, request they provide documentation from the vet that their vaccinations are current.

The current agency provides the following to the receiving agency:

- Most recent Mutual Home Assessment
- Documentation of training
- Other licensure forms, such as fire inspection, environmental checklist, medical history, medical evaluation, TB test records, and others
- A Foster Care Facility License Action Request (DSS-5015)

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Questions and Reflections

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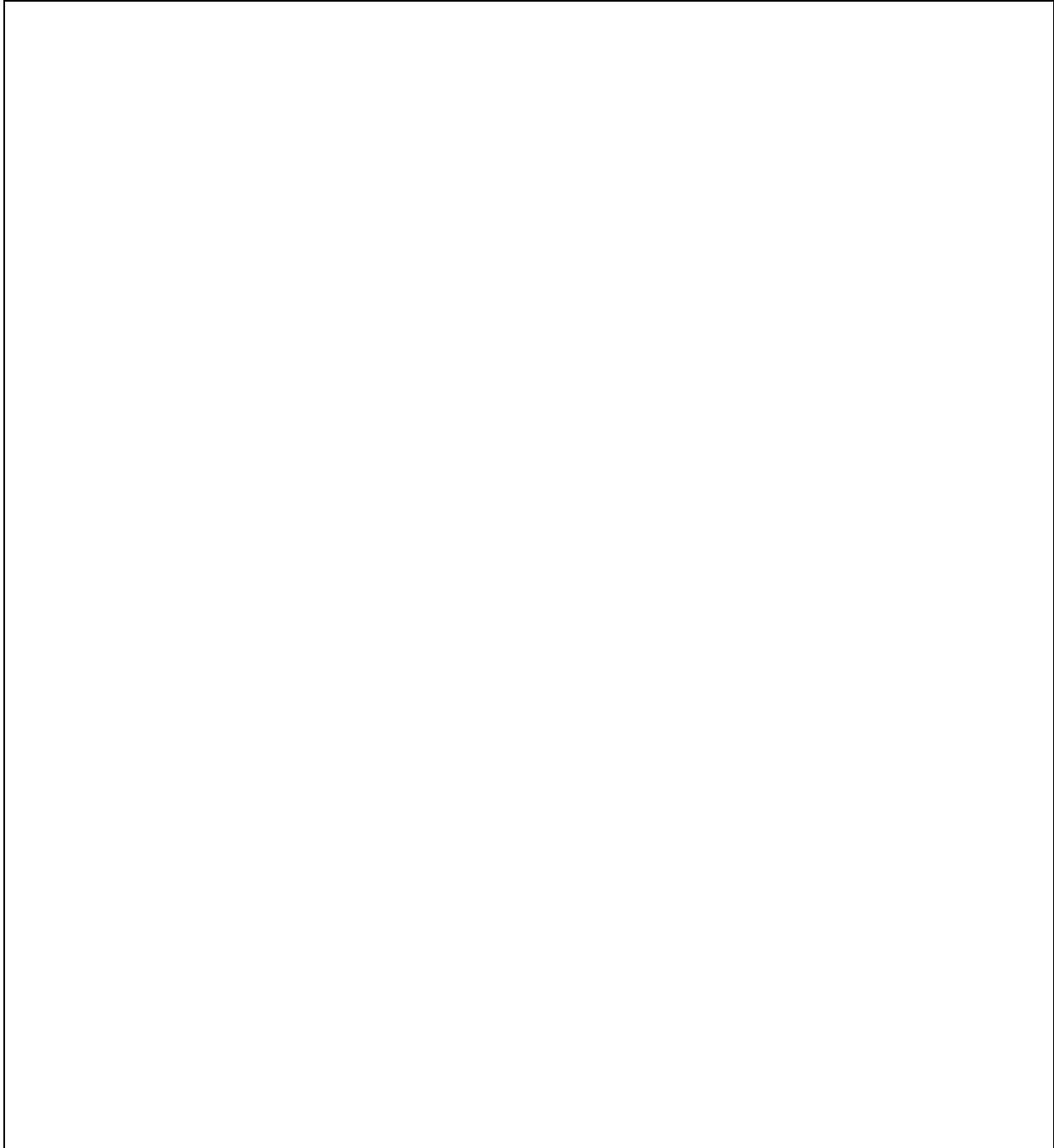
Foster Home Recruitment and Retention
Support and Resources for Foster Parents
Video: The Foster Parents Perspective
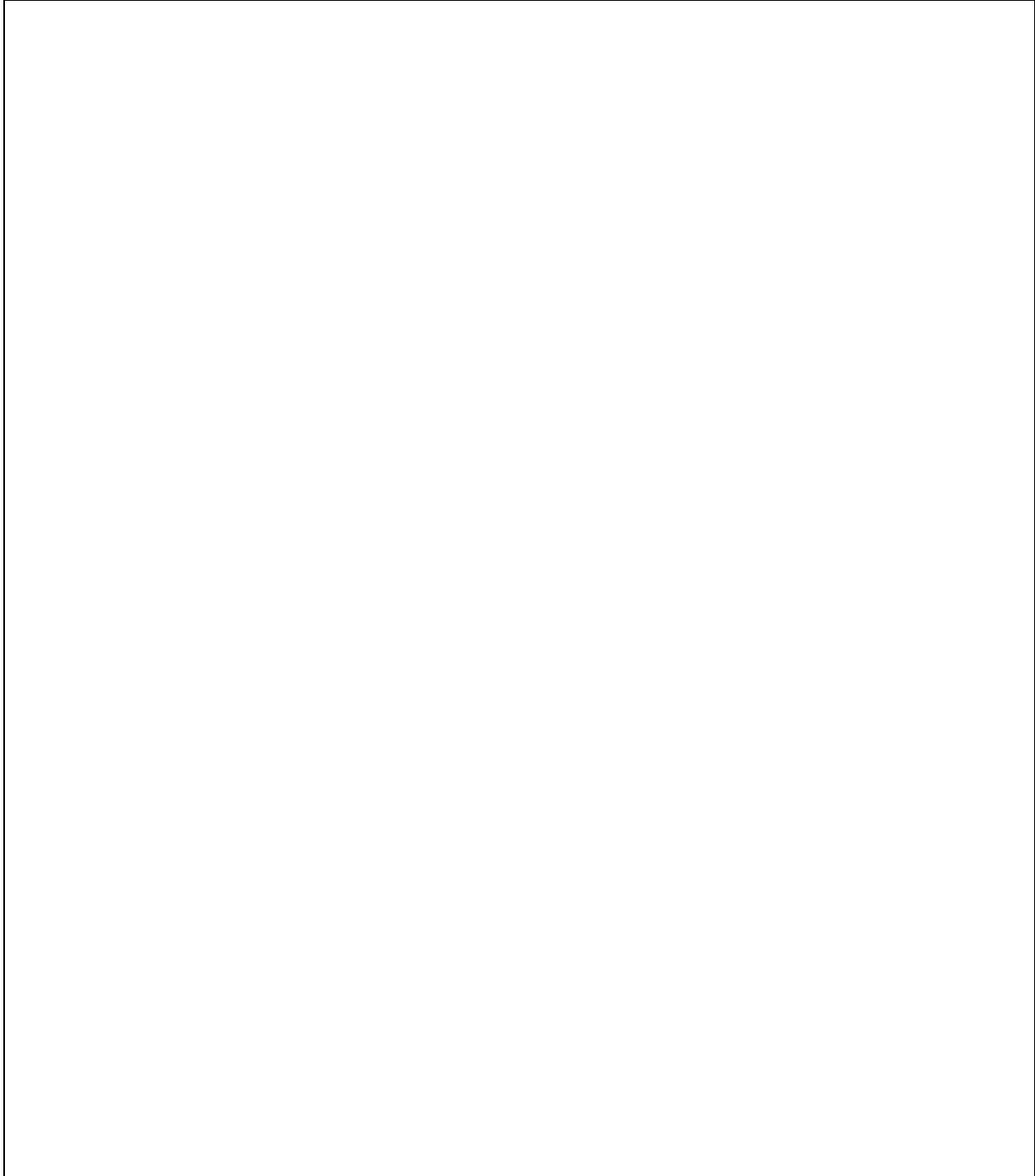
<u>The Foster Parent Perspective</u>

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Video: ReMoved #3: Kevi's Story
https://youtu.be/fegRjSgRYXk?t=708

Record what you think and feel while watching Kevi return home and when his foster family says good-bye.

Activity: Supporting Kevi's Foster Family

With your groups, spend the next 10 minutes planning support strategies for this foster family. Choose a spokesperson for your group and a scribe to write your group's plan on a flipchart paper. Once time is up, each group's spokesperson will take turns presenting their plans to the group.

If you were that family's licensing worker, what would your next steps be?

(blank response box)

What questions would you ask the family?

(blank response box)

What supports would you put in place?

(blank response box)

Questions and Reflections

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

Recruitment Strategies
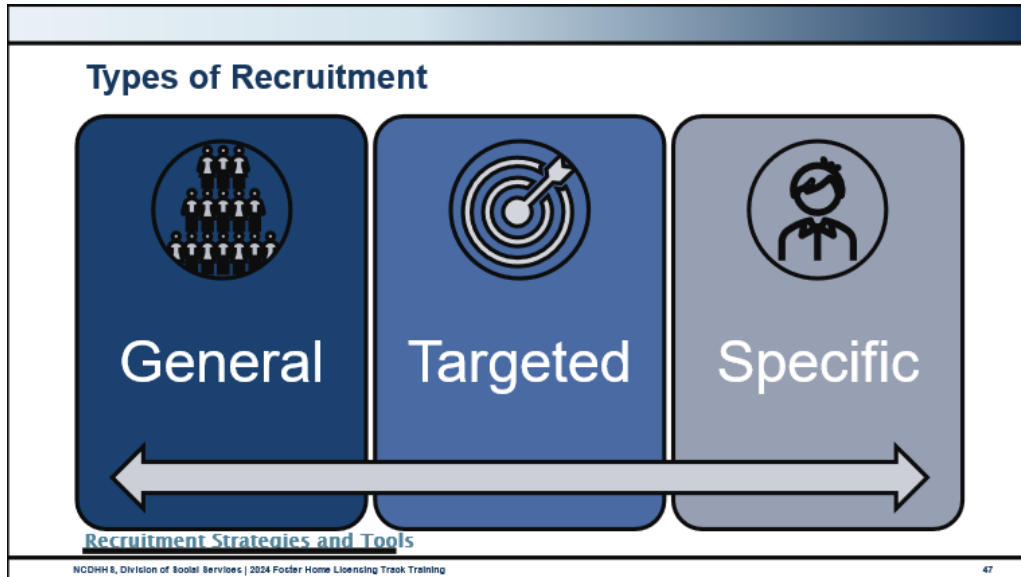
What are some recruitment strategies your agency, or other agencies, use?
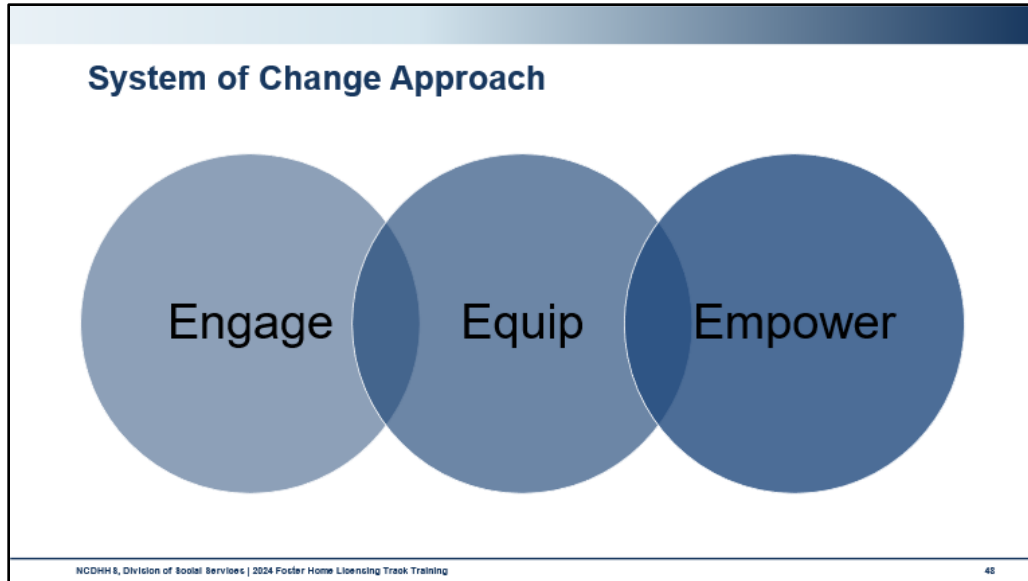
Systems of Change involves:

- Interagency Collaboration
- Community-Based Services
- Child and Family Involvement
- Cultural Competence
- Individualized Strengths-Based Care
- Accountability

How can we apply a System of Change approach to foster care recruitment and retention?
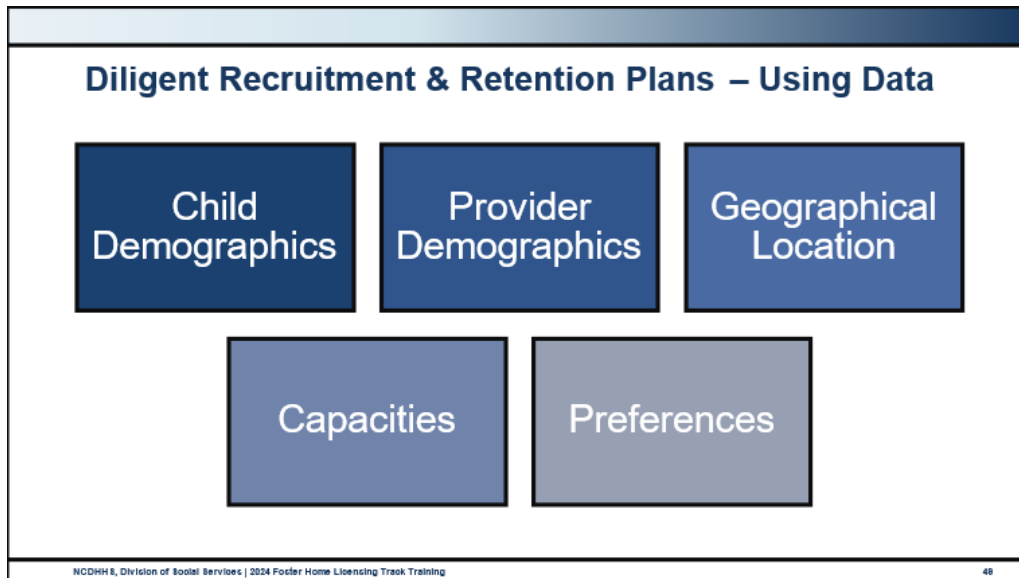
Diligent Recruitment & Retention Plans – Using Data

Child Demographics

Provider Demographics

Geographical Location

Capacities

Preferences

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Questions and Reflections

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

Diligent Recruitment and Retention Learning Lab
Activity: Using Data to Inform Diligent Recruitment and Retention

Complete the data walk, considering the information provided below and posted throughout the room.

- What do the child demographics tell us?
- What do the provider demographics tell us?
- Is there representation of child needs in foster home capacity?
    - For example, notice the sibling group sets of two and the number of licensed homes with capacity of two or more. Is there capacity to maintain sibling placements based on this data?

Overview Foster Care Data

- Currently, there are 150 children in foster care in Sample County
- 55% of children in foster care are placed in licensed foster homes
- 47% of children placed in licensed foster homes are placed out of county
- In the last year, there 25 new children entered care and 14 children have exited care
- There on average 68 licensed foster homes in the county

Map of Sample County

School District 1

School District 2

School District 3
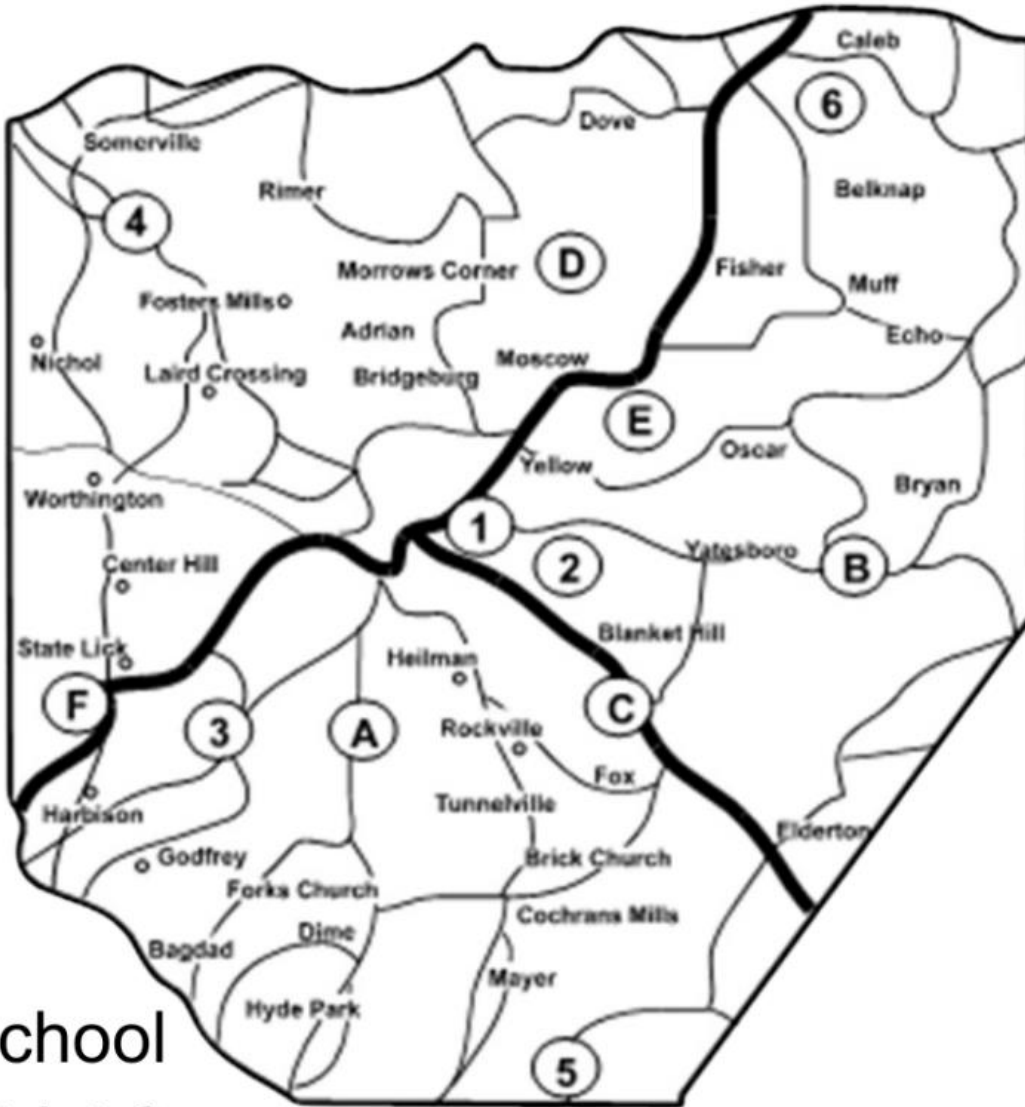
Once you're finished, form groups of three. In your triad groups, consider the Sample County data to inform a DRR, answering the following questions:

What types of foster parents should you engage?

What strategies will you use? Consider tabling events, everyday activities, and marketing and recruitment materials.

Questions and Reflections

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

Worker Safety
Secondary Traumatic Stress and Vicarious Traumatization
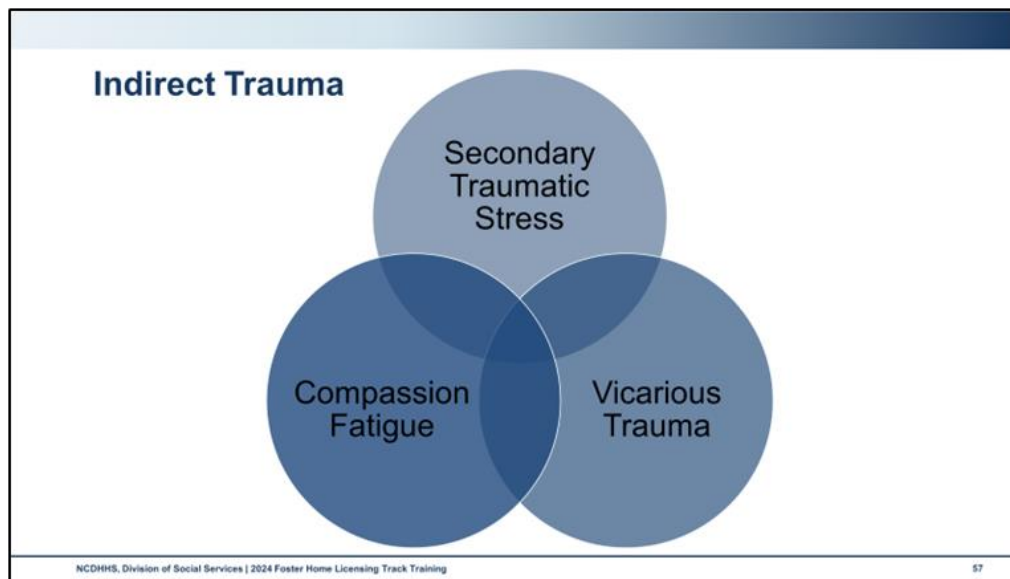
Secondary Traumatic Stress, or STS, is emotional distress that results when an individual hears about the firsthand trauma experiences of another. It is indirect exposure to threatening events that can result in the presence of posttraumatic stress symptoms.

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

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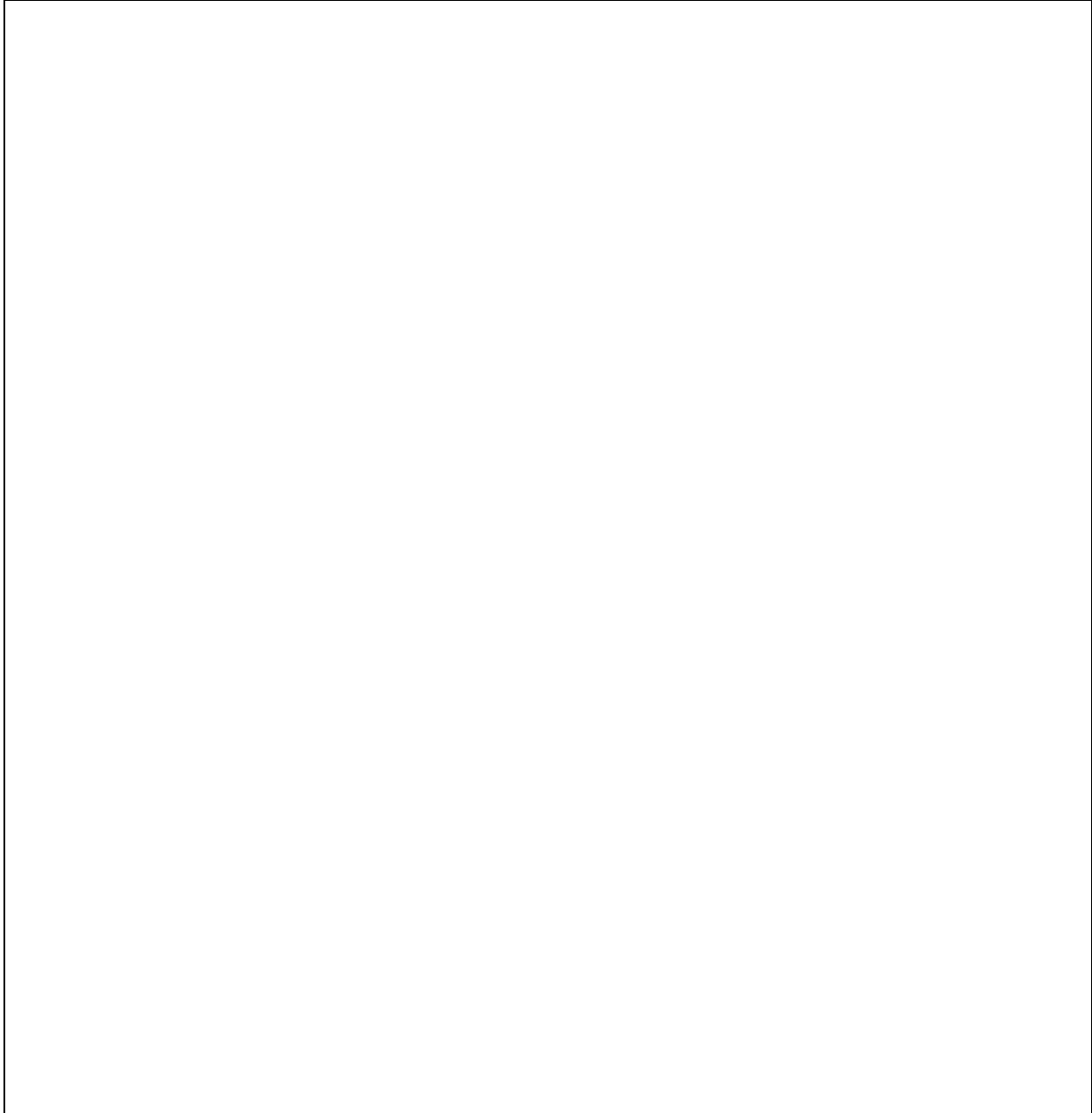
Source:

- Barbee, A., Purdy, L., and Cunningham, M. (2023, September). Secondary traumatic stress: definitions, measures, predictors and interventions. Quality Improvement Center for Workforce Development.

- Strand, V. C., and Sprang, G. (2018). Trauma Responsive Child Welfare Systems. Switzerland: Springer International Publishing.

- National Child Traumatic Stress Network. Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals. https://www.nctsn.org/sites/default/files/resources/fact-sheet/secondary_traumatic_stress_child_serving_professionals.pdf

Video: The Impact of Secondary Traumatic Stress on the Child Welfare Workforce

Impact of Secondary Traumatic Stress on the Child Welfare Workforce

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Decontextualized Trauma

"Trauma, decontextualized in a person, looks like personality.

Trauma, decontextualized in a family, looks like family dynamics.

Trauma, decontextualized in a people, can look like culture."
-Resmaa Menakem

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What are other elements we often consider child welfare culture that could be symptoms of trauma?

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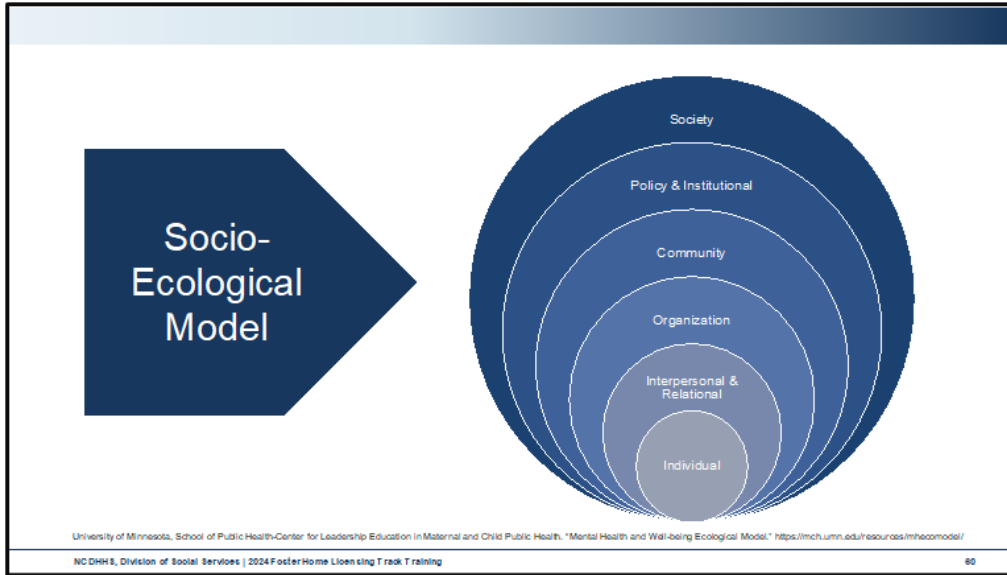
Socio-Ecological Model

Society
Policy & Institutional
Community
Organization
Interpersonal & Relational
Individual

University of Minnesota, School of Public Health-Center for Leadership Education in Maternal and Child Public Health. "Mental Health and Well-being Ecological Model." https://mch.umn.edu/resources/mhecomodel/

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Use this space to record notes.

What factors contribute to stress and trauma across the layers of the socio-ecological model? Identify at least five factors in each layer.

Individual

Interpersonal and Relational

Organizational

Community

Policy and Institutional

Questions and Reflections

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

Considerations for Foster Care Licensing Worker Safety
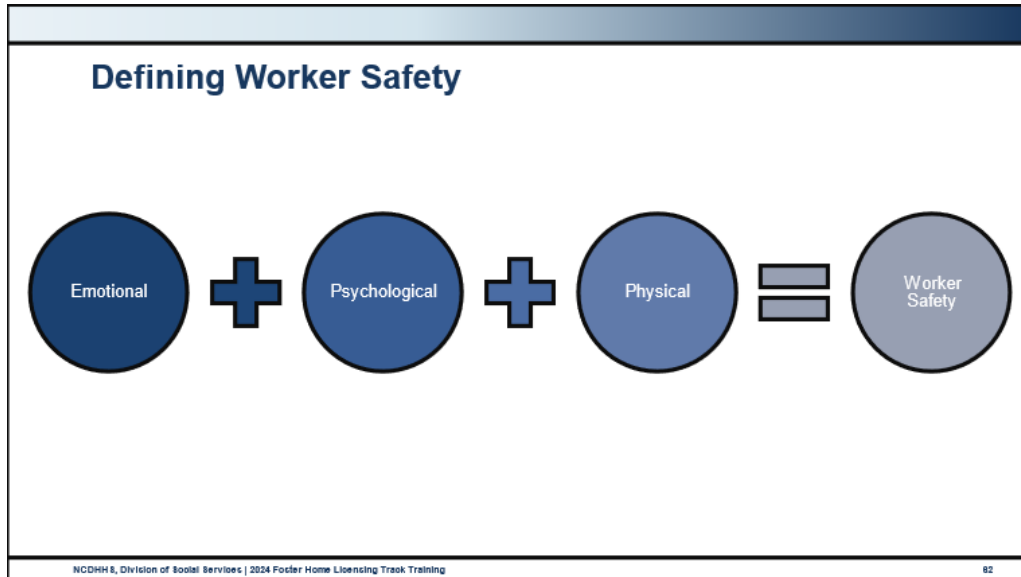
Use this space to record notes.

Skills Practice: Foster Home Licensing Social Worker Safety Concerns

List your group's safety concerns from large group brainstorm in the column on the left. In the middle column, brainstorm techniques and ideas to prevent this safety concern. In the right-hand column, generate strategies to intervene if the safety concern occurs.

Safety Concerns

Safety Concern	Prevention	Intervention

Considerations for Worker Safety

What does policy say about social worker safety in the field? Consider NC DSS Best Practice for Social Worker Well-Being Appendix 6 (July 2019) found at https://policies.ncdhhs.gov/wp-content/uploads/appendix-6-best-practice-for-social-worker-well-being.pdf

What procedures do you use to inform others about where you will be, when, and why?

Name four reasons why you would not enter a home.

1.
2.
3.
4.

Name two reasons you would request law enforcement assistance in the field.

1.
2.

Where should you keep your personal items while you conduct a home visit?

How might you make your field work safer?

What should you carry with you in your vehicle (as a roadside safety kit)?

> (blank box)

Once you have been invited inside and have entered the home, what are three ways to assess for your safety?

1.
2.
3.

How much personal information is okay to share with children and families?

> (blank box)

How does social media influence your safety as a child welfare social worker?

> (blank box)

What about this discussion of safety was new to you?

What do you commit to doing to provide for your own safety in the field?

For more information to promote child welfare worker safety, consider *The Child Welfare Worker Safety Guide* created by the Child Welfare Capacity Building Center for States. https://capacity.childwelfare.gov/states/resources/child-welfare-worker-safety-guide
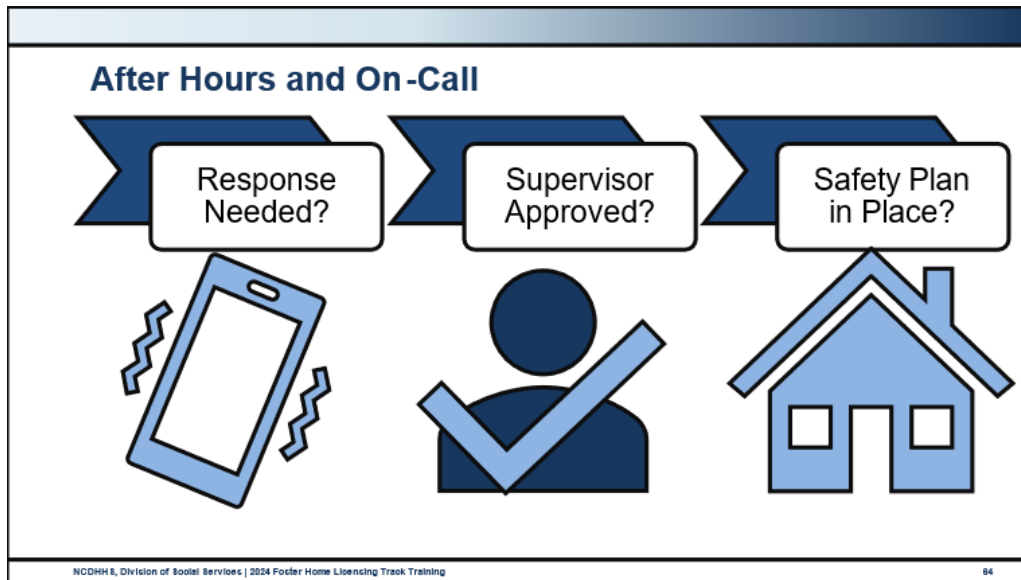
What makes after-hours or on-call duty different than other work you do?

What about after-hours of on-call duty work concerns your safety?

How might you prepare for your own safety during after-hours or on-call duty work?

Questions and Reflections

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

Worker Wellness and Self-Care
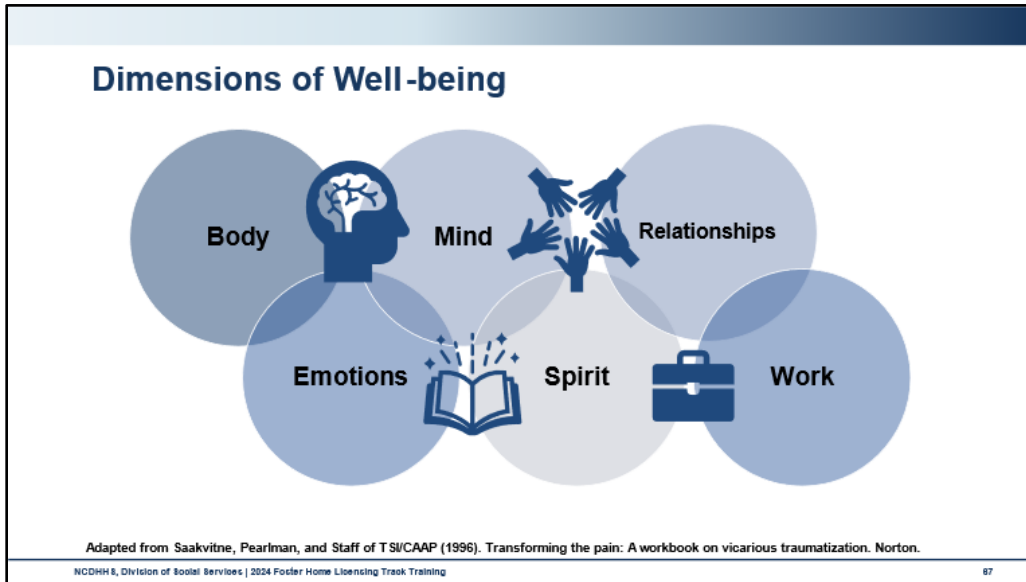
Use this space to record notes.

Self-Care Strategies

Name: _____

Date: _____

Accountability Partner: _____

BODY

MIND

SPIRIT

EMOTIONS

RELATIONSHIPS

WORK

What do you commit to doing differently to care for yourself in the future?

Questions and Reflections

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

Self-Reflection Training Wrap-up
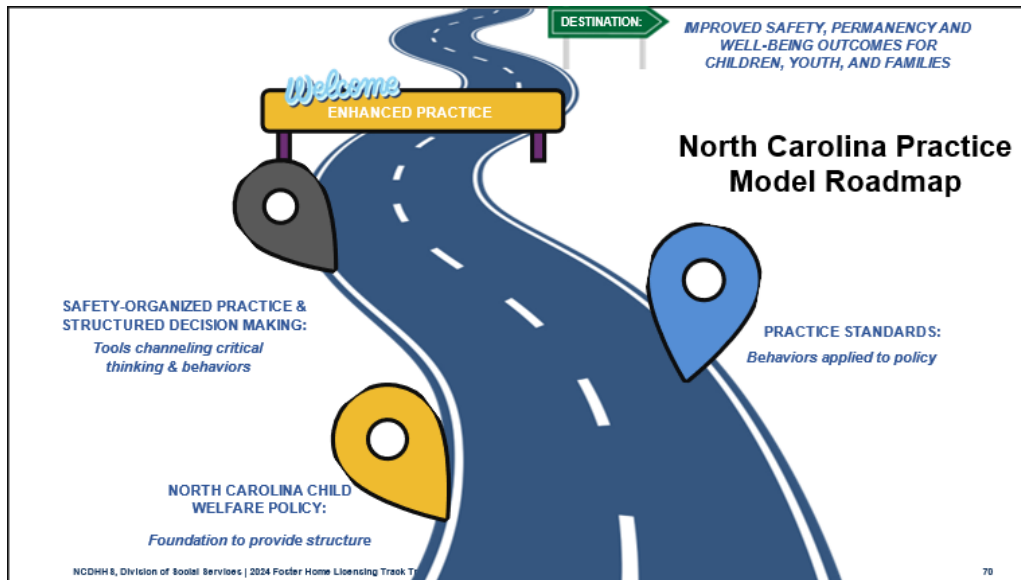
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Post Self-Assessment

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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

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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

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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)	

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	A	S	N	Notes
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)	

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I understand that families perceive confidentiality as isolating, discuss confidentiality, obtain releases	(1) (2) (3)

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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)	

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	A	S	N	Notes
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)	

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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)	

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

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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)	

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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)	

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	A	S	N	Notes
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)	

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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)	

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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)	

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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

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	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)	

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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)	

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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)	

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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 sough	(1)	(2)	(3)	

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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)	

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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)	

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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.			

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Questions and Reflections

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

Bibliography of References

Day One

American Psychiatric Association, Dictionary of Psychology. (2018). *Definition of decontextualization*. https://dictionary.apa.org/decontextualization

Barbee, A., Purdy, L., and Cunningham, M. (2023, September). *Secondary traumatic stress: Definitions, measures, predictors and interventions*. Quality Improvement Center for Workforce Development. https://qic-wd.org/blog/secondary-traumatic-stress-definitions-measures-predictors-and-interventions

California Social Work Education Center (CalSWEC). (2019, April 29). *Child Welfare Worker Realistic Job Preview*. [Video]. YouTube. Retrieved from https://www.youtube.com/watch?v=2aoOYAwgp2o&list=PLNYfSDZN2XUpWQ62KzijZDZ_g2VEjlSGD&index=1

Capacity Building Center for States. (2008, 2010). Q*uality contacts casework activities worksheet.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://capacity.childwelfare.gov/sites/default/files/media_pdf/defining-quality-contacts-cp-00078.pdf

Capacity Building Center for States. (2017). *Defining quality contacts.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://capacity.childwelfare.gov/states/resources/quality-contact-casework-activity-worksheet

Capacity Building Center for States. (2017). The child welfare worker safety guide. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://capacity.childwelfare.gov/states/resources/child-welfare-worker-safety-guide

Casey Family Programs. (2019, January 18). *Jeremiah Donier Birth Dad Winner*. [Video]. YouTube. Retrieved 2023, from https://www.youtube.com/watch?v=yxBeN5-Rq_E&t=249s

Center for Creative Leadership. (2024, April 10). *How leaders can build psychological safety at work.* Leading effectively article. https://www.ccl.org/articles/leading-effectively-articles/what-is-psychological-safety-at-work/

Child Welfare Information Gateway. (n.d.). *Recruiting and retaining families for children and youth in foster care.* Washington, DC: .S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://www.childwelfare.gov/topics/casework-practice/recruiting-and-retaining-families-children-and-youth-foster-care/?top=283

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

Children's Bureau. (2014). *Child and Family Services Reviews Quick Reference Items List.* Washington, DC: U.S. Department of Health and Human Services, Administration

for Children and Families. Retrieved 2023, from
https://www.acf.hhs.gov/sites/default/files/documents/cb/cfsr_quick_reference_list.pdf

Dougherty, S. (2008). Permanency planning resources. *Children's bureau express,* 9(6). Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, National Resource Center for Family-Centered Practice and Permanency Planning.
https://cbexpress.acf.hhs.gov/article/2008/july-august/permanency-planning-resources/8118448f1b52c150517620efe54bcb31

Erickson, P.J., Cermak, A., Michaels, C., Blake, L, Lynn, A., Greylord, T., and Benning, S. (2020, July 1). *Societal-level determinants of mental health & well-being: A Social-ecological model and report.* Center for Leadership Education in Maternal & Child Public Health, University of Minnesota–Twin Cities.
https://mch.umn.edu/resources/mhecomodel/

Fees, B.S., Stockdale, D.F., Crase, S.J., Riggins-caspers, K., Yates, A.M., Lekies, K.S., and Gillis-Arnold, R. (1998). Satisfaction with foster parenting: Assessment one year after training. *Children and youth services review, 20*(4), 347-363.
https://ideas.repec.org/a/eee/cysrev/v20y1998i4p347-363.html

Fragoso, S. (Host). (2020, November 15). *How do we heal? with Resmaa Menakem* [Podcast]. Talk Easy with Sam Fragoso. https://talkeasypod.com/resmaa-menakem/

Hellman, C.M., Robinson-Keilig, R.A., Dubriwny, N.M.,Hamill, C., and Kraft, A. (2018) Hope as a coping resource among parents at risk for child maltreatment, *Journal of Family Social Work, 21*(4-5), 365-380, DOI: 10.1080/10522158.2018.1469559

Macgregor, S., Cornes, B.K., Martin, N.G., and Visscher, P.M. (2006). Bias, precision and heritability of self-reported and clinicially measured height in Australian twins. *Hum Genet. 120*(4), 571-580. DOI: 10.1007/s00439-006-0240-z.

Matanick, N. (Director). (2018, December 14). *ReMoved #3 - Love is never wasted* [Video]. YouTube. https://youtu.be/fegRjSgRYXk

National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). *Secondary traumatic stress: A fact sheet for child-serving professionals.* Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.
https://www.nctsn.org/sites/default/files/resources/fact-sheet/secondary_traumatic_stress_child_serving_professionals.pdf

North Carolina Department of Health and Human Services, Division of Social Services and the Family and Children's Resource Program. (April 2016). Staying safe on the job in child welfare. *Children's services practice notes 22*(2).
https://practicenotes.org/v21n2.htm

North Carolina Department of Health and Human Services, Division of Social Services. (July 2019). *Best practice guidance for social worker well-being, Appendix 6.*
https://policies.ncdhhs.gov/wp-content/uploads/appendix-6-best-practice-for-social-worker-well-being.pdf

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

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

North Carolina Department of Health and Human Services, Division of Social Services, Child Welfare Services. (December 2022). Section 1605: *Interstate/Intercountry services for children (ICPC).* https://policies.ncdhhs.gov/wp-content/uploads/icpc.pdf

North Carolina Department of Health and Human Services, Division of Social Services, Child Welfare Services. (July 2023). *DSS-5010 Instructions.* https://policies.ncdhhs.gov/wp-content/uploads/dss-5010ins.pdf

North Carolina Department of Health and Human Services, Division of Social Services. (January 2024). *Foster home licensing: NC Child Welfare manual*. https://policies.ncdhhs.gov/wp-content/uploads/FHLicensing_February-2024.pdf

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

North Carolina Department of Health and Human Services, Division of Social Services. (April 2024). *In-home services policy, protocol, and guidance: NC Child Welfare manual*. https://policies.ncdhhs.gov/wp-content/uploads/Cross-Functions-April-2024_3.pdf

Oklahoma Human Services, Child Welfare Services. (2021). *CORE training, module 3, day 4: Safety concerns.* Used with permission by the author.

Quality Improvement Center for Workforce Development (QIC-WD). (n.d.). *Impact of secondary traumatic stress on the child welfare workforce.* Washington, DC: .S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://www.qic-wd.org/impact-secondary-traumatic-stress-child-welfare-workforce

Qualls, M. (2021, March 31). *4 things to know about emotional safety.* First things first. https://firstthings.org/4-things-to-know-about-emotional-safety/

Strand, V. C., and Sprang, G. (2018). *Trauma Responsive Child Welfare Systems*. Switzerland: Springer International Publishing.

Trotter, L. (2024). *The foster parent perspective* [Video]. Dropbox. https://www.dropbox.com/scl/fo/wu4s22b7ouc96gyvtmmik/h?e=1&preview=the_foster_parent_perspective+(720p).mp4&rlkey=wrxfiviurth20lg80pv1d3b9l&dl=0

Appendix: Handouts

Michelle Lewis Mutual Home Assessment

Michelle Lewis Part I Mutual Home Assessment

Part 1. Documentation of Family History

Information about parents and siblings

Michelle's parents: Linda Lewis (Age: 67) and Robert Lewis (Age: 73)

Linda Lewis is a 67 year old woman that resides in Greensboro, NC. She is married to Robert Lewis. She is retired, but was formerly a school teacher for 45 years.

Robert Lewis is a 73 year old man that resides in Greensboro, NC. He is married to Linda Lewis. He is retired, but was formerly a mechanic for 50 years.

Linda and Robert both grew up in Asheboro, NC and had attended the same school when they were young. They had moved to Chapel Hill in 1979 and got married in 1980. Linda received her teaching license in 1975 after attending Durham Technical Community College. Robert began working at a local mechanic shop in Greensboro right after finishing high school. When they moved to Chapel Hill, Robert bounced around a few different auto body shops before they moved to Greensboro, where he opened up his very own shop. Linda and Robert's marriage has been strong, withstanding some of the more common challenges of married life, including finances, job changes, and raising children. Linda and Robert have two children: Michelle Lewis, and Monica Lewis.

Michelle had a close relationship with her mother growing up and continues to have weekly contact with her, whether it be phone calls or visits. Michelle has a decent relationship with her father, but she reports that they had some challenging points in their relationship, particularly when she was in high school and college. Michelle got pregnant when she was 17, and Robert was not supportive of her decision to go forward with the birth and raise the child. He was worried that her "future was derailed" because Michelle was not pursuing college anymore. They have since improved their relationship, and Robert has always been a supportive grandfather to Michelle's oldest daughter Mariah, who is currently 22 years old.

Michelle has an older sibling, Monica. Monica is 42 years old female and is currently incarcerated. Monica is not married, but she shares two children with George Jackson-Bailey. Michelle's relationship with Monice has been full of ups and downs over the years. Michelle reports that she at times felt resentment towards Monica because she desperately wanted a big sister that she could depend on and she felt that Monica's constant struggles interfered with their relationship. Michelle is very committed to helping Monica, however. She senses that this last period of incarceration really "woke her up". Monica and George currently have an open child welfare case, and their children have entered foster care. They are placed with a woman named Laverne, but Michelle is looking to become a placement option for the children so that she can help support her sister in reunification.

Family Support Systems

Michelle's mother Linda is a strong support system for her. While they do not live in the same town, Linda regularly visits Michelle to help her with her 5 year old, Anthony, and to also visit Michelle's adult daughter Mariah, who also lives in Raleigh. Michelle reports that Linda plans to continue making bi-weekly trips to Raleigh if she gets placement of Van and Raymond.

Michelle also reports having a strong network of friends who have supported her in providing childcare here and there when Michelle needs to run errands on the weekends and cannot take Anthony. All her friends have been very supportive when she told them about her sister Monica's situation and her desire to be a placement option.

Disciplinary Methods Used by the Applicant's Parents

Michelle does not recall receiving any significant physical discipline as a child, only recalling two incidents where her father spanked her, but the details are now fuzzy. Her mother was always very gentle and open with communication. Michelle remembers that when she first found out she was pregnant, her mother was the first person she told. She always felt incredibly comfortable around her mother. Her father was more distant when it came to discipline. Other than the two incidents where she received a spanking, she couldn't really recall any discipline method that her father used, saying that her dad typically liked to "stay out of it". She acknowledges that her father's lack of involvement was not the best approach and has always been more hands on and supportive of her own children, allowing them to explore and make mistakes while being a safe place for their feelings.

Personal Experience of Abuse, Neglect, and Domestic Violence in Family of Origin and Currently

Michelle does not report any past experience of abuse or neglect. She also does not recall witnessing any domestic violence as a child. She remembers her parents arguing at times but recalls nothing significant or any physical violence between them.

Significant Experiences of Loss and Ability to Cope with Crisis, Loss, Grief, Problems, Stress, Frustrations

Michelle reports that she was severely impacted by the death of Mariah father. While they did not stay together after she was born in 2002, they continued to have a good relationship. He was killed in a car accident when Mariah was 1 year old. Michelle struggled with this loss a lot and it began to impact her day-to-day functioning and parenting of Mariah. Mariah's father was contributing financially to Mariah's care, so it was a big shift for Michelle to fill that gap in monthly income. This loss in Michelle's life and the struggle to make ends meet as a young mother led to involvement with child welfare in 2004. Michelle had to leave Mariah home unsupervised while she went to a job interview. She was afraid to ask her parents because of her rocky relationship with her father around her pregnancy and decision to keep and raise Mariah. Michelle reports that the in-home services she received was tremendously helpful in getting her set up with services that she didn't even know existed. Her mother began to visit her more frequently and was there to support and watch Mariah when needed. She got enrolled in a Work First program that provided some IT training and she was able to get an IT job at a local non-profit.

Drug or Alcohol Abuse in Family of Origin and Currently

Michelle does not report using drug or alcohol currently, but used to drink an alcoholic beverage periodically when she was younger. She said it was 1-2 drinks, 2-3 times a month and did not ever have a problematic relationship with alcohol.

Education and Employment History

Education

Highschool Diploma – 2003

Work Experience

IT Support Assistant, Lexington Food Bank – 2004 – 2010

Lead IT Supervisor, Madison Solutions – 2010 – 2018

IT Manager, ABC Tech – 2018 – Present

Certifications

Certified cloud security professional (CCSP)

Certified data professional (CDP)

Religious Orientation

Michelle reports that she is not currently affiliated with a religion. She remembers attending church when she was younger, but that was mainly because her maternal grandmother encouraged it. When her maternal grandmother passed away in 1994, her parents did not continue attending church. While she does not currently align herself with or practice any certain religion, she would be supportive of any child's religious orientation and beliefs.

Marriages and Other Significant Relationships

Michelle is not currently in a relationship. After the death of Mariah's father, Michelle dated here and there, but did not get into a more serious relationship until met Anthony's father. She dated Anthony's father for 3 years. They broke up when Anthony was 3.

Parenting Experiences

Michelle is the mother to her children Mariah and Anthony. Mariah is 22- years old and does not currently live at home. Anthony is 5 years old and is about to start kindergarten. Michelle feels as though the parenting styles she used between Mariah and Anthony are very different. Michelle admits that she struggled as a single parent raising Mariah. She admits to spanking her from time to time because she didn't really know how else to discipline Mariah, and she felt like her stress always made her react worse to situations where Mariah was misbehaving. She feels like she's completely flipped her approach with Anthony. Anthony was diagnosed with autism when he was 3. She feels like his diagnosis led her to do more research on different parenting strategies. Anthony responds well to having a solid schedule every day and consistency has helped tremendously with his behaviors. Michelle is worried about Anthony starting kindergarten. She fears that other children will not understand him and that he will not get the support he needs in the classroom.

Michelle admits that she is nervous about being able to meet all of Van's needs. Van is 14 years old and non-binary with pronouns they/them. Michelle states that she loves and supports Van, but acknowledges that she is still "getting used to this change", and has slipped in conversations and used the wrong pronouns. She wants to do better, but knows that she has so much to learn about supporting LGBTQ+ youth and is afraid of failing and impacting her relationship with Van.

Emotional Stability and Maturity

Michelle says that she has grown a lot as a person since her struggles earlier on in her life. She is very focused on her career, which she says might be why she has not dated much outside of her past relationships with Mariah's father and Anthony's father. She said that she might be "too old" to get back out into the dating world and is happy throwing all her attention towards her job, Anthony, and being a foster mom to Van and Raymond. Her job and children have been the steady parts of her life that "keep her going".

Ability to Give and Receive Affection

Michelle is very affectionate with her son Anthony and Anthony is very bonded to Michelle. Michelle reports that she feels like she is more bonded with her children because he does not have a current relationship. This worker observed during our initial visit strong affection between Anthony and Michelle after Anthony fell on the sidewalk in front of their home. Anthony had scrapped his knee and ran to Michelle for comfort as he cried. It was clear to this worker that Anthony sees his mother as a safe place to show his emotions and feelings. Michelle indicates that she is a "big hugger", as she credits her mother for that quality. Michelle joked that her daughter pretends to not enjoy her hugs anymore since she's all grown up, but she never misses an opportunity to hug Mariah when she occasionally visits.

Childcare Plans

With Anthony going to school full time in Kindergarten and Van and Raymond also being in school, Michelle knows that she does not need to find full day childcare. She has been looking into afterschool programs for the children, however. Her schedule will allow her to drive them all to school each day, but she doesn't get off of work until 5pm. She has been struggling to find a program that has space for all three kids.

License Renewal Process

Completed Required Forms

> **All relicensing materials must be dated within 180 days of receipt of the relicensing packet by the Licensing Authority. There is only one exception to the 180-day rule. Medical Evaluations (DSS-5156) must be dated within 12 months of receipt of the relicensing packet by the Licensing Authority. The entire licensing packet must be received at least 30 days prior to the end of the current license.**

The Relicensure Packet, at a minimum, consists of the following:
- Cover letter
- DSS-5015: Foster Care Facility License Action Request
- DSS-5157: Foster Home Relicense Application
- DSS-1515: Foster Home Fire Inspection Report
- DSS-5150: Foster Home Environmental Conditions Report
- DSS-5017: Medical History Form
- DSS-5018: Foster Home Licensing Water Hazard Safety Assessment Form
- DSS-5156: Medical Evaluation (TB test results not needed)

Training Requirements

To be re-licensed, foster parents must complete at least 20 hours of in-service training. If this has not been done within the first 18 months of the licensure period, training becomes a high priority.
It is the supervising agency's responsibility to provide foster parents with a list of resources to meet this training requirement. Once foster parents have met the re-licensure training requirement, this must be documented on the Foster Home Relicense Application (DSS-5157) and on the Foster Care Facility Licensing Action Request Form (DSS-5015).

Visit Family

At re-licensure, the licensing social worker must provide a written summary of the foster parent's experience during the last two years. This summary should include examples of how the foster parents used the twelve parenting skills.

Mutual Home Assessment

Complete an updated summary of mutual home assessment. This should include a brief summary of the family's two years of fostering, any changes in the household or sleeping arrangements, an update of family's strengths and needs and what is being done to meet their needs, a list of quarterly visits, and a recommendation for continued licensure.

Background Checks

The supervising agency must update all criminal records checks except fingerprints as part of re-licensure. This means checking and recording the status on the following lists:
- Local Courts Records Check

- NC Department of Corrections (Public Safety) Offender Information
- Sex Offender Public Registry
- NC Health Care Personnel Registry

Pet Vaccinations

If the family has pets in the home, request they provide documentation from the vet that their vaccinations are current.

Handout: Self-Care Worksheet

Self-Care Strategies

Name: _____

Date: _____

Accountability Partner: _____

BODY

MIND

SPIRIT

EMOTIONS

RELATIONSHIPS

WORK