



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Social Services

North Carolina Department of Health and Human Services Permanency Planning Services Track Training

Participant Workbook Day Six

August 2026



**PUBLIC
KNOWLEDGE®**

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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 later.

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

Course Themes

The central themes of the Permanency Planning Track Training are divided across several course topics.

- Purpose, Practice Standards, and Legal Aspects
- Disproportionality in Child Welfare Services
- Indian Child Welfare Act of 1978 (ICWA)
- Communicating
- Family Engagement
- Assessing in Permanency Planning Services
- Trauma-Informed Practice
- Permanency Plans and Concurrent Planning
- Attachment
- Family Engagement: Family Time and Shared Parenting
- Working with Relatives
- Partners in the Permanency Planning Process
- Permanency Planning with the Family
- Permanency Planning Family Case Plan
- Child and Family Team Meetings
- Authentically Engaging Children and Youth
- Family-Centered Permanency Planning
- Quality Contacts
- Preparing for Permanency
- Engaging Relatives
- Placement
- Placement with Relatives
- Monitoring the Permanency Planning Family Case Plan
- Achieving Permanency
- Termination of Parental Rights
- Adoption
- Documentation
- 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 will be late. 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 Permanency Planning Track Training in the form of online e-Learning modules. Completion of the eLearnings 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 (TOL) Tool

The Permanency Planning Track Training Transfer of Learning (ToL) tool is a comprehensive, collaborative activity for workers and supervisors to identify worker goals, knowledge gains, and priorities for further development throughout the training process. In four distinct steps, the worker and supervisor will highlight their goals and action plan for participating in training, reflect on lessons and outstanding questions, and create an action plan to support the worker's growth. The tool should be started prior to beginning the Permanency Planning Track Training and revisited on an ongoing basis to assess growth and reprioritize 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 participating in training and develop a plan to meet those goals through pre-work, other learning opportunities, and support to address anticipated barriers.
- Part B: Worker Reflections During Training: There is space in each topic for workers to record their notes. For many slides, questions prompt workers to reflect on why the materials matter and how they will apply them in their practice. Some, but not all, of these questions may be asked by the training facilitator during the training. Each section includes a "Reflections & Check-In" at the end, where the worker will document their thoughts, takeaways, and outstanding questions. 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 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 session, learners will complete a training evaluation tool to assess satisfaction with the training content and methods. The training evaluation tool is required to complete the training course. Training evaluations will be used 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.

Day Six Learning Objectives

Engaging Relatives
Learners will be able to explain the importance of applying family-centered practices and principles to engage relatives.
Learners will be able to evaluate a relative's capacity to provide support by disproving myths associated with extended family of those involved in child protective services.
Engaging Relatives Learning Lab
Learners will be able to demonstrate engagement skills to involve relatives in planning for placement and other support.
Learners will be able to demonstrate processes to identify supportive individuals in youths' lives.
Placement
Learners will be able to describe the importance of maintaining a child in one single, stable placement to reduce placement disruption.
Learners will be able to explain and provide examples of strategies for how to plan and make decisions about placement with the child and family.
Learners will be able to construct placement plans that prioritize educational stability for children in out-of-home care.
Learners will be able to appropriately identify placement considerations based on child needs.
Learners will be able to describe the importance of matching cultural considerations between children and their caregivers.
Learners will be able to explain and provide examples of placement considerations when matching placements for special populations, including American Indian/Alaska Native children, infants exposed to substances, medically fragile children, large sibling groups, pregnant and parenting teens, and adolescents and older youth.
Learners will be able to provide detailed descriptions of placement preferences for tribal children and differentiate between the cultural considerations associated with ICWA preferences.
Learners will be able to initiate appropriate placement processes to support the cultural and traditional needs of tribal children.
Learners will be able to explain and provide examples of placement considerations associated with the placement of tribal children.

• Learners will be able to implement processes to prepare the child, the child's family, and the placement provider for placement.
• Learners will be able to develop and implement plans that support caregivers to maintain safe and stable placements.
• Learners will be able to assess safety and risk in providers' homes and determine appropriate next steps to plan for placement and address concerns related to safety or risk in the home.
• Learners will be able to apply the RPPS when supporting placement providers and ongoing normalcy for the child(ren) in those providers' homes.
• Learners will be able to distinguish between decisions a placement provider makes for a child that are considered reasonable and prudent, and those that must be made by the child's parent.
• Learners will be able to define dissolution and disruption and describe risks associated with each.
• Learners will be able to assess safety and risk in providers' homes and determine appropriate next steps to plan for placement and/or address concerns related to safety or risk in the home.
Placement Learning Lab
• Learners will be able to appropriately identify placement considerations based on child needs.

Day Six Agenda

Permanency Planning Services Track Training

- I. Welcome and Check-In

Engaging Relatives

- II. Engaging Relatives
- III. Placement with Relatives

Engaging Relatives Learning Lab

- IV. Engaging Relatives Learning Lab

BREAK

- V. Engaging Relatives Learning Lab, continued

Placement

- VI. Placement
- VII. Placement Decisions

LUNCH

- VIII. Placement Decisions, continued
- IX. Placement Stability

BREAK

- X. Reasonable and Prudent Parenting Standards

Placement Learning Lab

- XI. Placement Learning Lab

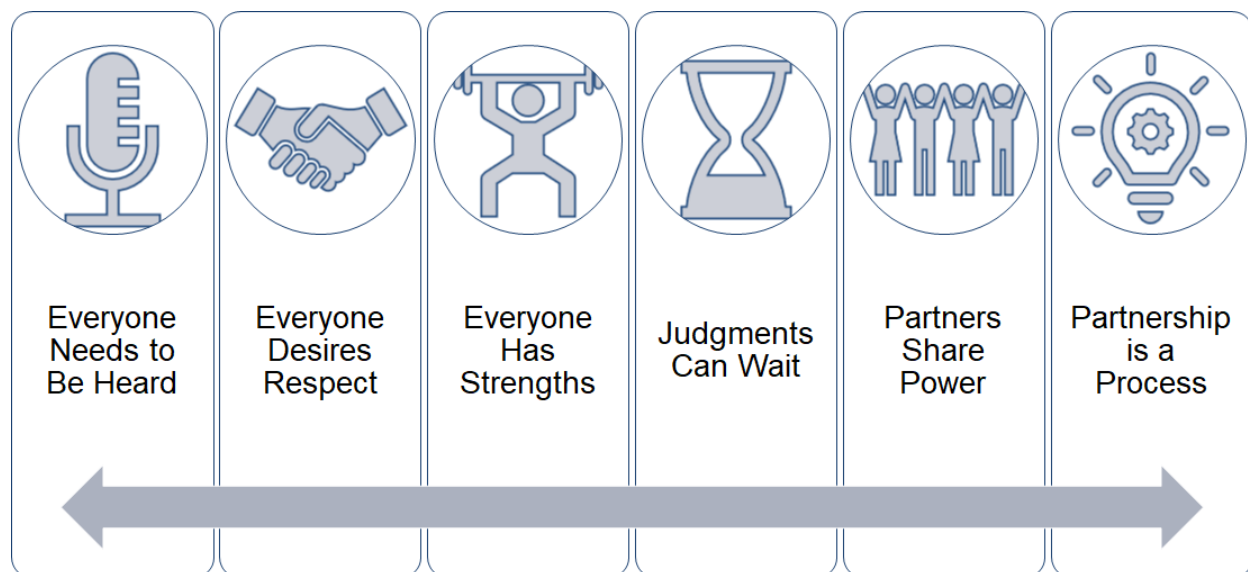
End-of-Day Reflection

Permanency Planning Services Track Training Day Six

Engaging Relatives, continued

Engaging Relatives

Engaging Relatives and Nonrelative Kin



The Principles of Partnership provide a framework for inclusive practice.

- Everyone needs to be heard
- Everyone desires respect
- Everyone has strengths
- Judgments can wait
- Partners share power
- Partnership is a process

Notes

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Activity: Engaging Relatives and Nonrelative Kin**What to do:**

- The trainer will have participants count off by 6's (1-2-3-4-5-6)
- Join others with the same number in front of the flipchart paper with your assigned number
- Each flipchart paper will have one principle for engaging relatives and nonrelative kin:
 - Everyone needs to be heard
 - Everyone desires respect
 - Everyone has strengths
 - Judgments can wait
 - Partners share power
 - Partnership is a process
- Each group will have two minutes at each flipchart to generate a concrete list of strategies to engage relatives and nonrelative kin for each principle
 - Use behaviorally specific language to list your strategies
- When your group has written strategies for all six partnership principles, spend 1 minute at each principle flipchart reviewing what other groups wrote
- During this gallery walk, choose two strategies to develop further
- When you return to your seat, use the worksheet below to generate two SMART goals about how you will incorporate the two chosen strategies into your practice

Notes

Activity Worksheet: Developing Engagement Skills with Relatives and Nonrelative Kin

Principles of Partnership Strategy 1:

SMART Goal

Principles of Partnership Strategy 1:

SMART Goal

Placement with Relatives

Importance of Relative Placement

- Provides lasting support for older youth
- Placement with relatives is a preferred permanency practice
- Placement is intentional and requires assessment, planning, and support
- Placement with Kin minimizes trauma, preserves familial identity, increases placement stability, strengthens sibling connections, improves well-being, promotes healing, and increases permanency outcomes

Notes

Activity: Importance of Relative Placement**What to do:**

- Each group will be assigned one kinship benefit:
 - Minimizes trauma
 - Preserves family, identity, community connections
 - Supports stability and well-being
 - Promotes sibling connections
 - Increases permanency
 - Provides lasting support for older youth
- Use the group discussion questions to explore your assigned kinship benefit
- Be prepared to share one concrete casework action

Group Discussion Questions**My group's assigned kinship benefits**

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What would this benefit look like for a child or youth in practice?

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What could a caseworker do to strengthen this benefit?

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What support might the kin caregiver need for this benefit to be realized?

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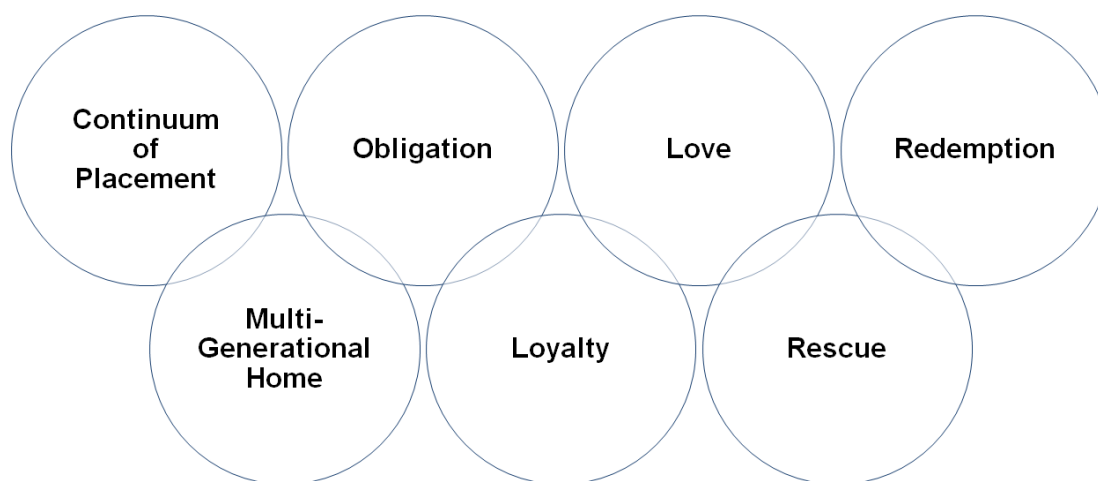
Activity Discussion Questions

What changed in your thinking when you connected the research benefits to actual casework actions?

What might get in the way of realizing these benefits in practice?

What is one action a worker can take early to strengthen a kinship placement?

Placement with Relatives



- Relative caregivers are motivated by a range of family, relational, and identity factors
- Kinship caregiving often involves complex family dynamics and caregiving circumstances
- Caregiver motivations and circumstances can affect placement stability and permanency outcomes
- Effective kinship placements require assessment, support, and permanency-focused decision-making

Think about relatives you have worked with. Which of these motivations have you seen?

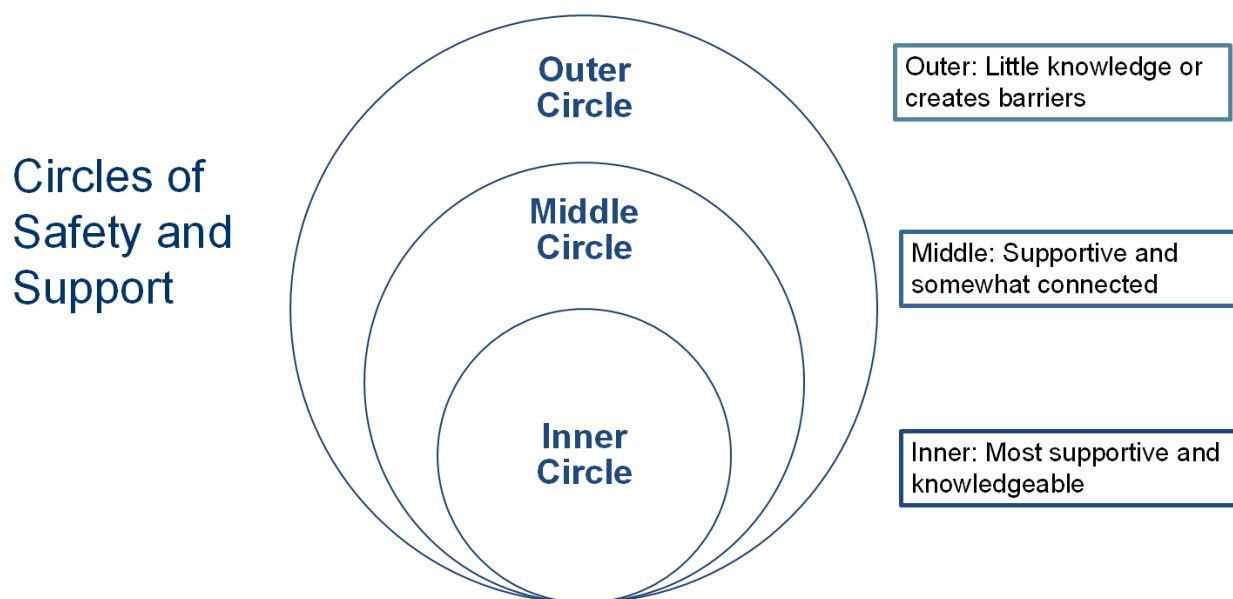
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How did those motivations influence the caregiver's experience?

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Engaging Relatives Learning Lab

Engaging Family into the Safety Network



- Engaging the family's safety and support network is crucial to successful safety and case planning efforts
- Circles of Safety and Support is a Safety Organized Practice tool used to support families in identifying individuals in their safety network
- Circles of Safety and Support are constructed of three circles
 - Inner circle: most supportive and knowledgeable safety network members
 - Middle circle: supportive and somewhat connected individuals
 - Outer circle: those with little knowledge or who create barriers to safety
- After constructing the circle map of safety and support, caseworkers facilitate a discussion about bringing individuals into the safety network
- This tool can be utilized at the first contact with the family, especially if network involvement is required to engage in safety planning

Notes

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Activity: Circles of Safety and Support

What to do:

- Use the space below to capture the Circles of Safety and Support for George based on the interview read by the trainer
- Consider designating people who feel safe and secure with a circle
- Consider designating people moving from one circle to the next with an arrow

Handout: Circles of Safety and Support

Circles of Safety and Support is a Safety-Organized Practice tool that helps families identify people in their network. This tool can be used with adults, youth, and children. The Circles of Safety and Support tool can be used on the very first visit with a family, or when you are starting to talk with a family about the importance of involving a network of family and friends and involved professionals. Circles of Safety and Support helps workers to introduce and explore the idea of involving a network.

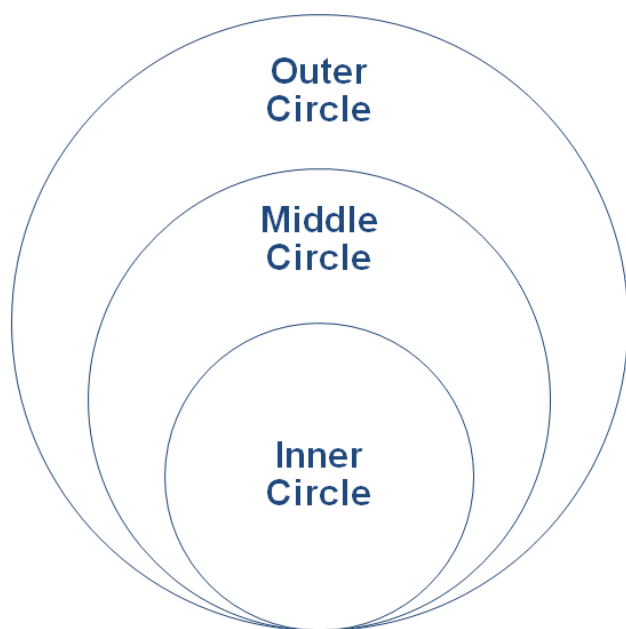
Engaging parents/caregivers using the Circles of Safety and Support tool is a good first step to helping them understand what a safety network is and who needs to be a part of the safety planning process. Share with parents that the network is built by them and can include family, tribes, friends, neighbors, service providers, and others that they believe will be beneficial.

If the family struggles to identify support, consider the following:

- If you were in an accident and were taken to the hospital, who would you call to pick up your children from school?
- If your house were on fire and burned to the ground, who would you call?
- If you won the lottery, who would be the first person you call?
- Who would your children say they want to spend the night with if you needed to go out of town and couldn't take them with you?
- If you died tomorrow, who would you want to take your children in and care for them until they are adults?
- Who is someone who has shown a lot of interest and support to your children now or in the past? (teacher, neighbor, counselor, church member, someone you work with?)
- Who can help you move closer to your goals? (Boss, co-worker, counselor, neighbor, friend of a friend)
- Do you belong to a church, club, support group, or sports team? If so, who are some people who have been there for you and your children?
- Who do you look up to? Who encourages you when you are having a bad day?
- Has there ever been a time you felt no one cared about you and your feelings? Who is someone who stepped up and made you feel better?
- Tell me about a time when things were working well for your family. What did that look like, and who helped you and your children at that time?
- Who in your life has had a tragedy, and you helped them through that difficult time?
- Create a family tree with the parent/caretaker and ask about the communication and location of these individuals.

Outer Circle: Those who have little knowledge or create barriers

- Who knows nothing about what is going on?
- Who creates challenges or barriers for your family?
- Who have you not reached out to, but could see yourself reaching out to in the future?
- Who is willing to support you but you don't feel comfortable asking them?
- Who is in your phone/contact list or on your social media?



Middle Circle: Those who are supportive and somewhat connected

- Who knows some things about these worries?
- Who supports you a little?
- With whom do your children feel some connection?
- Who knows a little about what is going on?

Inner Circle: Most supportive and knowledgeable

- Who knows everything about what we are worried about here?
- With whom do the children feel the most connected?
- Who are the first people you call when you are in need?

Be sure to acknowledge the family's ability to access support. Perhaps say, "How did you find the strength to reach out to them about this?"

Information Review

Activity: Information Review

What to do:

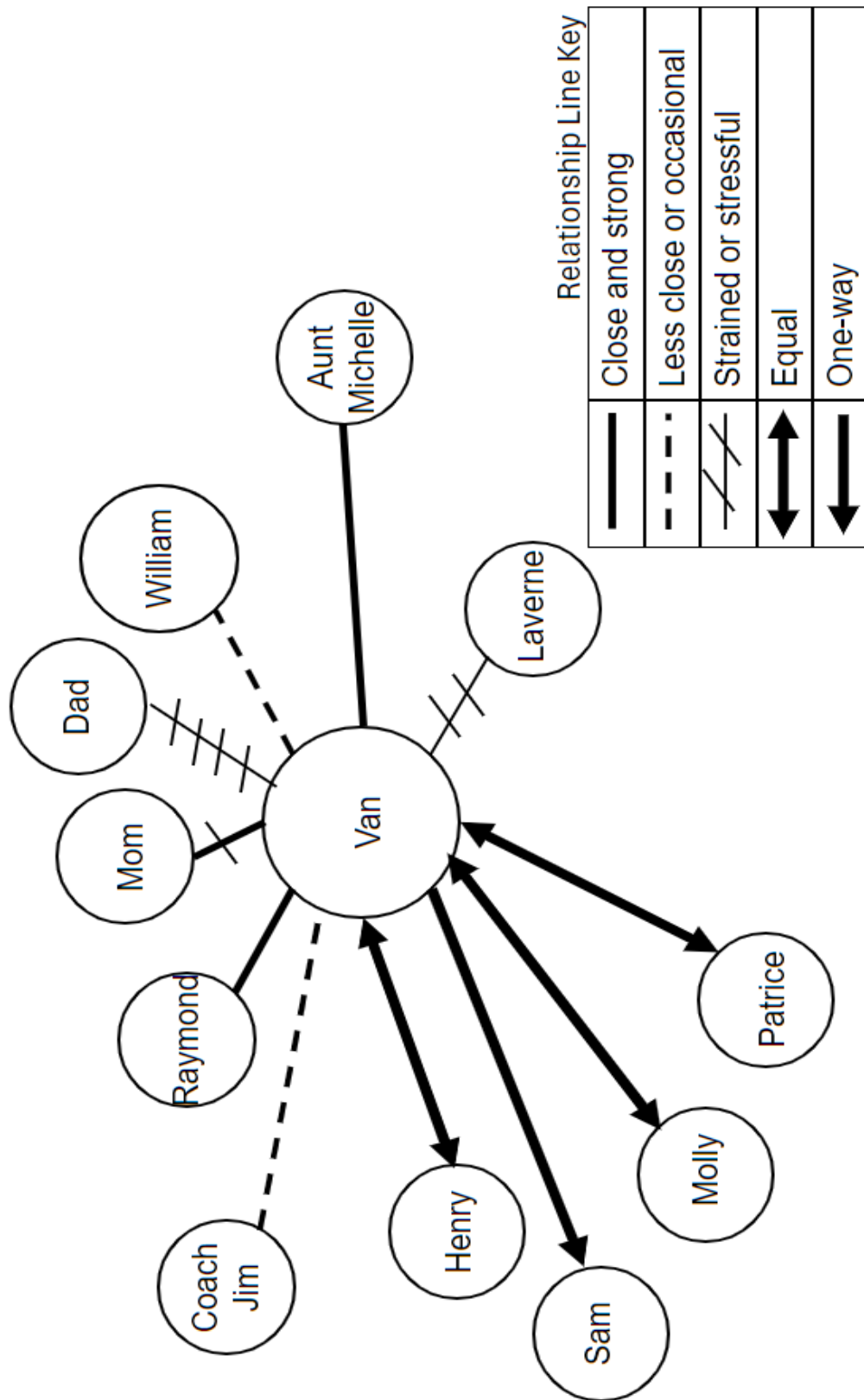
- Review the handouts that follow:
 - Van's Ecomap
 - Monica's Genogram
 - Relative Search and Interest Summary
 - Interview Summaries from Contacts Records
- Answer the question below and complete the Kin Next Steps worksheet

Tips for Stronger Information Reviews:

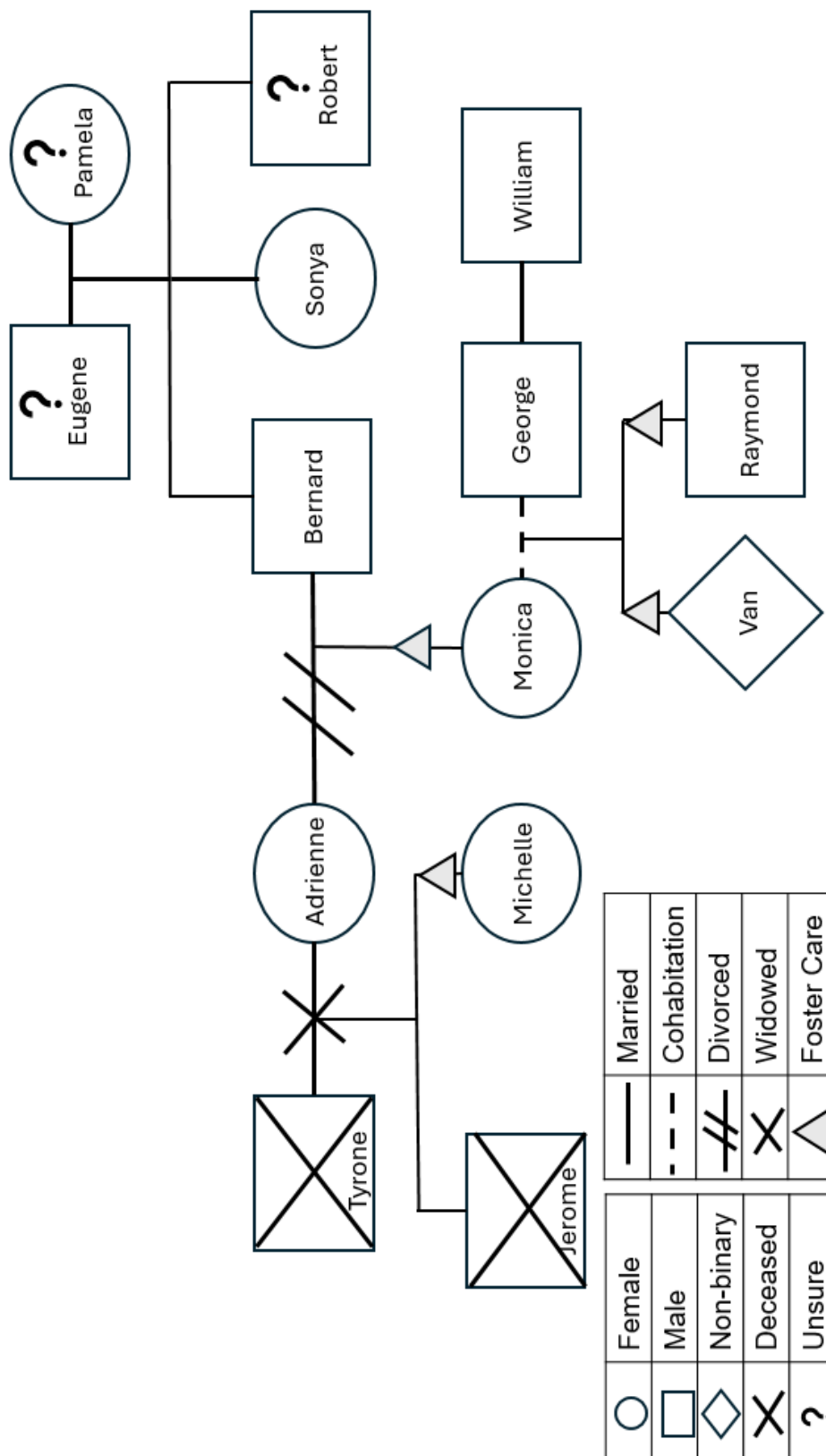
- Use multiple sources to build a fuller picture of relatives and kin
- Reviewing Relative Interest Forms, interviews, genograms, and ecomaps helps workers move beyond single data points to understand potential contributions and context
- Shift from information to intentional decision-making
- The goal is not just to review, but to evaluate possible contributions each relative or kin could make
- Identify clear, actionable next steps for engagement

What contributions might these relatives and nonrelative kin make to the family?

Handout: Van's Ecomap



Handout: Monica's Genogram



Handout: Relative Search and Interest Summary

The chart below shows efforts to contact relatives through the Relative Interest Forms (DSS-5316) and their respective responses.

Name of relative	Delores and Eric Jackson	Paternal grandparents	Yes	No	No
	Mary and Paul Bailey	Paternal step-grandparents	Yes	Yes	No
	Michelle Lewis	Maternal aunt	Yes	Yes	Yes
	Bernard Baker	Maternal grandfather			
	Adrienne Lewis	Maternal grandmother	No	No	No
	Sonya Smith	Maternal great aunt			
	Nicole Harper	Paternal aunt	Yes	Yes	Yes
	Mike Bailey	Paternal step-uncle	Yes	Yes	Yes

Handout: Interview Summaries from Contacts Records

Jim Krasinski, Van's basketball coach

Jim was surprised to hear that Van and their brother are in foster care. Jim coaches Van's basketball team and is a math teacher at the school. Jim indicated that George has been the assistant coach for the last two years and does a fabulous job with the children. George is patient, gives good tips and feedback, and has good ideas for drills and practice.

When asked about concerns, Jim stated that he knew George was struggling with Raymond's behavior. Jim explained that George had mentioned several times that Raymond is "disrespectful," and that he had said he wished Raymond weren't so lazy and had more of Van's work ethic. Jim described that Van is constantly trying to self-improve in basketball skills and schoolwork.

When asked about support for the family, Jim stated that he feels he has a good relationship with Van and would be interested in supporting the family, especially by helping keep Van on the team this year. He indicated that he is not interested in placement or caring for the children in any way.

Michelle Lewis, Maternal Aunt

Michelle was in the hospital when the children came into care. She has called the office at least twice a week since then. Michelle has expressed a desire to have the children placed.

Michelle indicated that she and her sister were close before Monica went to prison. Michelle said that she has a good relationship with the children, especially Van, who has spent many weekends at her home. Michelle stated that she wanted to remain part of the children's lives and even share child-rearing responsibilities with George when Monica went to prison, but George wasn't open to that. Michelle said she and George do not get along well, as she believes George was cheating on Monica before they split.

When asked about her capacity to take placement of the children, Michelle explained that she is currently going through a breakup and that her partner has recently moved out of the apartment. She is also looking for a second job after having reduced hours at her current job; she is a team leader at a supermarket. Michelle stated that she knows that this is a rough time for her and that her sister's children are the priority. Michelle asked that DSS consider her for placement as soon as possible.

Michelle indicated that the children need to be with their mother, as Monica wasn't the one who hurt Raymond. Michelle said she has talked with Monica about Monica coming to live with her when she is released from prison. This would help Michelle with household tasks that happen when there are extra people living in the home.

Mary Thompson, Van's friend, Henry's mother

Mary called the office, stating that she had heard that Van was in foster care. Mary explained that her family is very interested in providing placement for Van, as they are such good friends with Henry. Mary stated she is worried that Van living outside of the community and with someone they don't know is not good for them.

When asked about capacity for placement, Mary stated that she has three children, ages 3, 7, and 14. She is married and has more than adequate financial resources to care for Van. Mary stated that she has never met Raymond, and based on what little she does know, she is not sure she can handle Raymond's ADHD behaviors.

Simone Prichard, Monica's friend

Simone called in response to a request from Monica. Simone indicated that she and Monica have been friends since their "group home days." Simone lives 45 minutes away in a neighboring county and visits Monica regularly during the prison's virtual visiting hours. Simone stated that she is worried about Monica's state of mind with all that is going on with the family, and she would like to help in any way she can. Simone said she was worried something like this would happen when Monica went away to prison, as she knows that taking care of two children full-time "out of the blue" is not an easy task.

Jean McKenzie, George's co-worker

Jean indicated that she enjoys working with George and is sorry the children are in foster care. Jean explained that she has been involved with DSS in the past and does not want to get involved now. Jean said she could always offer a listening ear to George; otherwise, it's best that she "keeps out of it."

Nicole Harper, Paternal Aunt

Nicole indicated that she had not seen the children for several years, as she lives in New York and the family rarely gets together due to limited financial resources. Nicole stated that she knows that things haven't been easy for George since he has had the children full-time. Nicole stated that George can be set in his ways.

Nicole stated that she is interested in coming to NC to get the children and bringing them back to NY with her until "everything gets sorted out." Nicole stated that children should be with family during hard times, even if they don't know each other well.

Activity Worksheet: Kin Next Steps

What are the next steps for each relative or nonrelative kin?

Delores and Eric Jackson	
Mary and Paul Bailey	
Michelle Lewis	
Bernard Baker	
Adrienne Lewis	
Sonya Smith	
Nicole Harper	
Mike Bailey	
Jim Krasinski	
Mary Thompson	
Nicole Harper	
Other Relative	
Other Nonrelative Kin	

Engaging Relatives

Activity: Engaging Relatives

- In your groups, choose two relatives to engage
- Form two pairs in your group
- Working with a partner, spend 7 minutes planning your engagement call for one of the relatives or nonrelative kin
- Consider:
 - Placement
 - CFT Meeting Participation
 - Safety Network Support
 - Relational, Identity, and Legal Permanency Contributions
 - Principles of Partnership
 - Solution-focused questions
- When time is up, one pair will role-play the first call for 5 minutes while the second pair observes and keeps time
 - Caseworker: using your plan, engage the relative in the child's permanency planning process.
 - Relative or Nonrelative Kin: respond as the kin might, asking at least one question of the social worker.
 - Observers: Keep a five-minute timer and let the pair know when the time is up
- When time is up, switch places and repeat the process

Activity Worksheet: Engaging Relative and Nonrelative Kin

Kin who you will engage:

1.
2.

Use this space for engagement call planning:

--

Use this space for observations and reflections on this skills practice exercise

Activity Discussion Questions

How was your experience of role-playing the first relative engagement call?

What was helpful: your preparation, principles of partnership, being solution-focused, or something else?

What, if anything, would you do differently based on this role-play?

Placement

Permanency Planning Services



- Placement is a temporary intervention with a permanency purpose
- The core goals of Permanency Planning Services guide all placement decisions, including strengthening and reunifying families when possible, ensuring a single, stable, safe, and nurturing placement, and achieving an alternative permanent home when reunification cannot occur
- Placement decisions must be family-centered, collaborative, and trauma-informed
- Placement should minimize harm by centering the child and family voice, engaging decision-making partners, and grounding choices in safety, relational connection, and long-term permanency

How might that initial placement impact the child's experience in care and progress toward permanency?

--

What are the potential impacts on the child of being placed with different resources, such as a resource family, group home, or therapeutic foster home?

--

Placement

- Placement is more than where a child lives; it actively supports permanency
- Placement decisions should never be made alone; workers must engage supervisors, families, the Child and Family Team, service providers, and the court to support sound, two-level decision-making
- Placement decisions must be grounded in family-centered, trauma-informed practice

What does this statement mean: Placement is a tool of permanence.

Placement Decisions

Placement Considerations

Child-Specific Considerations	Placement Options	Permanency Outcomes
Sibling placement	Relatives & Nonrelative Kin	Reunification
Child's Strength and Needs	Licensed FH	Guardianship
Connection to friends, family, and kin	Therapeutic FC	TPR + Adoption
Proximity to parents, school, and community	Residential Treatment	TPR + Permanency Custody
		TPR + APPLA
		RPR

- Placement decisions require balancing multiple, sometimes competing considerations
- Child-specific considerations should anchor placement decisions, including sibling placement, the child's strengths and needs, connections to family, kin, friends, school, and proximity to parents and community
- Placement options and permanency goals must be weighed intentionally and collaboratively
- Relatives and kin are preferred resources; when they are not available, licensed, therapeutic, or residential placements may be considered
- Per policy, placement options at disposition and ongoing include:
 - A licensed foster home or a home otherwise authorized by law to provide such care
 - A facility operated by a county child welfare services agency
 - A facility licensed to provide care to juveniles
 - Any other home approved by the department, including the home of a relative, nonrelative kin, or other person with legal custody of a sibling of the juvenile
- Before DSS can place a child in an unlicensed facility, a facility that is not licensed to provide care to juveniles, it must obtain the court's approval, and the placement must be designated in the court order

What child-specific considerations have you seen that impact placement?

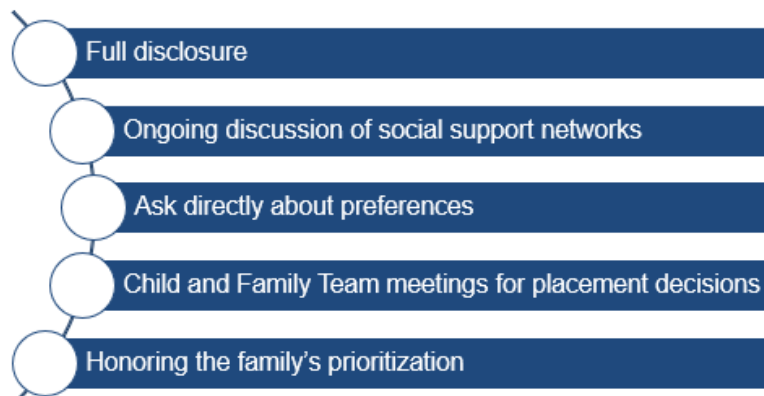
What are the reasons that relatives and kin are the preferred placement for children in care?

What are some important considerations to make when assessing whether a licensed foster home would be an appropriate placement?

What considerations differ, if any, between placing with kin or relatives versus with licensed foster homes?

What are the guidelines for placing a child in residential treatment, sometimes called congregate care

Family Voice and Choice in Placement Decisions



- Placement decisions are critical moments to center the family voice and choice
- Honoring voice and choice require intentional, ongoing engagement, not crisis-only conversation
- Collaborative decision-making strengthens placement outcomes
- Using Child and Family Team meetings, asking directly about preferences, and honoring how families prioritize trade-offs when options are limited helps create more sustainable placements

Notes

Handout: Tips for Crucial Conversations about Placement Decisions

First, practice full disclosure. As we have discussed throughout the training, ongoing open, clear, and accessible communication is necessary for practice grounded in our core values. When families are informed of their rights and given detailed information in accessible language about what is expected and the consequences if the family does not fulfill expectations throughout the case process, this empowers families to contemplate what they would do in crisis moments, such as when placement decisions are required, and be better prepared to engage with DSS during those moments. The first conversation about placement should not occur when DSS seeks custody.

Second, we ask families about their placement preferences. We do this in several ways:

Best practice supports engaging families early and often about their support networks. Your colleagues in CPS Assessments and Family In-Home will have discussed support networks and may have used Circles of Safety and Support or other social network mapping tools with families before initial placement.

As a Permanency Planning caseworker, you will continually work with the family and their extended supports as members of the CFT. Continually engaging with families in dialogue about supports, relatives, and kin, and who is part of their network, gives the family and DSS information we can draw upon to engage families in placement decision-making when the time comes.

We also directly ask families about their placement preferences. When placement decisions must be made, we ask the family for their resources and coordinate efforts to assess safety and feasibility when preferences are shared. The more we ask families what they need during the process and honor their responses, the more input and direction they will provide in other moments when decisions must be made.

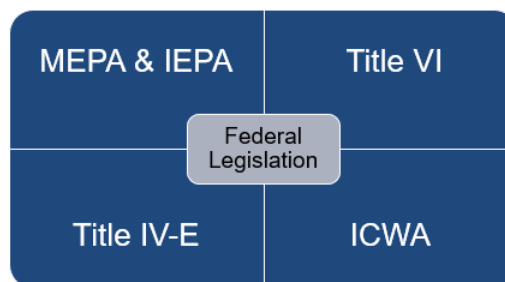
Whenever possible, Child and Family Team meetings are held as decision-making meetings regarding placement. Whether the meeting is held pre-petition or as part of the ongoing permanency planning process, this structure allows the entire team to be present and have a voice in the placement decision.

Third, when more than one option is available for non-relative licensed resource placements, share the details of the options and honor the family's decision to move forward. Rarely is the perfect placement available that provides for all the components we hope for, such as remaining in the original school district or community, placement with siblings, etc. Allowing family voice in prioritizing the pros and cons of placement decisions is a way to engage the family in the process.

Notes

Federal Legislation Impacting Placement

- MEPA, Title VI, and Title IV-E require individualized placement decisions and prohibit delaying or denying placement based on race, color, or national origin, while allowing limited consideration only when clearly tied to a child's specific needs and documented as advancing the child's best interests
- Individualized assessment and documentation are essential for compliance
- Any consideration related to race or identity must be based on the unique circumstances of the child, not generalizations or preferences alone, and must be clearly justified and documented in the placement record
- ICWA establishes a distinct legal and practice framework for American Indian children
 - Placement decisions for American Indian children are guided by the child's tribe, with defined placement preferences
 - When questions arise, the correct action is to consult directly with the tribe and follow their established preferences unless good cause exists



How does Title VI of the Civil Rights Act impact child placement decisions?

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What is Title IV-E of the Social Security Act?

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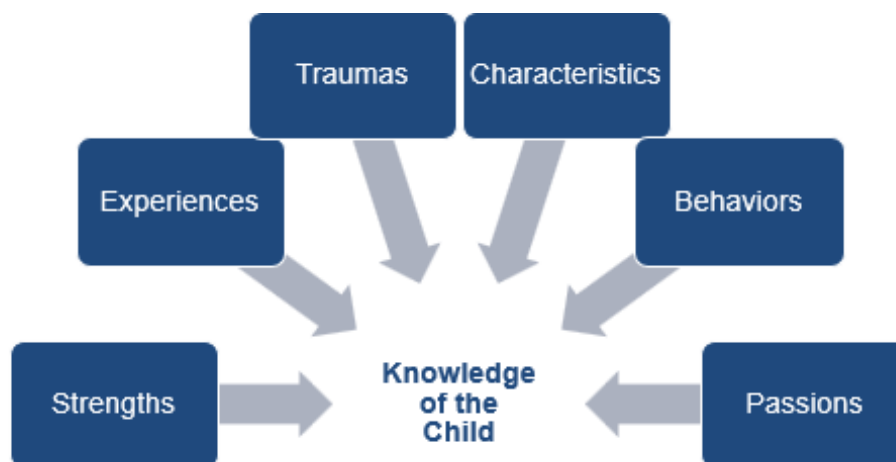
How does ICWA relate to placement decisions?

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How do you know a tribe's placement preferences?

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Knowledge of the Child or Youth



- Knowing the child or youth is essential to a sound placement decision
- Understanding a child's strengths, experiences, traumas, behaviors, and passions supports better placement matches, reduces move-related trauma, and promotes well-being and permanency
- Learning about children and youth comes from authentic engagement with them, conversations with parents, caregivers, relatives, and kin, observation during visits, record reviews, and participation in meetings and appointments
- Building authentic relationships with children and youth creates the foundation for collaboration with decision-making partners and ensures placement decisions are responsive to the child's unique needs and voice

Notes

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Placement Resources: Rapid Response Team



The Rapid Response Team (RRT) is an NCDHHS cross-divisional team that meets to address the immediate needs of children in DSS custody who require placement at the identified medically necessary level of care by removing systemic barriers and facilitating collaboration among county DSS, LME/MCOs, and other child-serving stakeholders.

- Placement at an identified medically necessary level of care requires coordination
- Rapid Response Team supports assessment, authorization, and coordination of immediate need for therapeutic level placements for children present in a hospital by any means, except for involuntary commitment or voluntary admission order
 - Policy outlines timeframes for specific steps of the process
- Referrals are made through the ServiceNow system (SNOW) or via email utilizing the DSS-6190 Rapid Response Team Referral Form
- The caseworker is responsible for including the Regional Child Welfare Specialist, child welfare supervisor, program manager, and county director in all communication with the RRT and all scheduled meetings

Notes

Handout: Rapid Response Team

For many children who are in a hospital setting, accessing the appropriate level of medical necessary placement support can be a challenge, and collaboration is essential.

When the following conditions are true for a child, steps must be taken to involve the Rapid Response Team in the placement process:

1. The child is in the custody of the Department of Social Services
2. The child requires mental health treatment
3. The child is present in the hospital by any means (with an exception for those children who are under an effective involuntary commitment or a voluntary admission order)

The Rapid Response Team (RRT) is an NCDHHS cross-divisional team that meets to facilitate the resolution of immediate needs for children in DSS custody who need placement at the identified medically necessary level of care by removing systemic barriers and facilitating collaboration among county DSS, LME/MCOs, and other child-serving stakeholders

The RRT should contain representatives from all the following:

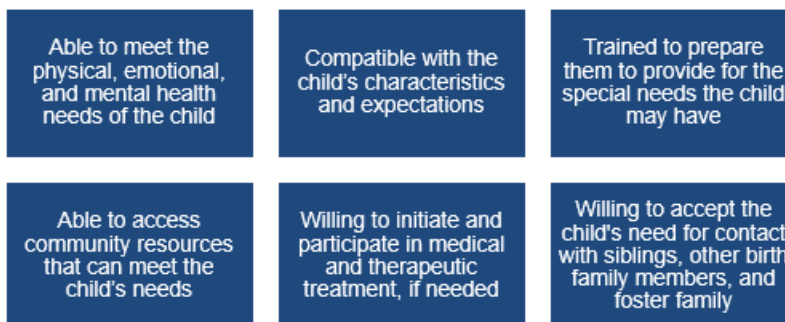
- The Division of Child and Family Well-Being.
- The Division of Health Benefits.
- The Division of Mental Health, Developmental Disabilities, and Substance Use Services.
- The Division of Social Services.
- Division of State Operated Health Facilities
- Division of Juvenile Justice and Delinquency Prevention
- NC Psychiatric Access Line (NC-PAL)

Referrals for the Rapid Response Team are made through the Service NOW (SNOW) system or via email using the DSS-6190 Rapid Response Team Referral Form.

Caseworker is responsible for including the Regional Child Welfare Specialist, child welfare supervisor, program manager, and county director in all communication with the RRT and for notifying them of all scheduled meetings.

More about HB612, section 1.16, amending NCGS 7B-903 (effective 6/26/25) can be found here: [HB612, section 1.16](#)

Placement Resource Strength and Needs

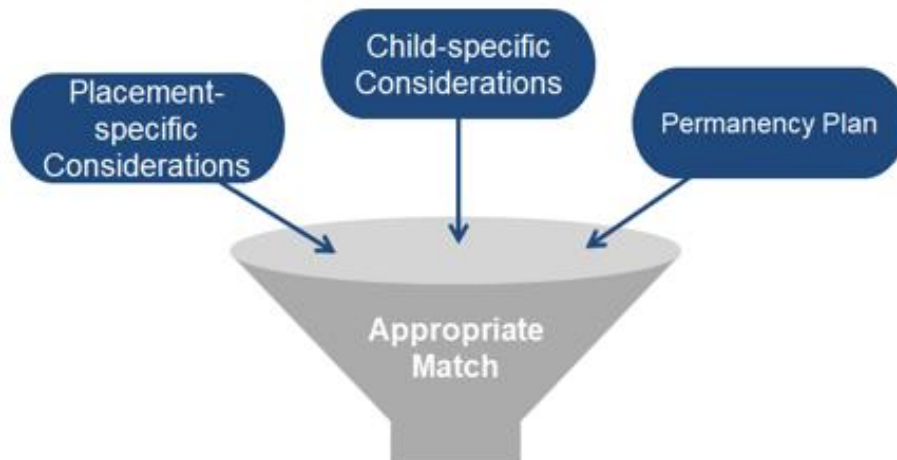


- Knowing placement resources is as critical as knowing the child
- Sound placement decisions require assessing the strengths, limits, and capacity of placement providers in relation to the child's specific strengths, needs, and permanency goals
- Placement assessments must consider the provider's ability to support permanency, including willingness to support reunification, guardianship, or adoption; meet physical, emotional, and mental health needs; engage in treatment; and maintain sibling and family connections
- Assessment happens continuously and across multiple settings

What question would you ask the placement provider to determine whether they are open to permanency? Or questions to determine their commitment to concurrent planning?

What would you want to know to determine placement if reunification is the plan?

Appropriateness of Placement



- Workers must weigh child-specific needs, placement-specific factors, and the permanency plan to identify the least restrictive, most family-like setting that supports safety, stability, and well-being
- There is rarely a perfect placement; decision-making focuses on the best fit, not perfection
- If placement decisions do not fully meet best-practice goals, the rationale must be clearly documented and reviewed through two-level decision-making to ensure thoughtful, defensible choices

Think of a time when no available placement option met all of a child's needs. How did you decide which considerations to prioritize, and what helped you determine that the placement was the best available match?

Placement Stability

Placement Stability

One single, stable, safe living arrangement.

- Placement stability means one single, stable, safe living arrangement
- Placement stability is one of the key desired outcomes for children and youth involved with the foster care system
- Placement stability has a positive impact on all three goals of the child protection agency: safety, permanency, and well-being
- Placement stability is a shared responsibility rooted in trauma-informed practice
- Regular and consistent respite care supports placement stability and is one of the best tools to manage placement disruption
- Placement instability causes cumulative harm
 - Multiple moves increase trauma, disrupt relationships, delay permanency, and are associated with poorer educational, behavioral, and mental health outcomes, especially the longer a child remains in care

Notes

Reasons for Placement Changes



- Placement changes may occur because of crisis, planned transitions, or efforts to promote permanency
 - Crisis or emergent moves may include initial placement, placement disruption, adoption disruption, or adoption dissolution
 - Planned moves may support sibling placement, kinship placement, movement to a less restrictive setting, or movement to a more appropriate level of care
 - Permanency-focused moves may include kinship placement, step-down from therapeutic placement, trial home visits, or pre-adoptive placement
- The reason for a move matters, but the experience of the move matters just as much
- How moves are handled directly impacts a child's sense of safety, trust, and emotional regulation.
- Adoption dissolution requires additional attention because the adoption has been finalized and legal rights and responsibilities must be addressed
- When dissolution is possible, DSS should consider the child's attachments, family connections, and potential placement resources before accepting relinquishment or changing the child's legal and relational permanence

Notes

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Placement Stability and Preventing Placement Disruption



PLAN



PREPARE

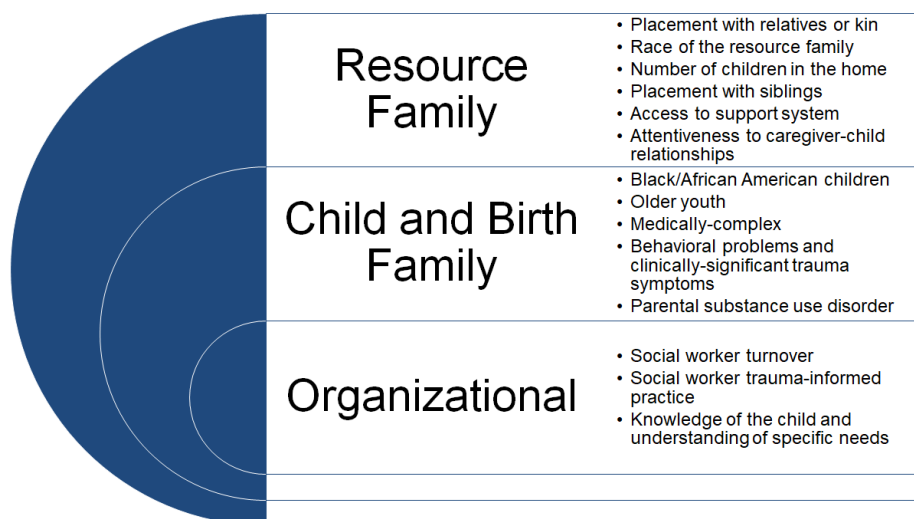


SUPPORT

- Strategies to improve placement stability can fall into three areas: Plan, Prepare, and Support
- Proactively planning moves, preparing children and placement providers for transitions, and providing ongoing support reduces unplanned disruptions and increases placement success
- Preventing disruption is an ongoing, shared responsibility
- When a placement move must occur, it must be documented in the electronic record for both the child and the foster parent
- DSS must file a motion to the court for a hearing within 30 days, prior to any placement change, when the following circumstances occur:
 - The child will not be reunified with a parent, guardian, or custodian
 - One of the permanency plans is adoption
 - The current caregiver has notified the department of their desire to adopt the child
 - The child has been residing with the same caregiver for at least the previous 12 months, consecutively, and the (relative or non-relative) caregiver objects to the removal

Notes

Placement Stability



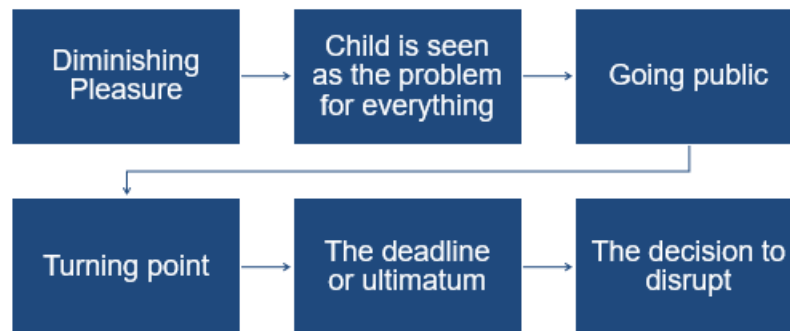
- Placement stability is shaped by characteristics of the resource family, the child and birth family, and organizational factors—not by a single decision or behavior
- Placement with relatives and kin is the most stable initial placement
- Research shows kinship placements are least likely to disrupt, while residential settings carry the highest risk for instability, particularly within the first two months of a case
- Caseworker turnover, trauma-informed practice, knowledge of the child, team decision-making, and early, consistent support to placement providers all play a critical role in preventing disruption and promoting long-term stability

What do you believe is the most stable initial placement type for children in foster care?

What do you think is the least stable placement, meaning that children placed in their initial placement of this type have a higher number of moves on average?

When do you think the highest risk for placement disruption occurs during the life of a case?

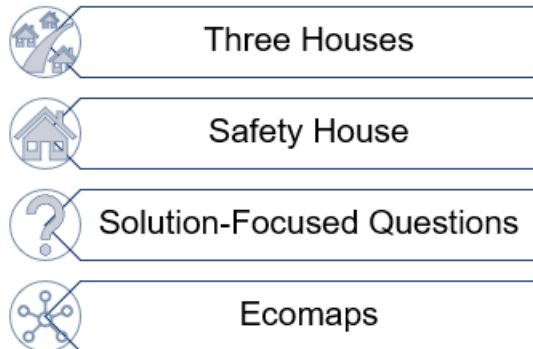
Stages of Disruption



- Placement disruptions follow recognizable stages; they rarely happen suddenly
- Disruptions typically progress through predictable stages
 - For example: diminishing pleasure, blaming the child, ultimatums, giving workers opportunities to intervene early
- Consistent contact with placement providers helps workers notice warning signs and respond before concerns escalate into a disruption
- Timely, supportive intervention can interrupt the disruption cycle

Notes

Assessing Placement Stability by Centering the Child's Voice



- Centering the child's voice is critical in placement planning
- Psychological safety within the placement is important to prevent disruption
- Tools to center the child's voice in assessing placement safety:
 - Three Houses
 - Safety House
 - Solution-focused questions
 - Ecomaps

What strategies beyond those mentioned here do you use to talk to children and youth about their physical and psychological safety in placements?

Accountability and Support



- Effective placement stability requires balancing accountability and support, doing with, not to or for”
- Imbalance between accountability and support accelerates placement disruption
- It is the caseworker’s responsibility to coach placement providers using both accountability and support to stabilize placements and prevent disruption

As you listened to this scenario, where would you say that Laverne is in the stages of disruption?

In this case, how could you respond to Laverne in a restorative manner?

Specifically, what would accountability actions look like between you and Laverne?

How would supportive actions look between you and Laverne?

Reasonable and Prudent Parenting Standard

Normalcy

- Normalcy supports placement stability and child well-being
- Reinforce that children and youth in out-of-home care deserve developmentally appropriate, everyday experiences similar to their peers, and that placement should not feel punitive or overly restrictive
- Emphasize that removal and placement are traumatic events outside a child's control, and allowing normal activities honors their experience, supports healing, and promotes healthy development
- Normalcy is grounded in trust, communication, and partnership

Video Adoptive Family: Negotiating "Normal"

Adoptive Family: Negotiating "Normal"

Notes

Reasonable and Prudent Parent Standard (RPPS) Policy

- Age or level of maturity
- Developmentally-appropriate
- Activities include:
 - Family recreation
 - Social or extra-curricular
 - Travel
 - Employment
 - Driving



- County child welfare services agency must use the Reasonable and Prudent Parent Standard (RPPS) when determining whether to allow a child in its custody to participate in extracurricular, enrichment, and social activities
- RPPS empowers placement providers to make everyday decisions that promote normalcy based on age or level of maturity and developmental appropriateness
- Foster and kin caregivers are trusted to make developmentally appropriate decisions, without prior approval, for activities that support healthy growth, belonging, and life milestones
- RPPS balances safety with opportunity, allowing children and youth to participate in activities similar to their peers while considering their individual capacities and circumstances
- Allowing activities such as sports, social events, employment, and short trips helps children heal from trauma, build skills, and experience foster care as supportive rather than restrictive
- RPPS activities include:
- Family recreation
 - Social or extra-curricular
 - Travel
 - Employment
 - Driving

What other types of typical childhood activities can you think of?

Why might it be important for children in foster care to have typical childhood experiences?

Have you helped a placement provider on your caseload decide using RPPS?

If not, how would you help a foster family decide how to use RPPS?

Whose Decision is it Anyway?

- RPPS shifts everyday decision-making to placement providers while centering the child's development and safety
- "Normal" is socially informed and varies across families, placements, and lived experience
- Differences in perspective require partnership, not control

Activity: Whose Decision is it Anyway?

What to do:

- The trainer will hold up a slip of paper and ask, "Who can make the decision?"
 - The group will vote on who has the power to make that decision
- When the trainer asks the additional questions
 - Respond on sticky notes by writing the age at which you believe the activity is appropriate

Notes

Placement Learning Lab

Matching Strengths to Needs

- Kinship care for children in the child welfare system often leads to better outcomes for children than when they are placed in non-kinship care

Activity: Matching Strengths to Needs

What to do:

- Use the “Matching Strengths to Needs” Worksheet for this activity
- Work with a partner to:
 - Identify the strengths of each placement
 - Identify at least one stressor or burden that would need to be taken into consideration in placing a child in that home
 - Agree on the placement match that is in the best interest of each child
 - Identify the support or training the family might need to increase the likelihood of maintaining the placement
- When you are finished, join another pair to make a group of four
 - Take turns explaining your reasoning for the matches you and your partner made for each of the six children in the scenario

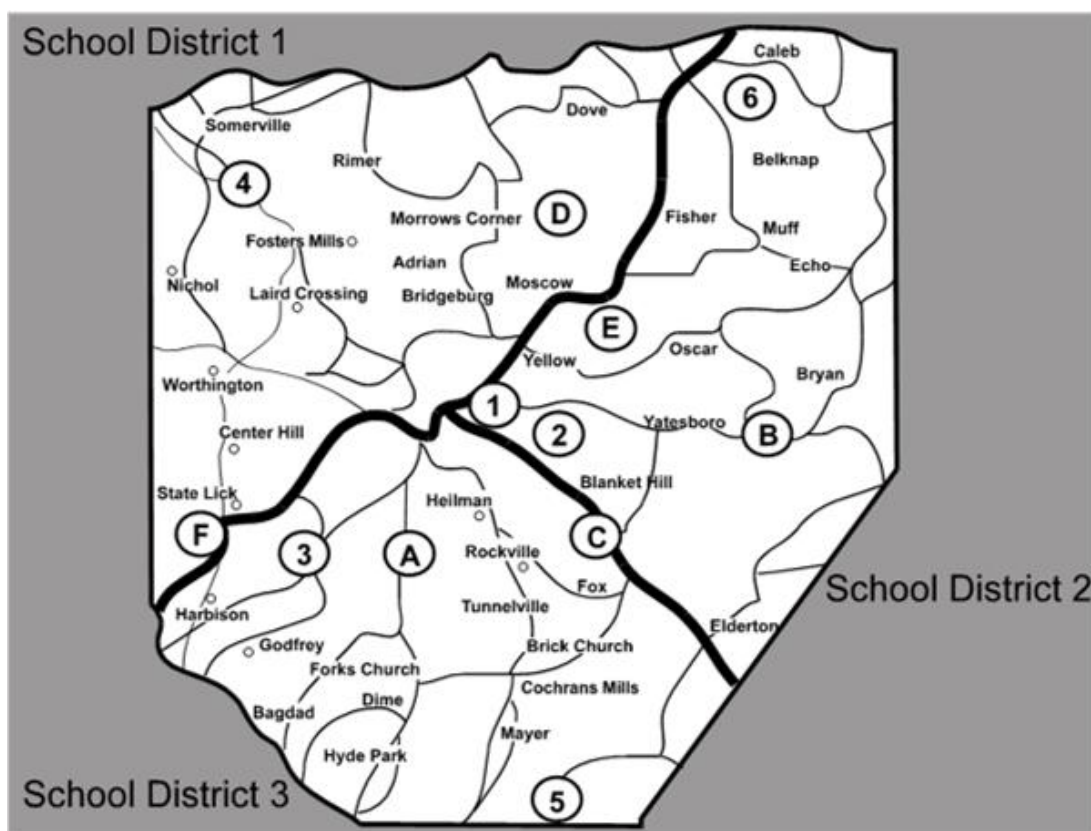
Activity Worksheet: Matching Strengths to Needs

Scenario:

You are a permanency planning caseworker in a medium-sized county. Six situations occur on one day that bring children into care. No kinship care alternatives were available for any of these children. Your county has six foster homes immediately available. All these foster homes have successfully cared for children in the past.

Children:

1. Infant boy, Black, HIV positive, positive toxicology report at birth. Brought into care for neglect
2. Sibling group, 2-year-old boy and 3-year-old girl, Black/African American. Strongly bonded with each other. Brought into care for neglect
3. Adolescent boy, 14 years old, White. Playing on his high school baseball team. Brought into care for abuse
4. Girl, 9 years old, White. Brought into care after sexual abuse by stepfather
5. Boy, 6 years old, Black/African American. Diagnosed with ADHD. Brought into care for abuse
6. Twin girls, 7 years old, Hispanic. Speak Spanish as their primary language, but both understand some spoken English. Have been in several schools already this year, as their parents are migrant farm workers. Brought into care for neglect

School District Map:

Placement Providers**Foster Parent A**

Black male, 36 years old. Director of Boys and Girls Club. Former college athlete still participates in sports activities. Divorced, has joint custody of his 7-year-old daughter for whom he pays child support, although his ex-wife lives in another state. Prefers ages 5-21. Has two bedrooms available. Income: \$78,000. Lives in School District 3.

Strengths	Stressors or Barriers

Foster Parent B

White lesbian couple, a 36-year-old pharmacist and a 34-year-old cybersecurity analyst. Have been together for seven years. Two children of their own: a boy, 2 years old, and a girl, 4 years old. Active in local advocacy and community service efforts. Supportive family and friends. Have one bedroom available. Licensed for three children. Combined income: \$185,000. Lives in School District 2.

Strengths	Stressors or Barriers

Foster Parent C

A couple in their late 60s whose own children are grown. Own their farm and still maintain a small garden. Husband, white. Wife, Asian. Married when husband was overseas in the military. Have some income from rental property and Social Security. She had been a childcare provider, and he had been a farmer and part-time inspector in the local processing plant. They have a 5-year-old male foster child who is developmentally delayed. Prefer children ages 3-10. Have two bedrooms available. Licensed for three children. Do not want a sexually abused child. Combined income \$92,000. Lives in School District 3.

Strengths	Stressors or Barriers

Foster Parent D

White male, 34 years old. Manager of a large bookstore. Plays with a local jazz ensemble. Has a roommate who is a 26-year-old graduate student from India. The Indian roommate works part-time and has a girlfriend who does not live with him. Neither man has any children of his own. Have one bedroom available, licensed for two children, ages 2-21. Prefer male children. Do not want children with intellectual disabilities. Income: \$64,000. Lives in School District 1.

Strengths	Stressors or Barriers

Foster Parent E

Black female, 41 years old. Divorced with one 10-year-old son. Works as an in-home caregiver with a local home health agency. Lives in public housing in the same small town where her parents live and has a good relationship with them. Active in her Baptist church. Receives child support. Licensed for four children, ages infant and up. Has two bedrooms available. Does not want a child with severe medical problems; will accept a child with a sexual or physical abuse history. Income: \$51,000. Lives in School District 2.

Strengths	Stressors or Barriers

Foster Parent F

Married Hispanic couple, ages 31 and 28. Have two boys, ages 6 and 8. Husband is a nurse's aide in a retirement center and coaches Little League. Wife works part-time as a housekeeper in a hotel. Catholic. Licensed for three children, ages infant and up. Do not want a child diagnosed with a mental illness. Combined income: \$76,000. Lives in School District 1.

Strengths	Stressors or Barriers

Best Placement Matches

Scenario Number	Child(ren)	Preferred Placement Provider	Training or Support Required
1.	Infant Boy		
2.	Sibling group		
3.	14 yr Boy		
4.	9 yr Girl		
5.	6 yr Boy		
6.	7 yr Twins		

Activity Debrief Questions

What information had the greatest influence on your placement decisions, and how did it shape the matches you chose?

When you compare your decisions with another pair, where did your reasoning differ, and what did you learn from hearing a different perspective?

How can you apply what you learned from this exercise when making real placement recommendations that involve competing priorities, limited options, and family voice and choice?

Transition Planning

Activity: Transition Planning

What to do:

- Each group will be assigned a case member whose perspective is essential to creating a solid transition plan
- Utilizing the updated scenario information for this person, generate a list of factors to consider that represent this person's perspective
- When transition planning preparation time is up, hold a group discussion, with one person representing the assigned case member's perspective
 - Perspective-taking requires that you share thoughts, feelings, and ideas that center on the perspective of the case member who you represent
 - This is not a role play
 - Use the list of factors on your card to ground your perspective

Scenario:

The Lewis family and their CFT have agreed to change Raymond and Van's placement to their maternal aunt Michelle's home. It is time to create the transition plan.

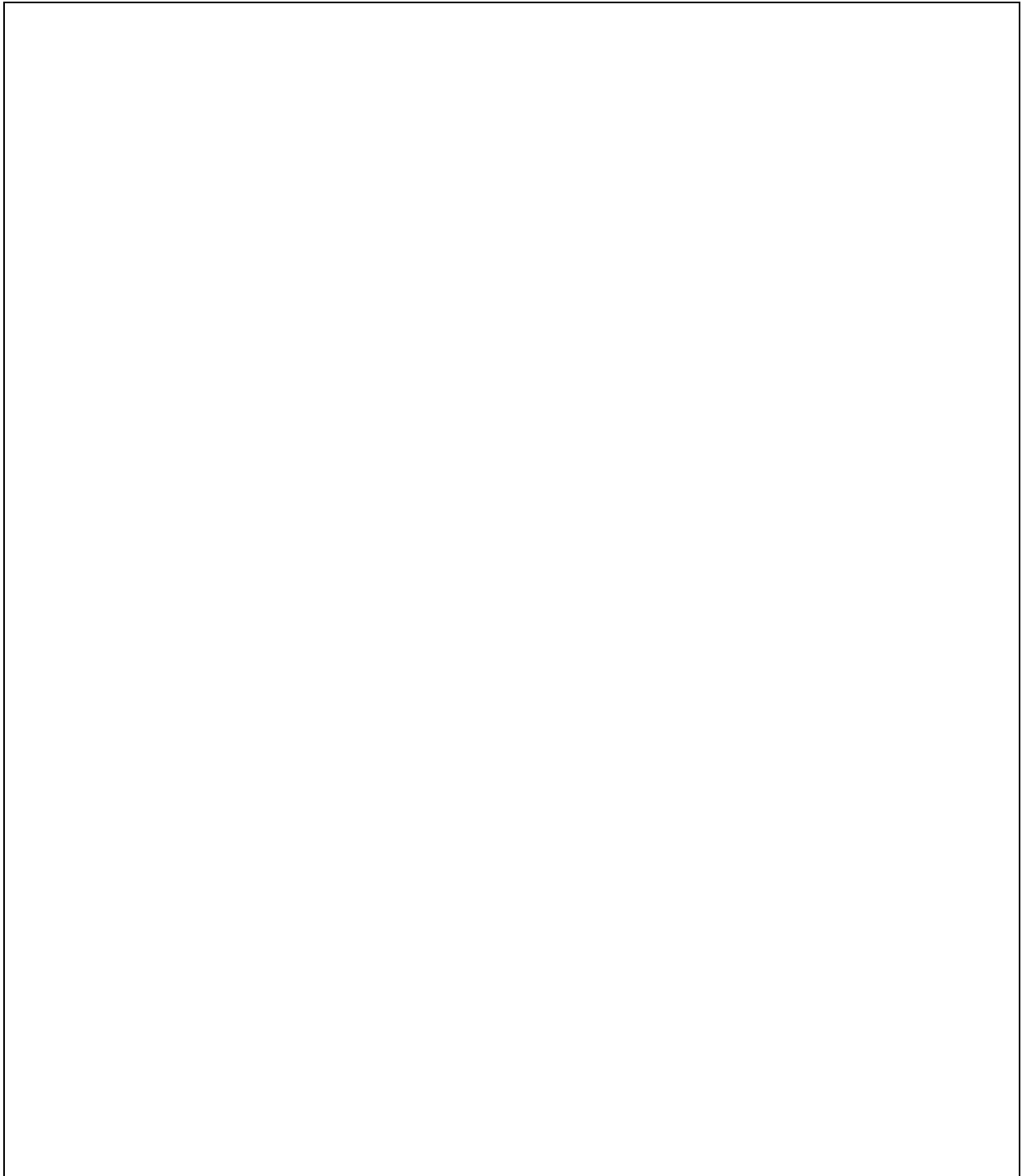
Assigned case member:

--

Factors to consider for this person in transition planning

--

Transition Planning Discussion Observations

A large, empty rectangular box with a thin black border, intended for handwritten notes or observations during the transition planning discussion.

Activity Discussion Questions

How did your perspective change as a result of this skills practice exercise?

What will you remember to do or try when having this conversation with families in the future?

Bibliography of References

Day Six

ABA Center on Children and the Law, Children's Defense Fund. (2021). *Kinship caregiving options: Considerations for caregivers*. Grandfamilies.org. https://www.grandfamilies.org/Portals/0/Documents/Care-Custody/kin-caregiving-options-dec21%202022-01-10%2022_34_13.pdf

Administration for Children & Families (ACF). (2016, July 6). *Adopting families: Negotiating "normal"* [Video]. YouTube.com. <https://www.youtube.com/watch?v=DPQ-M-IU6IE>

Administration for Children and Families & Office of Civil Rights. (2009). *Understanding and complying with Title VI of the Civil Rights Act of 1964 and the Multiethnic Placement Act of 1994, as amended by the Interethnic Adoption Provisions (IEP)* [Presentation]. United States Department of Health and Human Services, Administration for Children and Families, and Office of Civil Rights. https://www.acf.hhs.gov/sites/default/files/documents/cb/mepa_powerpoint.pdf

The Annie E. Casey Foundation. (n.d.). *Team decision making: Engaging families in placement decisions* [Case study]. <https://assets.aecf.org/m/resourcedoc/AECF-TeamDecisionMakingCaseStudy-2014.pdf>

Carnochan, S., Moore, M., & Austin, M. J. (2013). Achieving placement stability. *Journal of Evidence-Based Social Work*, 10(3), 235–253. <https://doi.org/10.1080/15433714.2013.788953>

Casey Family Programs. (2023, May). *How can we improve placement stability for children in foster care?* [Strategy brief]. Strong Families. <https://www.casey.org/media/23.07-QFF-SF-Strategies-to-improve-placement-stability.pdf>

Casey Family Programs. (2023, May 12). *What impacts placement stability?* <https://www.casey.org/placement-stability-impacts/>

Child Welfare Information Gateway. (2018). *Concurrent planning for timely permanence*. U.S. Department of Health and Human Services, Children's Bureau. https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/concurrent_planning.pdf?VersionId=nETZLTvGxJnOOZNJc8VtASQWSR3nwE4C

Child Welfare Information Gateway. (2022). *Kinship care and the child welfare system*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubs/f-kinshi/>

Children's Alliance. (n.d.). *Trauma informed partnering for safety and permanence – model approach to partnerships in parenting (TIPS-MAPP)*. Annie C. Courtney Foundation. <https://www.anniec.org/wp-content/uploads/2015/02/TIPS-MAPP.pdf>

Children's Bureau. (2015, May). *A national look at the use of congregate care in child welfare* [Brief]. U.S. Department of Health and Human Services, Administration for

Children and Families, Children's Bureau.

https://www.acf.hhs.gov/sites/default/files/documents/cb/cbcongregatecare_brief.pdf

Children's Bureau. (2023). *Child welfare policy manual*. United States Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.acf.hhs.gov/cwpm>

Epstein, H. (2017, July 1). *Kinship care is better for children and families*. ABA: American Bar Association.

https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/child_law_practice/vol-36/july-aug-2017/kinship-care-is-better-for-children-and-families/

Flower, C., McDonald, J., & Sumski, M. (2005). *Review of turnover in Milwaukee County private agency child welfare ongoing case management staff*.

http://www.uh.edu/socialwork/_docs/cwep/national-iv-e/turnoverstudy.pdf

The Fostering Connections to Success and Increasing Adoptions Act of 2008, P.L. 110-351. <https://www.congress.gov/110/plaws/publ351/PLAW-110publ351.pdf>

Hopkins, M. (2020, September 24). *Family preservation matters: Why kinship care for Black families, Native American families and other families of color is critical to preserve culture and restore family bonds* [Blog]. Juvenile Law Center. <https://jlc.org/news/family-preservation-matters-why-kinship-care-black-families-native-american-families-and-other>

Juvenile Code, N.C.G.S. § 7B-101(15a).

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

Krikston, D., & The Pennsylvania Child Welfare Resource Center. (2007, rev. 2012). *301: Engaging clients from a strength-based, solution-focused perspective*. The Pennsylvania Child Welfare Resource Center, University of Pittsburgh, School of Social Work.

<http://www.pacwrc.pitt.edu/Curriculum/301EngggCIntsFrmAnSBSFPrspctv/Cntnt/Cntnt0410.pdf>

National Center for Child Welfare Excellence at the Silberman School of Social Work. (n.d.). *The core components of placement stability*.

https://www.nccwe.org/toolkits/placement-stability/core_components.htm

NC Division of Social Services & Family & Children's Resource Program. (2017). Choosing better initial foster care placements. *Children's Services Practice Notes*, 22(2). <https://practicenotes.org/v22n2/placements.htm>

North Carolina Department of Health & Human Services, Division of Social Services. (2015). *Applying the reasonable and prudent parenting standard*.

https://policies.ncdhhs.gov/wp-content/uploads/Applying_the_Reasonable_and_Prudent_Parent_Standard_Tool.pdf

North Carolina Department of Health and Human Services. (2021). Using Safety Circles to build safety networks with families. *Child welfare policy manual resources*.

<https://policies-uat.ncdhhs.gov/wp-content/uploads/using-safety-circles-to-build-safety-networks-december-2021.pdf>

North Carolina Department of Health and Human Services, Division of Social Services, Child Welfare. (2022). *Approved resource parent preservice curriculum*. <https://www.ncdhhs.gov/cws612022a1/download?attachment>

North Carolina Department of Health & Human Services, Division of Social Services. (2025). *Reasonable and prudent parenting activities guide*. https://policies.ncdhhs.gov/wp-content/uploads/Reasonable_Prudent_Parenting_Activities_Guide-June-2025.pdf

North Carolina Department of Health and Human Services, Division of Social Services. (2026). *NC child welfare manual: Permanency planning services policy, protocol, and guidance*. https://policies.ncdhhs.gov/wp-content/uploads/Permanency-Planning-Manual_PATH-NC-Updates-May-2026-1.pdf

Parker, S. (n.d.). *Circles of safety & support: A tool to help parents identify people for their family's safety & support network*. Partnering for Safety. https://www.partneringforsafety.com/_files/ugd/c64e56_e2277902ff214ca79030d2186bbf88ef.pdf

Partridge, S., Hornby, H., & McDonald, T. (1986). *Learning from adoption disruption: Insights for practice*. Human Services Development Institute, University of Southern Maine.

Quality Improvement Center for Adoption & Guardianship Support and Preservation. (n.d.). *Introduction to the QIC-AG permanency continuum framework*. <https://www.qic-ag.org/wp-content/uploads/2016/05/SFC-QICAG-00-Introduction1.pdf>

Wachtel, T. (1999, February 18). *Restorative practices in business: Building a community for learning and change within organizations*. International Institute for Restorative Practices. <https://www.iirp.edu/news/restorative-practices-in-business-building-a-community-for-learning-and-change-within-organizations>

Waid, J., Kothari, B., Bank, L., & McBeath, B. (2017). Foster care placement change: The role of family dynamics and household composition. *Children and Youth Services Review* 68, 44–50. <https://doi.org/10.1016/j.childyouth.2016.06.024>. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5157937/>

Appendix

Reflections and Check-In

Reflections and Check-In Sheet		
		
Self-Values Reflection	Reasonable Efforts	Two-Level Decision-Making

Reflections and Check-In Sheet		
		
Self-Values Reflection	Reasonable Efforts	Two Level Decision-Making