



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 Seven

August 2026



**PUBLIC
KNOWLEDGE®**

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This curriculum was developed by the North Carolina Department of Health and Human Services, Division of Social Services, and revised by Public Knowledge® in 2026

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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 has a "Reflections & Check-In" at the end, where the worker will document their thoughts, 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 Track Training in North Carolina, workers and supervisors can review the takeaways and questions highlighted by the caseworker 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 Seven Agenda

Permanency Planning Services Track Training

I. Welcome and Check-In

Placement with Relatives

II. Placement with Relatives and Nonrelative Kin

III. ICPC

Monitoring the PPFCP

IV. Monitoring the PPFCP

BREAK

V. Critical Thinking to Evaluate Progress

VI. SDM® Reunification Assessment

Monitoring the Permanency Planning Family Case Plan Learning Lab

VII. Accountability and Support when Monitoring

VIII. Assessing Progress

LUNCH

Achieving Permanency

IX. Adequate Progress

BREAK

X. Inadequate or No Progress

XI. Achieving Permanence

End-of-Day Reflections

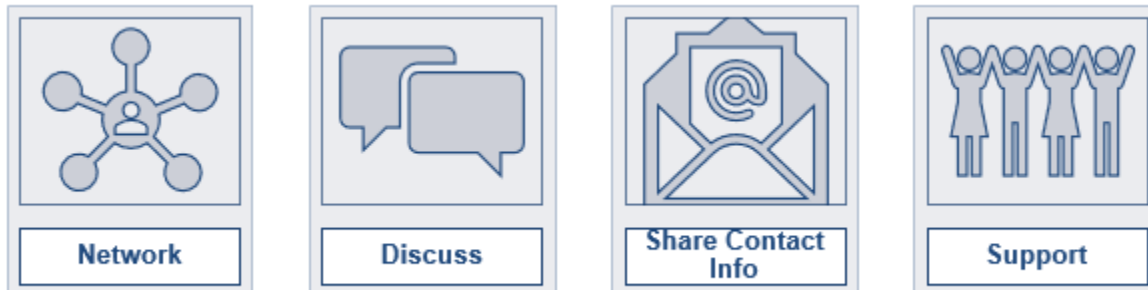
Day Seven Learning Objectives

Placement with Relatives and Nonrelative Kin
Learners will be able to initiate conversations with relative caregivers to highlight how their role might be challenging and provide applicable support.
Learners will be able to recognize the support needs of relative caregivers based on their unique circumstances, even without relatives voicing those needs.
Learners will be able to describe the process for relative caregivers to take placement, as well as the process and associated benefits of licensure.
Learners will be able to formulate support plans that are specific to relative caregiver needs, including identification of applicable formal and informal support strategies.
Learners will be able to implement required processes for ICPC to support out-of-state placements
Monitoring the Permanency Planning Family Case Plan
Learners will be able to demonstrate planning for future service needs, considering the child and family's current needs, their future outlook, and options for support that will limit the need for future intervention.
Learners will be able to demonstrate decision-making processes for safety, risk, and appropriate placements using North Carolina policy guidance and Structured Decision Making (SDM) tools.
Monitoring the PPFCP Learning Lab
Learners will be able to demonstrate how to use SDM tools to monitor safety and permanency for children in out-of-home care.
Learners will be able to independently complete structured decision-making tools associated with reunification.
Learners will be able to define the specific positive behavioral change required for reunification based on the unique needs and strengths of the child's parent.
Achieving Permanency
Learners will be able to define the specific positive behavioral change required for reunification based on the unique needs and strengths of the child's parent.
Learners will be able to create intentional plans to support their own emotional health when preparing to terminate services.
Learners will be able to demonstrate engagement techniques that support families through crucial case conversations.

• Learners will be able to describe skills to de-escalate, calm, and verbally intervene to diffuse tense and potentially violent outbursts.
• Learners will be able to demonstrate de-escalation skills and safety in response to violent outbursts.
• Learners will be able to explain the importance of collaboration and communication to their safety while executing emergency custody of a child or children.
• Learners will be able to describe required policies and practices associated with reunification in North Carolina.
• Learners will be able to describe the policy and practice requirements for reinstatement of parental rights, including the required conditions to move forward with this permanency option.
• Learners will be able to describe how to determine the appropriateness of reinstatement of parental rights when policy requirements are met.
• Learners will be able to describe required policies and practices associated with guardianship in North Carolina.
• Learners will be able to develop plans to transition to guardianship that highlight the support needs of the child(ren), parents, and other important case participants.
• Learners will be able to describe when it is appropriate to pursue guardianship as the permanency option for a child.
• Learners will be able to identify and clearly document behavioral indicators to support guardianship decisions.
• Learners will be able to describe the policy requirements associated with choosing APPLA as a youth's permanency option.
• Learners will be able to characterize the situations in which APPLA is an appropriate permanency option.

Permanency Planning Services Track Training Day 7

Activity Networking and Support



- Peer support is essential in child welfare practice to process complex decision-making, emotional impact, and permanency planning work
- Coworkers provide safe spaces to reflect on family-centered practice, diligent relative engagement, and effective permanency strategies
- Building and maintaining professional networks strengthens resilience, shared learning, innovation, and ongoing support across counties

Activity: Networking and Support

Networking Notes:

Placement with Relatives and Nonrelative Kin

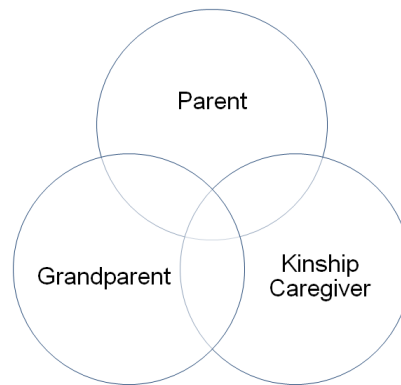
Placement with Relatives and Nonrelative Kin

Initial: willing and able to accept placement	Ongoing: placement success, support, and longevity
• Initial Provider Assessment_TSP • Initial Kinship Provider Assessment • ICPC Home Study	• Comprehensive Provider Assessment • ICPC 30-Day Supervision Report

- Policy and best practice require caseworkers to assess relatives and nonrelative kin as placement resources
- There are structured assessment tools to assess placements:
- Initial provider assessments focus on assessing whether the provider is capable and willing to take on the placement of the child
- The Comprehensive Provider Assessment assesses:
 - How the placement is going
 - What additional support might be beneficial
 - Kinship provider's willingness to care for the child long term
 - Understanding of rights and responsibilities
 - Understanding of any reimbursement available
 - The licensure process
- The Comprehensive Provider Assessment is used to assess potential guardianship resources
- Caseworkers must review the tools with a supervisor and build capacity to assess kinship placements with the support of kinship assessment tools

Notes

Changing Roles and Boundaries



- Role and relationship changes are inevitable in kinship placements
- Relative caregivers often experience mixed emotions and competing loyalties
- Kinship caregivers need ongoing support, not assumptions
- Connect. Affirm. Support. Repeat

Notes

Unique Needs of Relative Caregivers



- Relative caregivers face risks of retaliation and strained relationships with parents due to perceived alignment with the child welfare agency
- Many kinship caregivers experience financial strain and may lack access to or awareness of financial assistance, requiring creative problem-solving and partnership to reduce barriers
- Relative caregivers often experience isolation and loss of previous support systems, making connection to peer supports and kinship-specific resources critical for placement stability.
- Changes in parenting norms, trauma impacts, and system complexity mean relative caregivers may need education, skill-building, and hands-on support to confidently care for children
- Caregivers may have concerns about their long-term capacity to provide care, making proactive conversations about health, backup caregivers, and extended family planning important

Notes

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Voices of Relatives with Lived Experience

Video: Lifting Up Voices: Kinship and Resource Parents

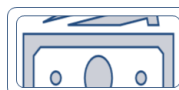
<https://youtu.be/nK94enOMYd4>

What struggles did the relatives in the video describe?

If you were working with one or all of the relatives in the video, what resources or support would offer?

What is one action step you are going to take in response to what you heard?

Non-Safety Related Licensure Requirements



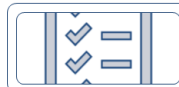
Income



Bedroom & Sleeping Arrangements



Space Requirements



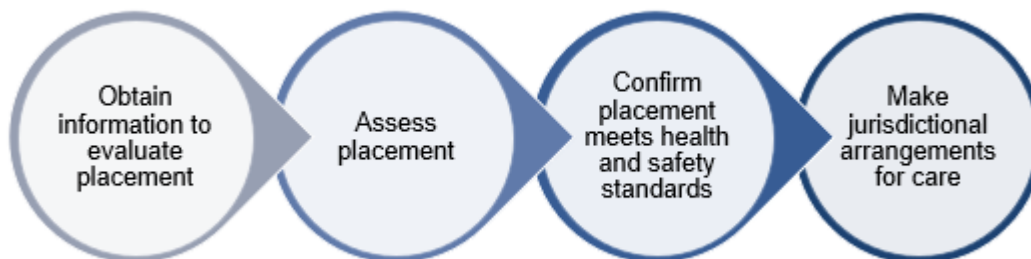
Background Checks

- Conversations about foster home licensure should begin after a child is placed with relatives, with partnership from licensing staff to ensure families understand the process and available options
- The Fostering Connections Act allows case-by-case waivers of non-safety-related licensing standards for relatives, supporting flexibility while maintaining child safety and improving kinship placement outcomes
- Non-safety licensing requirements, such as income, space, sleeping arrangements, and certain background check findings, may be appropriate for waiver when they do not pose a present safety risk
- Kinship caregivers often face sudden financial and logistical challenges due to emergency placements, which may create barriers to licensure that are not related to safety
- Agencies should prioritize a “license families in, not rule them out” approach by thoughtfully pursuing waivers and supporting kinship caregivers through creative problem-solving and supervisory consultation

Notes

Interstate Compact on the Placement of Children (ICPC)

Understanding ICPC and Required Timelines

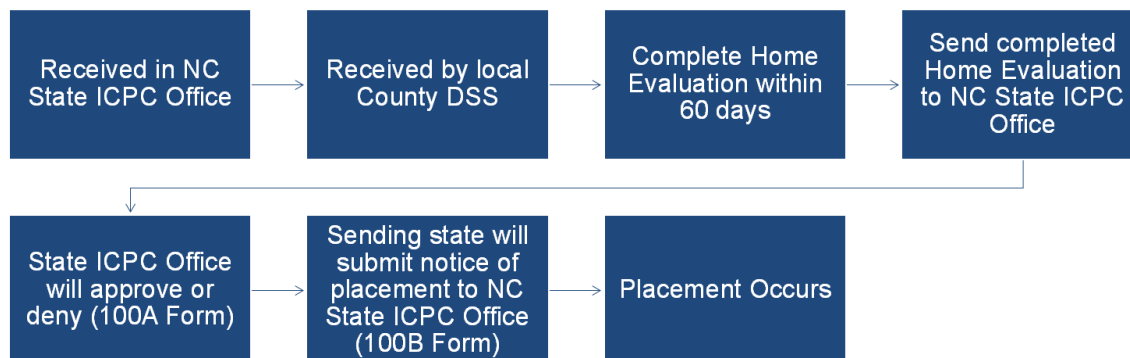


- When a child's most appropriate placement is across state lines, the placement must comply with the Interstate Compact on the Placement of Children (ICPC), a uniform law enacted by all states to ensure child safety and protection
- ICPC provides a framework to evaluate prospective out-of-state placements before placement occurs and ensures the sending state retains jurisdiction and responsibility for the child's care
- ICPC regulates the interstate movement of children in out-of-home care and ensures protection and services to children across state lines
- Successful ICPC placements require coordination and collaboration among multiple partners, including courts, child welfare staff, service providers, and legal and medical professionals
- Licensing caseworkers complete ICPC home studies, and local County DSS must assess and submit a recommendation to the State ICPC Office within the required 60 days to avoid placement delays
- After an ICPC placement is approved and made, the receiving agency is responsible for monitoring the placement and ensuring the child's ongoing safety, permanency, and well-being

Notes

Working with ICPC Local and State Partners

Process once a request is received from another state that seeks to place a child in North Carolina:



- The ICPC process involves multiple administrative steps, making clear communication and coordination essential to avoid delays in placing children, particularly with relatives
- All communication related to ICPC requests and placements must flow through the State ICPC Office to ensure clarity, consistency, and proper interjurisdictional coordination
- The type of ICPC home study requested depends on the licensure status of the placement
- Once an ICPC placement is made in North Carolina, the receiving agency is responsible for providing supervision:
 - Monthly (no later than 30 days)
 - Face-to-face visits
 - Primarily in the child's home
- Ongoing ICPC supervision supports child safety and well-being and ensures accurate information is gathered and shared with the sending state to inform permanency planning decisions

What questions do you have on ICPC and your role as a Permanency Planning caseworker?

Monitoring the Permanency Planning Family Case Plan

Observing Behavior Change



- Behavior change is measured through observable actions, not service completion
- Go = attendance and participation
- Do = active engagement and skill practice
- Demonstrate = behavior change in action
- Objective documentation supports sound decision-making

Example: Changing subjective language to objective language:

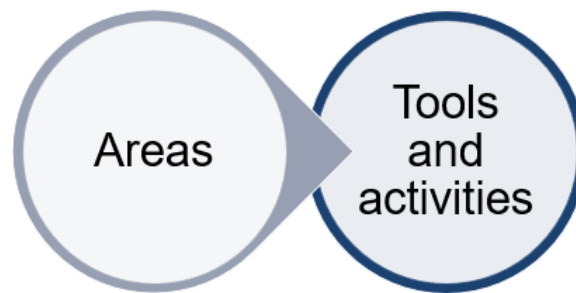
Subjective: Derrick is inconsistent in his attendance in parenting classes. He is engaged when he does attend. He is doing better in his Family Time visits.

Objective: Derrick has attended three of the ten parenting classes. The instructor reported that Derrick asks questions, provides examples, and stays after to speak with the instructor about ideas for specific behaviors he is seeing in visits with Susan. During the Family Time visit, Derrick redirected Susan's behavior five times. When Susan started to cry, Derrick comforted her by picking her up, speaking in a soothing voice, and holding her until she stopped crying.

Notes

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Global Assessment



Think about a family you have worked with. What information helped you decide whether meaningful change was occurring?

What are the best opportunities to observe behavior change rather than simply hear about it?

**Which assessment activities give you the most confidence in your conclusions?
Why?**

**When different sources provide different information, how do you decide what to
give the most weight?**

**How do you distinguish between service participation and actual behavior
change?**

Monitoring Timeframes



- Synthesizing information involves analyzing and integrating data from multiple sources to form a coherent understanding of family progress
- Synthesis is both an organic process of making meaning across information and a structured process guided by decision-making tools
- Evaluation of family progress occurs continuously through everyday contacts and formally at key permanency planning milestones
- Ongoing and formal evaluation ensures that PPFCP objectives and desired outcomes remain aligned with observed progress and policy timeframes

Circle or mark True or False

True	False	It is best practice to review and update progress in the Permanency Planning Family Case Plan (PPFCP) each time you meet with the family.
True	False	It is best practice to formally review and update the PPFCP's objectives and desired outcomes during a CFT meeting.

Formally, evaluation of family progress occurs in conjunction with several permanency planning events. What are these events and their corresponding timeframes?

Monitoring Progress

PPFCP	Reunification Assessment
• Achieved in full • Partially achieved • Not achieved • No longer needed	• Frequently demonstrates behavior change consistent with PPFCP • Sometimes demonstrates behavior change consistent with PPFCP • Rarely to never demonstrates behavior change consistent with PPFCP

- Updates to PPFCP and the Reunification Assessment offer opportunities to monitor and scale behavior change progress
- PPFCP scales behavior change progress:
 - Achieved in full
 - Partially achieved
 - Not achieved
 - No longer needed
- The Reunification Assessment scales demonstrate behavior change consistent with PPFCP:
 - Frequently
 - Sometimes
 - Rarely to never:

SDM® Reunification Assessment Behavior change rating:

- This covers the caretaker's progress with permanency planning family case plan goals since the last assessment or reassessment, and focuses on behavioral changes, not service compliance

PRIMARY	SECONDARY	ANSWERS
☐	☐	a. Frequently demonstrates behavior change consistent with permanency planning family case plan.
☐	☐	b. Sometimes demonstrates behavior change consistent with permanency planning family case plan.
☐	☐	c. Rarely to never demonstrates behavior change consistent with permanency planning family case plan.

Permanency Planning Family Case Plan Behavior change status:

Progress Achieving the Objective/Desired Outcome:		
Behavior Change status:	Service status:	Date:
☐ Achieved in full	Was the service(s) made available by the agency? ☐ Y ☐ N	Comments:
☐ Partially achieved	Has the family participated in services provided? ☐ Y ☐ N	
☐ Not Achieved	Have any of the services been completed? ☐ Y ☐ N	
☐ No longer needed	Have services been added or discontinued? ☐ Y ☐ N	

What evidence would help you distinguish between "partially achieved" and "achieved in full," or between "sometimes" and "frequently" demonstrating behavior change?

How might two caseworkers view the same family progress differently, and what information helps create a more objective assessment?

Critical Thinking to Evaluate Progress

Ethical Decision-Making and Critical Thinking

How do you use
critical thinking to
make crucial
decisions?



- Critical thinking is used throughout Permanency Planning Services to evaluate safety, risk, progress, and permanency decisions
- Effective decision-making requires objective analysis as family circumstances change
- Values influence how caseworkers interpret information and make decisions
- Ethical practice requires balancing competing values while keeping child safety and family well-being at the center
- Self-awareness helps reduce bias and strengthens decision-making
- Critical thinking helps us make objective decisions, while awareness of our values helps us make ethical ones

Activity: Ethical Decision-Making and Critical Thinking

What to do:

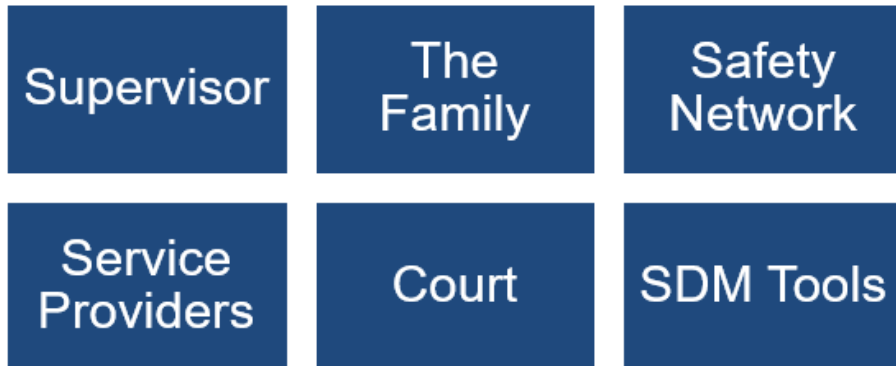
- Review the “Values” activity worksheet
- Circle the seven values that are most important to you

Activity Worksheet: Values

Values are beliefs grounded in the principles most of us live by each day. Consider the values below:

Adaptability	Diversity	Knowledge
Achievement	Devotion	Leadership
Ambition	Empathy	Love
Authenticity	Energy	Loyalty
Acceptance	Equality	Maturity
Accomplishment	Fairness	Obedience
Bravery	Forgiveness	Openness
Beauty	Friendship	Passion
Balance	Fun	Purpose
Caring	Giving	Recognition
Certain	Growth	Respect
Control	Happiness	Security
Courage	Hard work	Spirituality
Community	Health	Strength
Compassion	Independence	Success
Creativity	Integrity	Teamwork
Dependability	Intelligence	Wealth
Dignity	Justice	Wisdom

Decision Making Partners



- Permanency Planning Services rely on collaborative partnerships to support complex and high-stakes decision-making
- Families are at the center of all decisions, with supervisors, teams, service providers, courts, and tools contributing distinct forms of guidance and expertise
- Policy-required processes create intentional opportunities to consult partners and strengthen decision quality through shared responsibility
- Effective practice involves accessing partner support beyond minimum requirements to promote sound, well-informed permanency decisions

Outside of what is minimally required by policy, how do you access the support of your partners to make decisions in Permanency Planning Services?

Personal Considerations

Feeling emotions is part of being human, and being human is an important part of building relationships and trust with the children and families that we serve.

- Emotions are a natural part of child welfare work and can influence decision-making
- Different emotions can affect judgment in different ways
- Self-awareness helps caseworkers remain objective and make ethical decisions
- Supervisors and consultation provide a perspective that supports sound decision-making

Notes

Activity Worksheet: Personal Considerations Self-Reflection

Emotion #1:

Describe how emotion #1 may impact your behavior and decision-making with families.

Emotion #2:

Describe how emotion #2 may impact your behavior and decision-making with families.

What did you learn about yourself through this reflection activity?

When emotions and evidence seem to point in different directions, how do you determine your next step?

What is one practice you want to strengthen to ensure your decisions remain ethical, objective, and family-centered?

Evaluating Progress

Sufficient Progress	Adequate Progress	Inadequate Progress
• Permanency Achieved	• Celebrate • Continue • Adjust & Revise	• Lack of Progress • No Progress

- Evaluating progress determines whether sufficient behavioral change has occurred to support safety, reduce risk, and achieve permanency
- The Family Reunification Assessment categorizes progress as sufficient, adequate, or inadequate based on participation, behavior change, and progress toward objectives
- Progress ratings inform case planning, permanency decisions, and next steps within required timeframes

What is the timeframe in which reunification must be achieved?

What is the timeframe for guardianship or custody?

What is the adoption timeframe?

SDM® Reunification Assessment

SDM® Reunification Assessment

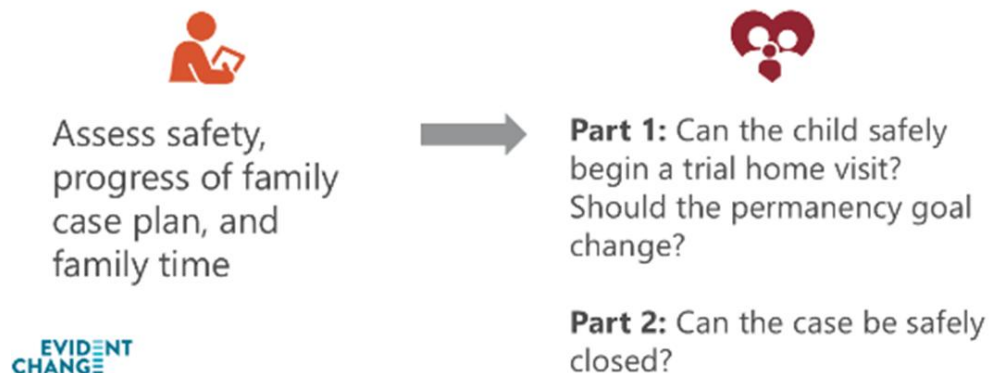


- The SDM® Reunification Assessment supports caseworkers in assessing progress to address conditions that lead to removal
- The SDM® Reunification Assessment is to assess reunification with the removal, maltreating parent
- The Reunification Assessment is completed by the assigned caseworker
 - Caseworkers should inform parents of the components of the assessment at the development of the Permanency Planning Family Case Plan (PPFCP)
 - Caseworkers should review the completed assessment with parents
- The Reunification Assessment and the PPFCP inform the Permanency Planning Review

Although full disclosure keeps families informed, the Reunification Assessment tool should be completed by the caseworker. At the permanency planning review, the caseworker should discuss the completed tool with the family and network to ensure understanding of the logic behind the recommendations

Notes

Reunification Assessment Questions



- The SDM® Reunification Assessment has two main parts.
 - Part 1 Trial Home Placement, which helps answer two questions:
 - Can the child safely begin a trial home visit?
 - If not, should the permanency goal change?
 - Part 2 Progress to Case Closure Guide helps answer the question, can the case be safely closed?

Notes

Part 1: Trial Home Visit



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

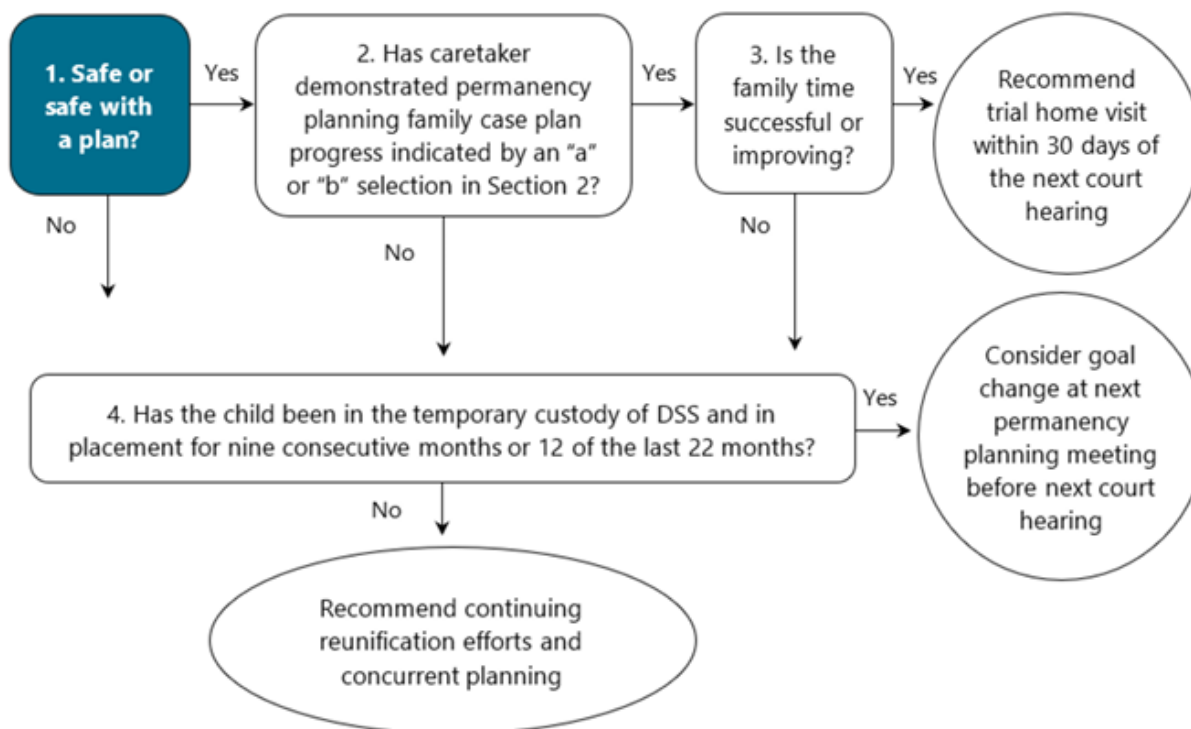
- Part One of the Reunification Assessment has five parts:
- Section 1 assesses safety
 - Section 2 assesses caretaker progress on the family case plan
 - Section 3 assesses the quality and quantity of Family Time
 - Section 4 supports recommendations for Trial Home Visits with outcomes
 - Recommend a trial home visit
 - Recommend continuing reunification efforts and concurrent planning
 - Consider goal change
 - Through supervision, Section 5 establishes minimum contact frequency when recommendations are to begin or continue a trial home visit
- Tools don't make decisions, people do
- Part 1 of the reunification assessment is required for all families with at least one child in out-of-home care with a goal of reunification

Notes

Handout: **PART 1: TRIAL HOME VISIT, SECTION 4. TRIAL HOME VISIT RECOMMENDATION**

Complete Section 4 for **each child** based on the completed sections previous to this one. The output of this process flow is noted in the recommendation section, Part B.

A. Guidelines



1. Safe or safe with a plan?

- If Yes, go to 2.
- If No, go to 4.

2. Has caretaker demonstrated permanency planning family case plan progress indicated by an "a" or "b" selection in Section 2?

- If Yes, go to 3.
- If No, go to 4.

3. Is the family time successful or improving?

- If Yes, recommend trial home visit within 30 days of the next court hearing.
- If No, go to 4.

4. Has the child been in the temporary custody of DSS and in placement for nine consecutive months or 12 of the last 22 months?

- If Yes, consider goal change at next permanency planning meeting before next court hearing.
- If No, recommend continuing reunification efforts and concurrent planning.

Recommendation

- Recommend trial home visit within 30 days of the next court hearing: If the safety decision is b. Safe with a plan, use a safety plan. A blank safety plan can be found in the appendices.
- Consider goal change at next permanency planning meeting before next court hearing
- Recommend continuing reunification efforts and concurrent planning

Final Reunification Recommendation Discretionary Override

- No
- Yes
 - DSS is finding compelling reasons to keep the child in out-of-home care; reason noted in text box.
 - DSS is finding compelling reasons for the child to begin trial home visit; reason noted in text box.

What part of the tool did you feel most confident completing?**Where did you feel the least confident, and who back at the office could support your growth in this area?****How do you see this tool supporting best practice?**

Part 2: Progress to Case Closure Guide



Part 2 of the SDM® Reunification Assessment is the Progress to Case Closure Guide. This part is used after a child has begun a trial home visit. The purpose of this part is to help determine whether a case can safely be closed.

Sections 1 and 2 prompt assessment of safety and PPFCP progress. These sections replicate the corresponding elements of Part 1 of the SDM® Reunification Assessment. Part 3 focuses on decision-making for case closure.

Handout: **PART 2: PROGRESS TO CASE CLOSURE, SECTION 1. PROGRESS TO CASE CLOSURE SAFETY ASSESSMENT**

When answering the following questions, use the definitions in the appendices for the indicators influencing child vulnerability, danger indicators, and family safety interventions.

A. SAFETY CRITERIA

1. Are any danger indicators identified on the most recent safety assessment still active?

- Yes. Proceed to question 2.
- No. Proceed to question 1a.

1a. Have any new danger indicators been identified since the last assessment?

- Yes. Proceed to question 3.
- No. Proceed to B. Safety Decision. Safety decision is "Safe."

2. Are the safety interventions in the current safety plan working to address the danger indicators?

- Yes. Safety interventions on the current safety plan continue to be needed and are working well in addressing the danger indicators; and caretakers are demonstrating protective actions, including using their support network. Proceed to question 2a.

- No. Safety interventions on the current safety plan are not working or are not able to address the danger indicators. Proceed to Part B. Safety decision is “Unsafe.” Staff the case for potential petition and removal.

2a. Have any new danger indicators been identified since the last assessment?

- Yes. Proceed to question 3.
- No. Proceed to Part B. Safety decision is “Safe with a plan.”

3. Are there safety interventions that can be incorporated into the safety plan to address the new danger indicators?

- Yes. Proceed to Part B. Safety decision is “Safe with a plan.”
- No. There are no safety interventions available and appropriate to address danger indicators at this time. Proceed to Part B. Safety decision is “Unsafe.” Staff the case for potential petition and removal.

Note: If a brand-new concern is discovered during the permanency case (e.g., a case had been opened for severe neglect, but now physical abuse is being alleged), the caseworker should make a report to intake. If the report is accepted, follow policy to address the concerns with a new assessment. If the report is not accepted, the caseworker is still responsible for addressing the safety concerns.

1. What is the result of Section 1?

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

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

- If Yes, staff child case for case closure. DSS-5227 Child Welfare Services © 2026 Evident Change 14
- If No, go to 3.

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

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

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

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

Monitoring the Permanency Planning Family Case Plan Learning Lab

Accountability and Support When Monitoring

Activity: Drawing Competition

Within your group, select a contestant who will draw the picture for the activity. Only one person will draw, and the other members of the group will be given instructions on how to provide guidance and support for the contestant.

Notes

Assessing Progress

Handout: Five Stations of Gathering Information and Family Voice

To prepare for this activity, consider the case scenario update below. Keep in mind that the scenario timeline aligns with the required casework and court processes. As you move through this activity, stay focused on progress, change, and ongoing safety, rather than on timeline details or differences in local practices.

Case Scenario Update:

You have been working with the Lewis family for 135 days, or four and a half months. Family Time visits have progressed from supervised visits to court-ordered unsupervised visits in the community or the family home twice weekly for up to eight hours. William is present during these visits, although he does not act as a “supervisor.”

You are getting ready to complete Part 1 of the Reunification Assessment in preparation for a CFT Meeting and update to the Permanency Planning Family Case Plan (PPFCP). You are also working on the first draft of your court report to be presented in several months at the next Permanency Hearing

The PPFCP was developed before the 30-day required timeframe, updated at 60 days. Use the Harm, Worry, and Goal Statements developed on Day two and the PPFCP fixes completed on Day Five as the current case plan goals.

On day 55 of the case, you completed Part 1 of the Reunification Assessment. A summary of the assessment's outcome is below.

SECTION 1. REUNIFICATION SAFETY ASSESSMENT

A. Safety Criteria	
1. Would any danger indicators identified on an earlier safety assessment still be present if the child began a trial home visit?	YES
While George has had a shift in his beliefs about the use of physical discipline and the impact of ADHD on Raymond's behavior, there are still concerns. George states that Raymond is doing better in the foster home because the foster parent “coddles” him and “refuses to hold him accountable” when he does not meet behavioral expectations. At the same time, George is able to communicate how ADHD makes it difficult for Raymond to follow through with expectations. George has said that he is at a loss for what he is supposed to do with Raymond's behaviors.. During supervised family time visits, George raises his voice when Raymond does not comply with directions the first time. A month ago, he grabbed Raymond's arm on one occasion, let go quickly, and apologized. Raymond indicated that while he does want to visit with his dad, he is scared of George and has shown signs of stress before and after visits, such as becoming withdrawn, tearful, and sleeping more.	
1a. If yes, are there safety interventions that can and will be incorporated into the safety plan to address these dangers?	NO

Family time visits remain supervised because George has not demonstrated the behavioral change necessary to ensure safety. Visits are in the community and supervised by a DSS caseworker or Aunt Michelle.

B. Safety Decision

UNSAFE

SECTION 2. PERMANENCY PLANNING FAMILY CASE PLAN PROGRESS

Primary: George	Secondary: William	Answer
☐	☐	a. Frequently demonstrates behavior change consistent with permanency planning family case plan.
☐	☒	b. Sometimes demonstrates behavior change consistent with permanency planning family case plan.
☒	☐	c. Rarely to never demonstrates behavior change consistent with permanency planning family case plan.

SECTION 3. FAMILY TIME ASSESSMENT

Have Rylan's Law visits taken place	NO
1. Caretaker's efforts to maintain consistent family time with the child.	
a. Consistently follows family time plan. The caretaker regularly attends scheduled family time, has little or no missed family time, calls to reschedule if needed, maintains or improves relationship with the child through other allowed communication (e.g., phone, text, social media), participates in other ways to be involved in the child's life as approved, and uses third party access and unsupervised family time with the child when approved.	
2. Caretaker's behavior during family time with the child.	
c. Unhealthy or harmful interactions. The caretaker's behavior mostly falls outside the range of acceptable caretaking responses. Caretaker demonstrates little to no understanding of child development and limited interest in or ability to change caretaking behavior or activities.	
3. Summarize the family's consistency and behavior during family time.	

FAMILY TIME CONSISTENCY	BEHAVIOR DURING FAMILY TIME: POSITIVE INTERACTIONS	BEHAVIOR DURING FAMILY TIME: SHOWING IMPROVEMENT	BEHAVIOR DURING FAMILY TIME: UNHEALTHY OR HARMFUL INTERACTIONS
Always/Often	1a, 2a	1a, 2b	1a, 2c
Sometimes	1b, 2a	1b, 2b	1b, 2c
Rarely/Never	1c, 2a	1c, 2b	1c, 2c
Not Successful			

SECTION 4. TRIAL HOME VISIT RECOMMENDATION

Recommendation Summary

Child	Recommendation	Override Applied	Final Permanency Plan Recommendation
Raymond Jackson	Continuing reunification efforts and concurrent planning	N	Continuing reunification efforts and concurrent planning
Vanessa Jackson	Continuing reunification efforts and concurrent planning	N	Continuing reunification efforts and concurrent planning

Activity: Five Stations of Gathering Information and Family Voice

What to Do:

- Working with your small group, visit the five stations to gather information that will inform the completion of Part 1 of the Reunification Assessment
- As you review information, make notes on the Three Column Map
- Keep in mind that this activity provides an opportunity to practice a key casework process, and it is a simulation that does not fully reflect the level of family voice and choice that should be present in real casework practice

What are you worried about?	What is working well?	What needs to happen next?

Utilizing SDM® Tools to Monitor Progress

- Caseworkers do not make decisions based on their feelings but through thoughtful utilization of the Essential Functions
- The Structured Decision Making (SDM®) model is an evidence- and research-based system that identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision

Activity: Using SDM® Tools to Monitor Progress

What to do:

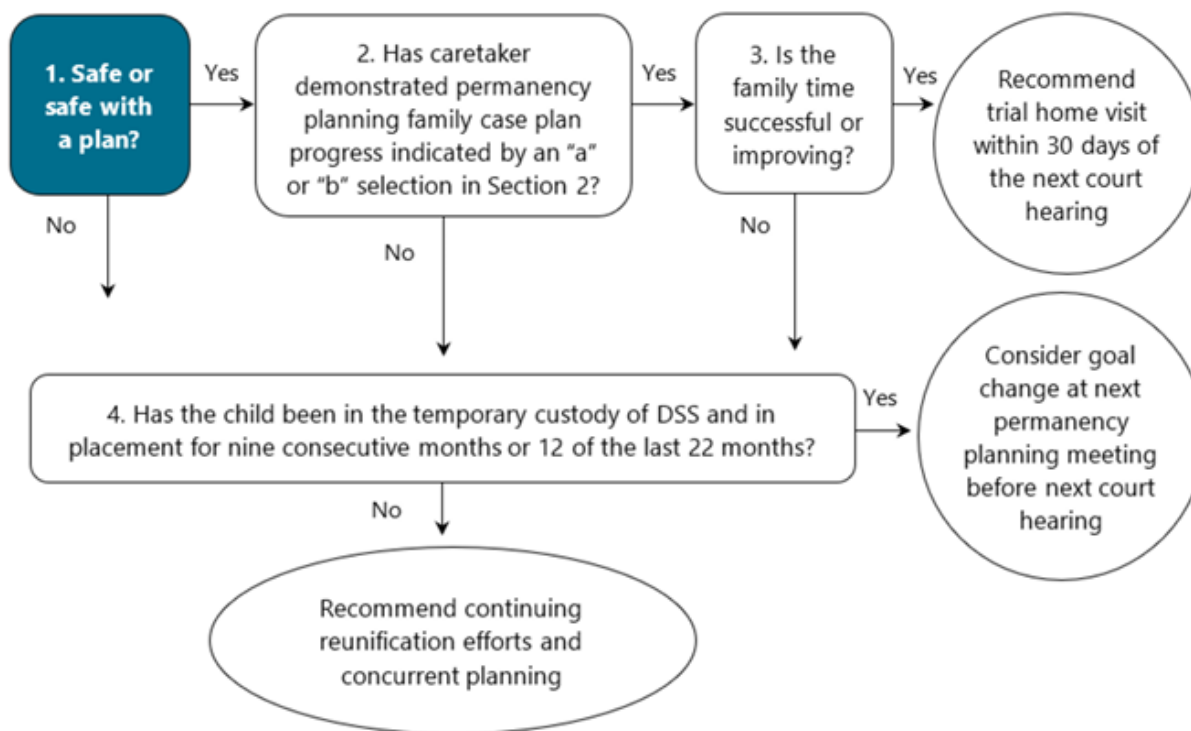
- Consider the information gathered in the stations activity that you documented on the three-column map worksheet
- Use this information to complete Part 1: Trial Home Visit of the Reunification Assessment
- When eight minutes are up, swap assessments with a partner, and each of you reviews the other's Part 1: Trial Home Visit of the Reunification Assessment
- Discuss the case and the items they each captured on their tools using the discussion questions

Notes

Activity Worksheet: **PART 1: TRIAL HOME VISIT, SECTION 4. TRIAL HOME VISIT RECOMMENDATION**

Complete Section 4 for **each child** based on the completed sections previous to this one. The output of this process flow is noted in the recommendation section, Part B.

B. Guidelines



1. Safe or safe with a plan?

- If Yes, go to 2.
- If No, go to 4.

2. Has caretaker demonstrated permanency planning family case plan progress indicated by an "a" or "b" selection in Section 2?

- If Yes, go to 3.
- If No, go to 4.

3. Is the family time successful or improving?

- If Yes, recommend trial home visit within 30 days of the next court hearing.
- If No, go to 4.

4. Has the child been in the temporary custody of DSS and in placement for nine consecutive months or 12 of the last 22 months?

- If Yes, consider goal change at next permanency planning meeting before next court hearing.
- If No, recommend continuing reunification efforts and concurrent planning.

Recommendation for Van:

- Recommend trial home visit within 30 days of the next court hearing: If the safety decision is b. Safe with a plan, use a safety plan. A blank safety plan can be found in the appendices.
- Consider goal change at next permanency planning meeting before next court hearing
- Recommend continuing reunification efforts and concurrent planning

Recommendation for Raymond:

- Recommend trial home visit within 30 days of the next court hearing: If the safety decision is b. Safe with a plan, use a safety plan. A blank safety plan can be found in the appendices.
- Consider goal change at next permanency planning meeting before next court hearing
- Recommend continuing reunification efforts and concurrent planning

Activity Pairs Discussion Questions**Did we arrive at the same conclusion?**

--

If no, where did we assess differently?

--

What information did you identify as significant?

--

What made it significant to you?

--

Safety Planning

Activity: Safety Planning

What to do:

- Review the Safety Planning Choices handout
- Consider information gathered in the “Five Stations of Information Gathering” activity and results of the SDM[®] Reunification Assessment
- Select 2-3 choices from the handout to use in a safety plan to address identified danger indicators from part one of the Reunification Assessment for the Lewis Family
 - Would your selection align with the family’s voice as evidence in the information gathered?
 - Would your selection address the danger indicators identified in the SDM Reunification assessment?
- In your group, discuss the safety plan choices you made
- As a group, choose the top two safety plan choices

Notes

Activity Worksheet: Safety Plan Choices

Caseworker will call to make sure George is going to parenting classes and attending therapy with Raymond
Caseworker will make visits to the home to check in on progress
William will supervise all interactions between George and the children and intervene if George is not managing his frustration
Aunt Michelle moves into the home temporarily and observes George's behavior with the children
George will utilize discipline techniques, such as removing privileges or having Raymond finish cleaning a mess with directions and support
William will remove Raymond from the home if he observes George escalating, such as raising his voice, using demeaning language, or physically disciplining Raymond
George will leave the house if he feels himself becoming frustrated or overwhelmed
Bennett Hardy (George's Parenting Class Teacher) will call George twice a week and ask about his frustration level and strategies
George will continue to go to his bi-weekly parenting coaching group
Caseworker will visit Raymond and Van at school to privately check in about safety at home
George agrees not to utilize physical discipline or raise his voice at Raymond.
George will not get frustrated with Raymond's behaviors
Aunt Michelle will call Van every day to check in about how things are going at home using a safety scaling question
When George feels it is becoming harder to manage his anger toward Raymond's behavior, George will walk out of the house and call Ms. Rosa or Bennett Hardy
George and William will continue to engage in therapy with Raymond
Ms. Rosa will check in with Raymond each day, in person or on the phone, to check in about how things are going at home using a safety scaling question.
Coach Jim will check in with George about safe parenting choices twice a week
George and Ms. Rosa give permission for Raymond to go to Ms. Rosa's house if he ever feels scared

What stood out to you most during this safety planning activity, and why?

When selecting safety plan action items, what findings from your assessment will you keep at the forefront?

When matching actions to the identified danger indicator, what factors will you weigh to ensure the response fits the level of risk?

How will you distinguish between behavior-specific proactive and reactive action items in your own cases?

How will you engage the parent or caretaker so that they choose to use the safety plan to keep their child safe, and the plan reflects their voice?

Achieving Permanency

Adequate Progress

Adequate Progress

- Recognizing and affirming effort is essential to sustaining motivation and progress over time
- When families' efforts are acknowledged and celebrated, they are more likely to remain engaged and continue working toward their goals
- When families demonstrate progress toward goals, it is appropriate to continue the case plan as designed
- As safety concerns are addressed and behavioral change is demonstrated, the case plan should be adjusted to expand opportunities for families to practice and strengthen new skills

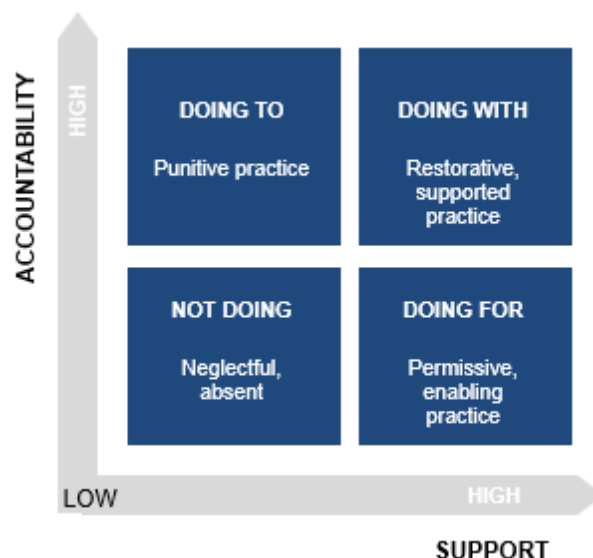


Think of a family that was making some progress, but not yet enough to safely move to permanency. What specific behaviors would help you decide whether to continue the plan as written or adjust it?

How can you celebrate progress with a parent while remaining clear about which behavior changes are still needed for safety and permanency?

Accountability and Support

- Effective permanency planning balances accountability and support
- Progress should change the level of support, supervision, and responsibility in the case plan
- Family Time, contact plans, trial home visits, and check-ins should reflect demonstrated behavior change
- “What if” concerns should lead to planning, consultation, and safety network engagement, not oversurveillance
- Supervisors, partners, and safety networks help caseworkers stay objective and support sustainable change



What parts of a case plan can be adjusted when a parent demonstrates consistent behavior change?

When you notice “what if” concerns, how can you use supervision or the safety network to plan without increasing oversurveillance?

Setbacks and Motivation

Three Questions
(Three Column
Mapping)

Solution
Focused
Questions

Crucial
Conversations

SDM® Tools

Child and
Family Team
Meetings

Full Disclosure

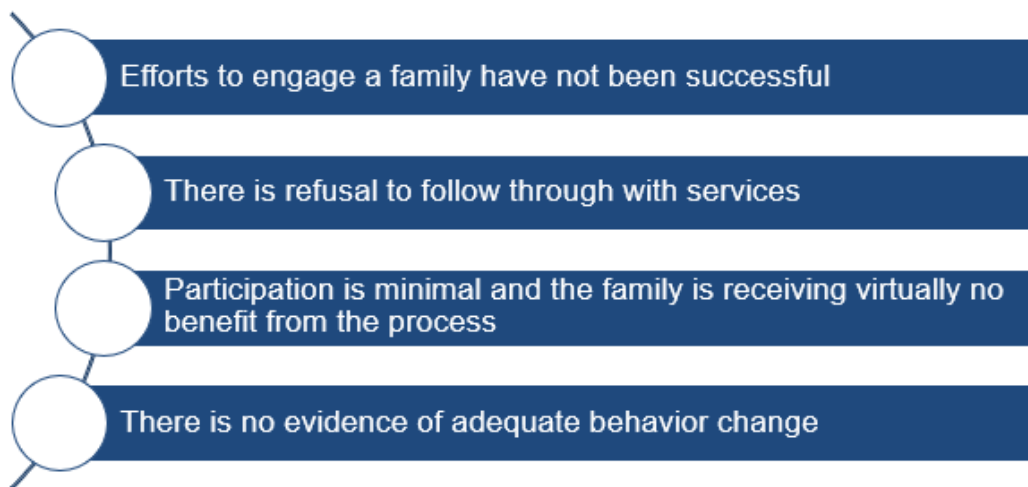
- Setbacks are common in behavior change and do not automatically erase progress
- A setback should prompt assessment of safety, support, accountability, and planning
- SOP tools, SDM® tools, crucial conversations, and CFT meetings help caseworkers respond effectively
- Setbacks create opportunities to learn, strengthen supports, and prevent future challenges
- Caseworkers should avoid responding to setbacks with either punitive or permissive practice

Think about a family that experienced a setback. What information helped you determine whether the setback represented a temporary challenge or a significant safety concern?

When a family experiences a setback, how do you increase support and accountability in ways that promote learning and behavior change rather than punishment?

Inadequate or No Progress

Inadequate or No Progress



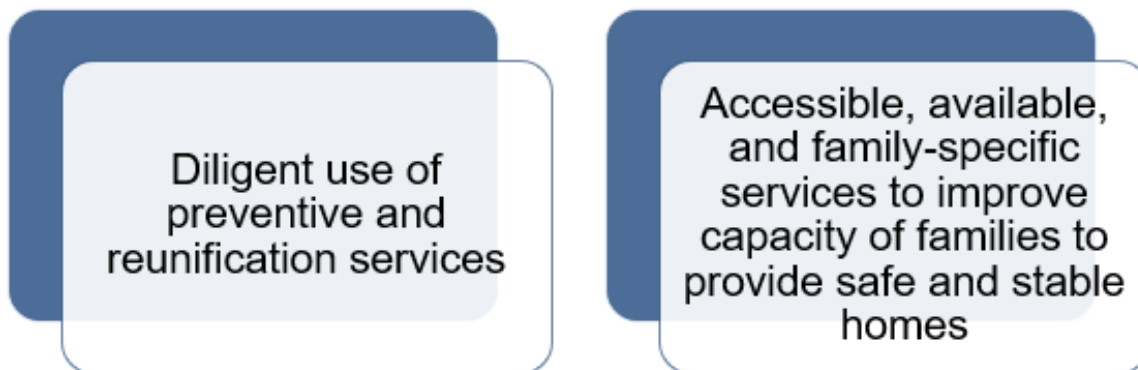
- Lack of progress places the case at a critical decision point
- Assessing lack of progress requires examining safety, behavior change, barriers, and reasonable efforts
- Lack of progress does not always mean lack of motivation
- Caseworkers should explore family, community, service, and system barriers before recommending a plan change
- Decisions must remain family-centered, trauma-responsive, and focused on child safety

Think about a family that was not making progress. What information helped you determine whether the issue was unwillingness, inability, or barriers outside the family's control?

Before recommending a change in permanency goals, what evidence would help you determine that reasonable efforts have been made?

How can supervisors, Child and Family Team members, relatives, or service providers help you better understand the reasons behind a family's lack of progress?

Reasonable Efforts



- Reasonable efforts include the caseworker's actions to support safety, engagement, behavior change, and permanency
- Reasonable efforts require accessible, family-specific services and supports
- Caseworkers must evaluate reasonable efforts before recommending a permanency plan change
- Full disclosure, engagement of relatives, offering and providing support, and creative problem-solving demonstrate reasonable efforts
- Reasonable efforts focus on partnership, not simply service referrals

What actions best demonstrate reasonable efforts beyond simply referring a family to services?

A large empty rectangular box with a black border, intended for handwritten or typed responses to the question above.

How do you determine whether a lack of progress reflects family barriers, service barriers, or gaps in agency efforts?

Think about a difficult permanency decision. What evidence helped you conclude that reasonable efforts had been made?

How can supervisors, relatives, kin, and Child and Family Team members help strengthen reasonable efforts before a permanency recommendation is made?

Calming and De-Escalation Strategies

Low and Slow
Name it to Tame it
Regulate over Educate

- Calming and de-escalation strategies are critical to caseworkers' ability to navigate discussions about custody, permanency, placement, permanency plans, changes to the permanency plan, and termination of parental rights

Video: Calming & De-escalation Strategies

Calming & De-escalation Strategies

Notes

Handout: Calming and De-Escalation Strategies

Escalation

- We become escalated from a sense of threat or fear, real or perceived.
- Some brains are wired to expect harm or danger due to past experiences.
- When a person is stressed, angry, or scared, their survival brain becomes activated to keep them safe. This turns off the thinking part of the brain. People act on instincts, especially reading non-verbal cues from others and the environment.

De-Escalation

Use non-verbal cues to reduce the perception of threat

- Do not block or corner people who are upset, angry, or escalated
- Keep body posture open and relaxed, even when hard

Takes the body 20-30 minutes to come back to baseline after the real or perceived threat.

Three strategies for De-Escalation

Low and Slow: reference to body movements, voice, and speech patterns

- Speech: use a low tone and slow speed
- Body: move slowly, sit down or lower the body to a more equal stance to the escalated person

Name it to Tame it: naming emotions, acknowledging feelings, validating the feeling, not the behavior

Regulate over educate: Focus on regulation for yourself and the escalated person.

- Give physical space and time.
- Avoid discussions of consequences or introspection about how actions are affecting others.
- Refrain from sharing essential information, as it cannot be processed or retained at this time.

Crucial Conversation: When DSS Recommends Changing the Permanent Plan

- Changing the permanent plan can feel threatening and may lead to distress and emotional dysregulation for family members
- De-escalation focuses on safety and presence, not persuasion
- Caseworkers should validate feelings and thoughts, not unsafe behavior
- Use low and slow, name it to tame it, and regulate over-educate
- Practice recognizing what calms the parent through behaviorally specific cues
- Full disclosure and prior conversations help prepare families for difficult decisions

Activity: Changing the Permanent Plan

Activity Scenario:

Sam has been involved with child welfare for the last fifteen years. Their older daughter is in guardianship with their parents as a result of a previous child welfare intervention. Currently, Sam's younger two children, ages five and two, are living with Sam's parents in kinship arrangements. Sam struggles with substance use disorder and has not made significant progress on the case plan. Sam wants to stop using drugs and get their children back. Despite many referrals, warm hand-offs with providers, intakes, and program initiation, they have not found the right support or services to facilitate the changes necessary. The children have been in care for 12 of the last 22 months, and it is time for the plan to change to adoption with Sam's parents.

In the past, when crucial conversations of this nature have occurred, Sam has become dysregulated, which has included yelling, using profanity, walking out of the meeting, then returning, continuing to yell, and making statements of self-harm.

As the social worker, we have been practicing full disclosure throughout the process. You have had many conversations about concurrent planning and made clear the expectations for reunification.

We are about thirty minutes into a conversation, and we have already checked in on updates, how Sam is doing today, and the children's progress. Sam has told you about a recent binge and a call to her sponsor. The conversation picks up there.

Role play notes and observations.

What techniques, statements, or strategies worked to calm or de-escalate Sam?

What specific behaviors gave you the indication that this technique, statement, or strategy was successful?

What might you take with you from this experience into your practice?

Achieving Permanence

- Children and their families need to have connections, and many will seek those connections regardless of their permanency outcome or support from the agency
- It is our responsibility to support children and their families in making healthy, supportive connections with each other

Video: [Leah's Story of Forever Family](#)

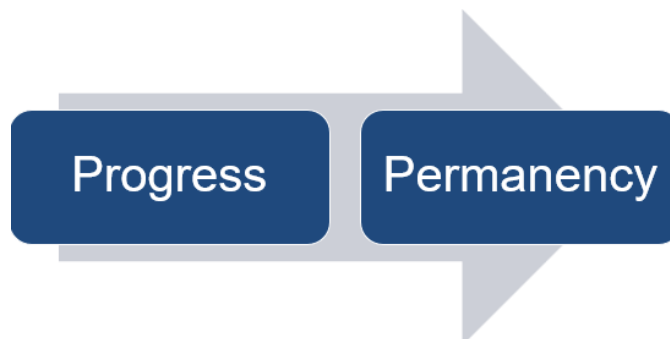
[Leah's Story of Forever Family](#)

What actions supported progress?

What relationships supported permanency?

What lessons can you apply to your own practice when helping children achieve legal, relational, and identity permanency?

Moving from Progress to Permanency



- Permanency decisions must be grounded in behaviorally specific evidence, not service compliance
- Legal permanency provides a permanent, court-recognized outcome, such as reunification, guardianship, custody, or adoption
- Relational permanency means children and youth have lasting, supportive connections with siblings, relatives, kin, caregivers, mentors, and other important people
- Identity permanency means children remain connected to their family history, family values, social groups, religion, community, racial and ethnic identities, and sense of self
- Family voice, child safety, permanency timeframes, and reasonable efforts must be considered together
- Relatives, kin, safety networks, supervisors, and partners support sound permanency decisions
- Caseworkers should use supervision and consultation to stay objective when emotions, assumptions, or “what if” concerns arise
- Permanency transitions should be honest, trauma-responsive, and supported before, during, and after the change

What behaviorally specific evidence should carry the most weight when deciding whether a family is ready to move toward permanency?

--

How do you balance legal permanency, relational permanency, and identity permanency when recommending next steps?

What role should relatives, kin, safety networks, and partners play before, during, and after a permanency transition?

How would you use supervision or consultation to stay objective when emotions, hopes, concerns, or assumptions could influence the recommendation?

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Appendix

Reflections and Check-Ins

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