



North Carolina Department of Health and Human Services Child Welfare Pre-Service Training

Week Five

Core Participant's Workbook

November 2022



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Steps Through an Adoption 41

Instructions

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

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

Course Themes

The central themes of the Pre-Service Training are divided across Foundation Training and Core Training topics.

Foundation Training

- Pre-Work e-Learning
- Introduction to the Child Welfare System
- Identification of Child Abuse and Neglect
- Introduction to Child Development
- Historical and Legal Basis of Child Welfare Services
- Ethics and Equity in Child Welfare
- Key Issues in Child Welfare: Substance Use, Family Violence, and Mental Health
- Overview of Trauma-Informed Practice

Core Training

- Pre-Work e-Learning
- Child Welfare Overview: Roles and Responsibilities
- Introductory Learning Lab
- Diversity, Equity, Inclusion, and Bias
- Indian Child Welfare Act (ICWA)
- Engaging Families Through Family-Centered Practice
- Engaging Families Learning Lab
- Quality Contacts
- Overview of Child Welfare Processes: Intake and CPS Assessments
- Intake and CPS Assessments Learning Lab
- Overview of Child Welfare Processes: In-Home Services
- In-Home Services Learning
- Overview of Child Welfare Processes: Permanency Planning Services
- Permanency Planning Services Learning Lab
- Key Factors Impacting Families and Engaging Communities
- Documentation

- Documentation Learning Lab
- Self-Care and Worker Safety

Training Overview

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

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

Pre-Work Online e-Learning Modules

There is required pre-work for the North Carolina Child Welfare Pre-Service Training in the form of online e-Learning modules. Completion of the e-Learnings is required prior to attendance at the classroom-based training. The following are the online e-Learning modules:

1. Introduction to North Carolina Child Welfare Script
2. Child Welfare Process Overview
3. Introduction to Human Development
4. Maslow's Hierarchy of Needs
5. History of Social Work and Child Welfare Legislation
6. North Carolina Worker Practice Standards

Foundation Training

Foundation Training is instructor-led training for child welfare new hires that do not have a social work or child welfare-related degree. Staff with prior experience in child welfare or a social work degree are exempt from Foundation Training. The purpose of this training is to provide a foundation and introduction to social work and child welfare. After completing Foundation training, new hires will continue their training and job preparation with Core Training. Foundation Training is 28 hours (4 days) in length.

Core Training

Core Training is required for all new child welfare staff, regardless of degree or experience. This course will provide an overview of the roles and responsibilities of a child welfare social worker in North Carolina, including working with families throughout their involvement with the child welfare system. The course will provide opportunities for skills-based learning labs. Core Training includes 126 hours (18 days) of classroom-based training, completed over six consecutive weeks.

Throughout the pre-service training, learners may have required homework assignments to be completed within prescribed timeframes.

In addition to classroom-based learning, learners will be provided with on-the-job training at their DSS agencies. During on-the-job training, supervisors will provide

support to new hires through the completion of an observation tool, coaching, and during supervisory consultation.

Transfer of Learning

Transfer of learning means that learners apply the knowledge and skills they learned during the training back to their daily child welfare work at their DSS agencies. During the pre-service training, learners will complete a transfer of learning tool at various points:

- Pre-training
- During training
- Post-training

The transfer of learning tool will enable learners to create a specific action plan they can use to implement the training content on the job. A key component of successful child welfare practice is the involvement of supervisors in the reinforcement of new knowledge and skills. Supervisors will assist new workers in the completion and review of their transfer of learning tool and will support workers to apply what they have learned in training to their child welfare roles and responsibilities through action planning. Completion of the transfer of learning tool is required to complete the training course.

Training Evaluations

At the conclusion of each week of training, learners will complete a training evaluation tool to measure satisfaction with training content and methods. The training evaluation tool is required to complete the training course. Training evaluations will be evaluated and assessed to determine the need for revisions to the training curriculum.


All matters as stated above are subject to change due to unforeseen circumstances and with approval.

Week Five, Day One Agenda

Pre-Service Training: Child Welfare in North Carolina

I.	Welcome	9:00 – 9:30
	Overview of Child Welfare Processes, Part 3: Permanency and Planning Services	
II.	Placement	9:30 – 10:35
	BREAK	10:35 – 10:50
	Placement (continued)	10:50 – 11:35
III.	Preparing for Placement Learning Lab	11:35 – 11:50
	Placement (continued)	11:50 – 12:10
	LUNCH	12:10 – 1:10
	Placement (continued)	1:10 – 1:45
IV.	Placement Learning Lab	1:45 – 3:00
	BREAK	3:00 – 3:15
V.	Working with Relatives	3:15 – 3:50
VI.	Self-Care Exercise and Wrap-Up	3:50 – 4:00

Welcome



- How are people feeling today?
- What was your main “takeaway” from last week?
- Is there any clean-up we need to do?
- Review agenda and learning objectives for the day

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Use this outlined space to record notes.

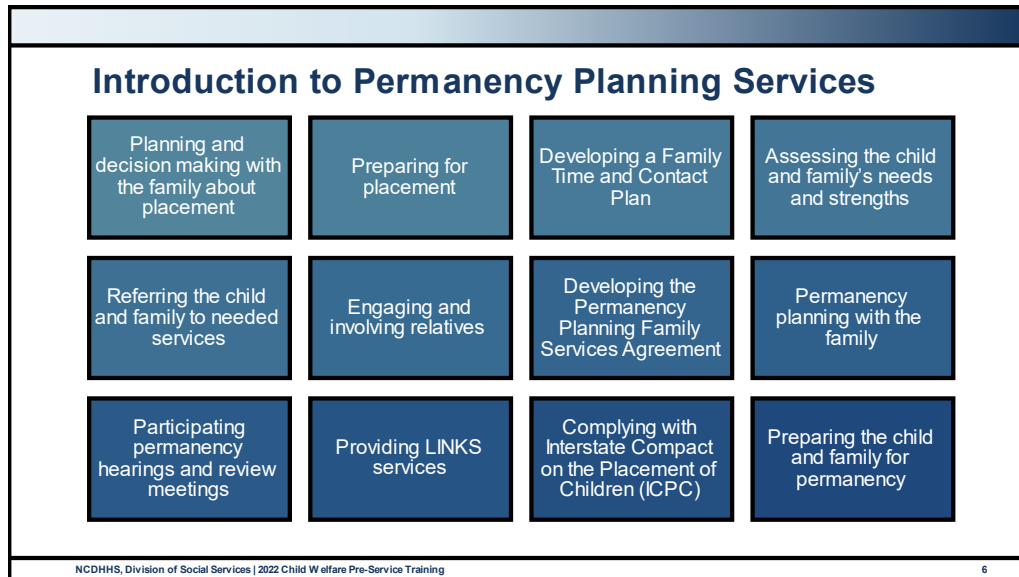
Overview of Child Welfare Process, Part 3: Permanency Planning Services

Placement

Learning Objectives

<ul style="list-style-type: none">• Explain and provide examples of strategies of how to plan and make decisions about placement with the child and family.
<ul style="list-style-type: none">• Discuss ways to prepare the child, the child's family, and the placement provider for placement.
<ul style="list-style-type: none">• Describe the importance of maintaining a child in one single, stable placement to reduce placement disruption.
<ul style="list-style-type: none">• Describe the importance of matching cultural considerations between children and their caregivers.
<ul style="list-style-type: none">• Explain and provide examples of placement considerations when matching placements for special populations, including LGBTQIA+, infants exposed to substances, medically fragile children, large sibling groups, pregnant and parenting teens, and adolescents and older youth.

Introduction to Permanency Planning Services



Permanency Planning Services are provided to children who must be separated from their own parents or caregivers when they are unable or unwilling to provide adequate protection and care. As a result, the child enters the custody of a North Carolina county child welfare services agency. However, out-of-home placement must not be considered until reasonable efforts have been made to preserve a child's safety, health, and well-being in their own home.

What are some of the roles and responsibilities of Permanency Planning workers that you remember?

Video: Amnoni's Story

Visit: Amnoni's Story

In this video, Amnoni shares her story about her experience in the foster care system, her struggle to find stability, normalcy, and familial support, and her decision to never let the past dictate her future. As you watch this video, pay attention to the experiences that Amnoni shares.

What did Amnoni share about her experience in out-of-home care?

What are some of the things that Amnoni shared that she wants workers and agencies to know?

What are some of the things that Amnoni shared that she wants foster families to know?

What are some of the things that Amnoni shared that she wants lawmakers and policymakers to know?

What are some of the things that Amnoni shared that she wants other foster youth to know?

What else stood out to you in the video?

Debrief

Work in pairs to share some things that surprised you or stood out to you.

What is Out-of-Home Care?

What is Out-of-Home Care?

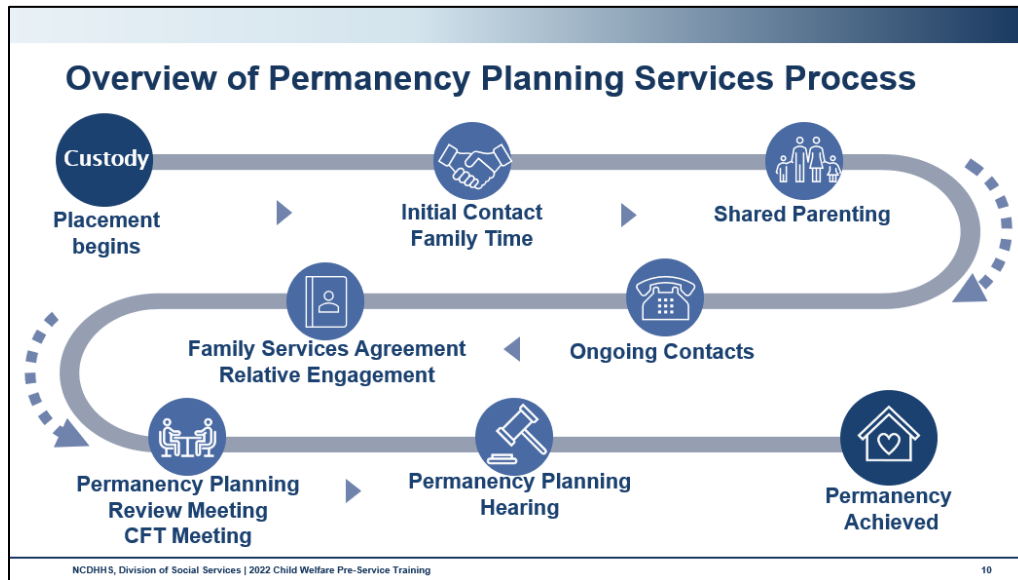
- Court-monitored process that includes placement and services
- Placement is temporary and intended to give families time to make changes
- Services are provided to improve conditions that led to removal
- Most children return home to their families
- When children cannot return home, they find permanence through adoption, guardianship, or other means.

[Overview: Out-of-Home Care](#)

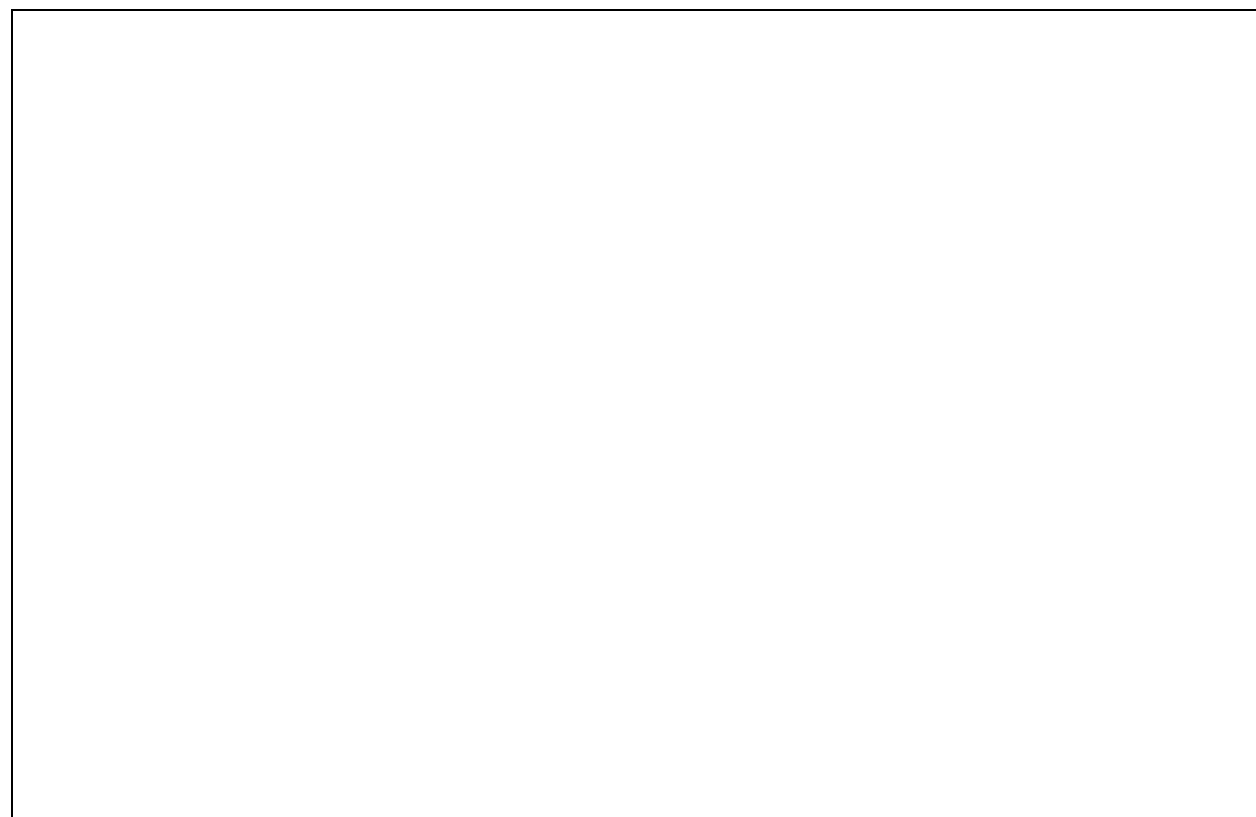
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Overview of Permanency Planning Services Process



This diagram does not provide detail on every casework requirement; however, it does demonstrate major milestones in Permanency Planning Services. You will find in practice that tasks are not always linear.



Questions and Reflections

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

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What Does a Successful Placement Look Like?

What does a successful placement look like?

- Provides everyone with a realistic perception of the placement process
- Minimizes the degree of trauma experienced and likelihood for crisis.
- Increases the child and family's ability to cope
- Maintains and strengthens family relationships
- Engages and empowers families

Rycus, J. S., Hughes, R. C., & Ginter, N. (1988d). *Separation and placement in child protective services: A training curriculum*. Columbus, OH: Institute for Human Services.

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When working to ensure safety and permanence for a child, we can be most successful when we can network and interconnect with all the significant people involved in the child's life to create change.

What do you think the goal of placement is?

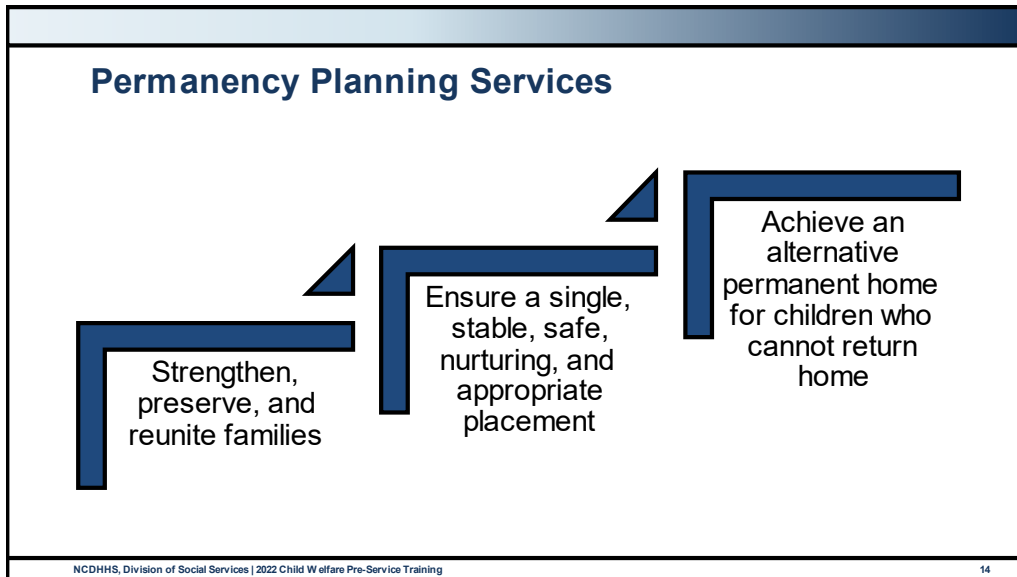
How do we know if a placement has been successful?

**What does a successful placement look like?
(continued)**

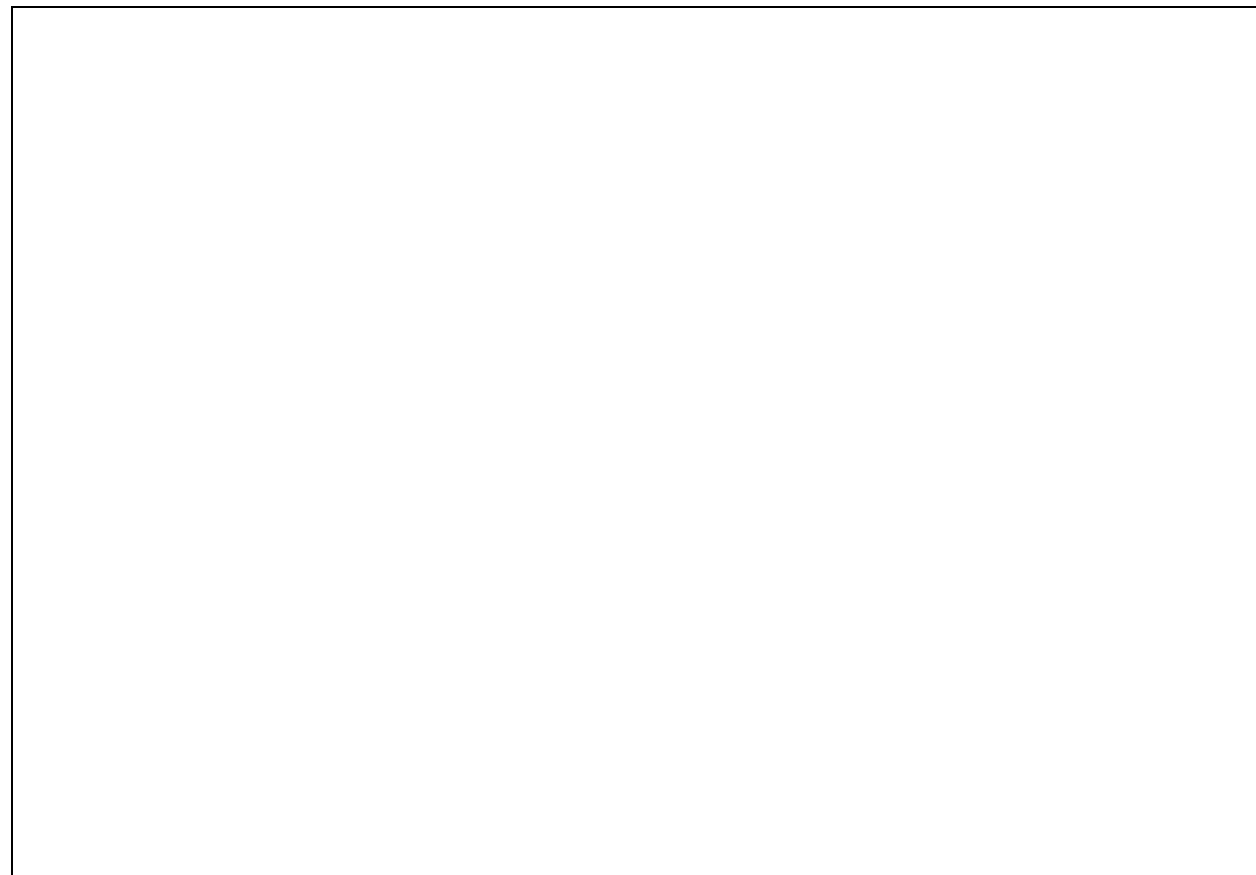
- Strengthens the family’s capacity to care for the child
- Enhances the child’s adjustment in placement
- Strengthens the placement provider’s ability to care for the child
- Provides post-placement supportive services

Ryous, J. S., Hughes, R. C., & Ginter, N. (1988d). *Separation and placement in child protective services: A training curriculum*. Columbus, OH: Institute for Human Services.

Permanency Planning Services



The goal of placement services is the same as the mission of child welfare services: to ensure a child's safety while working to achieve permanence for that child.

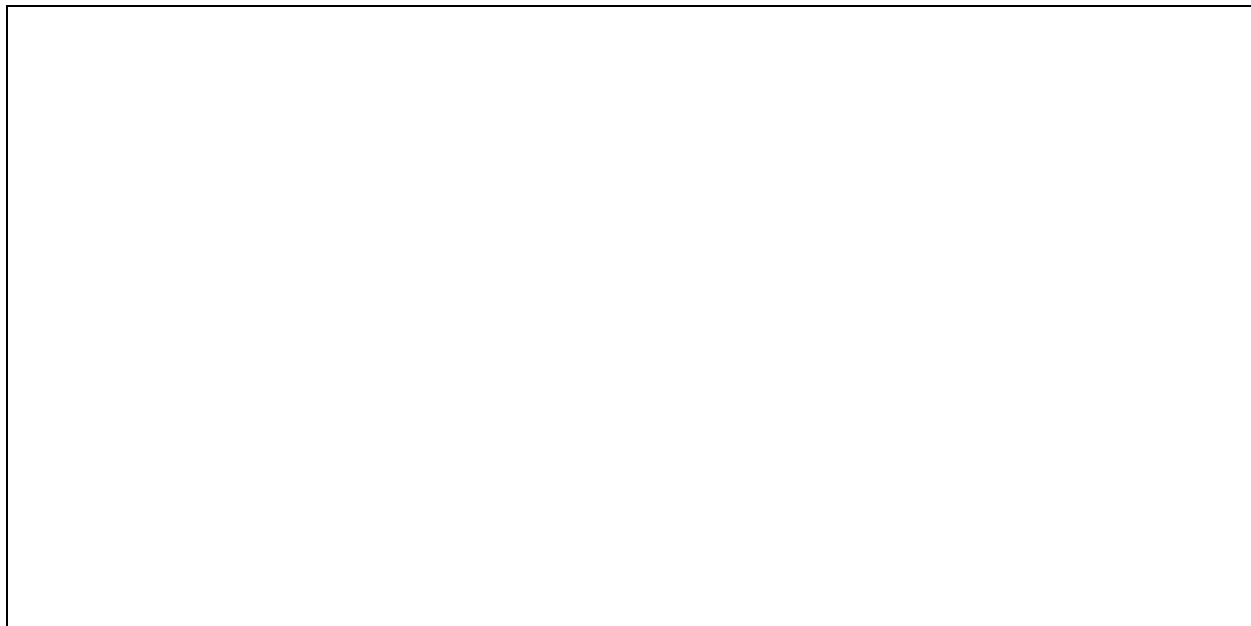


Placement Settings in North Carolina

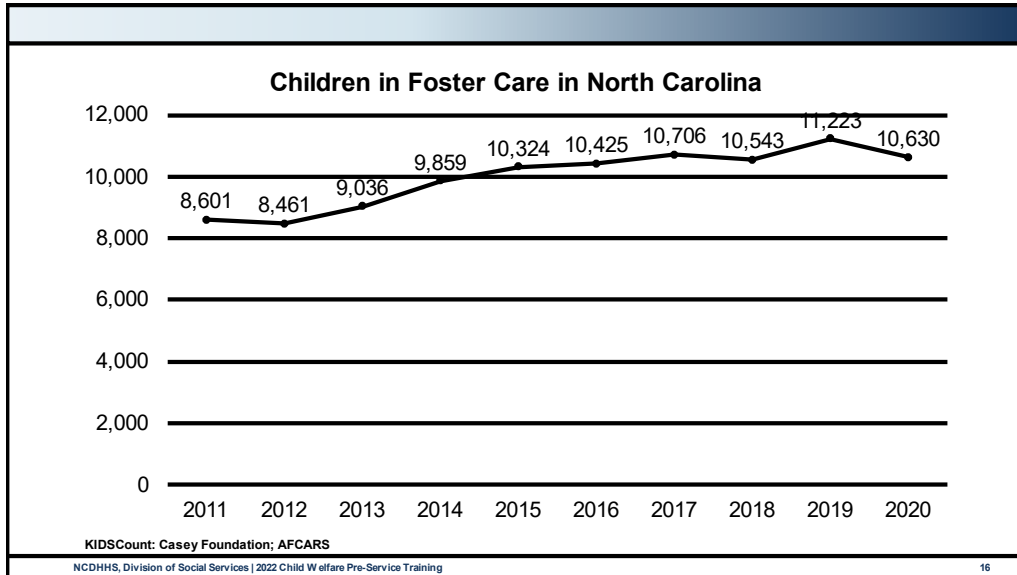
Placement Settings in North Carolina	
<ul style="list-style-type: none">• Relative• Non-relative kin• Foster family home• Therapeutic foster home (TFC)• Group home• Child-caring institution• Foster care facility operated by licensed or approved private child placing agency	<ul style="list-style-type: none">• Foster care facility licensed by NCDHHS• Foster care facility located in another state and approved by ICPC• Residential treatment facility• Licensed residential therapeutic camp• School or institution operated by NCDHHS

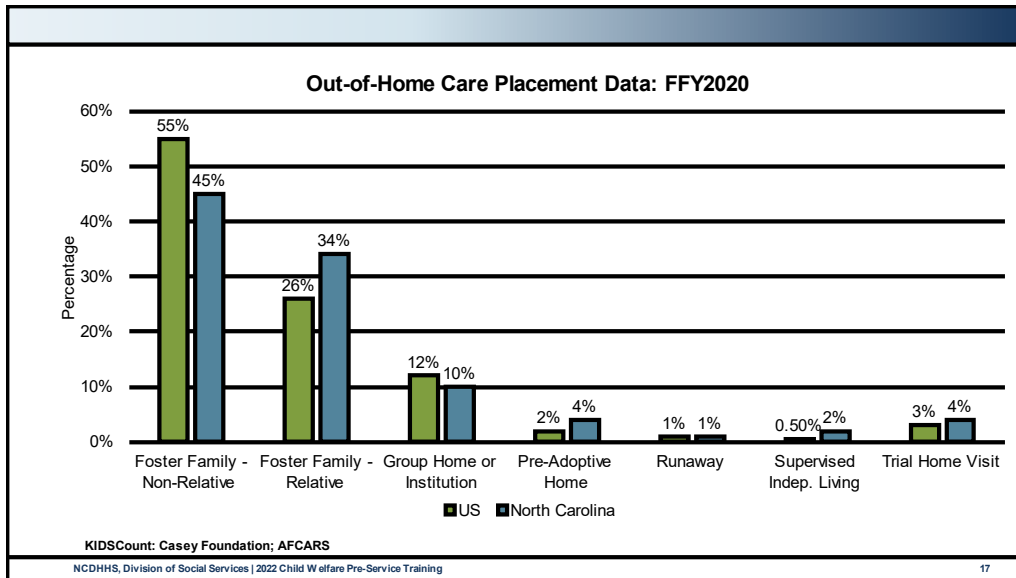
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When children are placed in foster care, there are only specific types of placement settings and resources that a child can be placed with. As a social worker, you determine which placement setting will provide the most appropriate level of care for a child based on your assessment of the child and their need. Keep in mind that placement decisions and considerations are made with the family and based on what is best for the child.

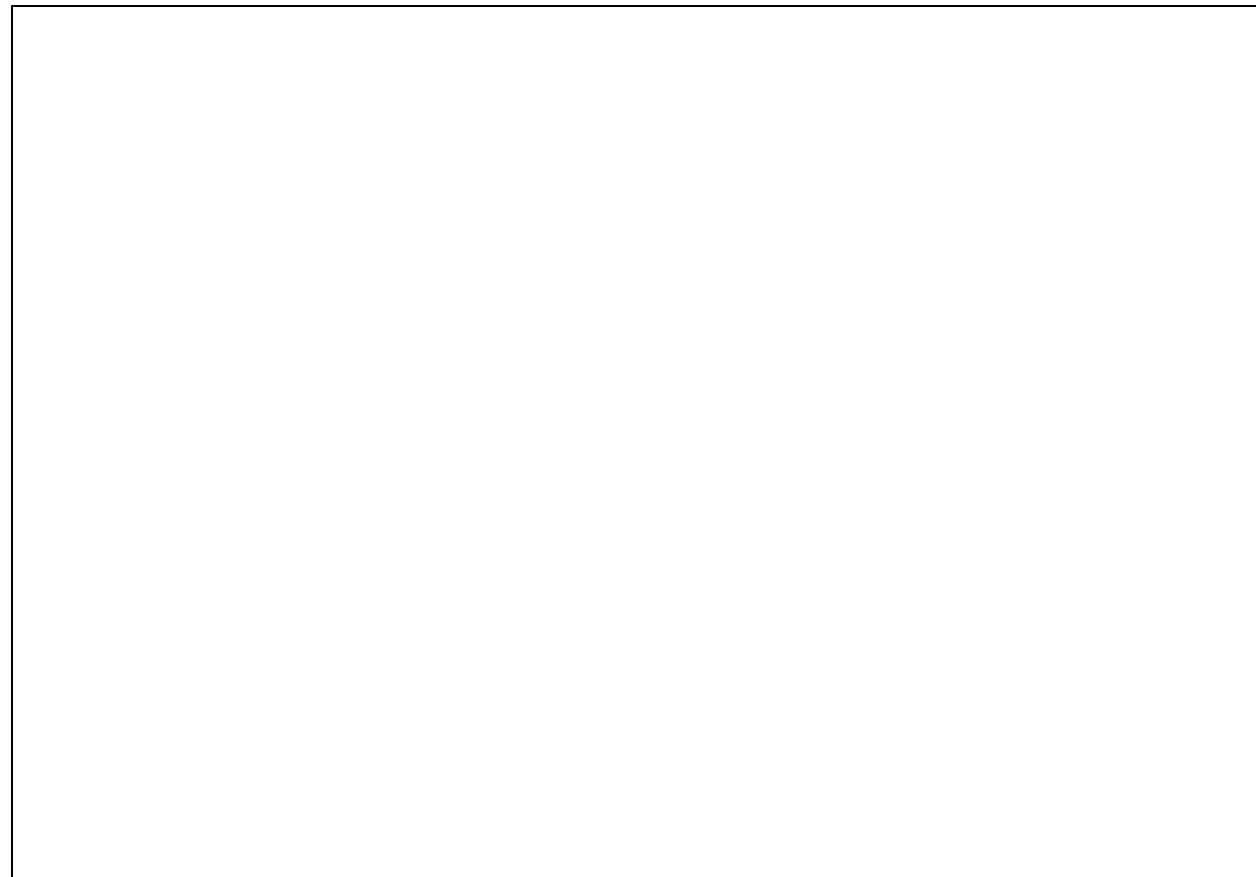


Children in Foster Care in North Carolina





This slide compares the number of children in out-of-home care by placement type in the U.S. and North Carolina during the federal fiscal year 2020. Placements are broken down by foster family, both relative and non-relative, group homes or institutions, pre-adoptive homes, supervised independent living, and trial home visits.



Activity: Separation, Grief, and Loss

Removing children from their families, homes, and communities is disruptive and traumatic and can have long-lasting, negative effects. All children who have been removed from their homes and placed in out-of-home care have experienced loss through separation from their families.

When children are placed in out-of-home care, they have many attachments that are significantly altered. What do you think some of these attachments and losses may be?

Grief and Loss Simulation

You have been reunified with your important person or persons, and the rest of your community that is held in your phones.

What did that activity feel like for you?

Did you feel a sense of loss or worry?

Were you worried about WHEN we were going to give your phones back? How long would we have them for?

Did you feel as though, in addition to losing that significant person or persons, you lost other significant connections? All your other pictures, your contacts, your ability to text or read email, your social media apps, and other apps you use to feel a sense of connection or community?

How well could you concentrate on the material we just covered about separation and trauma?

Grief is the normal reaction to loss. Simply put, grief is what you think and feel on the inside following a significant loss. Grief looks different for each child, just as it does for adults. Although we hear about the five stages of grief—denial, bargaining, anger, depression, and acceptance—grief can feel more like a roller coaster than an ordered series of stages. Most children will likely move among the stages of grief for years and may cycle through various stages. Grief is usually not a linear process. When out-of-home placement cannot be avoided, placement should be structured to minimize trauma to children and their families, decrease the likelihood of a crisis, and reduce the long-term negative effects of separation. As a social worker, there are many strategies you can use to help minimize this trauma.

Questions and Reflections

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

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Planning for Placement with Children and Families

Planning for Placement with Children and Families

- Child and Family Team (CFT) meetings
- Genograms and network maps
- Listening with empathy
- Family's preferences for placement
- Identify relatives and fictive-kin
- Cultural considerations
- Child's needs, schedule, routines
- Toys, clothing, belongings
- Pre-placement visits
- Prepare for placement
- Support before, during, and after placement

[Family Engagement: Partnering With Families to Improve Child Welfare Outcomes](#)
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When you are working with children and families you must give careful consideration to seeking the best first, and only, placement for the child. We want to keep our minds on the following:

- We do everything we can to keep a family together if at all possible.
- If we cannot keep the family safely together and an out-of-home placement is necessary, it is critical to make the BEST first placement.

Imagine you have received a report and have gone out to the home for your assessment and the decision was made that the child needed to be placed in out-of-home care. What do you do first?

When a child must be removed from their home, it is critical that planning for placement occurs WITH the child and their family. Families need to be involved in making decisions during some of the most uncertain, crisis-filled moments of their lives. Effective family engagement occurs when you actively collaborate and partner with the family network throughout their involvement with the child welfare system. Preparing the child's family and involving them in placement planning has several goals:

- Assuring the family understands why placement is necessary, including the specific conditions in the family that have led to placement
- Helping the family become engaged as a partner in the placement process, reduce the stress experienced by their children, and participate in developing and implementing the reunification plan
- Enabling the family's continued involvement with their children while in placement, thereby enhancing the likelihood of successful reunification.

Prioritizing the inclusion of the child's family in the initial placement and case-planning process once a child has been removed is crucial. This time should be used to gather information about the family's culture, the needs of the child and the family, and placement preferences, including any relatives that may be available for placement. Families know their children and their needs best and inclusion of the family in identifying and planning for placement is one strategy that builds trust with the family, increases buy-in, empowers the child and family, helps identify the best placement for the child, and achieves safety, permanency, and well-being for the family.

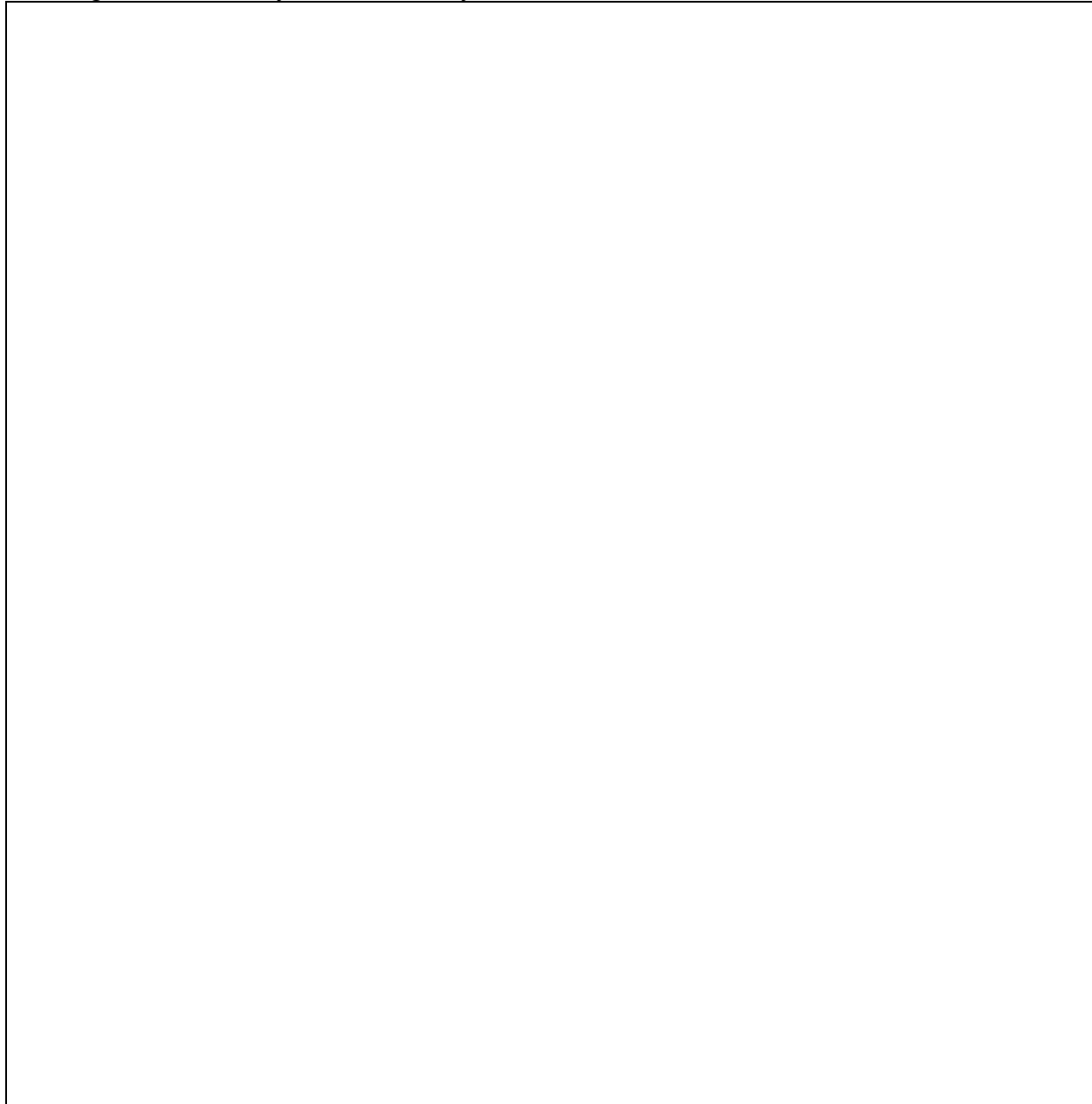
Many of the skills and behaviors used to partner with families in the planning process, you learned about in your Practice Standards training. What are some of those techniques you remember learning about?

Child and Family Team Meetings

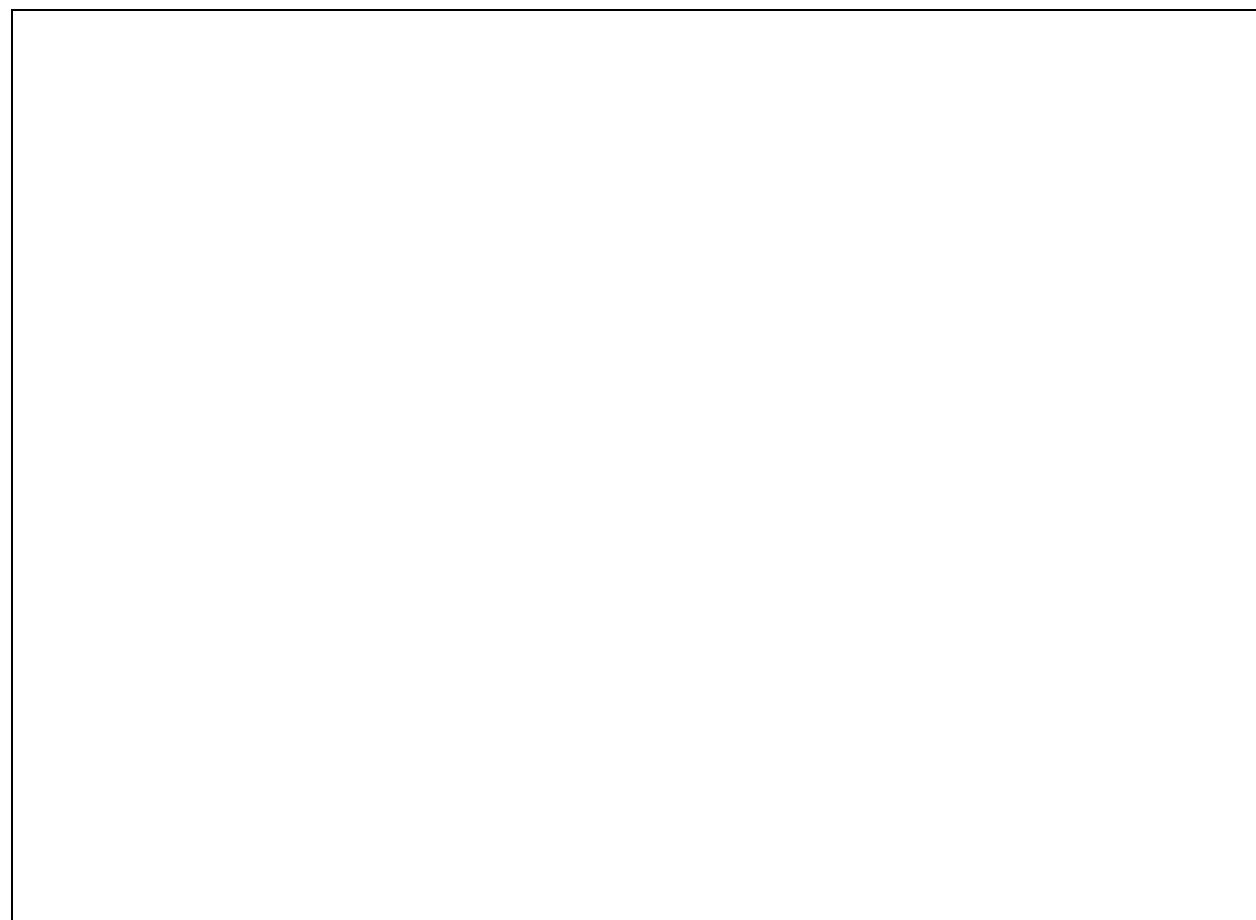
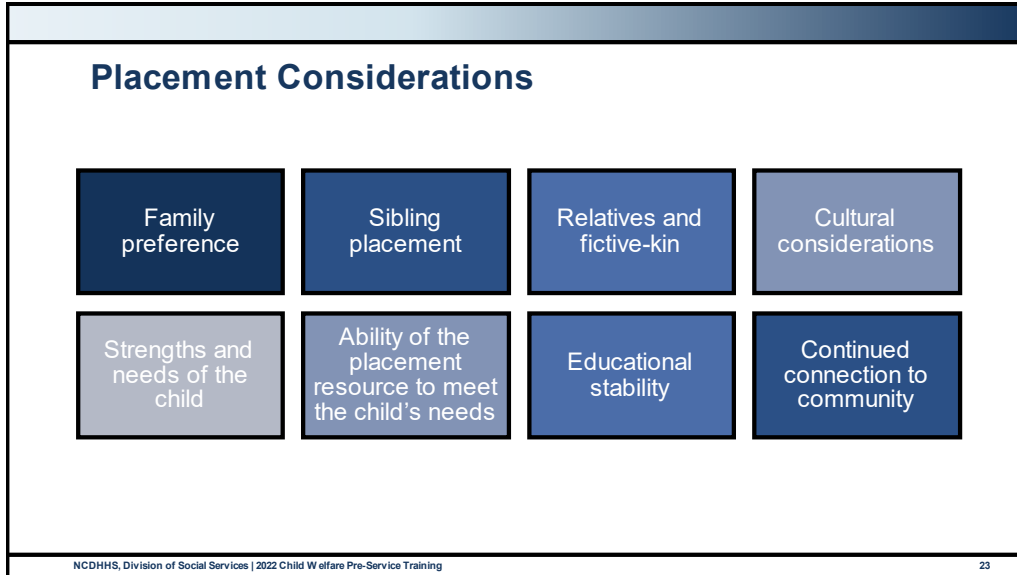
Child and Family Team (CFT) meetings play a powerful role in planning for placement with children and families. Policy requires the convening of a CFT when a worker and supervisor determine a child cannot be maintained safely in his or her own home. If child safety is immediately threatened, safety is ensured first, and the CFT is held as soon as possible. A CFT meeting is also required anytime there is a need to change the child's placement.

The primary purpose of the CFT during this critical time in the life of a case is to provide support for the family and ensure the best possible resources are provided to the child and family. The CFT plays an important role in deciding which placement resource can best meet the needs of the child. The CFT will discuss the best possible placement for the child and should be utilized to identify, explore, and engage with relatives, especially relatives that are a potential placement resource. The CFT should also discuss the placement of siblings, with an emphasis on keeping siblings placed together whenever possible. We will discuss relative placements and placements with siblings in more detail next.

During the CFT meeting, everyone involved will contribute to the plan for permanency for the child and you can clarify what each person is expected to do to contribute to that plan. Although the assessment process is ongoing throughout permanency planning, a CFT meeting within the first two weeks of the placement provides an opportunity to focus on the permanency plan quickly, thereby facilitating the timely achievement of that plan. A CFT meeting within the first 30 days of placement can motivate parents to make changes early and often leads to shorter lengths of time in placement. The initial Permanency Planning Family Services Agreement can be developed during a CFT meeting, or individually with the family.









Placement Considerations



Relatives, Fictive-kin, and Foster Home Considerations

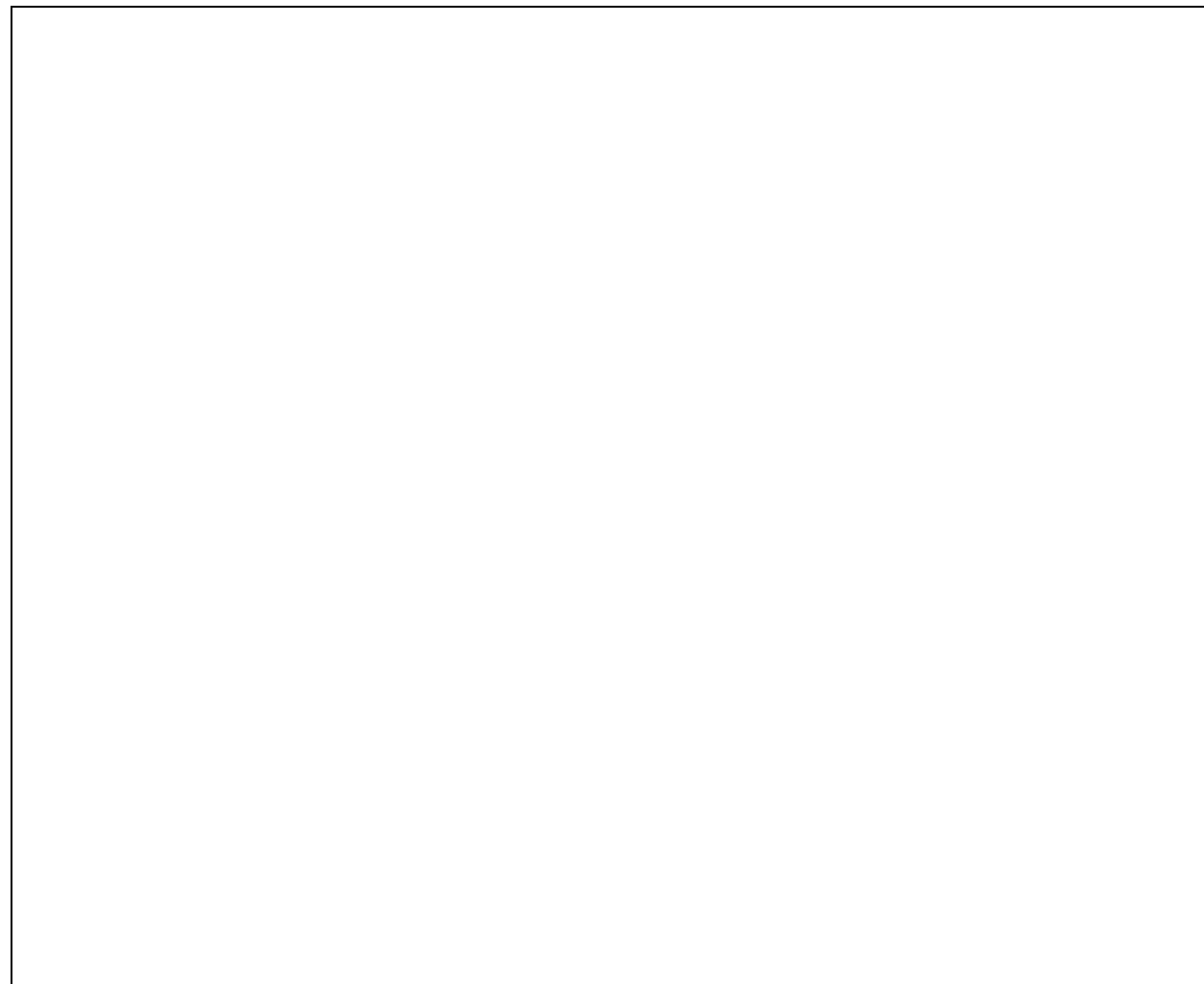
1	2	3	4
Relatives	Legal custody of a sibling	Fictive-kin and former foster parents	Licensed foster care placement

Sibling Placement

 Positive support	 Mental health
 School performance	 Better attachment to placement
 Adjustment to the placement	 Achieving permanency

[Sibling Issues in Foster Care and Adoption](#)

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Handout: Placement Considerations

Permanency Planning workers must consider many factors that influence placement-related decisions. As you are making placement decisions with the family, the child's safety needs to be at the forefront. Beyond safety, you should consider factors such as:

- Family preference
- Sibling placement
- Placement with relatives and fictive-kin
- Cultural considerations
- Strengths and needs of the child
- Ability of the placement resource to meet the child's needs
- Location of the child's school and educational stability
- Continued connection to community
- Other needs as appropriate

When identifying potential placement options for children, North Carolina law and policy requires that placement with relatives, fictive-kin, the child's former foster parent who was deemed appropriate, or other persons with legal custody of a sibling, must be considered for children who are removed from their homes and in the custody of a county child welfare services agency. Placement with a legal custodian of a sibling must be considered after all relatives have been excluded. Placement with fictive-kin and former appropriate foster parents must be considered after all relatives and any legal custodians of siblings have been excluded. Once you have exhausted these options, you should consider other licensed foster care placements.

Relatives

Kinship is the self-defined relationship between two or more people and is based on biological, legal, and/or strong family-like ties. When children cannot be assured safety in their own homes, the best alternative resource can often be found within the extended family and other kin.

In keeping with Federal law, North Carolina law and policy require that, when a child must be removed from their home, the county DSS Director shall give preference to an adult relative or other kin when determining placement provided that (1) the placement is assessed by the agency to be in the best interests of the child in terms of both safety and nurture; and (2) the prospective caregiver and the living situation are assessed and determined to meet relevant standards.

Consideration of relatives and fictive-kin for placement is not only required in policy and federal law, but it also leads to better safety, permanency, and well-being outcomes for children and families. Research shows that when children are placed with relatives and fictive-kin and are supported to maintain connections to relatives, they experience:

- Less trauma

- Stronger cultural identity and connections
- Greater placement stability
- Achievement of permanency more quickly
- Lasting permanency

Siblings

Siblings must be placed together, whenever possible, unless contrary to the child's well-being or safety. Maintaining and strengthening sibling bonds is a key component to child well-being and permanency outcomes and research has found that when siblings are placed together there are many benefits, including:

- Provides positive support to each sibling
- Serves as a protective factor for children's mental health
- Improves children's school performance
- Better attachment and closeness to placement resources
- Improves adjustment and adaptation to the placement home, which is in part due to children worrying about their siblings in other foster homes or those remaining with their families
- Increases the likelihood of achieving permanency and stability
- Higher rates of reunification, adoption, and guardianship

Placing siblings in the same home should always be the priority. To be separated from siblings adds to the impact of loss and trauma. When siblings can remain together in an out-of-home placement, there can be a greater sense of continuity in the family.

Frequently, older children will have had some responsibilities for caring for younger siblings when in their own homes, and they may feel worried and protective regarding these siblings if separated from them. Likewise, younger siblings may have looked to their older siblings for comfort and guidance.

Because it is important to place siblings together, the agency shall recruit and prepare foster families who are willing to take sibling groups. Foster families need special preparation regarding issues of sibling relationships among children in foster care, as well as the impact of separation and loss on those relationships.

Identifying placement providers that are willing and able to take placement of siblings should be a priority. Some strategies will help you to recruit and support families who can care for sibling groups, including:

- Help families assess their capacity to care for a sibling group so they can be better prepared
- Ensure families who care for sibling groups receive information and access to sufficient resources, such as family support groups, sibling camps, individual and family therapeutic services, and respite care
- If siblings must be separated in an emergency placement, review the case as

soon as possible and frequently to plan for how the siblings can be placed with the same family

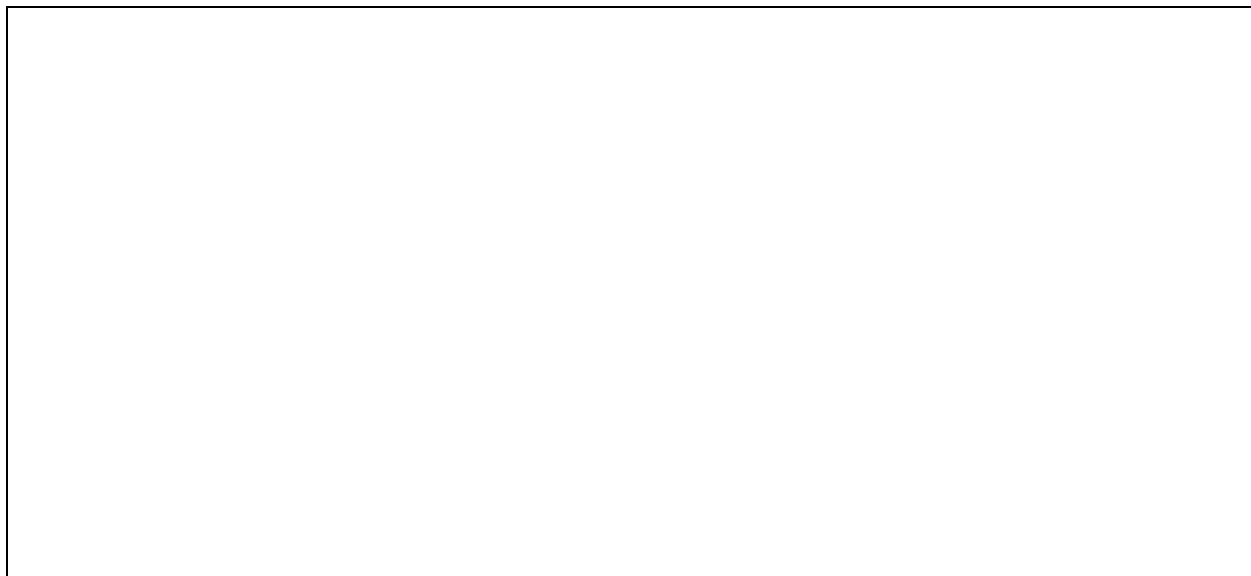
Licensed Foster Care Placement

If a relative or non-relative kin cannot be identified as an appropriate placement resource for the child, a licensed foster care placement must be chosen for the child. The full list of licensed foster care placement resources in North Carolina can be found in your Participant Workbook on the page titled “Placement Settings in North Carolina”. When selecting a licensed foster care placement, you must consider a resource that ensures the child is placed:

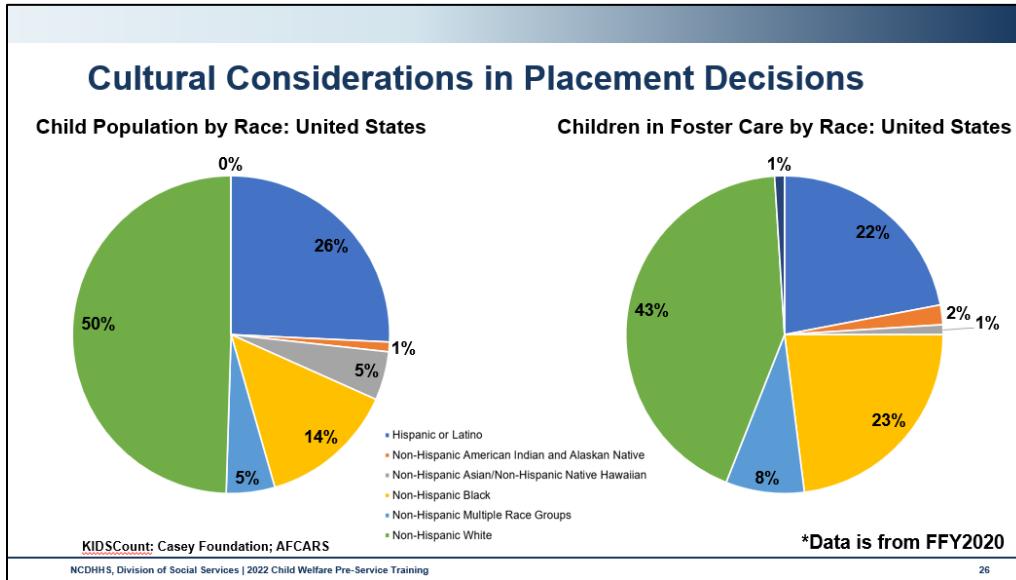
- In the least restrictive setting
- In the most family-like setting available that best meets the needs of the child
- In proximity to the parent’s home
- In a setting that is consistent with the safety and best interests, strengths, and special needs of the child

Keep in mind that Foster Home Licensing Workers are often the ones who are most familiar with the strengths of licensed foster parents and often play a critical role in determining which homes can meet the needs of the children coming into care. The social worker that is making the placement should communicate with the licensing worker as soon as possible to ensure the most appropriate placement made for the child from the very beginning.

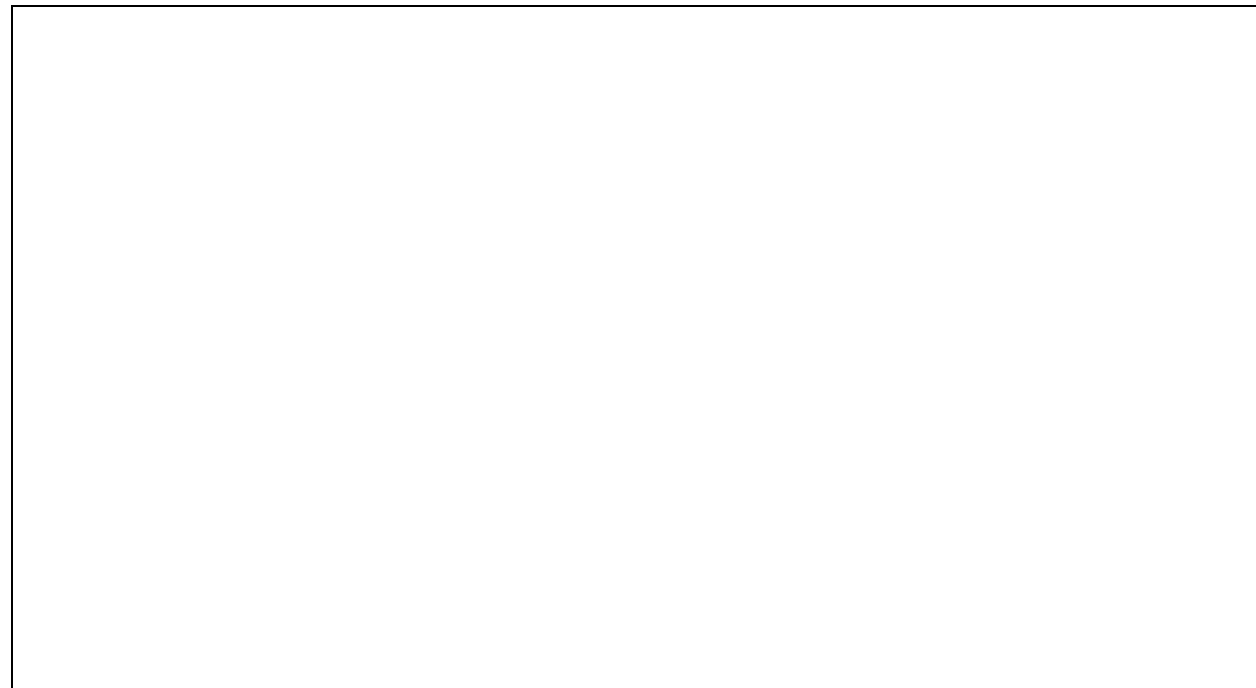
No matter the placement resource, the provider must be carefully evaluated and prepared prior to placement to help assure the child will remain in that placement until reunification or another permanent home is achieved.

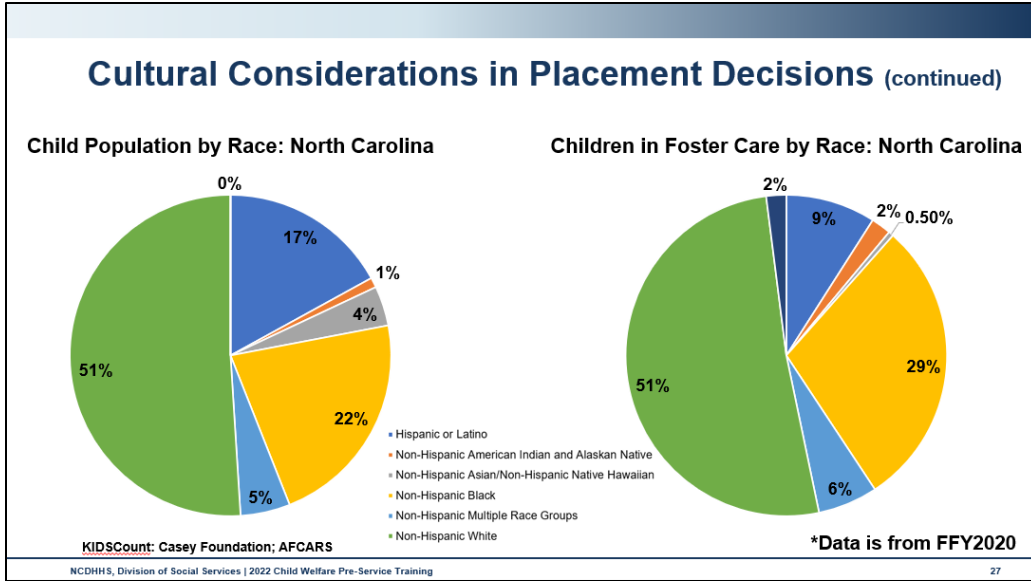


Cultural Considerations in Placement Decisions



To keep children in foster care connected to their culture, it is important to consider the child’s relatives and other fictive-kin when making placement decisions. Child welfare defines culture as “a set of learned values, beliefs, customs, traditions, and practices shared by a group of people and can be passed from one generation to another. This can include, but is not limited to religion, ethnic customs, traditions of family, and community.”





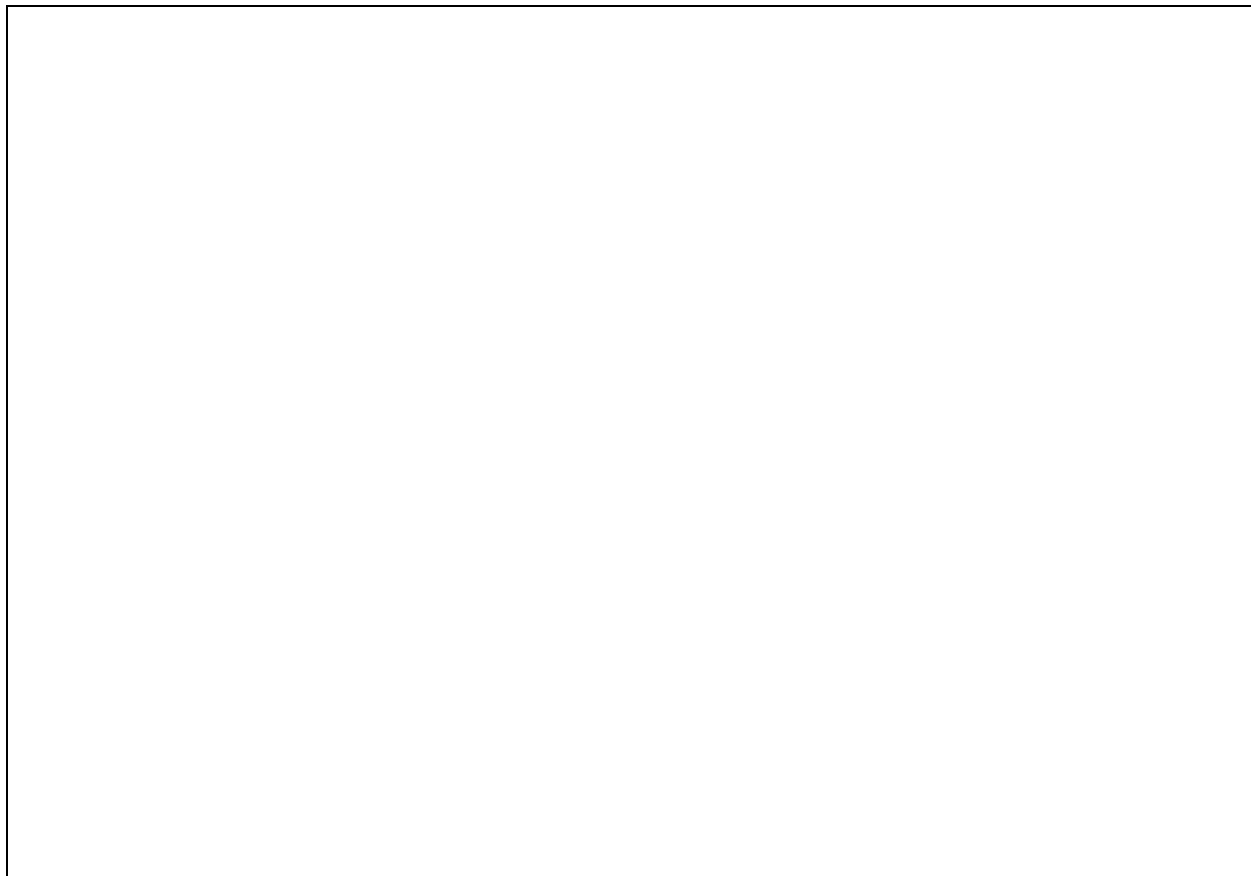
Placement Considerations for Special Populations

Placement Considerations for Special Populations

- Children and youth in the LGBTQIA+ community
- Substance affected infants
- Medically fragile children
- Children with disabilities
- Pregnant and parenting teens

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Each of these groups, just like their peers, are entitled to placement in the least restrictive, most family-like setting close to their parent’s homes.



Handout: Placement Considerations for Special Populations

Youth with unique needs will require additional thoughtfulness and planning for their placement needs. Some of these youth include those that identify as members of the LGBTQIA+ community, substance-affected infants, children who are considered medically fragile, and pregnant and/or parenting teens. Each of these groups, just like their peers, are entitled to placement in the least restrictive, most family-like setting near their parent's homes.

LGBTQIA+ Children and Youth

Children and youth who identify as lesbian, gay, bisexual, transgender, queer, and intersex, or LGBTQIA+, deserve the same opportunities for growth and learning as their non-LGBTQIA+ peers, yet they often face misunderstanding, discrimination, and rejection. When you are working with LGBTQIA+ youth, there are several considerations for placement, as well as caregiving approaches that the placement provider for the child must consider. As we have already discussed, it is important to include the youth in planning for placement. In doing so, you use respectful language and behaviors, such as:

- Avoid making assumptions about the youth's sexual orientation, gender identity, and gender expression, or SOGIE.
- Use gender-neutral language when communicating with the youth and avoid language that presumes all youth are heterosexual, cisgender, or gender nonconforming (GNC)
- Defer to the youth about the language they use to describe their SOGIE.
- If the youth uses an unfamiliar term, respectfully ask what the term means to the youth.
- Use the name and pronoun the youth specifies when interacting with them, regardless of the name on the youth's identity documents or legal documents associated with any court proceedings.
- If you are unsure of the pronouns a youth uses, you should respectfully ask.

When you are identifying potential placement resources for the youth, regardless of the placement with a relative, fictive-kin, or non-relative, you should ensure the placement will:

- Offer developmentally appropriate approaches that affirm the youth's identity
- Identify and work to reduce sources of distress for the youth
- Engage the youth's parents, guardians, and caretakers
- Consider school and community interventions, services, and support that may be helpful for the youth
- Use LGBTQIA+ inclusive language related to family and relationship status.
- Permit youth to dress and present themselves in a manner consistent with their gender identity and individual expression.

- Make and enforce the same grooming rules and restrictions, including rules regarding hair, makeup, shaving, etc. for all youth, regardless of SOGIE status. This does not prohibit caregivers, such as foster parents, from establishing rules regarding the appropriateness of certain clothing and grooming items for the home, school, or other venues, but such rules must be applied consistently for all youth and not imposed to address or target an LGBTQIA+ or GNC youth's freedom of expression.

County child welfare agency staff should limit disclosure of confidential information related to a youth's LGBTQIA+ status to information necessary to achieve a specific beneficial purpose. When working with children and youth who identify as LGBTQIA+, child welfare workers should:

- Regard children and youth as the principal owners of information related to their sexual orientation, gender identity, and expression and should actively involve them in decisions related to any disclosure of this information. Keep in mind that the child or youth may not have disclosed their sexual orientation, gender identity, and gender expression to their family or placement provider, so caution should be used.
- Identify and document a specific rationale related to the child or youth's interests for every decision to disclose information related to their sexual orientation or gender identity.
- Consider adopting additional measures to prevent inappropriate or harmful disclosure of information related to a child or youth's sexual orientation, gender identity, or gender expression.

Substance Affected Infants

The Child Welfare Manual defines a substance-affected infant as:

- An infant who has a positive urine, meconium, or cord segment drug screen with confirmatory testing in the context of other clinical concerns as identified by current evaluation and management standards.
- An infant whose mother has had a medical evaluation, including history and physical, or behavioral health assessment indicative of an active substance use disorder during the pregnancy or at the time of birth.
- An infant that manifests clinically relevant drug or alcohol withdrawal.
- An infant affected by Fetal Alcohol Spectrum Disorder (FASD) with a diagnosis of Fetal Alcohol Syndrome (FAS), Partial FAS (PFAS), Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (NDPAE), Alcohol-Related Birth Defects (ARBD), or Alcohol-Related Neurodevelopmental Disorder (ARND)
- An infant who has known prenatal alcohol exposure when there are clinical concerns for the infant per current evaluation and management standards.

Substance-affected infants may have complicated care needs that require a great deal of time to manage. Any placement provider that a substance-affected infant is placed with must have the capacity to commit to attending the varied appointments for the

substance use disorder treatment needs of the infant. Additionally, services the placement provider may need to provide, coordinate, or attend, include:

- Developmental screening and assessments
- Early intervention services
- Medical services needed to meet the ongoing health needs of the newborn
- Home visiting programs with the child's parents
- Providing a calm environment in their home with low lights, sounds, minimal stimulation (no mobiles or bright colors), and slow transitions
- Using consistent, calming techniques for infants by swaddling blankets tightly around them and using a pacifier

Medically Fragile Children

There is no universally accepted definition of medically fragile children, sometimes referred to as children with special healthcare needs. These terms generally refer to children who require complex health procedures, special therapy, or specialized medical equipment and supplies to enhance or sustain their lives. Children who are considered medically fragile are those who:

- Born with or developed moderate to severe medical issues
- May have medical concerns due to neglect or abuse
- Require varying levels of care, often through nursing staff

Medically fragile children may require additional equipment and supplies including IV poles, feeding pumps, hospital beds, medical supplies, and medications.

Children and youth with any level of medical needs are best served by specially selected foster families when they must be cared for outside of their own relatives or fictive-kin. Placement providers for medically fragile children must be able to meet the child's specialized physical health needs. These providers often need to assist with the child's hygiene, dressing, feeding, monitoring and operating medical equipment, and assistance with any medical-related needs. Providers who take placement of medically fragile children must be specially trained by health care professionals to manage the special health care needs of the child. Often, these families must be certified in CPR and first aid, as well as receiving specialized medical training for the diagnosis of the child. Families that provide care for medically fragile children also benefit from additional support through respite care, support groups, community health-care resources, and in-home care.

Children with Disabilities

Children with disabilities may be diagnosed with an intellectual disability or a developmental disability. Intellectual disability refers to a group of conditions in which there is limited cognitive capacity, significantly reduced adaptive skills, and onset before 18 years of age. Developmental disability is a severe and chronic disability that may affect cognitive and/or physical functioning and has an onset before 22 years of age. Youth with disabilities experience greater placement instability than their non-disabled peers and children with medical and developmental needs are more likely to experience longer stays in placement, less likely to be reunified with their parents, more likely to

experience placement mobility, and more likely to be placed in more types of out-of-home placement, such as foster homes, group homes, and congregate care settings, than their peers without medical and developmental needs.

The considerations for placement providers for children with disabilities are not that dissimilar from the considerations for medically fragile children. These placement providers will also require training and significant time to attend to the complex needs of children with disabilities. These providers must be specially selected when children cannot be cared for by relatives or fictive-kin and they must receive much of the same specialized training as providers that care for medically fragile children.

Pregnant and/or Parenting Teens

Youth in care who are pregnant or parenting face additional challenges, including increased placement instability, increased likelihood of experiencing homelessness or poverty, and an even greater strain on their ability to have normal adolescent experiences. Pregnant and parenting teens often face challenges balancing their school, work, and home lives with being a new parent. Teen parents are at increased risk for dropping out of school, unemployment, poverty, mental health needs, and childcare concerns. Ensuring that adolescent parents receive adequate social, emotional, medical, and academic support is essential to the parent and their child's future.

Addressing the unique needs of these youth, preventing child abuse and neglect of their children, and reducing disparate outcomes requires child welfare systems to provide equitable access to a wide range of evidence-informed and trauma-informed services that are responsive to the developmental needs of both young parents and their children. Pregnant and parenting teens in foster care need support to finish school, become self-sufficient, address their trauma, receive help for any mental health needs, and prevent additional pregnancies.

Placement providers who care for pregnant and parenting teens will be a vital support person in their lives and will be key in helping youth achieve positive outcomes. Placement providers can ensure the healthy development of pregnant and parenting teens and their child(ren) by:

- Ensuring the teen receives consistent medical attention, including prenatal and postnatal care, increases the likelihood of a healthy birth.
- Providing support that promotes age-appropriate developmental goals and addresses relevant mental health needs, including the impact of trauma.
- Providing education related to substance abuse, sexual health, the prevention of second pregnancies, and sexually transmitted infections.
- Encouraging healthy relationships with partners, peers, family members, and other supportive people.
- Promoting self-sufficiency and independent living outcomes for pregnant and parenting teens by helping them obtain high school diplomas/GEDs and pursue additional education and employment opportunities, or job training, depending on their interests.

- Connecting the children of teen parents with developmentally appropriate resources, childcare, and services for the child, including transportation and educational opportunities.
- Helping teens access programs that promote positive parenting and emphasize nurturing as well as age-appropriate discipline.
- Connecting teens to models of good parenting practices and programs that provide education about essential parenting skills and the importance of responsive parenting.
- Offering opportunities to practice parenting skills in a supportive environment.

When considering a placement resource for a pregnant and parenting teen, the provider must have the capacity to commit to providing care, support, and resources to not only the teen but also their child.

Questions and Reflections

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

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Preparing for Placement Learning Lab

Activity: Preparing for Placement

Now that we've discussed the different types of placements and how to plan for placement, let's think of some strategies and ways you can prepare children, their parents, and their placement resource for placement.

What are some things children should know?

What should parents know?

What would you do or say to prepare the resource parents for the placement of a child?

Divide into three groups. In each of your groups, you will brainstorm and come up with some ways to prepare children, parents, and placement resources for placement. One group will be assigned children, one parent, and one placement resource. As you come up with ideas, write them on the flip chart paper.

You will have 10 minutes to brainstorm and write down your ideas on the flip chart.

Placement (continued)

Preparing for Placement

Preparing the Parents	Preparing the Child	Preparing the Placement Resource
Reason for removal	Consider age and development	Medical information
Details about placement provider	Pictures of the placement provider	Medications, glasses, hearing aids, etc.
Intent to reunify	Details about provider, home, neighborhood	Child's routines, favorite foods, schedule
Child's schedule and routine	Reason for removal	Upcoming appointments
Ask for child's special items	Help pack toys, clothes, etc.	Educational needs
Listen with empathy	What to expect	Strengths and needs
Placement preferences	Explain provider "rules"	Behavioral information
What to expect	Agency contact information	History of abuse and neglect
Agency contact information	Contact with parents	Placement history
Contact with the child	Contact with siblings	Permanency goal
Legal Process	Answer questions	Agency contact information

Ryous, Judith B., Hughes, Ronald C., Ginther, Norma. (1988d). Separation and Placement in Child Protective Services. A Training Curriculum. Institute for Human Services, Columbus, Ohio. CWLA: Washington, DC.

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The success of any placement is greatly enhanced if everyone is properly prepared. The child, the family, and the placement resource should all be given thorough information about the placement and should have the opportunity to fully discuss the placement with you.

Preparing children and parents for placement can be accomplished even when the removal is an emergency. You must partner with the child's parent in helping the child understand the need for a new living arrangement.



Handout: Discipline Policy for Children in Agency Custody

Corporal Punishment is not allowed

Children who have been abused or neglected do not respond appropriately to corporal punishment, since often they have already experienced and survived extreme discipline from their parents.

Kinship Care Providers

Kinship care providers may not be aware of the impact of abuse and may be reluctant to agree to a non- corporal punishment policy. The agency shall discuss and formalize a child-specific alternative discipline plan for children in agency custody.

Licensed Providers

Agency policy and practice shall ensure that licensed placement providers are verbally informed of and provided with written policy addressing the following issues regarding discipline:

- Child discipline must be appropriate to the child's chronological age, intelligence, emotional make- up, and experience
- No cruel, severe, or unusual punishment shall be allowed
- Corporal punishment is prohibited
- Deprivation of a meal for punishment, isolation for more than one-hour, verbal abuse, humiliation, or threats about the child or family will not be tolerated

Voluntary Placement Agreements (VPA)

Voluntary Placement Agreements (VPA) should not be used in cases of abuse or neglect. A VPA may be appropriate when:

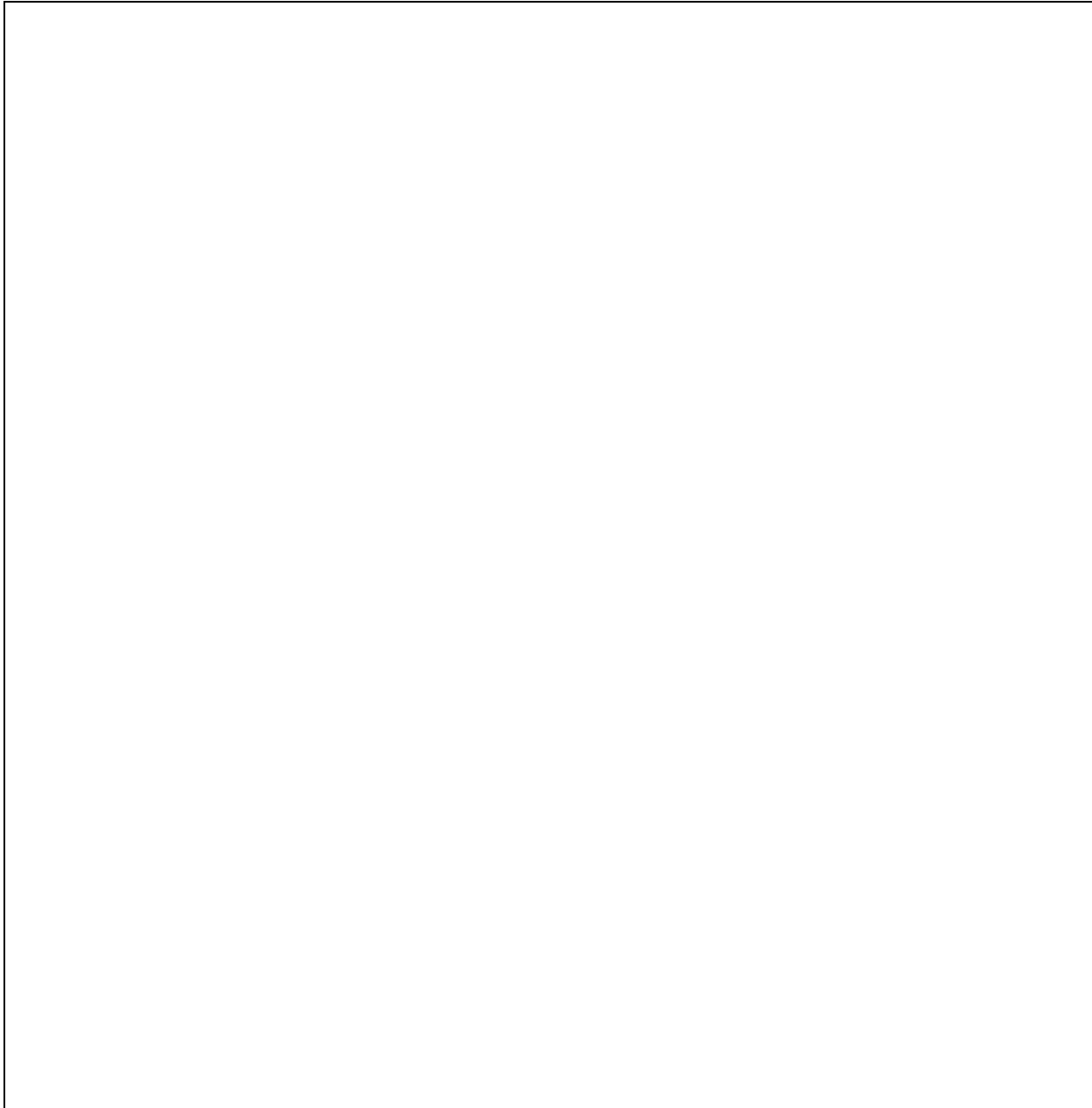
- a parent or guardian is requesting time-limited placement due to a family crisis; or
- the Court orders a parent to arrange for placement for a child adjudicated delinquent or undisciplined

The agreement shall be signed by the agency representative and the parent or guardian. A VPA does not confer on the agency the degree of authority and control that judicially obtained legal custody confers. A VPA cannot exceed 90 consecutive days without a court hearing that results in a judicial determination that the placement is in the best interests of the child.

Kinship Guardianship Assistance Program (KinGAP)

What: Legal guardianship is granted to an individual who demonstrates a strong commitment to permanently caring for youth between the ages of 14-17 and who demonstrates a strong attachment to the prospective legal guardian. Monthly cash assistance begins the month after legal guardianship is established.

When: Court determines that reunification and adoption are not appropriate permanency options for a youth 14-17 years old who is the placement responsibility of a County DSS and has been placed in the licensed foster home of the prospective guardian for a minimum of 6 months.



Pre-Placement Visits

Pre-Placement Visits

- Child and Family Team (CFT) meetings
- Only a few hours in length
- Allow the child to experience the home at different times of day
- Tour of the home
- Help make child feel comfortable
- Single, trusting relationship with someone in the home
- Maintain continuity; adhere to schedules and routines
- Periods of respite away from the new home

Placement Strategies to Prevent Trauma


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Pre-placement visits can help children and their families have a better idea of what to expect in placement, feel more in control, increase their confidence, and make the subsequent placement feel less scary or threatening. Pre-placement visits can also help to prevent a crisis, as small changes can be perceived as less overwhelming, and coping strategies can be more easily conceived. In general, best practice has found that two or three preplacement visits in as many days can help ease the transition and remove some fear of the unknown. Some children will require additional time, and pre-placement visits should be individualized to meet each child's needs.



Placement Stability and Preventing Placement Disruption

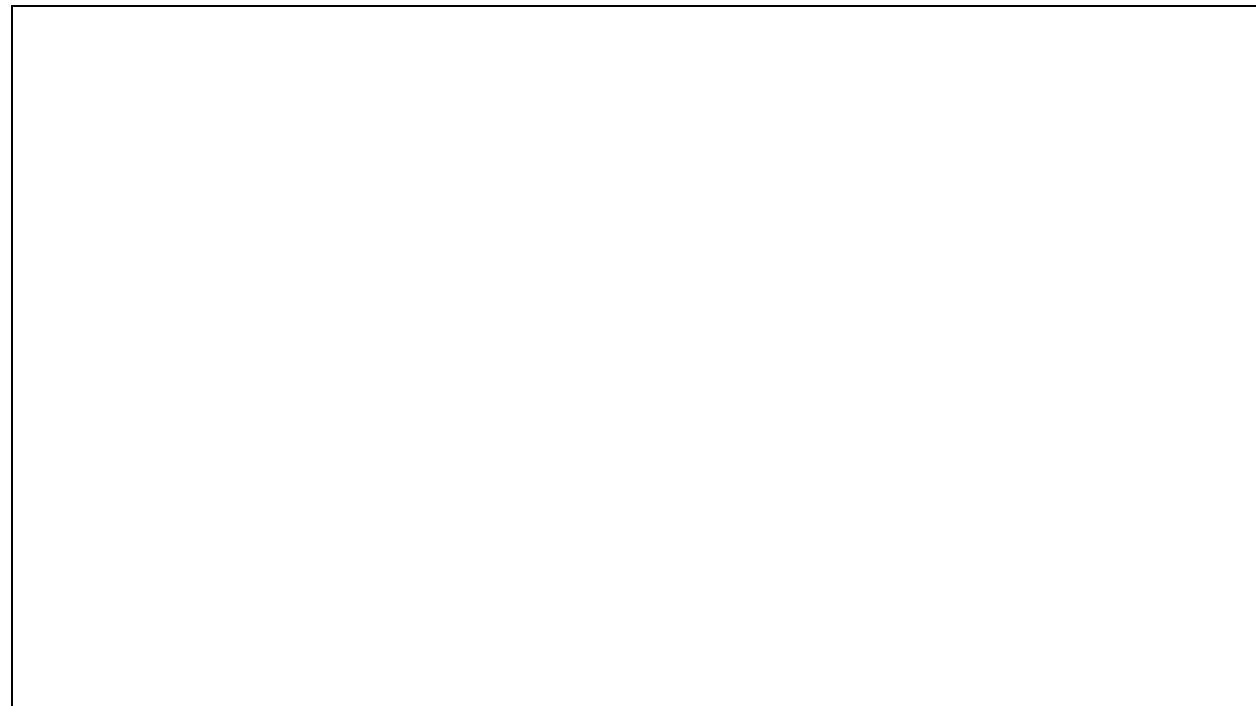
Placement Stability and Preventing Placement Disruption



PLAN PREPARE SUPPORT

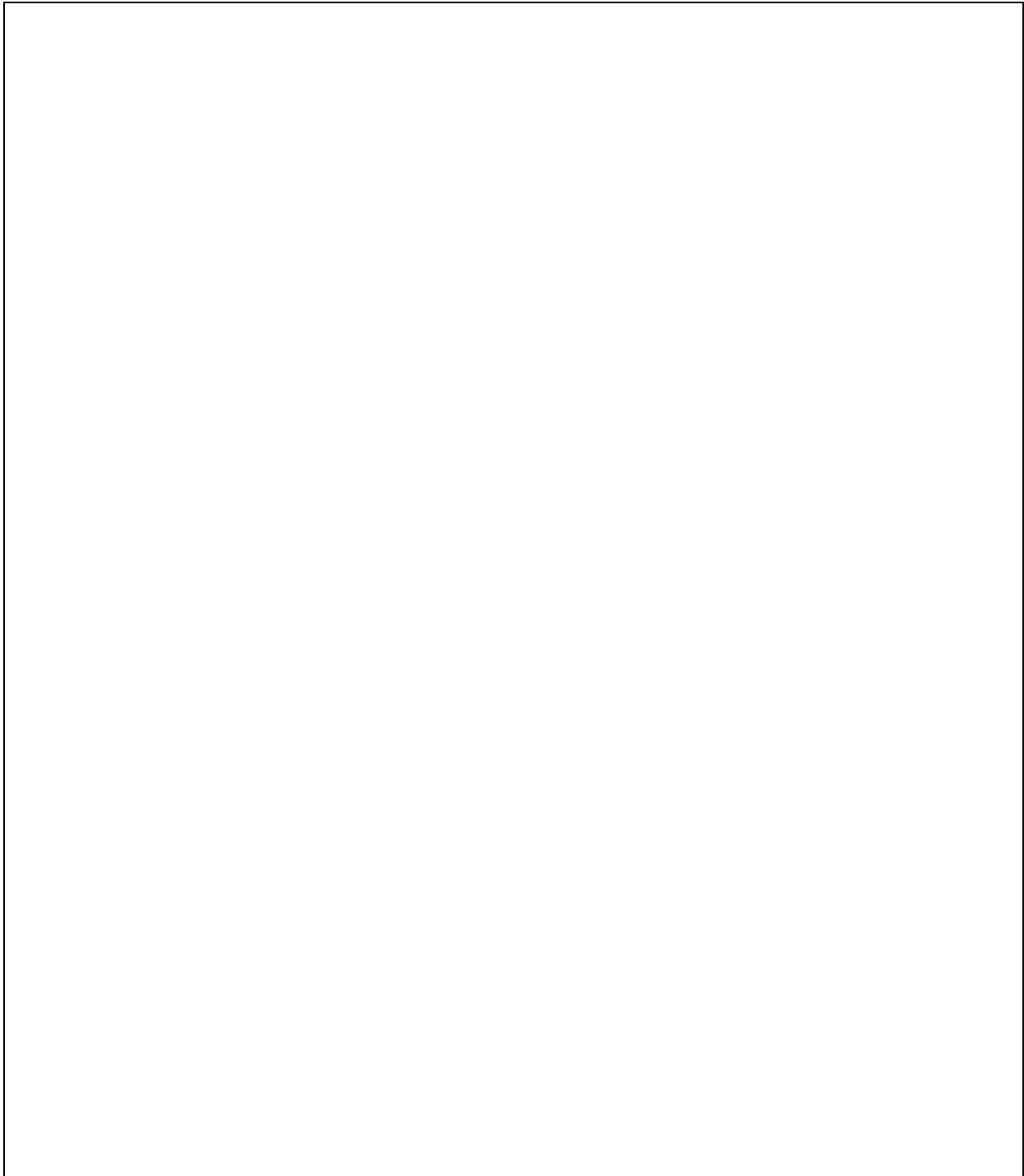
<https://learn.childwelfare.gov/>: Achieving Placement Stability
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Placement stability refers to providing a child or youth in foster care with a stable, secure, long-term family environment in which to live. It creates opportunities for children and youth to develop meaningful relationships with a family, which leads to many benefits, including a greater sense of self and a reduced risk of negative outcomes once the child or youth leaves care. Placement stability is one of the key desired outcomes for children and youth involved with the foster care system.



Questions and Reflections

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

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Video: [Raven's Story](#)

Visit: Raven's Story

In this video, Raven shares her story about entering care, being separated from her brother, the importance of speaking up, and the impact of finding a permanent, caring person that is supportive and willing to help.

As you watch the video, write down some of the things that Raven shares and that you observe in the video.

Handout: Engaging and Supporting Youth in Placement

All young people should be active participants in shaping their lives and directing their futures. This approach, known as authentic youth engagement, works when young people and supportive adults work together as partners.

Young people are the experts in their own lives and should be fully engaged in decision-making that affects them — from leading their own case planning to partnering with system leaders to improve child welfare policy and practice. Authentic youth engagement builds individual leadership skills, strengthens meaningful relationships, and leads to effective solutions. Youth should be continuously and effectively engaged by positive adults who can help them build important life skills, such as reasoning and decision-making. When young people are authentically engaged, they feel heard, respected, valued, trusted, appreciated, empowered, safe, and comfortable.

One of the best ways to ensure services are well-designed to meet the youth's needs is to have youth help shape their service design and delivery approaches. By engaging them in this process, you will also deepen their engagement and demonstrate that you recognize and value their perspectives and experience and see them as partners.

Young people should receive developmentally appropriate information about the policies and procedures related to the services they receive and the expectations for their role in their own care. Youth-adult partnership treats young people as equal partners, cultivates trust, enables young people to build self-esteem, and supports the development of problem-solving and leadership skills they will need in adulthood.

Youth-adult partnership requires sharing information, having honest conversations, respecting varied experiences and opinions, and setting clear expectations about roles and decision-making. Youth should be engaged in:

- Planning for placement
- Assessing their strength and needs
- Identifying relatives, fictive-kin, and others with who they have or would like to have a connection with
- Developing their goals and objectives in the Family Services Agreement
- Discussions around their education and employment opportunities
- Planning for their successful transition to adulthood
- Decisions around service delivery, case planning, and permanency

Video: Normalcy – Equal Treatment for Foster Youth

Visit: Normalcy

What does normalcy mean from the perspective of foster youth? Youth in foster care often talk about feeling different from their peers. While the foster care system is intended to create safety for young people, it often can create barriers that cause young people to miss out on many “normal” experiences of their peers. In this video, Elbert shares his experience with normalcy and what it meant for him.

Listen as Elbert describes his experience while in foster care.

What are some of the examples of “normal” activities the youth found to be valuable?

Besides the activities the youth shared, what are some other activities that are considered “normal” for all youth?

What stood out for you when the youth gave his “Words of Advice”?

Normalcy in Out-of-Home Care

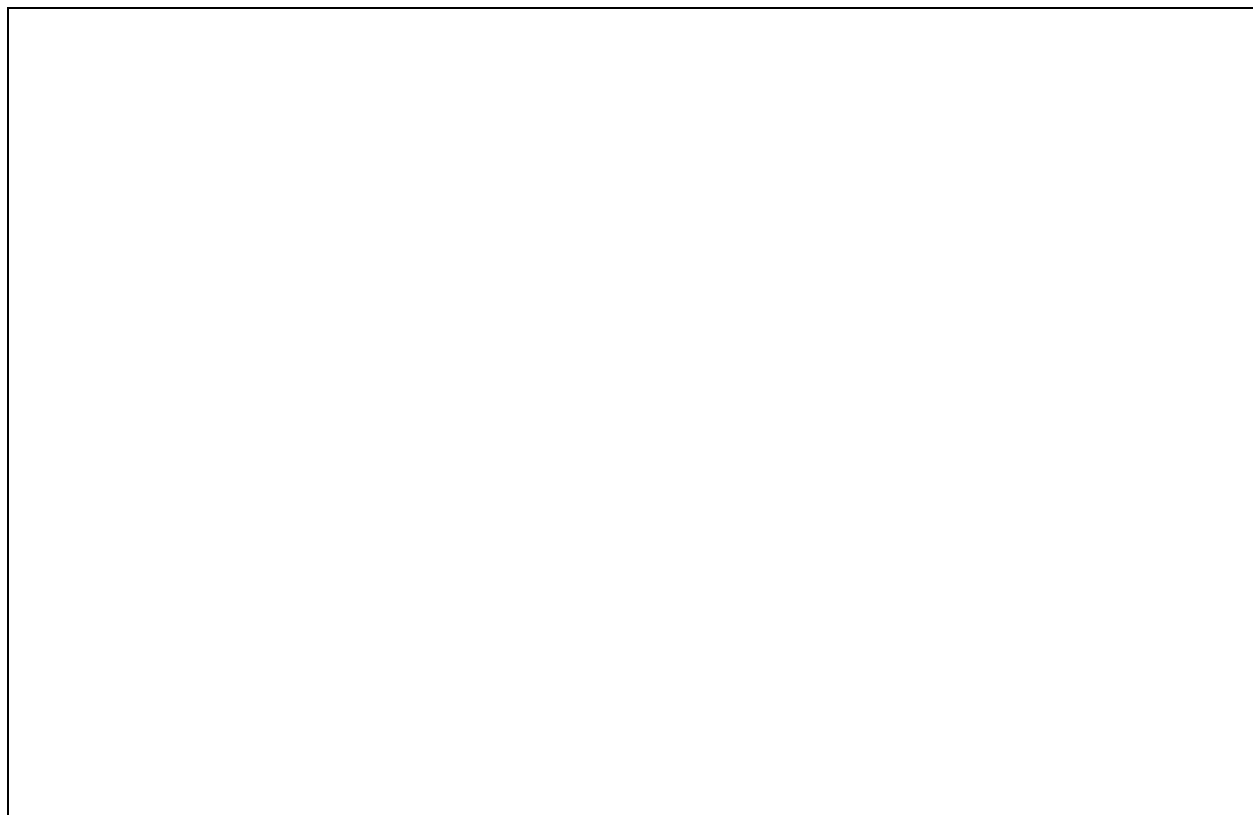
Normalcy in Out-of-Home Care

- Normalcy is the ability to easily take part in activities that promote well-being, personal growth, and development
- Normalcy allows youth the opportunity to:
 - Pursue their interests
 - Do the same activities as their peers
 - Build skills for their future
 - Build a caring relationship with out-of-home care providers
- Providers have the authority to provide or withhold permission for normal childhood activities, including overnight activities, for up to 72 hours

Considerations for LGBTQ Children and Youth in Foster Care: Exploring Normalcy

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Children in out-of-home care have the right to have a normal childhood or adolescence and the people involved in their lives, including you, are responsible for creating as much normalcy as possible.



Handout: Applying the Reasonable and Prudent Parent Standard

The Reasonable and Prudent Parent Standard improves normalcy for children living in out-of-home care. The Reasonable and Prudent Parent Standard is the “standard characterized by careful and sensible parental decisions that are reasonably intended to maintain the health, safety, and best interests of the child while at the same time encouraging the emotional and developmental growth of the child that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the state to participate in extracurricular, enrichment, cultural, and social activities.” Simply put, this is sensible parenting. It allows out-of-home providers to make decisions on a day-to-day basis that will not delay a child from having normal experiences. Every decision is particular to the child and the situation.

Normalcy is the ability to easily take part in activities that promote well-being, personal growth, and development, such as social, scholastic, and enrichment activities. The Standard promotes normalcy for children in care by allowing them to pursue their interests, do the same activities as their peers, build skills for their future, and build a caring relationship with out-of-home care providers. This takes place while keeping the health, safety, and best interest of the child as the priority. We need to promote normalcy for all children in out-of-home care, no matter their permanence status, or placement setting. Their childhood should not be limited because they are in out-of-home care.

The following are considerations that should be made when applying the Reasonable and Prudent Parent Standard.

1. Is this activity reasonable and age-appropriate?
2. Are there any foreseeable hazards?
3. How does this activity promote social development?
4. How does this activity normalize the experience of foster care?
5. Will this activity violate a court order, juvenile justice order, safety plan, case plan, treatment plan, or person-centered plan (PCP)?
6. Will this activity violate any policy or agreement of my licensing agency or the child’s custodial agency?
7. If appropriate, have I received consultation from my case worker and/or the child’s caseworker?
8. If able and appropriate, have I consulted with this child’s birth parents about their thoughts and feelings about their child participating in this particular activity?
9. Will the timing of this activity interfere with a sibling or parental visitation, counseling appointment, or doctor’s appointment?
10. Who will be attending the activity?
11. Would I allow my birth or adopted child to participate in this activity?
12. How well do I know this child?

13. Is there anything from this child's history (e.g. running away, truancy) that would indicate he may be triggered by this activity?
14. Does this child have any concerns about participating in this activity?
15. Has this child shown maturity in decision-making that is appropriate for his age and ability?
16. Does this child understand parental expectations regarding curfew, approval for last minutes changes to the plan, and the consequences for not complying with the expectations?
17. Does this child know who to call in case of an emergency?
18. Does this child understand his medical needs and is he able to tell others how to help him if necessary?
19. Can this child protect himself?
20. When in doubt, refer to number 7.

Adapted from Florida's Caregiver Guide to Normalcy

Handout: Reasonable and Prudent Parenting Activities Guide

The Reasonable & Prudent Parenting Standard is a requirement for IV-E agencies per Federal Law PL 113-183 and it became SL 2015-135 in North Carolina. The reasonable and prudent parent standard means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of North Carolina to participate in extracurricular, enrichment, cultural, and social activities. Normal childhood activities include, but are not limited to, extracurricular, enrichment, and social activities, and may include overnight activities outside the direct supervision of the caregiver for a period of over 24 hours and up to 72 hours.

This tool is a guide to identify what activities caregivers have the authority (including signing permissions/waivers) to permit a child or youth's participation without the prior approval of their local child welfare agency or licensing agency. The first column in the table shows a category of activities, the second column identifies specific activities within that category that a caregiver has the authority to give permission (or sign whatever might be a part of the activity) without obtaining the agency's approval. The third column identifies those activities that do require the agency's or court's approval.

It is important to realize this is simply a guide as to who has the authority to provide permission. It does not automatically mean that every foster child or youth can participate in any of these activities. It does mean that a reasonable & prudent parent standard is applied in making the decision. The standard is applied to each child and youth individually, based on the totality of their situation. One tool that can be used by caregivers to help apply critical thinking in making these decisions is the Applying the Reasonable & Prudent Parent Standard.

Child Activity Category	Examples of normal Childhood Activities caregivers can approve independently	Examples of childhood activities the local child welfare agency or licensing agency must approve or obtain a court order
Local child welfare agency or licensing agency approval or new court order is needed anytime an activity conflicts with any court order or supervision/safety plan.		
Family recreation	<ul style="list-style-type: none"> • Movies • Community events such as a concert, fair, or food truck event • Family Events • Camping • Hiking • Biking using a helmet • Other sporting activities using appropriate protective gear • Amusement park • Fishing (must follow NC General Statute Chapter 113: Anyone over age 16 must have a license) 	<ul style="list-style-type: none"> • Any of these events or activities lasting over 72 hours • Target Practice (gun, bow and arrow, crossbow at either formal range or private property) must have local child welfare agency approval and be supervised by an adult age 18 or over, abiding by all laws.
Water activities (children must be closely supervised and use appropriate safety equipment for water activities)	<ul style="list-style-type: none"> • Structured water activities with trained professional guides and /or lifeguards: river tubing, river rafting, water amusement park, swimming at community recreation pool. • Unstructured water activities with adult supervision: boating wearing a life jacket, swimming 	<ul style="list-style-type: none"> • Any of these events or activities lasting over 72 hours
Hunting (using a gun, bow and arrow)		<p>Must have local child welfare agency approval, should have biological parent approval, and would require the following:</p> <ul style="list-style-type: none"> • Child/youth must take the NC Hunter's Safety Class • Supervision by a person at least 18 years old or over, who has also taken the above safety course • Documentation that the requirements are met and provided to the local child welfare agency in advance
Social, extra-curricular activities	<ul style="list-style-type: none"> • Camps • Field Trips • School-related activities such as football games, dances • Social church activities • Youth Organization activities such as Scouts • Attending sports activities • Community activities • Social activities with peers such as dating, skateboarding, playing in a garage band, etc. • Spending the night away from the caregiver's home 	<ul style="list-style-type: none"> • Any of these events or activities lasting more than 72 hours • Target Practice (gun, bow and arrow, crossbow at either formal range or private property) must have local child welfare agency approval and be supervised by an adult age 18 or over, abiding by all laws. • Playing on a sports team such as school football would require both the birth parents' approval and the local child welfare agency's approval

<p>Motorized activities</p>	<p>Children and caregivers must comply with all laws and use appropriate protective/safety gear. Any safety courses that are required or available to operate any of the vehicles/equipment listed must be taken. Children <u>riding in</u> a motorized vehicle with an adult properly licensed if required including but not limited</p>	<ul style="list-style-type: none"> • Children may not be a passenger on a lawnmower.
	<p>to:</p> <ul style="list-style-type: none"> • Snowmobile • All-terrain vehicle • Jet ski • Tractor • Golf cart • Scooter • Go-carts • Utility vehicle • Motorcycle <p>State laws must be followed regarding operating motorized equipment or vehicle including but not limited to the:</p> <ul style="list-style-type: none"> • Snowmobile • All-terrain vehicle (must be 8 years of age to operate and anyone less than 12 years of age may not operate an engine capacity of 70 cubic centimeter displacement or greater; no one less than 16 may operate an engine capacity of 90 cubic centimeter displacement or greater and NO ONE under 16 may operate unless they are under the continuous visual supervision of a person 18 years or older per NC § 20- 171.15) • Jet ski (maybe 14 years of age with boating safety certification, otherwise must be 16 or older-NC § 75A-13.3) • Tractor (must be 15 to operate NC § 20-10) • A golf cart (must be 16 to operate NC § 153A-245) 	
	<ul style="list-style-type: none"> • Scooter/Moped (No one under age 16 may operate a moped and no license is required in NC § 20-10.1) • Go-carts • Utility vehicle • A lawn mower may not be operated by anyone below the age of 12 • Motorcycle (No one under 16 may acquire a license or learner’s permit. No one less than 18 may drive a motorcycle with a passenger. NC § 20-7) 	

Driving	<p>The following persons can be the required second signature for a youth's permit or license:</p> <ul style="list-style-type: none"> Youth's parent or guardian A person approved by the parent or guardian A person approved by the Division Specifically for children in custody: Guardian ad litem or attorney advocate; a case worker; or someone else identified by the court of jurisdiction <p>The youth who is 16 or older may acquire insurance and is responsible for the premium and any damages caused by the youth's negligence.</p> <p>This does not preclude a foster parent from adding youth to their insurance.</p> <p>A driver's permit is required to "practice" driving in NC and cannot be obtained before age 15.</p>	
Travel	All travel within the United States less than 72 hours	<ul style="list-style-type: none"> All travel more than 72 hours All travel outside the country
Employment, babysitting	<p>Youth 14 years and older and following NC § 95-25.5.</p> <ul style="list-style-type: none"> Interview for employment Continuation of current employment Does not interfere with school <p>*Sexually aggressive and physically assaultive youth may not babysit other children</p>	Youth is 13 years or younger
Religious participation	Attend or Not attend a religious service of the child's choice	Notify the worker when the child and the biological parent and/or foster parent's choices conflict.
Cell phone		This is a collaborative decision between the placement provider, the local child welfare agency worker, and the youth.
Child's appearance	<ul style="list-style-type: none"> Interventions requiring medical treatment for lice and ringworm 	<ul style="list-style-type: none"> When the child and biological parent's choices conflict such as with perms, color, style, relaxers, etc. Ear piercings must include the child's parent in the decision Permanent or significant changes including but not limited to: <ul style="list-style-type: none"> Piercing (Per NC § 14-400 it is illegal for anyone under 18 to receive a piercing (other than the ears) without consent of custodial parent or guardian. Tattoos (Per NC § 14-400 it is illegal for anyone under 18 to receive a tattoo.)
Leaving the child home alone		<ul style="list-style-type: none"> The issue of being left alone (in any situation) needs to be discussed and agreed upon in CFT.

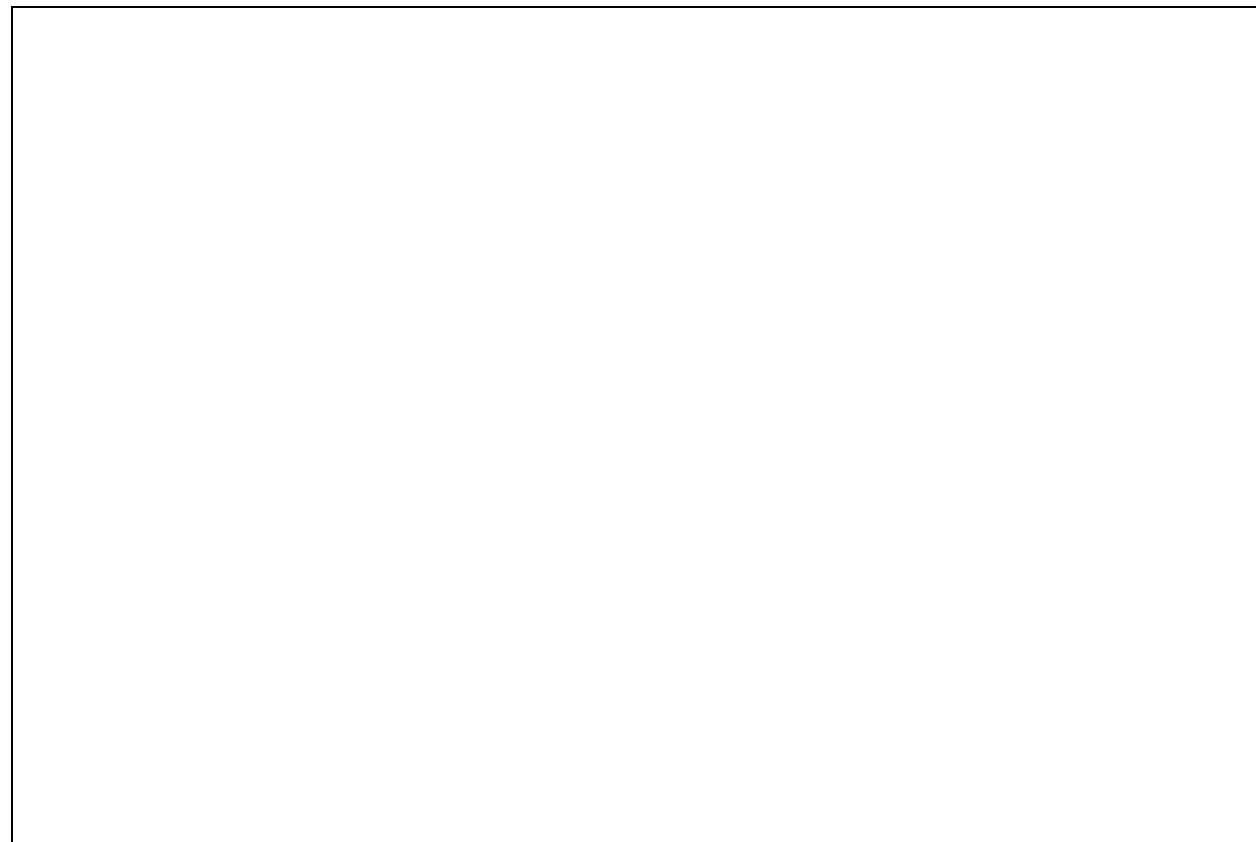
*Adapted from Washington State Caregiver Guidelines for Foster Childhood Activities

Life Books

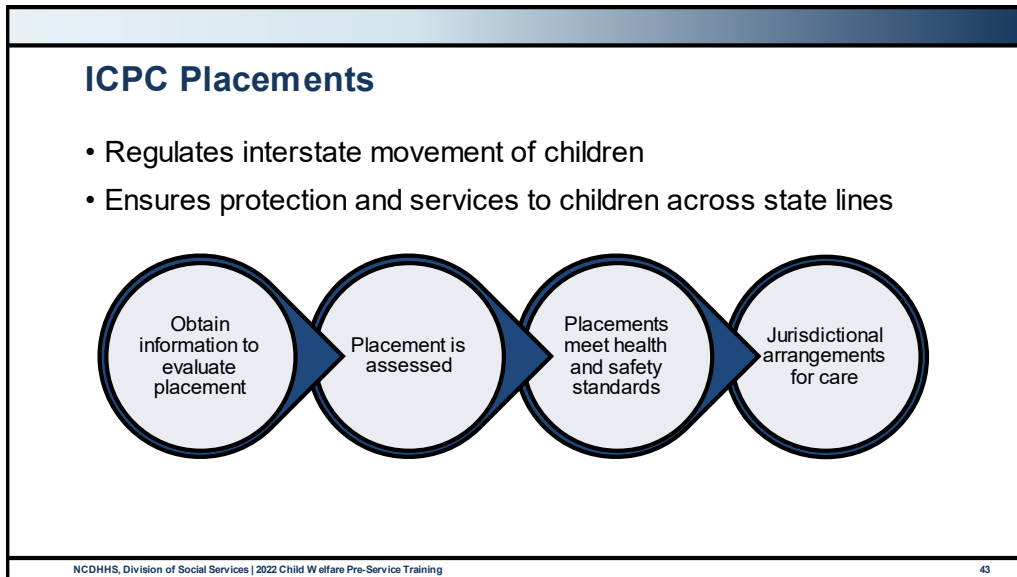
Life Books
One page, one picture, and one story at a time

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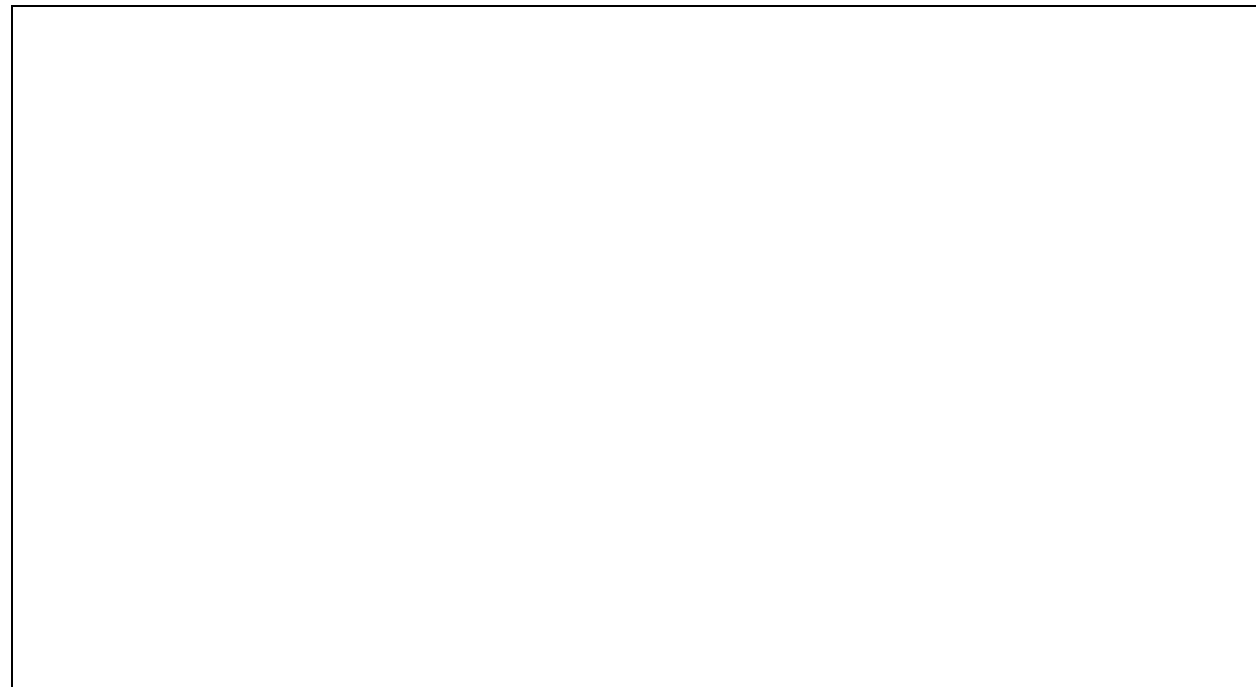
County child welfare agencies must create and maintain a life book for each child in an out-of-home placement. The child's life book must be initiated within 30 days of the child entering custody and updated on an ongoing basis.



Interstate Compact on the Placement of Children



The Interstate Compact on the Placement of Children regulates the interstate movement of children. The Compact is a uniform law that has been enacted by all states. The Compact is the best means to ensure protection and services to children who are placed across state lines for child placement services or adoption. Interjurisdictional issues can have an impact on planning and achieving permanency across state lines, which is why every state needs to comply with ICPC rules.



Placement Learning Lab

Video: ReMoved Part 3 – Love is Never Wasted

Visit: ReMoved Part 3

As you watch this video, keep in mind the topics we have discussed today: grief and loss, planning for placement with children and families, placement considerations, preparing for placement, and placement stability.

What are some things you heard mom say to Kevi?

How did mom try to take care of Kevi in her own mind?

Did the social worker say or do anything to try to reassure the mom?

Did the social worker ask mom about placement options?

What was Kevi wearing at the office?

Describe what you saw when it showed Kevi and mom at home.

What effects of trauma did you just see?

What glimpse into mom's story did you get?

Kevi was playing. What happened?

Note anything you want to remember from the ending.

What will you remember from this video?

Debrief

What are you feeling or thinking?

What are some of the group observations in this video?

What will you remember from this video?

Key Takeaways

Key Takeaways

- Placement is temporary
- Services are provided to improve conditions that led to removal
- Placement is traumatizing and results in grief and loss
- Planning for placement must occur with the child and family
- Relatives, legal custody of a sibling, fictive-kin, and licensed foster care placements
- Preparation of the child, family, and placement provider is key
- Authentically engaging youth leads to positive outcomes

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Questions and Reflections

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

Working with Relatives

Learning Objectives

<ul style="list-style-type: none">• Discuss the policy and procedure requirements for diligent search of relatives from the beginning of the case until case closure.
<ul style="list-style-type: none">• Explain the importance of applying family-centered practices and principles to engage relatives.
<ul style="list-style-type: none">• Discuss your role in the notification process for communication, placement with relatives, permanency, and ensuring connections with relatives, including what information can be shared with relatives, changing roles, and boundaries.
<ul style="list-style-type: none">• Discuss ways to engage and involve relatives in planning for placement and other support, including consideration of relatives for placement.

Activity: Kinship Care and Bias

Sometimes our own biases prevent us from observing the strengths of others. As we have discussed, bias, when unchecked, impacts your case practice and the children and families you work with. Bias towards relative caregivers is not uncommon in child welfare. However, when we are aware of our bias, we can mitigate it so that we can engage with families with empathy and understanding. Our experiences and histories with our own families influence our biases we need to continually assess and address our biases.

In your groups, discuss the following questions about families and record your answers on the flip chart. Nominate one person as the reporter of your group who will share what you discussed with the larger group.

How is it possible for kinship caregivers to raise children who have been abused or neglected by their parents? After all, “the apple doesn’t fall far from the tree.”

Who is included in your definition of family?

What was your own experience with the type, frequency, and duration of contacts with your family and extended family members?

Think of your own nuclear and extended family. Are there people within your family who are struggling or experiencing great difficulty? Are there others who have greater strengths and more resources? Are those with greater resources willing to share their resources and help other members of the family who need help?

Importance of Relative Connections

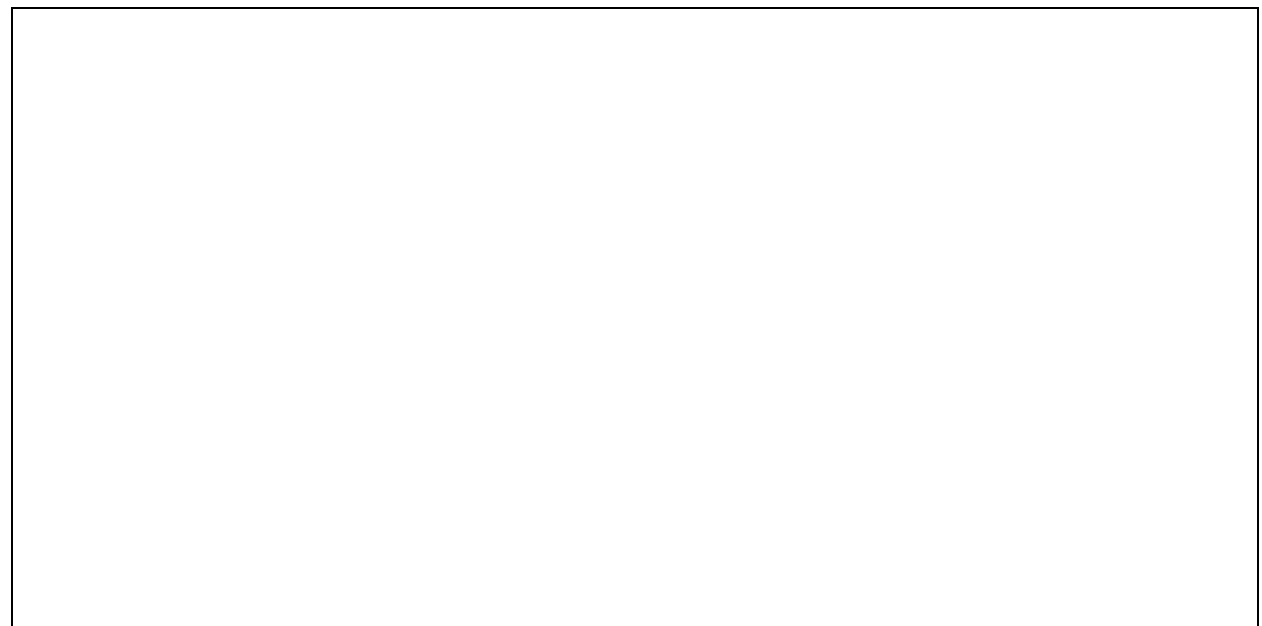
Importance of Relative Connections

Minimizes trauma	Preserves cultural identity	Increases placement stability	Improves behavioral and mental health outcomes
Promotes sibling ties	Improves well-being	Increases permanency	Provides a bridge for older youth

• [Family Preservation Matters](#)
• [Kinship Care and the Child Welfare System](#)
• [Kinship Care is Better for Children and Families](#)

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Valuing and pursuing kinship care arrangements promotes racial equity and is essential to ensuring permanency for children and youth. The child welfare system must prioritize the kinship care model to ensure the care of children, promote equity among families, sustain family/familial relationships, and protect, and preserve the culture and history of these communities. Supporting kinship care is a protective factor for children and communities, allows families to feel a sense of belonging and identity, and allows communities to carry on traditions and preserve their histories.



Engaging Relatives

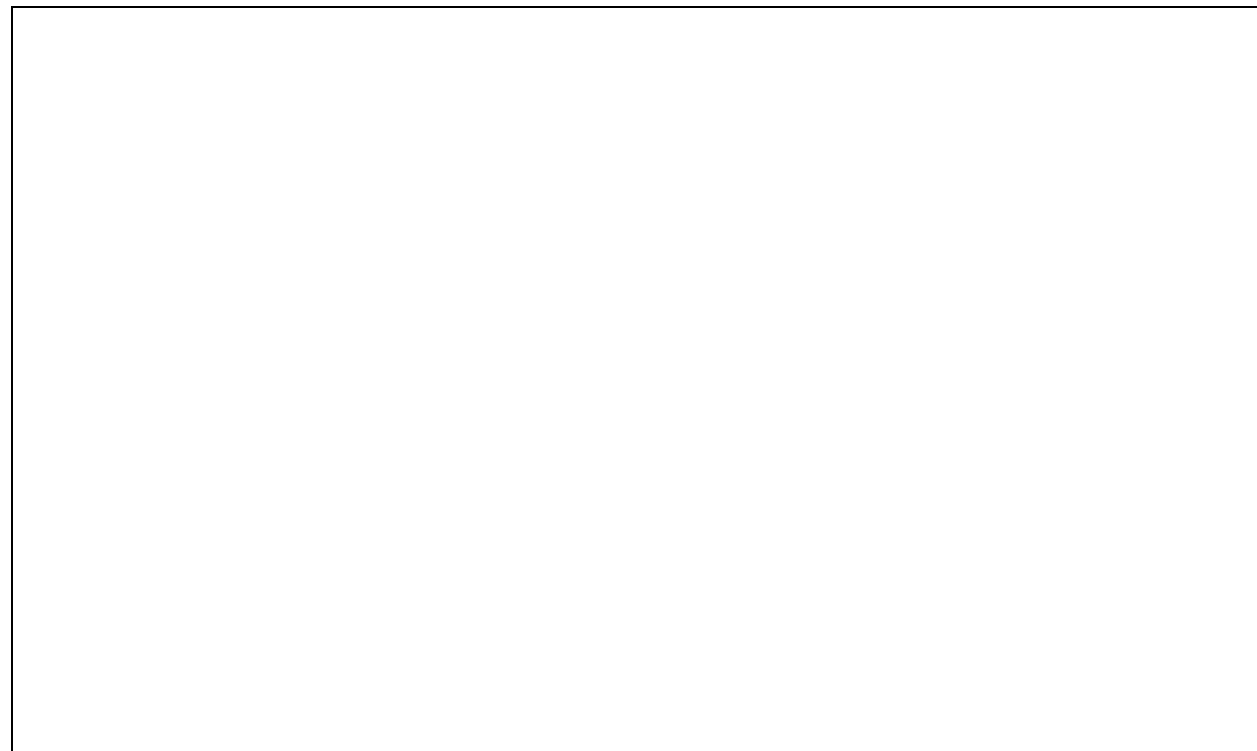
Engaging Relatives

- Ownership of family’s needs
- Bring their own resources to address needs
- Reduce likelihood of placement outside kinship network
- Provide system of oversight



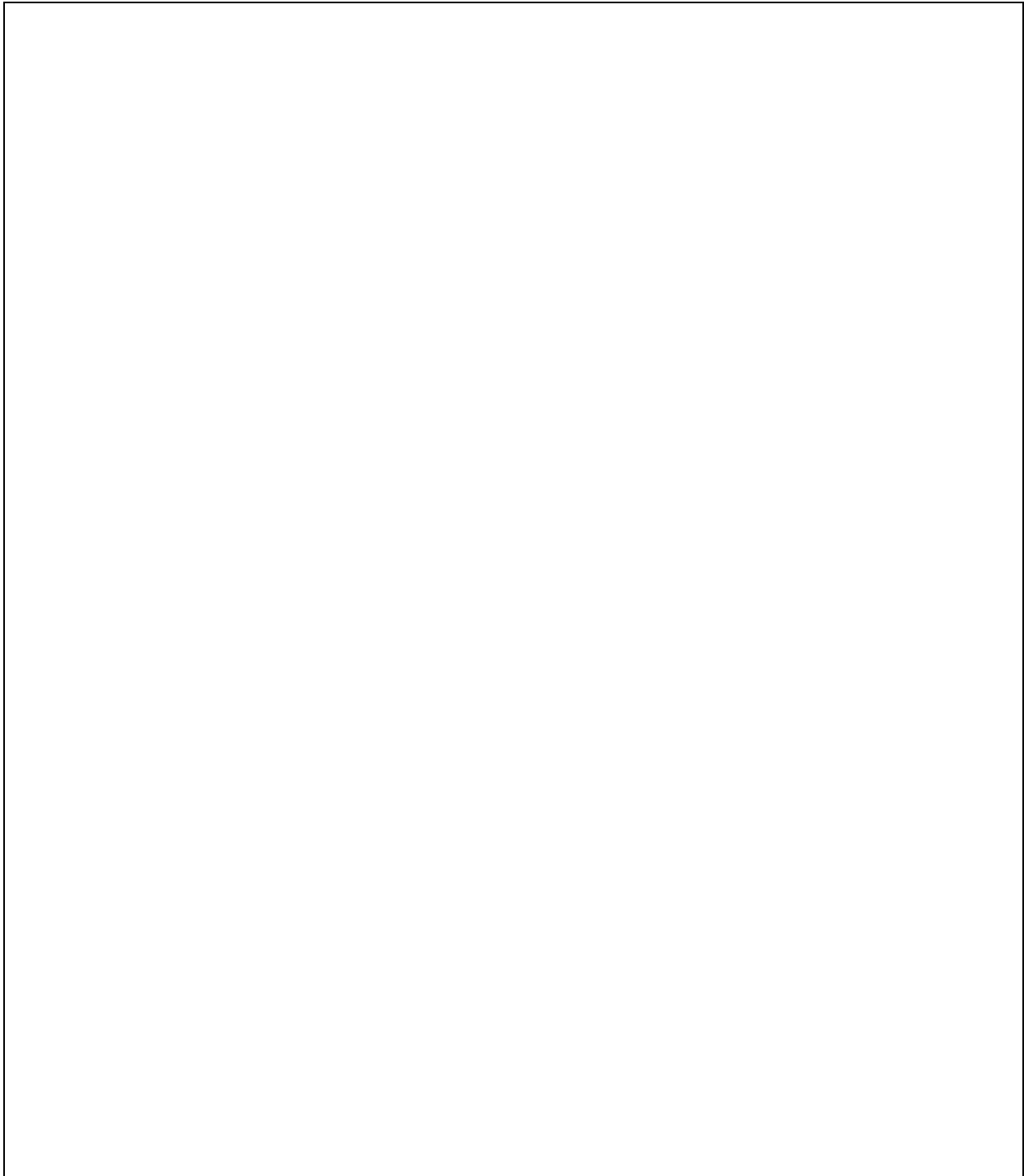
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Acknowledge and respect the child’s attachment to their parents and their family. Finding extended family members encourages you to view case planning that addresses safety, risk, and permanence beyond one route only and to instead include the perspectives of the entire family.



Questions and Reflections

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

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Self-Care Exercise

Activity: Mindfulness Activity – Body, Sound Meditation

This activity is a guided mindfulness exercise. There is no wrong way to do this exercise. This exercise itself will last about three minutes and there will be a chime sound when it is over. When it has concluded you are free to go.

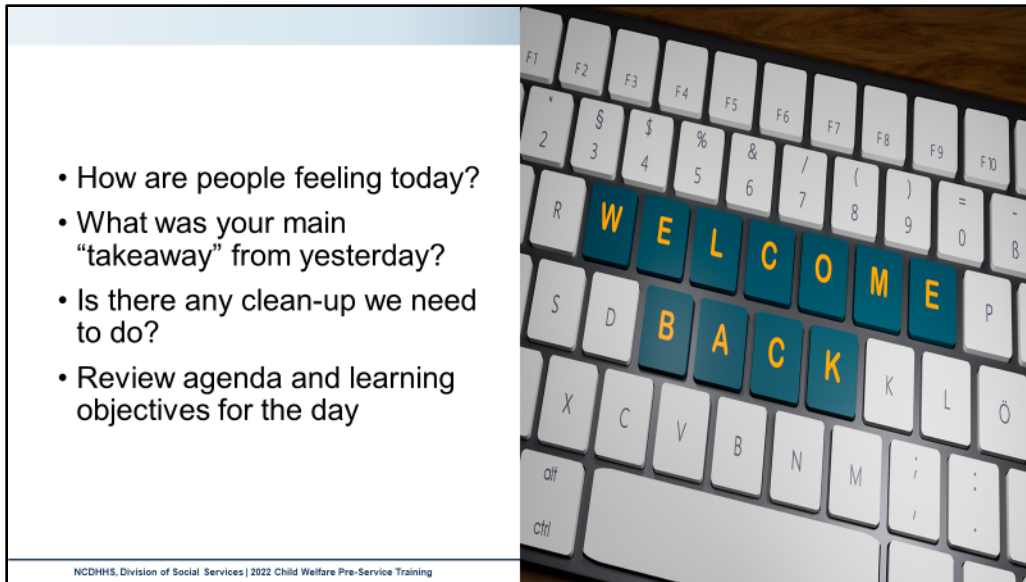
- <https://d1cy5zxxhbcykk.cloudfront.net/guided-meditations/Body-Sound-Meditation.mp3>
- UCLA Guided Meditations: <https://www.uclahealth.org/marc/mindful-meditations#english>

Week Five, Day Two Agenda

Pre-Service Training: Child Welfare in North Carolina

I.	Welcome	9:00 – 9:30
	Overview of Child Welfare Processes, Part 3: Permanency Planning Services (continued)	
II.	Working with Relatives (continued)	9:30 – 9:40
III.	Diligent Search Learning Lab	9:40 – 10:15
	Working with Relative (continued)	10:15 – 10:35
	BREAK	10:35 – 10:50
	Working with Relative (continued)	10:50 – 11:35
IV.	Caseworker Contacts	11:35 – 11:50
V.	Family Time	11:50 – 12:15
	LUNCH	12:15 – 1:15
	Family Time (continued)	1:15 – 2:00
VI.	Family Time Learning Lab	2:00 – 2:40
	BREAK	2:40 – 2:55
	Family Time Learning Lab (continued)	2:55 – 3:15
VII.	Shared Parenting	3:15 – 4:00

Welcome



- How are people feeling today?
- What was your main “takeaway” from yesterday?
- Is there any clean-up we need to do?
- Review agenda and learning objectives for the day

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Use this space to record notes.

Overview of Child Welfare Process, Part 3: Permanency Planning Services (continued)

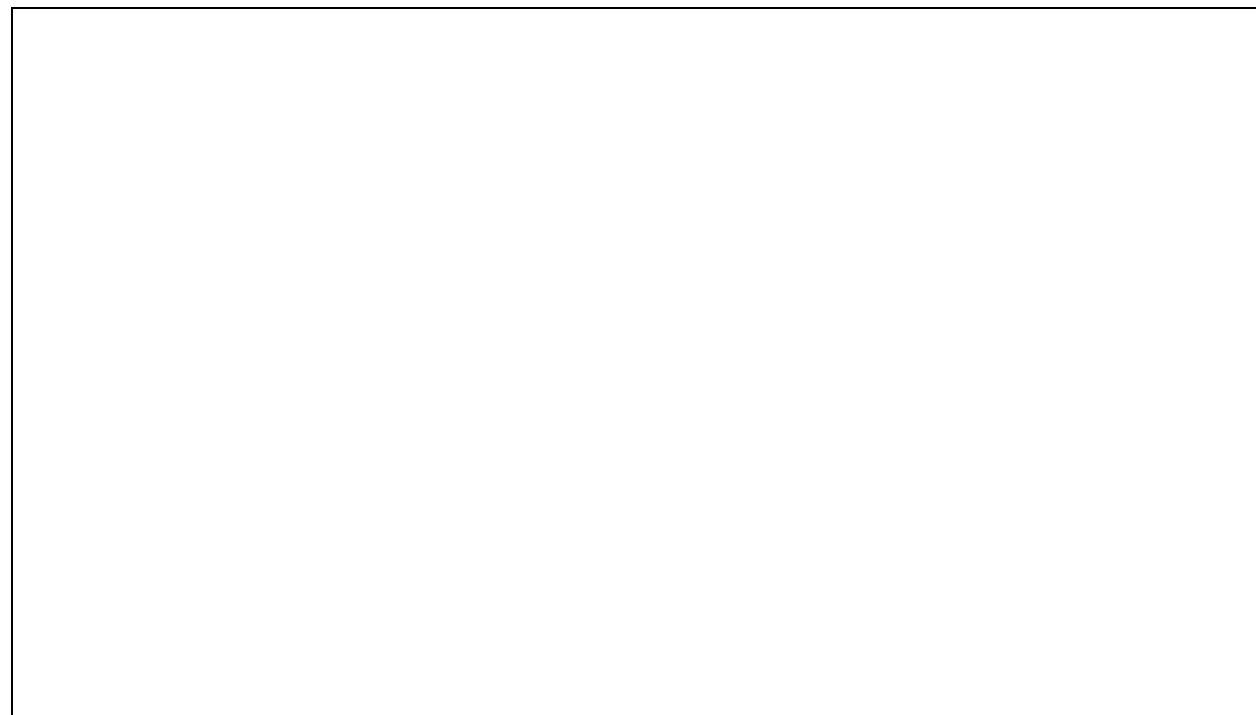
Working with Relatives (continued)

Identifying and Notifying Relatives

Identifying and Notifying Relatives

- Relative: individual directly related to the child by blood, marriage, or adoption
- Diligent search: ongoing efforts to identify and notify relatives
- Promotes connections for the child
- Creates more options for support and planning for the family
- Required forms:
 - Relative Notification Letter (DSS -5317)
 - Relative Interest Form (DSS-5316)

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Handout: Identifying and Notifying Relatives

County child welfare agencies must strive to strengthen and preserve the family. Parents must be given a reasonable opportunity to identify and come together with their kinship network to plan for and provide for the safety, care, nurture, and supervision of the child.

Federal and state law requires county child welfare agencies to identify and notify all adult relatives and other persons with legal custody of a sibling of the child within 30 days of the child's removal from their parents or caregivers. This is called diligent search. County child welfare agencies must provide documentation of those efforts to the court. The county child welfare agency must thoroughly search for relatives, and when it is safe and appropriate, children must be placed with relatives.

North Carolina defines a relative as an individual directly related to the child by blood, marriage, or adoption. The county child welfare agency must make diligent efforts to notify the following people within 30 days after the initial order removing custody:

- Adult relatives and kin suggested by parents
- Adult maternal and paternal grandparents, aunts, uncles, siblings, great-grandparents, nieces, and nephews.
- All parents of a sibling where such parent has legal custody of such sibling
- Relatives and other persons with legal custody of a sibling

Diligent searches for parents and relatives include, but are not limited to, all forms of verbal or written contact, including:

- Sending correspondence to all previous addresses
- Calling all previous telephone numbers
- Contacting motor vehicle registration
- Requesting a record check from local law enforcement
- Contacting prisons and state hospitals
- Contacting all known relatives, including custodial parents of siblings, friends, and previous employers
- Checking the telephone directory
- Contacting utility and telephone companies
- Checking child support records
- Making historical systems check through the CPS system

The following are the relative notification forms:

- Relative Notification Letter (DSS-5317)
- Relative Interest Form (DSS-5316)
- Relative Search Information (DSS-5318)

When you receive the Relative Interest Form, you should follow up with relatives to discuss their desires and options in becoming resources for placement and/or support for the child and their family.

The following must be included in relative notifications:

- That the child has been removed from the custody of the parent
- The options the relative has under federal, state, and local law to participate in the care and placement of the child
- The options that may be lost by failing to respond to the notice
- The requirements to become a family foster home
- The services and supports that are available for children in a foster home
- How relative guardians of the child may receive kinship guardianship assistance payments if the county child welfare services agency has elected to offer such payments.

Relative notification is an ongoing process and documentation must include the agency's ongoing efforts to locate and notify relatives. At least once a month throughout the case, you must inquire with parents and children about extended family members.

This conversation should include:

- Knowledge of names and when they were last seen
- Location, including addresses and contact information
- Any contacts that were made through telephone, texting, or social media
- Information about their relationship with the relative, such as their history with the relative and the support the relative may be able to provide

The following are some strategies you can use to identify and locate relatives:

- Interviewing the child and the child's parents or caregivers about the child's relatives and their preferences for placement
- Interviewing all known family members, maternal and paternal, including children, and fictive-kin and/or close friends
- Using family decision-making meetings, such as Child and Family Team (CFT) meetings, to ask participants to help identify other relatives of the child
- Contacting identified relatives and requesting names of other relatives, divulging only information necessary to help identify additional relatives and assess their interest in accepting placement of the child or providing connections
- Accessing the services history in NC FAST or internal county agency databases, such as child welfare and child support
- Closely reviewing the case record to identify and record names
- Utilizing internet-based search tools, like using www.Zabasearch.com; www.msn.com (White Pages); www.USSEARCH.com; www.facebook.com or other social media sites
- Search the North Carolina court calendar by name:
<https://www.nccourts.gov/court-dates>
- Search the North Carolina criminal offenders database:
<https://www.ncdps.gov/dps-services/crime-data/offender-search>

You should work with the child's parents and caregivers to notify relatives and fictive-kin they have suggested, in addition to pursuing those close relatives that are mandated to receive notification. Inform parents of the requirement to notify relatives beyond those they have identified. Parents may be able to provide the necessary background and history of these relatives to assist you in determining their suitability. Keep in mind that additional relatives and kin may be identified or come forward later in the case and should be afforded the same information and notification as those relatives identified earlier in the case.

The goal of identifying extended family members or other fictive-kin is to promote connections for the child and to create more options for support and planning for the family, parents, and child. In addition, notifying relatives ensures that they are given consideration and an opportunity to be placement resources and/or to be able to participate in the child's care plan.

Diligent Search Learning Lab

Activity: Diligent Search – Kahlil’s Story

Kahlil is a 16-year-old boy who has been in foster care for the past 13 months. He is living in a relative foster home with his grandmother and his goal is guardianship with a relative. His grandmother was recently diagnosed with terminal cancer and will be unable to continue to care for Kahlil. To stabilize his placement, we want to explore other connections due to his grandmother’s health concerns. In the past few months, the worker and the grandmother talked with Kahlil about her illness and imminent death in very clear words, “I have been diagnosed with cancer, and I am not going to live much longer.” The grandmother and worker encouraged Kahlil to ask questions and to say what he was thinking and feeling about her news and his future. There is a sense of urgency to strengthen his connections both exploring placement options and preserving familial relationships.

The Diligent Search results revealed:

- 1st cousin: Malcolm, 26, lives within a 30-minute drive, manager of a fitness club
- Paternal Aunt Inez, 47, lives within a 20-minute drive, Head Start teacher
- Maternal Great Aunt Rosa, 70, lives in the same community, retired nurse

Based upon the information provided in the scenario and the information received from the diligent search results, as well as your own additional search results, prepare to:

Who will you make contact with and why?

What methods will you use to make contacts?

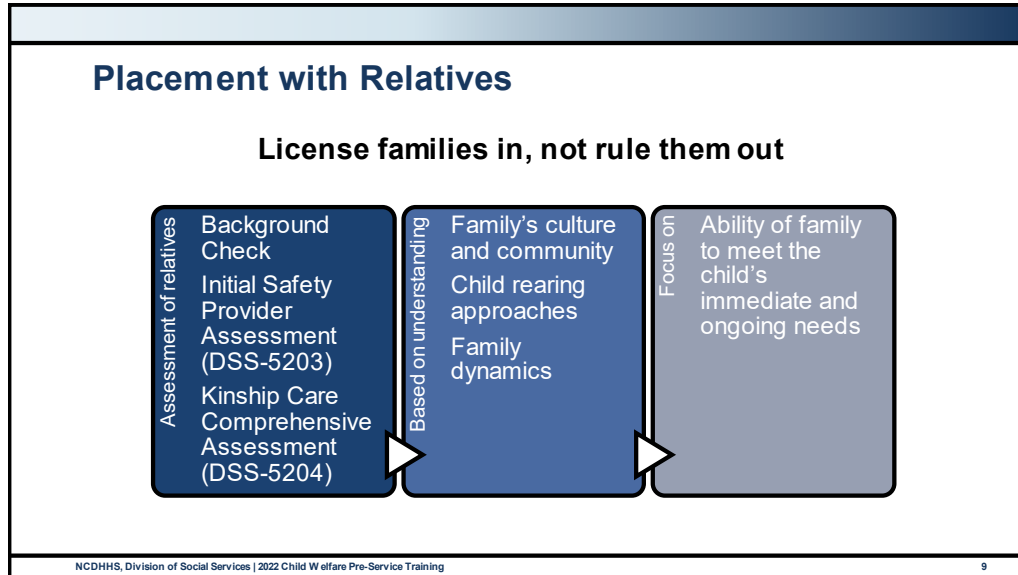
What are some things you want to do/say in a phone call, letter, email, and through other means to engage the identified potential connection?

How will you anticipate and manage, resistance, questions, and confidentiality?

What do you want to achieve in contacting and engaging with the potential connection?

Working with Relatives (continued)

Placement with Relatives



A thorough assessment must be conducted to evaluate the suitability of the placement for any potential kinship care provider. The following forms must be completed:

- Initial Safety Provider Assessment (DSS-5203), which is completed prior to placement
- Kinship Care Comprehensive Assessment (DSS-5204), which is completed within 30 days of the child entering custody if the child is already placed out of the home, or within 30 days of the child's placement in the home of the kinship provider (if placed after entering custody)

Review both these assessments in your Tools Workbook. Pay attention to the information you are gathering from the provider. Highlight anything that makes you curious or that you are unsure about.

As part of your continued skill practice, your follow-up assignment to this activity is to review these documents with your supervisor, discuss their use, and review completed assessments. Spend some time with your supervisor discussing any questions or observations you have now that you have looked at some live documents.

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Questions and Reflections

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

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Activity: Changing Roles and Boundaries

Imagine one of your relatives was suddenly providing care as a kinship care provider. While there are many benefits to kinship care, it does not come without its challenges, one of those being changing roles and boundaries.

What are some of the roles and boundaries that you think may change when a relative becomes a kinship caregiver?

How might this impact the relative caregiver?

What about the child they are caring for?

What about the child's parents?

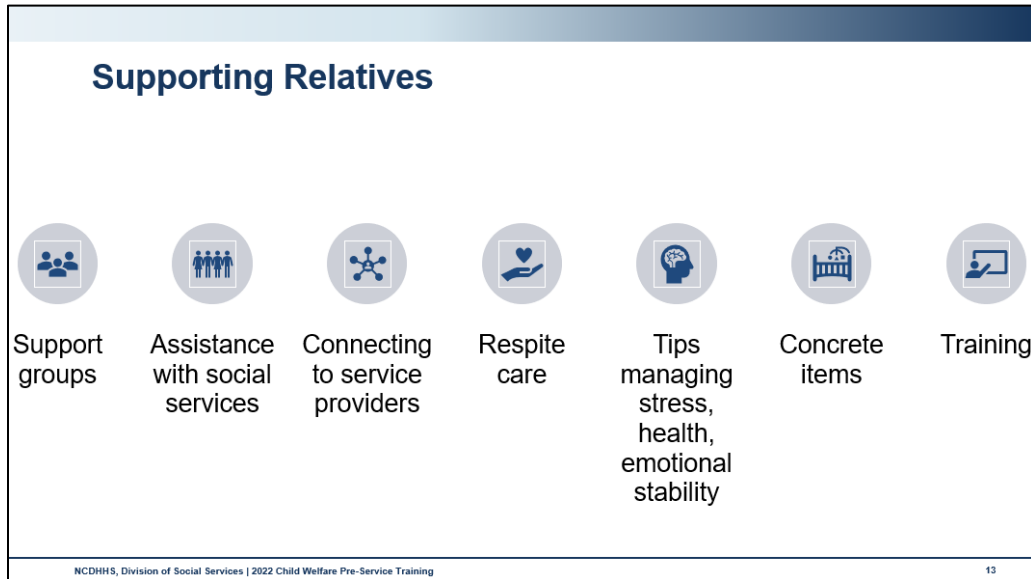
For kinship care providers, becoming a parent or caregiver to their relative child results in changing roles and boundaries. These changes will impact the relative caregiver, the child, and the child's parents. This change in roles can create a sense of loss for everyone and may be confusing at times. Additionally, kinship care providers may feel some guilt in caring for the child. They may feel guilty because the child has become their priority over the child's parents, who may be the kinship care provider's own child. Additionally, kinship care providers may feel embarrassed that their family is involved in the child welfare system.

Existing family dynamics may make it difficult for some parents and relative caregivers to respect boundaries and case plan requirements. This can test family relationships as both parents and relative caregivers confront feelings of guilt, shame, anger, distrust, and loss. Caregivers often have a tough time reconciling their growing responsibility to the children involved with their existing relationship with the parents involved. It may take time for parents who have struggled to take care of their children to earn the trust of family members, and they may harbor feelings of resentment toward the relative who holds custody. Having to set aside family grievances for the sake of the children and moving things forward can be challenging.

Kinship care can create space for reconciliation and healing within families when both sides make an effort to listen to and support each other. This can mean being honest about needs and concerns, recognizing progress, and expressing gratitude. A simple expression of gratitude can, for example, motivate a caregiver's continued work on behalf of a relative's child or a parent's will to meet case goals.

Kinship care dramatically changes family dynamics and requires shifting roles, responsibilities, authority, and loyalties. Relative caregivers need support to adjust to these new realities, which go against deeply grooved, familiar, and cherished norms. Kinship care providers will need support in redefining pre-existing roles and relationships. You must lead these conversations with empathy, authenticity, and respect for the child's family.

Supporting Relatives



Kinship care providers may have a greater need for services due to their age and restricted income levels, especially those who are caring for more than one child or sibling group. Kinship care providers have many concerns, including the following:

- Financial security
- Preparing their home for incoming children, such as the need for additional furniture or expanded living space
- Child's behavioral and emotional needs from related trauma
- Decisions related to the child's education and health care
- Disruption in family relationships
- Affordable childcare and after-school care
- Interactions with the child welfare system

Video: Kinship Family

Visit: Kinship Family

Bruce and Brenda provided kinship care for their four grandchildren from 2006 to 2009. In 2010, the couple adopted their four grandchildren. As you watch this video, pay attention to the experiences that Bruce and Brenda share.

How did Bruce and Brenda create normal experiences for their grandchildren?

What could the system have done differently to support Bruce and Brenda and their grandchildren? How does your agency support kinship families (i.e., emotionally, financially, etc.)?

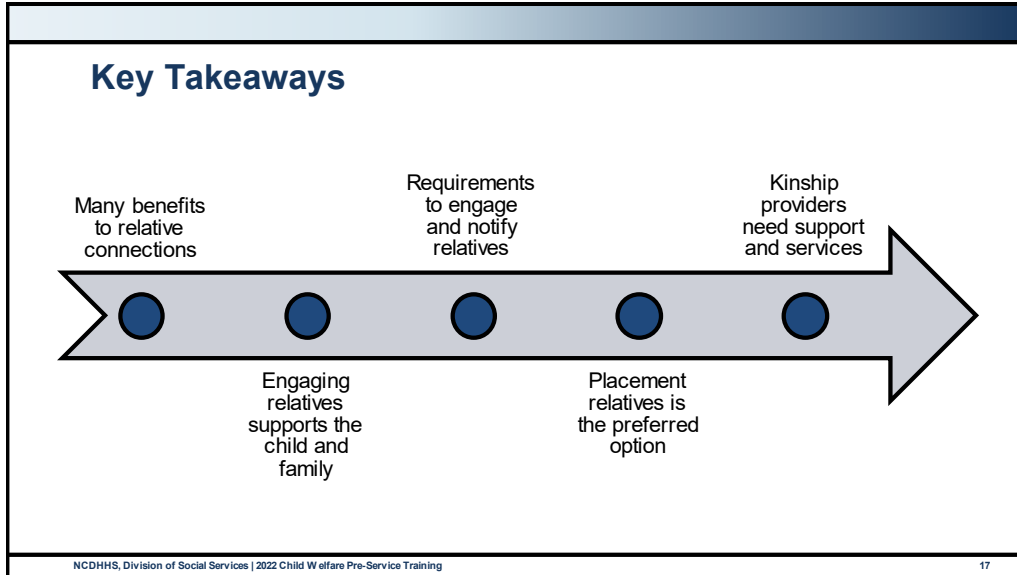
What system barriers did Bruce and Brenda encounter?

How might the system unintentionally be creating barriers when facilitating normalcy in kinship settings?

What did the family say about providing a safe and stable environment?

What images in the video suggest that the family was promoting healthy development for their grandchildren? What outcomes would you expect to see?

Key Takeaways



Questions and Reflections

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

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Caseworker Contacts

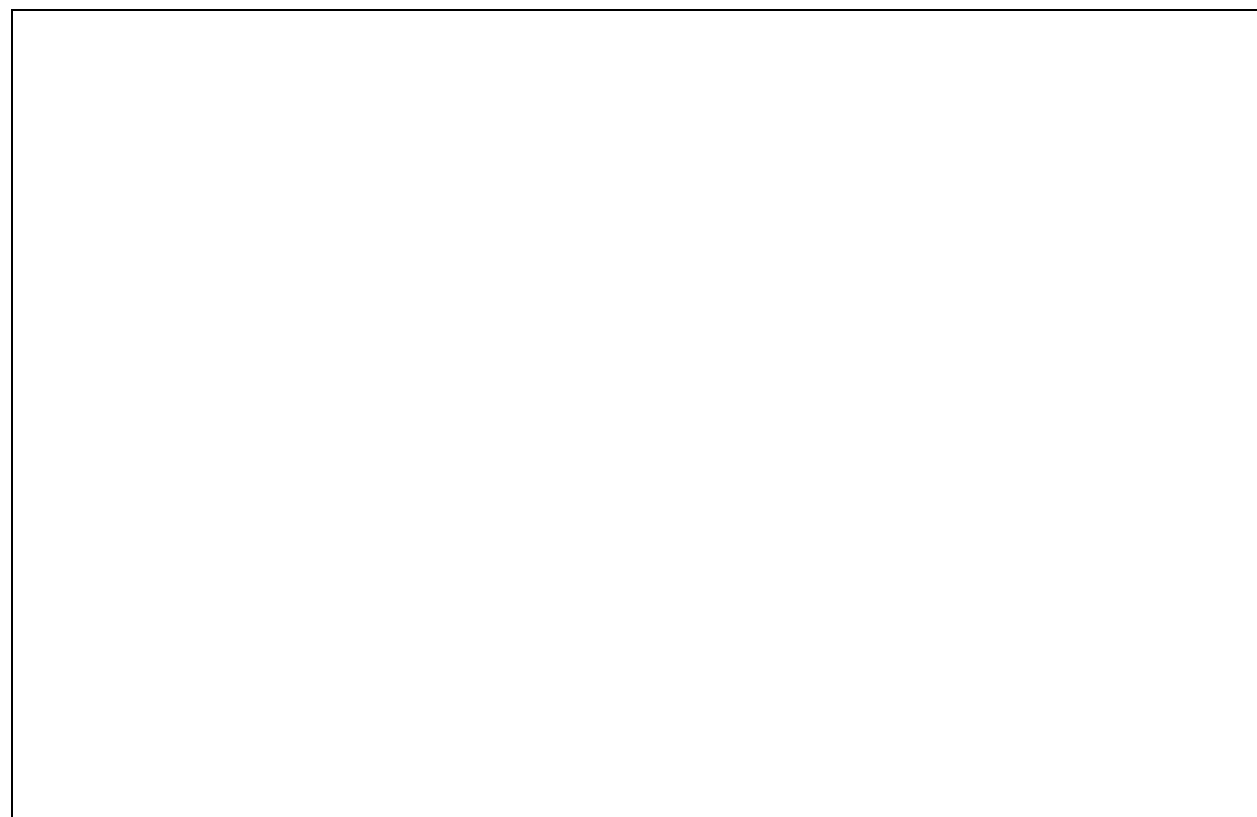
Learning Objectives

- | |
|---|
| <ul style="list-style-type: none">• Describe the required timeframe for contacts in Permanency Planning Services. |
| <ul style="list-style-type: none">• Describe the purpose of contacts with children, parents, and placement resources. |
| <ul style="list-style-type: none">• Discuss the information you should gather during caseworker contacts. |

Purpose of Contacts



Quality contacts provide important opportunities for social workers to assess the child, parents, placement providers, and the home to ensure safety, identify strengths and needs, and develop the Family Services Agreement jointly.

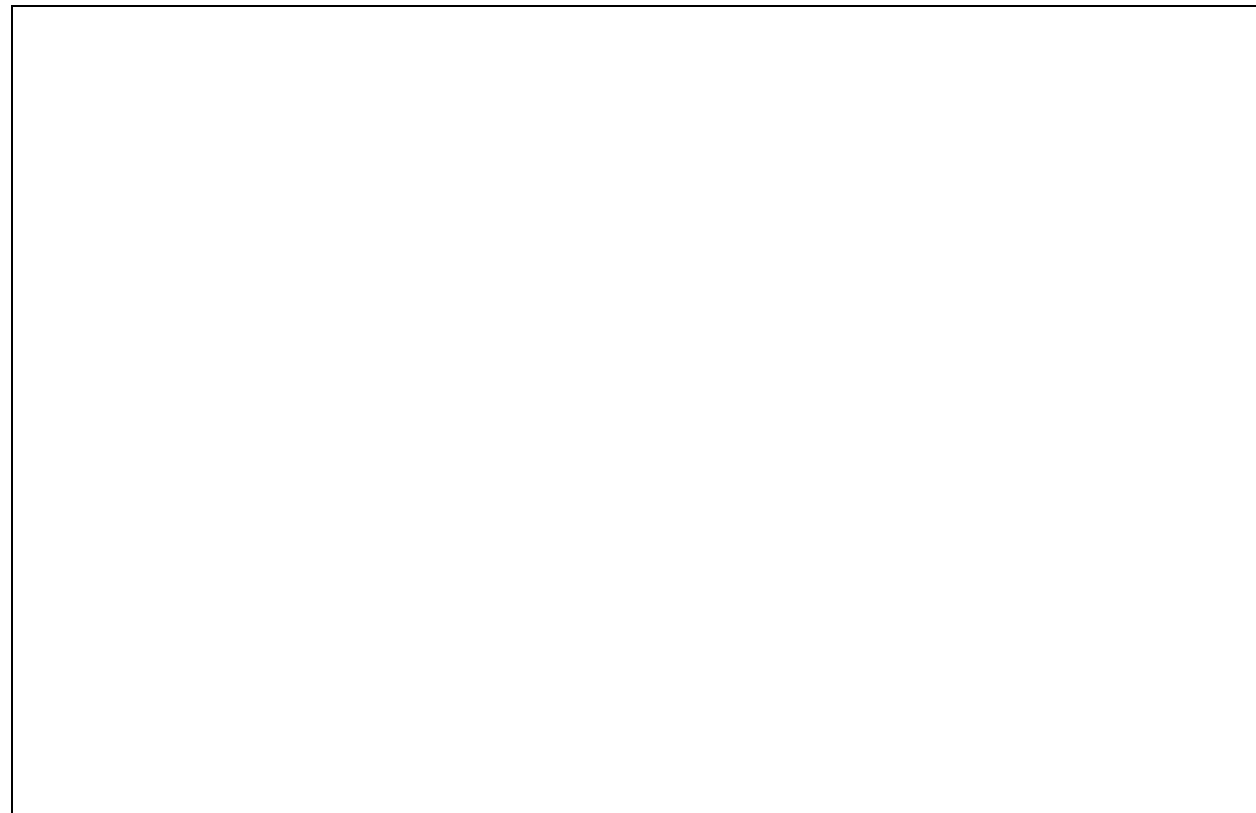


Caseworker Contacts Policy Requirements

Caseworker Contacts Policy Requirements		
	Initial Contacts	Ongoing Contacts
Child	<ul style="list-style-type: none"> • Within 7 days of placement • Within 7 days of any subsequent placements 	<ul style="list-style-type: none"> • Face-to-face contact monthly • Majority in the residence • More frequent contact as indicated by the child's needs
Parents	<ul style="list-style-type: none"> • Within 7 days of initial placement 	<ul style="list-style-type: none"> • Monthly • Half of the contacts in the parent's home
Placement Provider	<ul style="list-style-type: none"> • Within 7 days of placement 	<ul style="list-style-type: none"> • At least one provider monthly • All providers quarterly • Assess the home quarterly

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Out-of-home placement is one of the most traumatic events that can occur in a family's life. A timely check regarding adjustment to placement, answering questions the child and family may have, and addressing any concerns is trauma-informed.



Handout: Frequency of Contacts During Provision of Permanency Planning Services

Worker	Type of Contact	With Whom	Frequency
Permanency Planning Worker	Face-to-Face	Child, Child's Parents/Caregivers, and Placement Provider	<p>Face-to-face contact with the child and at least one placement provider (if more than one resides in the home) must occur within 7 days of initial and subsequent placements.</p> <p>Face-to-face contact must be made with all parents or caregivers within 7 days of initial placement</p>
Permanency Planning Worker	Face-to-Face	Child	<p>At least once monthly (which includes alone time)</p> <p>The majority of the visits (4 out of 6) must be held in the child's residence</p>
Permanency Planning Worker	Face-to-Face	Placement Provider (licensed or kinship)	<p>Monthly, with at least one placement provider (if more than one adult caretaker resides in the home)</p> <p>At least once per quarter with both spouses and any other adult caretakers who reside in the home</p>
Permanency Planning Worker	Type Not Specified	Collaterals (persons significant to the child's case other than placement providers)	Contact when indicated by the child and family's needs
Permanency Planning Worker	Face-to-Face	Child's Parents	<p>Face-to-face contact with all parents or caregivers at least monthly, if reunification is the primary or secondary plan</p> <p>If the parent is living in a home to which the child could be returned, half of these contacts must be held in the parent's home (3 out of 6)</p>

Foster Home Licensing Worker	Face-to-Face	Placement Provider	Minimum of quarterly, with at least half of these visits occurring in the foster home Coordinate with Permanency Planning workers whenever possible
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Questions and Reflections

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

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Regular, meaningful Family Time for children in out-of-home care has several positive outcomes, including:

- Enhanced parental engagement
- Greater likelihood of reunification
- Expedited permanency
- Increased chances of reunification being sustained
- More meaningful connections to parents for older youth without reunification as a permanency goal
- Improved emotional well-being for parents and children.
- Stronger attachments to their parents
- Improved child well-being
- Fewer behavioral problems, including both internalizing and externalizing problems
- Lower levels of depression
- Better adjustment


What is Family Time

What is Family Time?



Child

- *Keep a connection*
- *Mitigate grief*
- *Worth reaffirmed*
- *Assurance their parents "exist"*
- *Re-establish and strengthen relationship with parents*



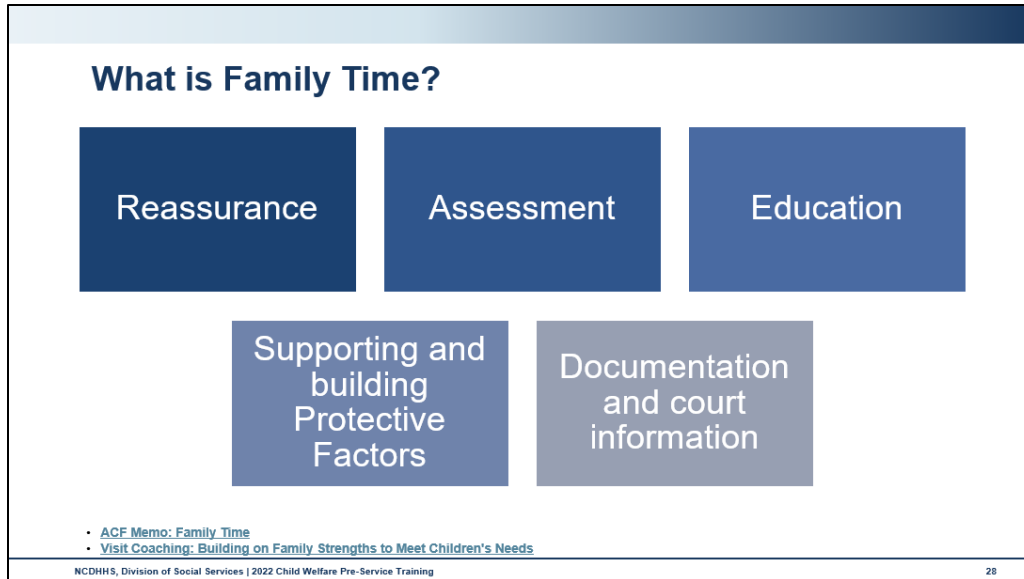
Parent

- *Remain attached*
- *Stay motivated*
- *Practice and improve parenting skills*
- *Understand child's needs*
- *Mitigate grief*
- *Re-establish and strengthen relationship with child*
- *Demonstrate attachment and parenting abilities*

ACF Memo: Family Time
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Family time is critical to maintaining the parent-child relationship when a child is in out-of-home care and it allows children and parents to maintain and strengthen bonds, which is critical when they are separated.

**At your tables, discuss why we say Family Time instead of “visit” or “contact”?
Nominate one person to report to the group after the timer goes off.**

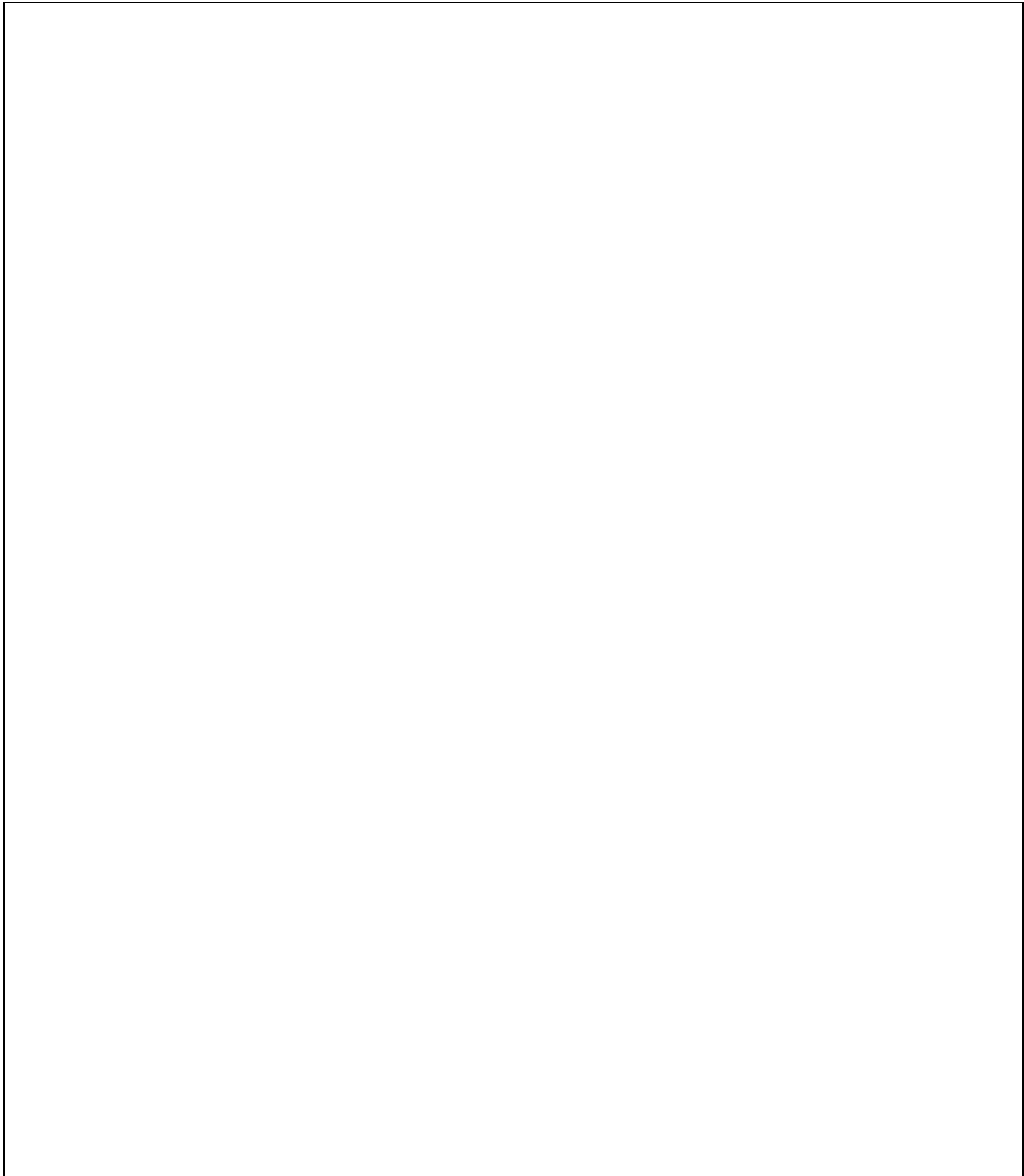


Family Time between parents and children in out-of-home care is an underutilized service that can be the most significant assistance provided for safe reunification or family participation in planning another permanent home for their child. Family Time can stir up ambivalent feelings in the parents, extended family, foster family, and workers. Facilitating quality Family Time requires the use of the following fundamentals:

1. Reaching an agreement with the parent about the child's needs to be met in Family Time.
2. Preparing parents for their child's reactions and how to give their child their full attention at each Family Time.
3. Reminding parents immediately before and during Family Time of how they plan to meet the particular needs of their child.
4. Helping parents express and cope with their feelings to encourage them to visit consistently.
5. Recognizing and celebrating the parent's strengths in responding to their child's needs during Family Time.

Questions and Reflections

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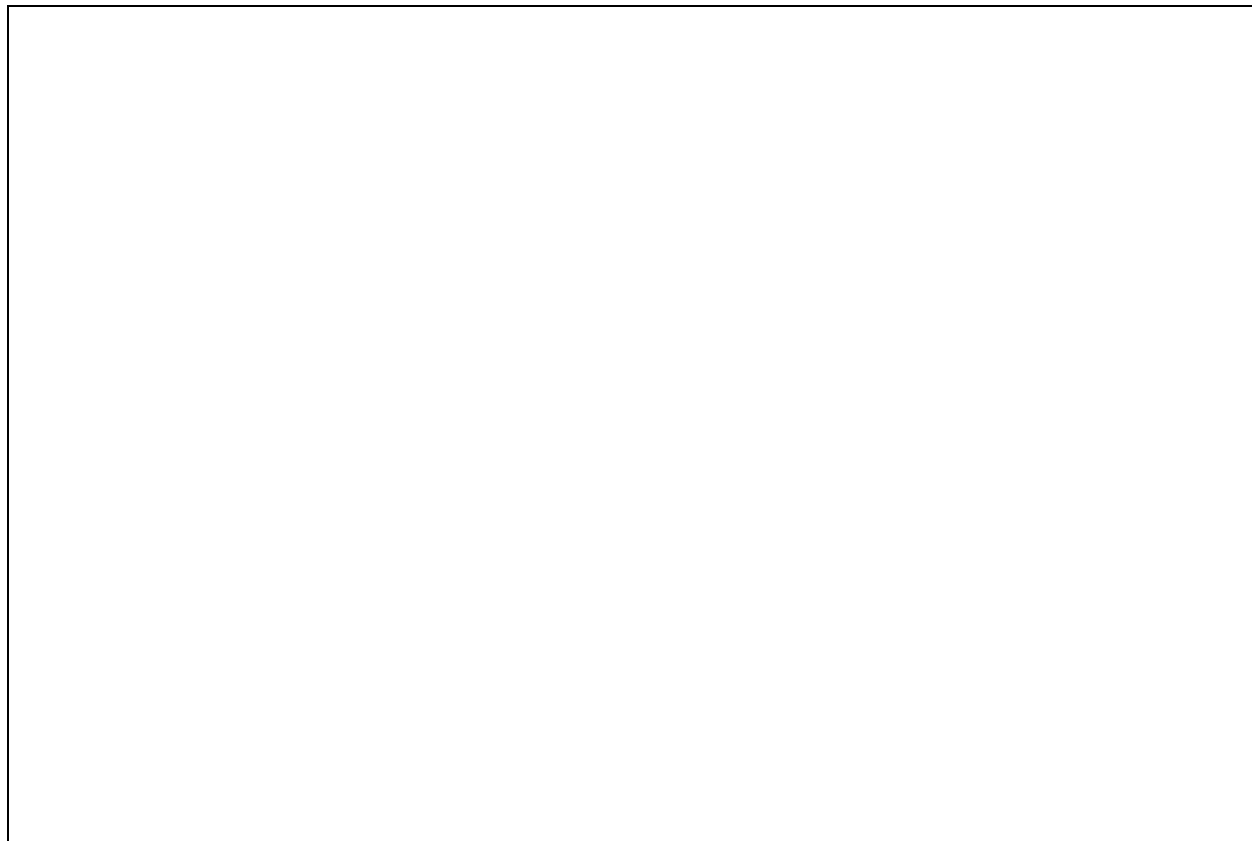
Family Time Policy Requirements

Family Time Policy Requirements

- Must occur between parents and child within 7 calendar days of placement
- Occurs in the least restrictive setting
- Consider child, family, and placement provider's schedules first
- Assess need for supervised Family Time on ongoing basis
- Family Time and Contact Plan (DSS -5242)
 - Developed with the parent and child

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The initial visit between the parent and child should be as structured as possible. In many cases, the Family Time and Contact Plan will not be developed prior to the initial visit. It is important to prepare the parents for the visit by discussing expectations, who will participate, and what is and is not appropriate for the visit.



During Family Time	
<ul style="list-style-type: none">• Assess the parent’s ability to respond to the child• Prepare the child and parent for reunification• Assist parents to understand the child’s needs• Guide and observe parents’ responses• Observe the parent’s relationship with their child• Observe changes in the parent’s behavior• Observe the child’s reactions and responses• Provide evidence to support the permanent plan	
<small>NCDHHS, Division of Social Services 2022 Child Welfare Pre-Service Training</small>	<small>32</small>

The county child welfare agency should observe the interaction between the child and the parent and document what activities took place and how the time was spent. In addition, you should observe the environment in which the Family Time occurs and assess and document any safety concerns.

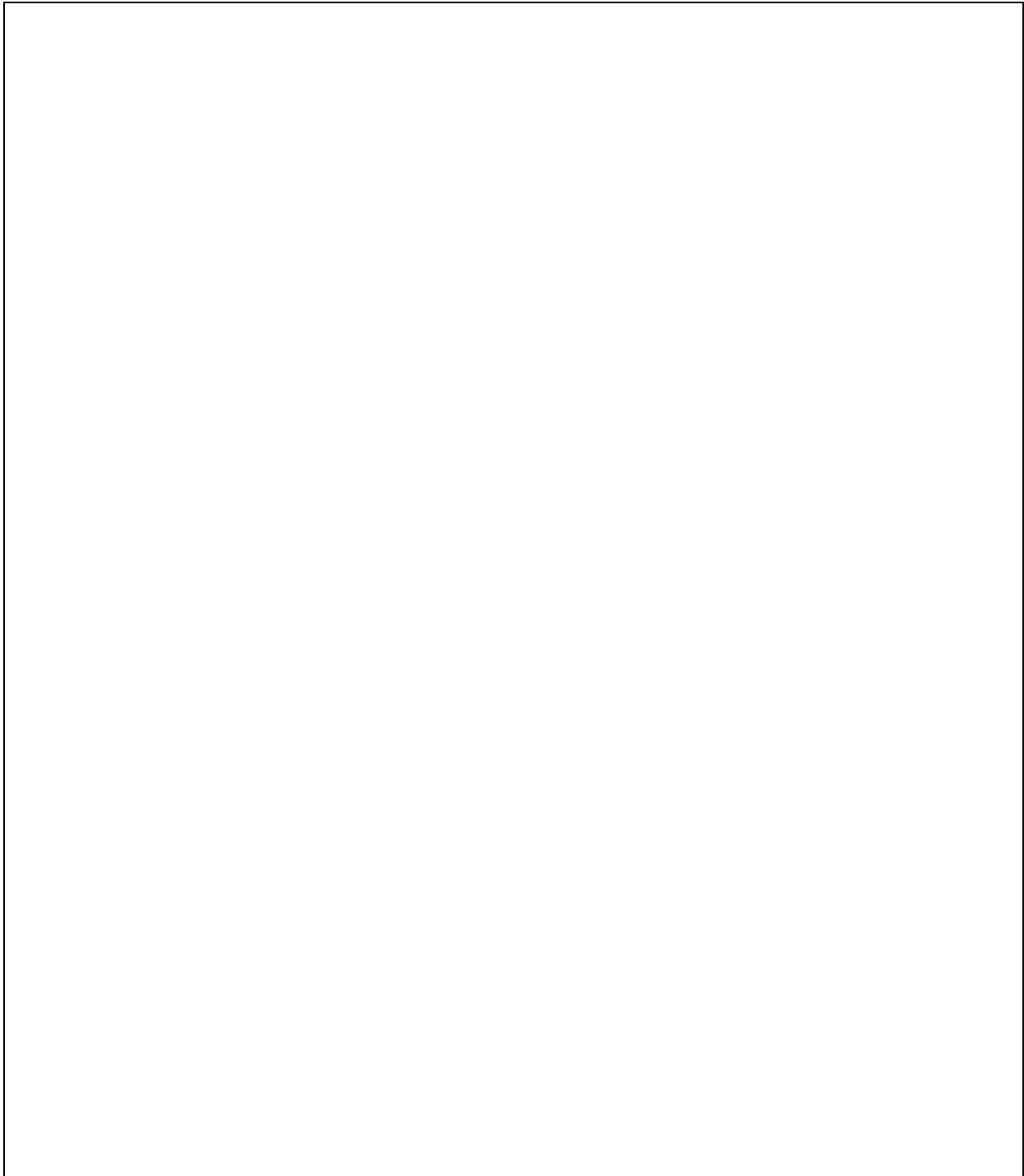
<p>Restriction of Family Time</p> <ul style="list-style-type: none">• Identify specific parental behaviors• Demonstrate the child’s difficulties are not typical anxiety responses• Demonstrate reasonable efforts to explain implications of not working to improve visits• Provide support for the decision• Petition for a court order limiting visitation
<p><small>NCDHHS, Division of Social Services 2022 Child Welfare Pre-Service Training 33</small></p>

Family time is not a special or elective service, nor is it to be used as a bonus or reward; it is a fundamental right for all children in foster care, and their families. There are very few instances in which family connections should be curtailed, restricted, or terminated.



Questions and Reflections


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

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Sibling Visitation

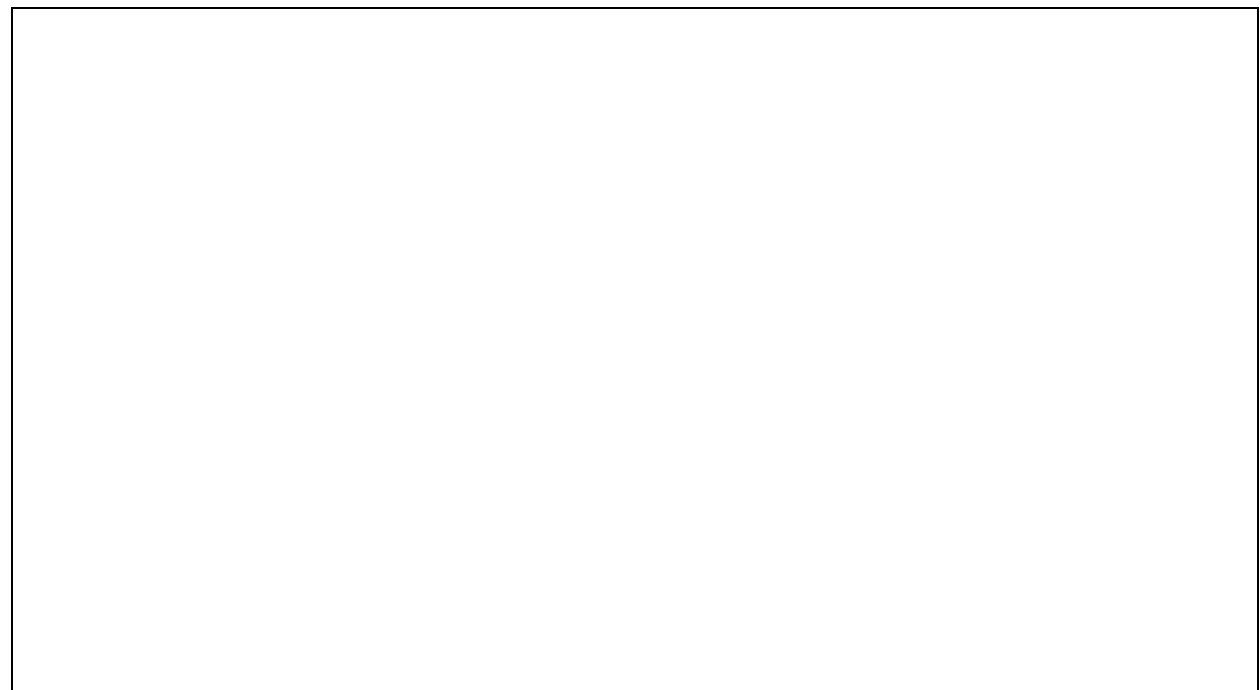
Sibling Visitation

- Sibling bonds are among the strongest humans experience
- Siblings must have frequent and ongoing visitation
- Family Time with siblings must occur within 7 calendar days of placement



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Preserving connections between siblings is critical for children who have been removed from their families. Sibling bonds are among the strongest humans ever experience. They are emotionally powerful and critically important not only in childhood but throughout a lifetime. Sibling relationships can provide a significant source of continuity, which allows children to maintain a positive sense of identity as well as knowledge of their family history. It also keeps them connected with their cultural background.



Busting the Barriers to Family Time

Busting the Barriers to Family Time

- Family Time in the foster home
- Family Time at school/daycare
- Include parents in regular appointments
- Take Family Time outside
- Concerns with the child's behavior
- Incarcerated parents

Supporting Relationships Between Children and Their Incarcerated Parents

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Many factors can complicate Family Time, however, as a child welfare professional, it is your responsibility to ensure and facilitate quality Family Time between the child and their parent, even in the face of those challenges.

What are some barriers or worries you have about facilitating Family Time?

Handout: Busting Barriers to Family Time

The following strategies to help you facilitate Family Time. Many of these strategies will support facilitating Family Time in the least restrictive and most natural environment for the child and their parent.

Family Time in the foster home:

- Allows the parent to observe a positive approach to childcare and allows the child to see all those who care for them as allies
- Promotes a sense of partnership between the placement provider and the child's parents and is a potential permanent resource for the future

Family Time at school or in daycare:

- Most children would welcome lunch with their parents, which is something most schools allow and encourage
- Allows parents to learn about this important aspect of their child's life and meet their child's teacher or daycare provider

Include parents in regular appointments:

- Participating in doctor or dentist appointments gives parents an opportunity to take responsibility for medical concerns and keeps them informed
- May reassure the child, who may be fearful about the appointment.

Take Family Time outside:

- Parks, playgrounds, fast-food restaurants, and other places allow for Family Time that more closely resembles normal parent-child interaction

Concerns with the child's behavior or reactions before and after Family Time:

- Where children exhibit concerning behavior, seek out mental health professionals to help interpret the emotions and reactions children may exhibit before deciding to modify the Family Time

Incarcerated parents:

- At every age, children need to be able to see and have contact with their parents. When parents are incarcerated, it can be challenging to overcome the many barriers to keeping children and their parents connected. The role of caregivers and caseworkers in helping to keep these connections in place is especially important in the face of parental incarceration. Without a supportive caregiver and the opportunity for regular contact, it will be hard for the parent-child relationship to stay strong.
- The known is always easier than the imagined. When possible, be truthful with children about their parents' whereabouts. This may mean different explanations at each stage of development, but truthfulness minimizes anxiety at any age
- Show children pictures and videos of their parents and vice versa
- Have children write letters to their parents and read them letters their parents have sent them

- Prepare children for what to expect at the facility. Talk with children about the facility, its rules, and why they need to respect the rules
- Use technology. Some facilities have tablet programs with communication apps for families

Recruit volunteers:

- Recruit volunteers as Family Time Specialists. Transportation and the need for supervision should not limit the opportunity for Family Time. Volunteers may also become role models and mentors.

Facilitating Quality Family Time

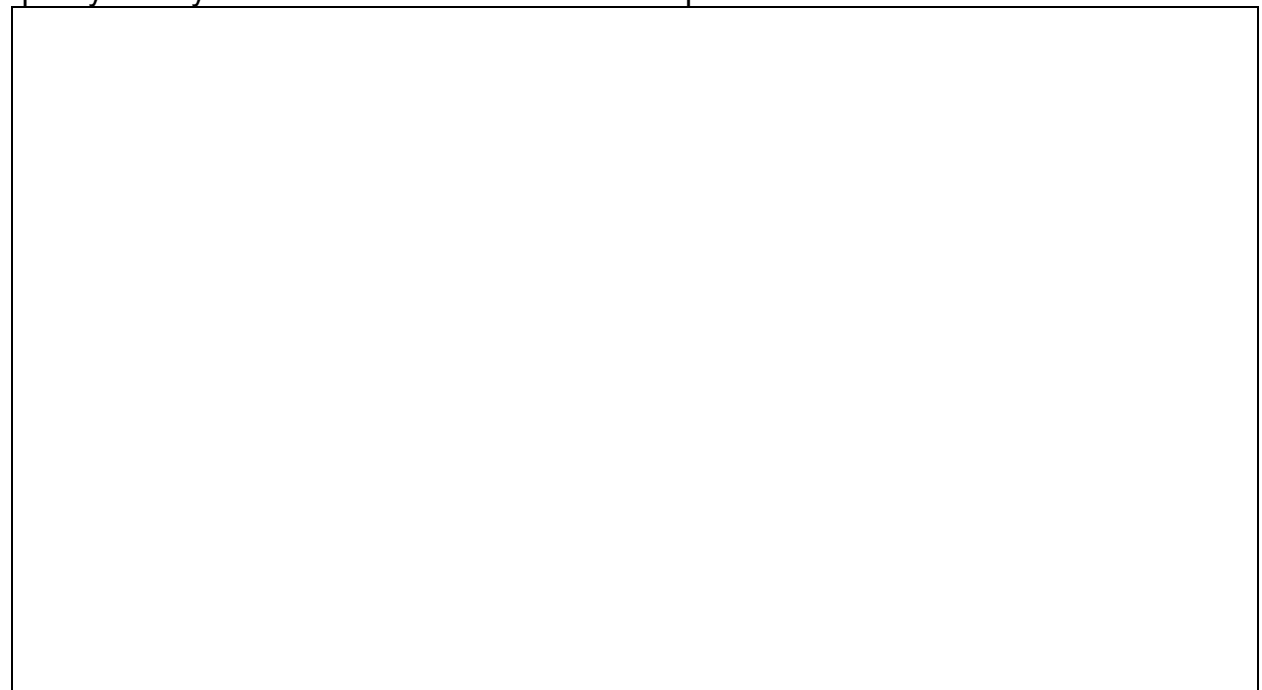
Facilitating Quality Family Time

The diagram consists of four rectangular boxes arranged in a 2x2 grid. Each box contains an icon on the left and a text label on the right. The top-left box has an icon of three people and the label 'Plan'. The top-right box has an icon of a calendar and the label 'Prepare'. The bottom-left box has an icon of a person holding a child and the label 'During'. The bottom-right box has an icon of two speech bubbles and the label 'After'. Below the grid is a list of three bullet points with links. At the very bottom of the slide, there is a footer with the text 'NCDHHS, Division of Social Services | 2022 Child Welfare Pre-Service Training' and the number '37' on the right.

- [ACF Memo: Family Time](#)
- [How can frequent, quality family time promote relationships and permanency?](#)
- [Meaningful Family Time with Young Children](#)

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The quality of time a parent spends with their child is critical for the strength of relationships of all families, especially a family involved with the child welfare system. Likewise, many factors may affect the quality of time a parent and child spend together. This includes who is present, where the time together is spent, how the time together is spent, whether attention is focused or divided, the ability of the parent or child to be emotionally present, the physical health and social, emotional, and psychological health of a parent or child, and numerous other stressors or stimuli. As a child welfare professional, you have the responsibility of addressing these factors and facilitating quality Family Time between the child and their parent.



Handout: Facilitating Quality Family Time

The quality of time a parent spends with their child is critical for the strength of relationships of all families, especially a family involved with the child welfare system. Likewise, many factors may affect the quality of time a parent and child spend together. This includes who is present, where the time together is spent, how the time together is spent, whether attention is focused or divided, the ability of the parent or child to be emotionally present, the physical health and social, emotional, and psychological health of a parent or child, and numerous other stressors or stimuli.

Be mindful that removal, even when necessary and for short periods, is traumatic to both children and their parents. Although there is no generally accepted way to structure Family Time to optimize chances for reunification, families that spend time together regularly have a greater likelihood of timely reunification, and frequent family connections may also decrease depression, anxiety, and externalizing problem behaviors in children. While there is variation in how child welfare agencies approach Family Time, typically the goal is to increase the number and length of Family Time while reducing agency oversight until the family is ready for reunification. The following are strategies to help plan for, prepare, facilitate, and address after quality Family Time occurs.

Planning for Family Time:

- Take all steps necessary to assure the parent that family time will be a top priority before removal.
- Arrange the family time as soon as possible after removal. Given the trauma that removal causes both children and their parents, it is important for family time to occur as soon as possible, ideally within 24 to 48 hours, unless there is a clear and present safety threat to the child. The actual timing may depend on the parents' circumstances and safety factors.
- Family time should occur as often as possible, especially at the outset. As family time continues, the age of the child is a significant factor in determining how often children should see their parents. Infants and young children may need short visits daily or every other day to maintain their connection with a parent; young children of school age may need slightly less frequent visits if they can connect with parents on the phone each day. And older school-aged children and teens may be able to go a few more days between visits as longer time with parents once or twice a week may work better.
- Speak with the parents as early as possible to identify family members, friends, or other trusted adults the parents may know that can help where supervised visitation may be necessary.
- Ensure that family time is a central part of every case plan.
- Remain aware that frequent Family Time can help reduce trauma to both parents and children and can help the family move toward permanency sooner.

- Understand where and how visits occur to affect the quality of Family Time. Arrange for Family Time to occur in natural and unsupervised environments, absent identified the immediate danger of harm to the child.
- Provide continuity in transportation for visits with the parents. Transportation should be done by the same staff in the same vehicle as much as possible, as routine helps to reduce stress.
- Think of Family Time broadly as involving the parent as much as possible in day-to-day child-rearing activities that allow for parental participation in normal daily experiences of their children's lives, such as school activities, doctor appointments, recreational activities, assistance with schoolwork in the placement home, religious service, and on birthdays and holidays.
- Ensure the Family Time and Contact Plan is individualized, will advance the child's permanency goal, and is guided by both strengths and concerns regarding the child, the parent, and the relationship.
- Routinely review the level of supervision needed for the parent-child relationship and Family Time.
- Identify other primary adult attachment figures in the child's life who can be included in Family Time to help the child feel secure and safe.
- Include ongoing contact, such as virtual and telephone contact, in addition to scheduled face-to-face contact.
- Consider cultural factors in determining the place for Family Time, such as a place of worship or the home of a friend or relative where the family's home language is spoken.

Preparing for Family Time:

- Family time should occur in places that provide as homelike and familiar of a setting as possible, while also maintaining safety.
- The visiting space should be comfortable, clean, and relatively quiet, and include age-appropriate toys and activities.
- Prepare the child and parents by setting realistic expectations, suggesting parenting strategies, and offering guidance on structuring the visit. Acknowledge any fears expressed and reassure the parent and the child.
- Work with the parent to set an intention for each Family Time, clearly identifying a desire or a focus that will strengthen the parent-child relationship. For example, if reunification is the permanency goal consider suggesting the following activities, cuddling and reading together, playing on the floor together, feeding or bathing the child, talking and using words while playing, practicing nurturing interactions, reading the child's cues to match their needs, any family or cultural rituals like hair styling, prayers, or birthday songs.
- Ensure the placement provider is aware of Family Time and will help to prepare the child.

- Encourage the parent to bring toys, food, or meaningful items from home. Encourage the placement provider to send a favorite toy or comfort item with the child.
- Placement providers can also help children prepare for visits and transition afterward. They may transport children to and from visits and, in some cases, monitor the visits or offer ongoing coaching or support to the child's parents. When the placement provider and the child's parents work as parenting partners, both during and outside of visits, the benefits include more normalcy for children, sharing of information, easing of children's concerns about friction between the placement provider and their parent, and a greater chance for successful reunification.

During Family Time:

- What happens during family time depends on many factors, including the identified case goals, the age of the child, how long the visits have been happening, the location of the visit, and even the time of year.
- Family Time and Contact Plans should include a parenting skills component, so the interaction during the visit may be a chance for the parent to practice new ways to engage their child.
- Assess for safety during Family Time
- Whenever possible, and approved by the court, unsupervised Family Time should occur.
- Create opportunities for the parent to accompany the placement provider on a visit to the child's doctor or a school event, which can further enhance the connection between parents and their children.
- Routinely encourage the parent to help the child feel secure and safe.
- Observe interactions between the parent and child to determine if they are developmentally appropriate and to assess the level of engagement.
- Help the parent understand the child's behaviors are connected to their emotions.
- Consider how to assist the parent and placement provider in sharing normal duties of parenting.

After Family Time:

- At the conclusion of each visit, provide additional feedback.
- The transparency of the feedback process helps to build trust between yourself and the parent.
- Discuss with the parent what worked and what needs to be worked on next time.
- Check-in with the placement provider to hear the child's reaction and provide support.

Family Time Learning Lab

Activity: Family Time – Lou Richards

Mother: Alexandra Richards – 25-year-old; White

Father: Lou Richards – 25-year-old; White

Children: Victoria Richards – 7-year-old; White; female

Troy Richards – 4-year-old; White; male

Background

Lou is a 25-year-old recovering cocaine and methamphetamine addict who started abusing marijuana and alcohol as a teenager and eventually began selling drugs. His 7-year-old daughter, Victoria is a shy child who likes to draw, and his son, Troy, is a very active 4-year-old. Their mother, Alexandra, has been in and out of their lives due to mental health hospitalizations and is currently in prison for selling drugs. Lou has limited parenting experience as a single parent and thought of parenting as the mother's job. The children have been in foster care for the past 2 months while their father was in drug treatment. The worker and resource parents met with Lou while he was in the treatment program. Lou saw the children as soon as allowed by the treatment facility and the DSS agency. Lou was depressed by the end of the visit because Victoria hugged him, yet hardly spoke or made eye contact and Troy had to be pulled off the top of the table, and the couch, and redirected endlessly. Lou described himself hopelessly as a "basket case with two kids he cannot control." Lou is questioning if he can pull this off and if he should continue visits. Lou's discouragement was heightened by the guilt he feels about how his choices have harmed his children.

Objectives and Activities to Address Identified Needs or Barriers

Objective/Desired Outcome: Strengthen the relationship between the parent and the children

Activities:

- Parent agrees to visit with the children weekly.
- Worker will monitor progress.

Achievement Criteria: Children and parent will participate in 80% of the scheduled visits.

Activities	Action Steps	Who is Responsible	Target Date	Achievement Criteria
Parent will visit with the children weekly	Develop a visitation plan that includes the day, time, location, and transportation.	The father's sister will provide transportation for father to the visits. The resource parents will transport the children to the office for visitation. The worker will help the father plan the visits and check with the resource parent about the reaction of the children to the visits.	6/12/2022	Children and parent will participate in 80% of scheduled visits.
Celebrate Success	Make home visit to hear about progress and celebrate success.	Worker	9/12/2022	Caregiver can identify one success Lou wants to celebrate

Family Time Fundamentals

Family Time between parents and children in out-of-home care is an underutilized service that can be the most significant assistance provided for safe reunification or family participation in planning another permanent home for their child. Family Time can stir up ambivalent feelings in the parents, extended family, foster family, and worker. Facilitating quality Family Time requires the use of the following fundamentals:

1. Reaching an agreement with the parent about the child's needs to be met in Family Time.
2. Preparing parents for their child's reactions and how to give their child their full attention at each Family Time.
3. Reminding parents immediately before and during Family Time of how they plan to meet the particular needs of their child.
4. Helping parents express and cope with their feelings to encourage them to visit consistently.
5. Recognizing and celebrating the parent's strengths in responding to their child's needs during Family Time.

Group #1: Conversation with Lou and the resource parent: Preparing parents for their child's reactions and how to give their child their full attention at each Family Time.

Group #2: Conversation with Lou and his sister who is driving him to the visits: Reminding parents immediately before and during Family Time of how they plan to meet the particular needs of their child.

**Group #3: Conversation with Lou and his sister who is driving him to the visits:
Helping parents express and cope with their feelings to encourage them to visit
consistently.**

**Group #4: Conversation with Lou, the resource parent, and Lou's sister:
Recognizing and celebrating the parent's strengths in responding to their child's
needs during Family Time.**

Activity: Family Time Reflection

As difficult as it may be at times, it is our job to work out a means to provide services that are in the best interest of the child. While the child is in placement, there may be no more important service than maintaining the connection between the child and their significant others.

Let's take some time to reflect on how you can support Family Time to achieve positive outcomes and reunify children with their families as soon as possible.

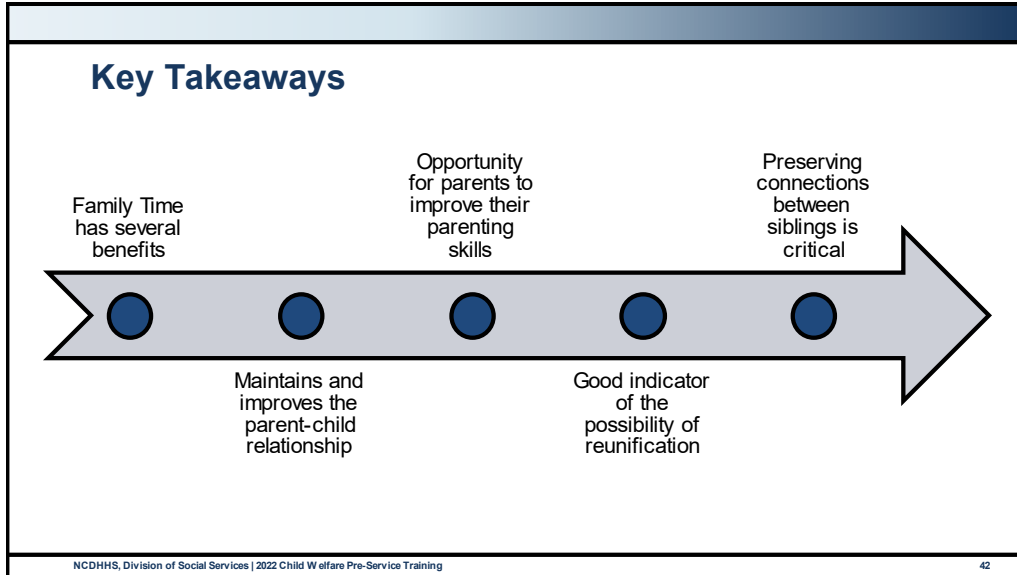
How can I identify, and address trauma and stress experienced during Family Time?

In what ways can I acknowledge my own biases, privilege, and the power I hold, to ensure fairness in decision-making and planning for Family Time?

What is my level of understanding regarding the five protective factors, and how do they relate to Family Time?

How can I support and facilitate Family Time to achieve positive outcomes?

Key Takeaways



Questions and Reflections

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

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Shared Parenting

Learning Objectives

<ul style="list-style-type: none">• Explain the purpose and benefits of Shared Parenting.
<ul style="list-style-type: none">• Provide examples of Shared Parenting and different ways that families can participate in Shared Parenting.
<ul style="list-style-type: none">• Describe your role in supporting and facilitating Shared Parenting.

Activity: Missed Milestones

Jot down everything you do with your child or everything that someone you know, and love, does with their child.

Draw a line through everything that you, or the parent of the child you were thinking about, could give up. You know, the things that are really not that important.

What was the easiest part of this activity?

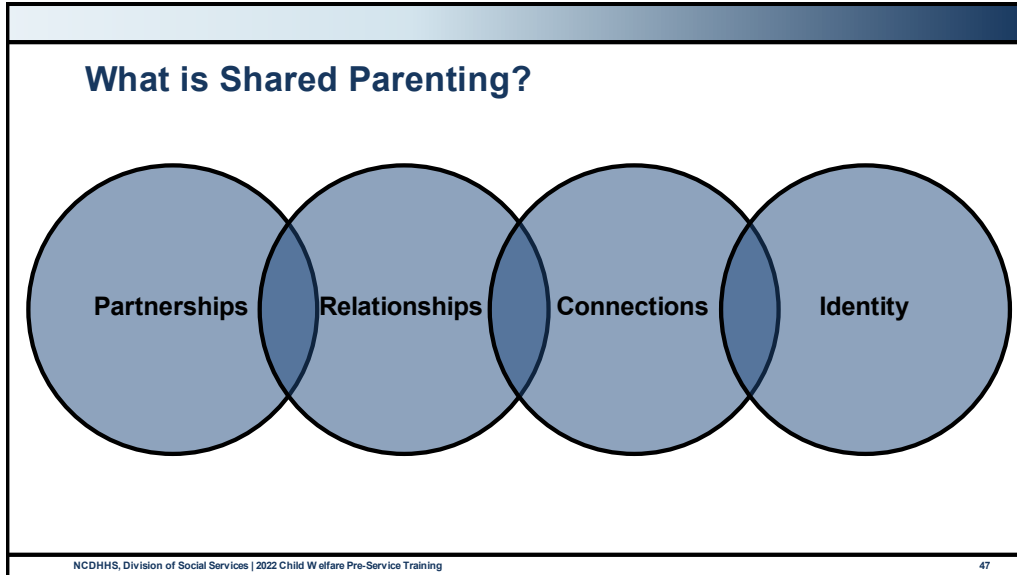
What was hard about the crossing out part?

Why was this hard?

What did you cross out?

What did you and your partner discuss while you were crossing out things?

What is Shared Parenting?



Shared parenting is a practice in which foster parents cultivate positive, supportive relationships with the child’s parents. Shared parenting relationships are based on trust while keeping the safety and best interests of the child in focus.

Foster parents must engage in shared parenting by:

- Developing partnerships with children and their parents
- Helping children maintain and develop relationships that will keep them connected to their past
- Helping children build a positive self-identity and positive familial, cultural, and racial identity



Benefits of Shared Parenting

Child	Parents
Foster parents	Agency

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Handout: Shared Parenting Benefits

Benefits for the Child

- Consistency of care is more likely
- Child does not have to develop separate alliances
- Child can relax and attend to growing and playing (vs. worrying about the parents)
- Child's needs are more fully met because their foster parents are more fully informed (and vice versa)
- Minimizes the trauma of placement for both children and parents by preserving and nurturing children's relationships with their parents, siblings, and extended family

Benefits for the Child's Parents

- Able to play a role in the child's adjustment to the foster home
- Feel valued through sharing their insights with the foster parents
- Experience decreased anxiety about the care their child is receiving
- Learn new skills for managing difficult behaviors
- Minimizes the trauma of placement for both children and parents by preserving and nurturing children's relationships with their parents, siblings, and extended family

Benefits for the Foster Parents

- Gain valuable information that will ease the child's adjustment to the home
- Child's behavior may improve
- Experience fewer conflicts with the child's parents related to the care of the child
- May be able to continue to play a role in a child's life after reunification
- Helps foster parents make reasonable and prudent parenting decisions that are in-line with the child's parents' decisions and/or wishes

Benefits for the Agency

- Reduces worker time needed for transportation and supervision of visits
- Increased placement stability
- Plan for permanence may proceed more quickly
- Establishes trusting relationships by reassuring the child's parents that their children are well cared for
- Creates positive, ongoing connections among everyone involved in caring for the child
- Improves family engagement through the life of the case by immediately demonstrating to the child's parents that social workers can be trusted to follow through on their promises and commitments.

Questions and Reflections

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

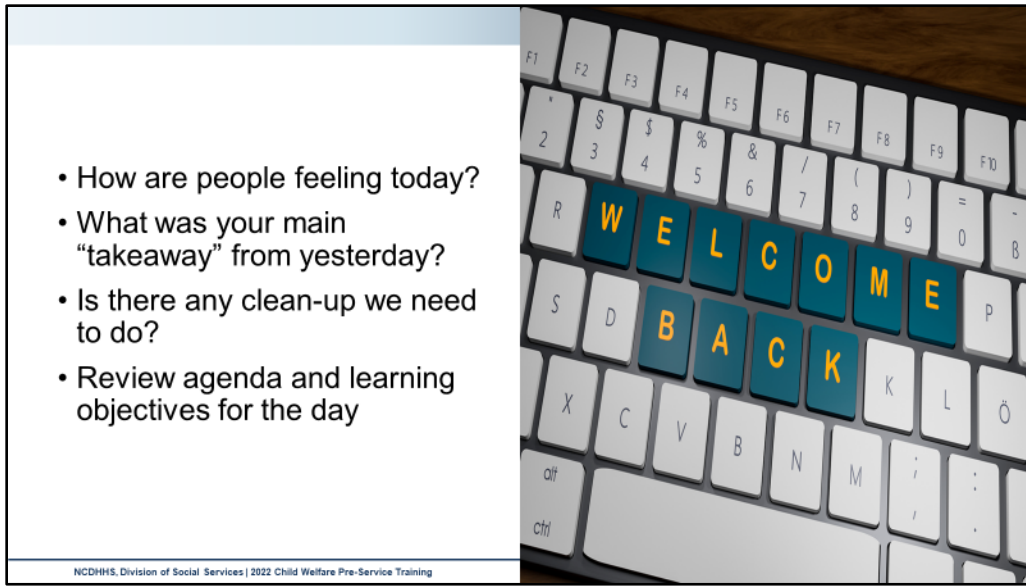
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Week Five, Day Three Agenda

Pre-Service Training: Child Welfare in North Carolina

I. Welcome	9:00 – 9:30
Overview of Child Welfare Processes, Part 3: Permanency Planning Services (continued)	
II. Shared Parenting (continued)	9:30 – 9:50
III. Shared Parenting Learning Lab	9:50 – 10:25
BREAK	10:25 – 10:40
IV. Permanency Planning Family Services Agreement	10:40 – 11:30
LUNCH	11:30 – 12:30
V. Permanency and Permanency Planning	12:30 – 1:50
BREAK	1:50 – 2:05
VI. Reunification Learning Lab	2:05 – 2:45
Permanency and Permanency Planning (continued)	2:45 – 3:30
VII. Adoption Learning Lab	3:30 – 3:45
VIII. Homework Reminder	3:45 – 4:00

Welcome



- How are people feeling today?
- What was your main “takeaway” from yesterday?
- Is there any clean-up we need to do?
- Review agenda and learning objectives for the day

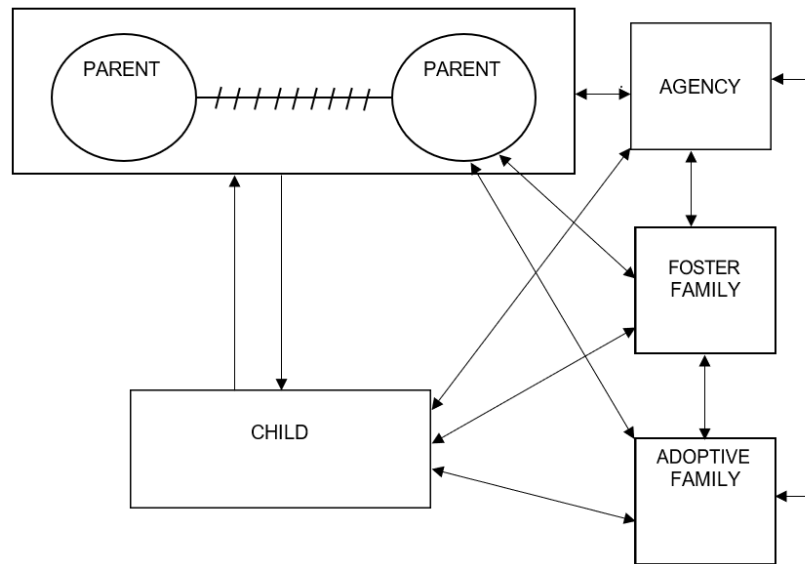
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Use this space to record notes.

Overview of Child Welfare Process, Part 3: Permanency Planning Services (continued)

Shared Parenting (continued)

Alliance Model of Child Welfare



The above diagram, the **Alliance Model**, is a way of viewing the many partnerships in child welfare services that impact the child's safety, permanence, and well-being. The lines and arrows in the diagram represent the alliances among the important people in the child's life: the child's parents, the foster family, the adoptive family, and the agency.

Shared Parenting represents an active alliance among all important adults in the child's life. It is the goal of these important adults to work together as a team to form a positive alliance with the child's parents. The positive alliance with the child's parents benefits the child and all the team members. Within the Alliance Model, the agency's goal is to establish an alliance with parents to protect their children rather than just an alliance with children to protect them from their parents. The goal of the child's team is to maintain, preserve, and strengthen the connection between the child and their parents. When the child perceives that the adults are aligned and working as a team, the child benefits emotionally and psychologically and can focus on the tasks of childhood.

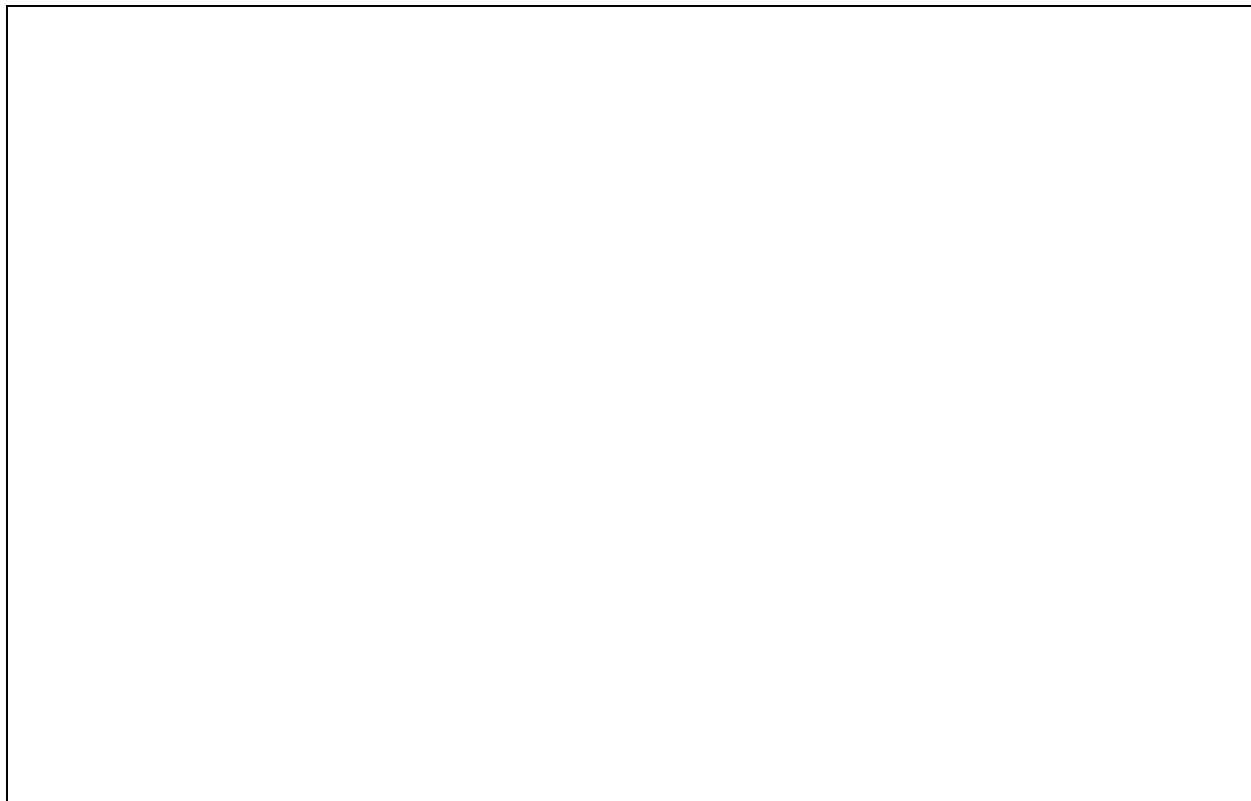
Adapted from Thomas D. Morton, "Partnerships in Parenting." Child Welfare Institute and Trauma Informed Partnering for Safety and Permanence: Model Approach to Partnerships in Parenting Leaders Guide, 2013. Used by permission: Children's Alliance of Kansas.

Shared Parenting Meetings

Shared Parenting Meetings	
Similarities	Differences
Family -centered meetings	Not about “the case”
Utilize Principles of Partnership	Child not present
Planning is important to success	Not on “set” schedule
Initiated early in the case	Fewer attendees
Meet the needs of the child	Worker not present at every contact

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Two meetings are key elements of North Carolina's child welfare practice: Child and Family Team (CFT) meetings and Shared Parenting meetings. There are similarities and differences when comparing these two meetings. Understanding the differences is especially key to the success of shared parenting meetings.



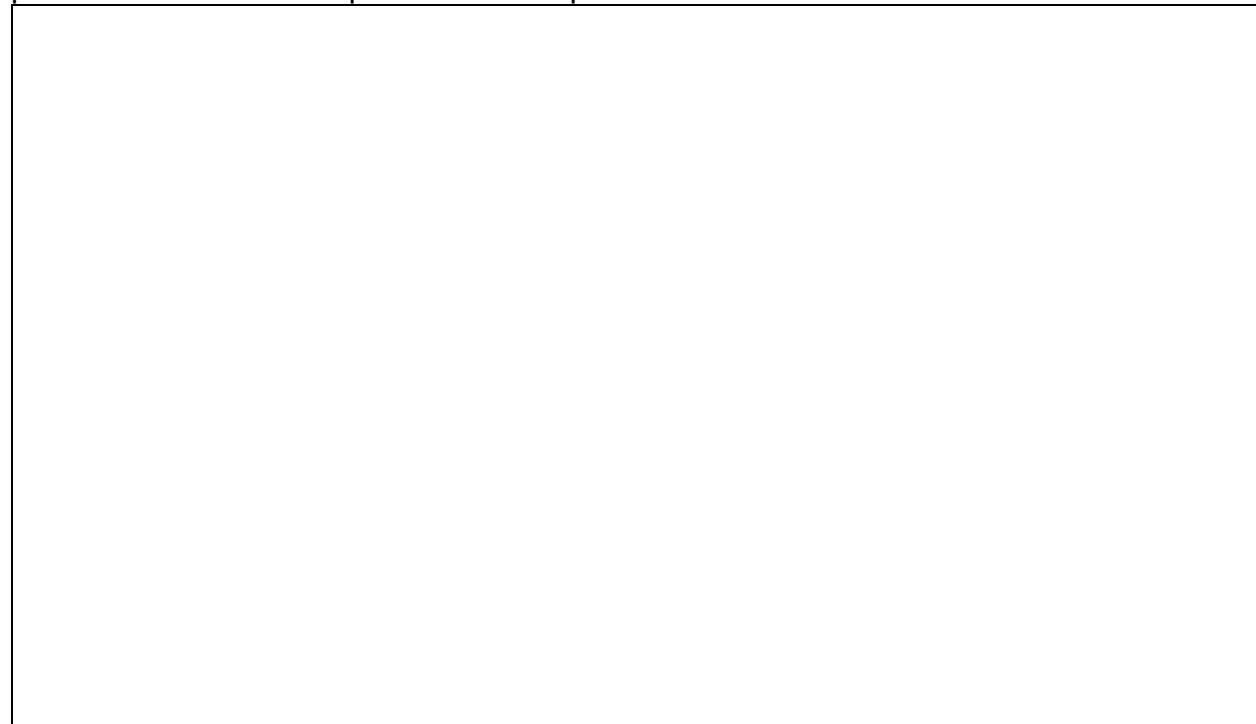
Shared Parenting Policy Requirements

Shared Parenting Policy Requirements

- What issues need to be addressed?
- How will you prepare the child's parent?
- How will you prepare the foster parent?
- Will the child's parent visit with the child before or after the meeting?
- How will the needs and interests of the child be recognized during the meeting

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It is your responsibility to encourage the shared parenting partnership between the child's parents and their foster parents. Policy requires that a shared parenting meeting occurs within 14 calendar days of a child's placement in out-of-home care, but it should occur much sooner if possible. When we think about shared parenting it is important to remember that shared parenting is a process of relationship building between the child's parents and their foster parents that help meet the needs of the child.



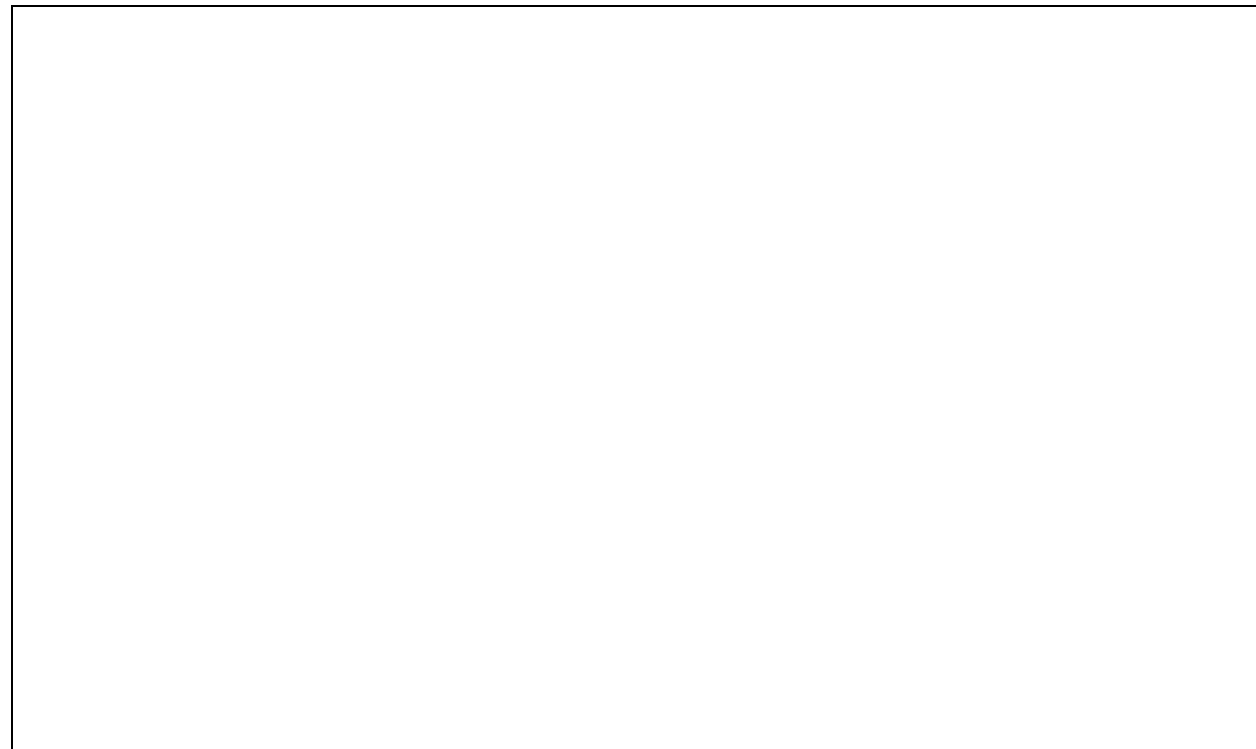
Involving Fathers and Non-resident Parents

Involving Fathers and Non-resident Parents

- Encourages both parents to become more involved
- Strategies for how you can engage with and obtain the parent's involvement
- Facilitating separate meetings between each parent and the placement provider
- Facilitating phone conference call or virtual meeting to develop relationship between the parent and placement provider

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It will be your responsibility to engage both parents in the planning process for shared parenting, this includes engaging with absent and non-resident parents. Every effort must be made to locate any absent or non-resident parents. Including absent and non-resident parents early in shared parenting meetings encourages both parents of the child to become more involved in the child's life.

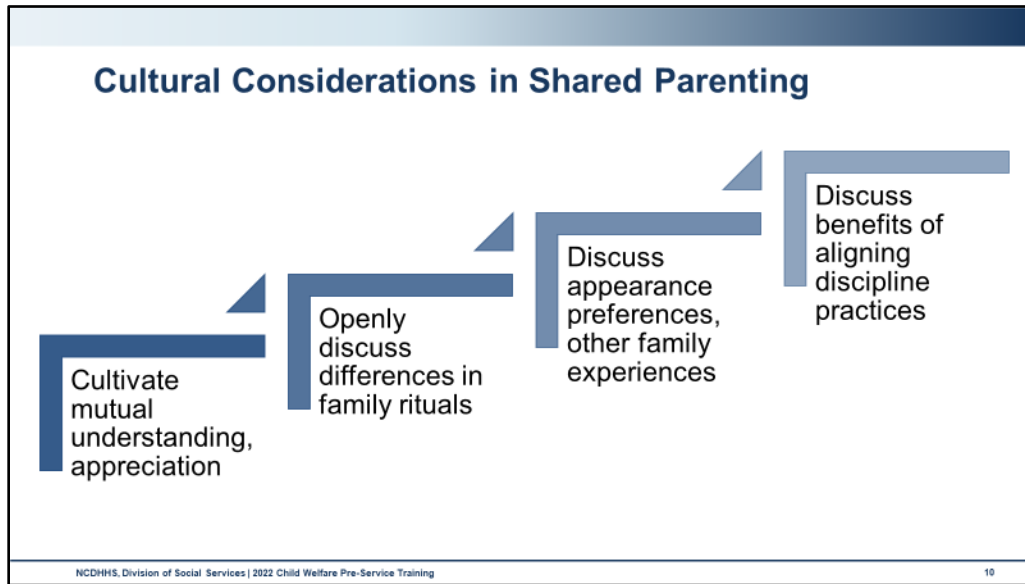


Questions and Reflections

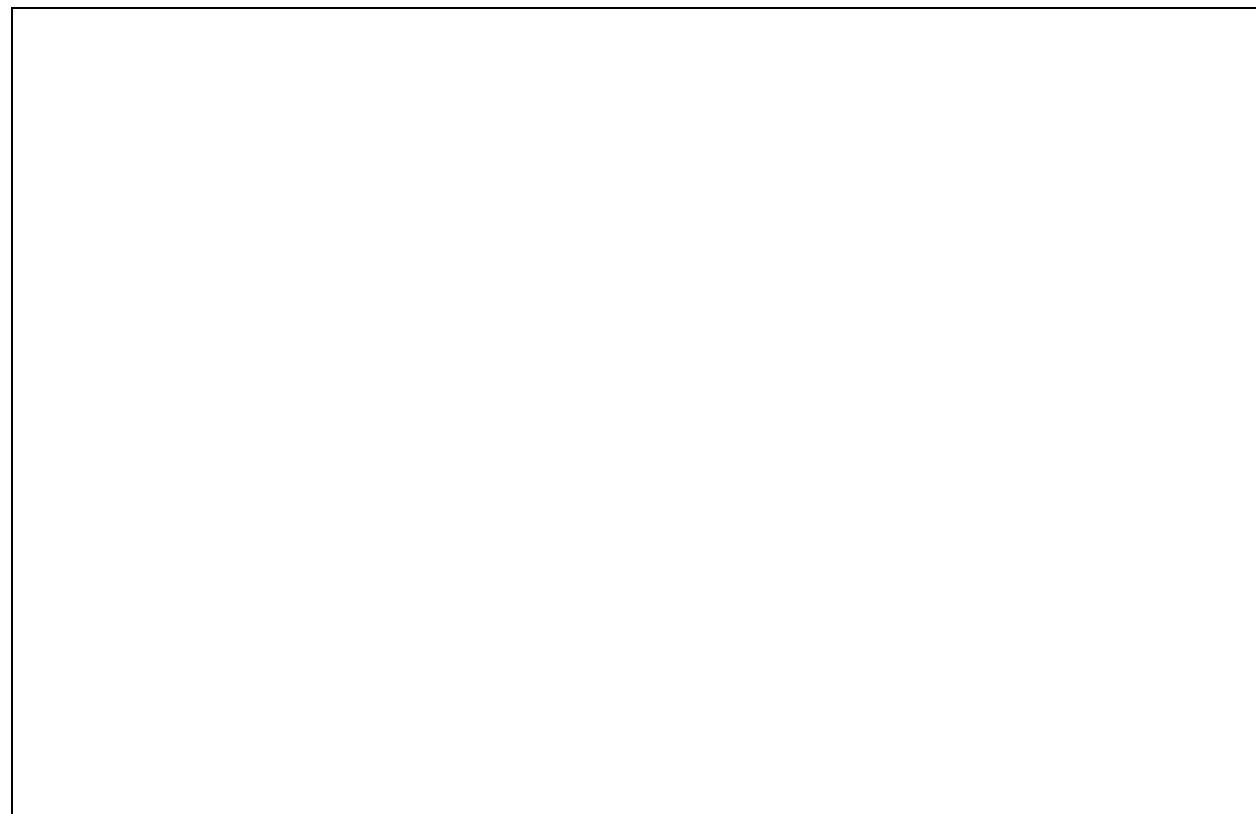
Use this space to record questions and reflections about what you have learned.

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Cultural Considerations in Shared Parenting



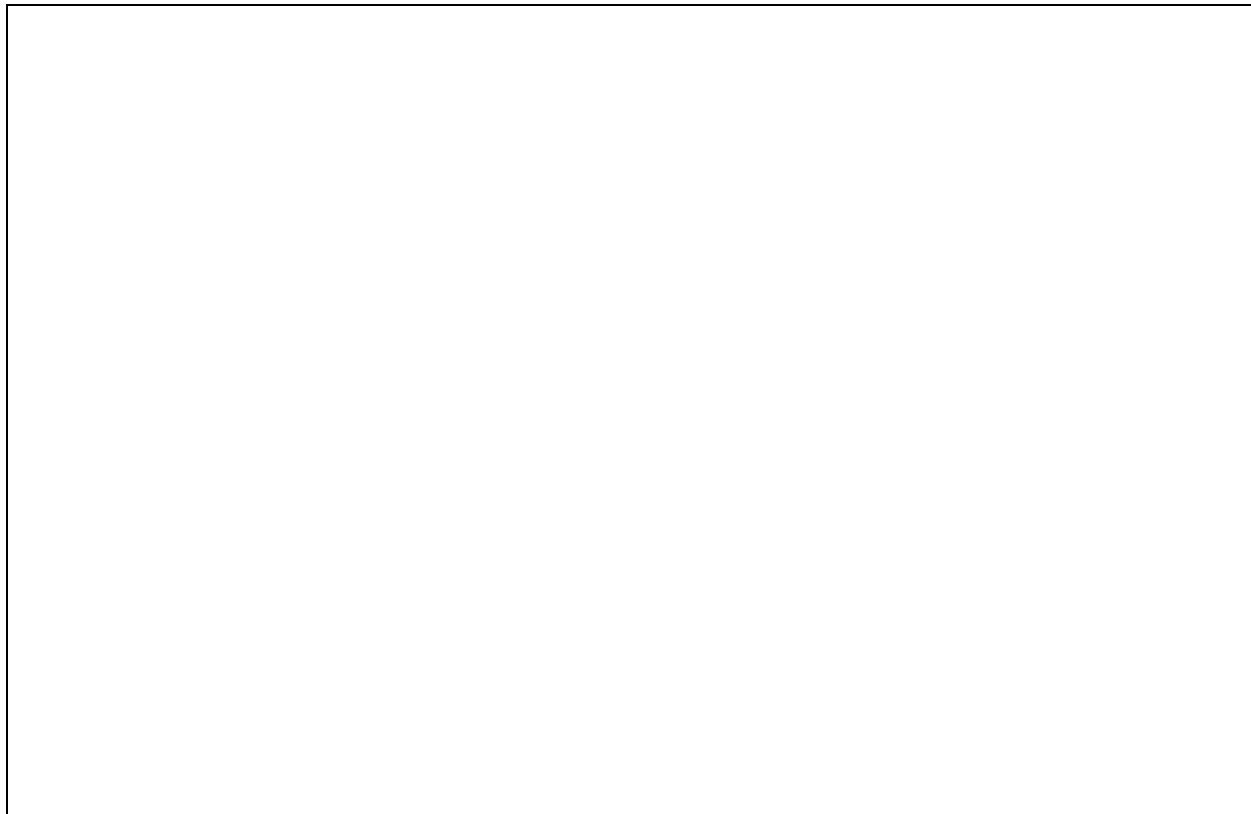
It will be your responsibility to assist the foster parents and the child’s parents in understanding cultural differences, including encouraging the child’s parents to share cultural information with the foster parents.



Including Relatives in Shared Parenting Meetings

<p>Including Relatives in Share Parenting Meetings</p> <ul style="list-style-type: none">• Elements of the relationship• Disruption to the partnership between the child's parent and foster parent• Critical information the relative may have• Disruption to the long -term goals between the child's parent and foster parent• Mentorship and support beyond reunification• Opportunities for the relative to be part of the child's life <p><small>NCDHHS, Division of Social Services 2022 Child Welfare Pre-Service Training</small></p>
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It will be your responsibility to decide whether to include relatives in shared parenting meetings by using the listed considerations. Children that are placed with kinship foster parents will present unique strengths and challenges to shared parenting. Keep in mind the changing roles and boundaries for relative caregivers.



Busting Barriers and Shared Parenting Strategies

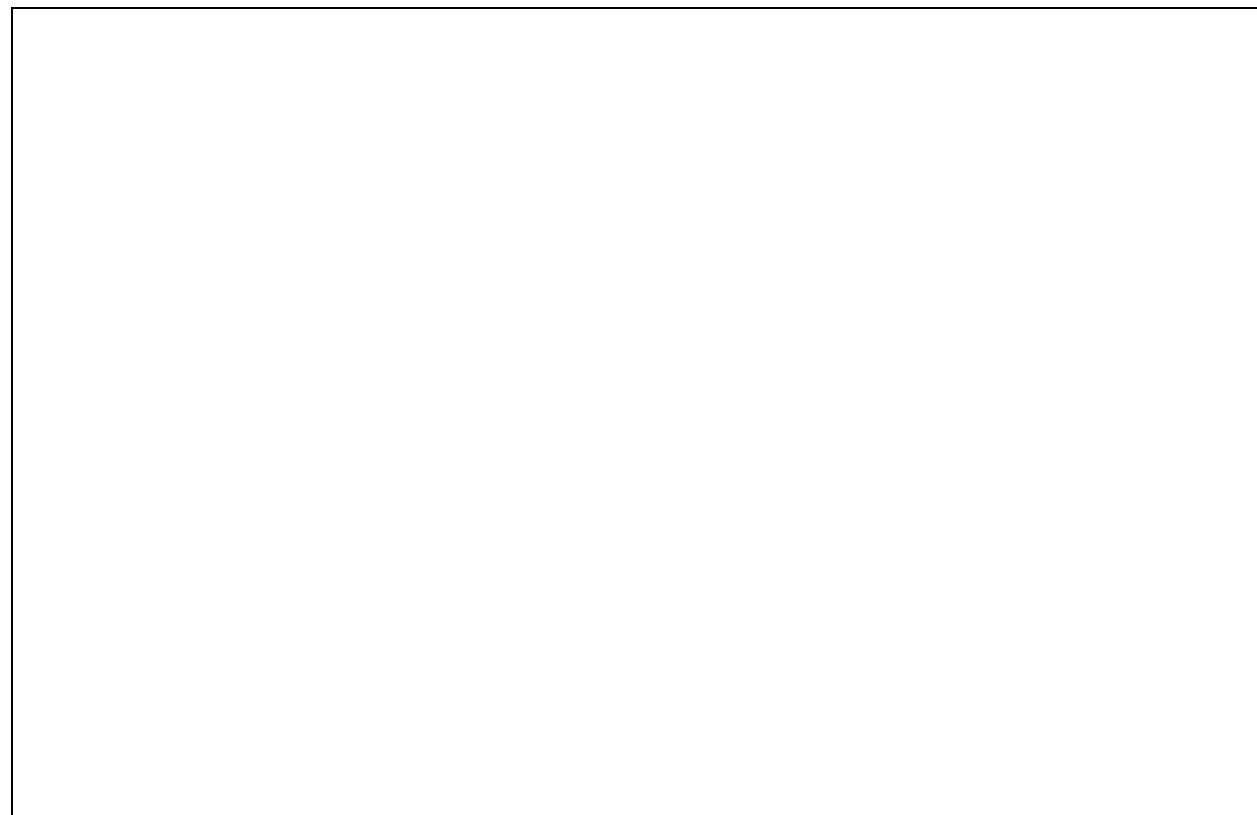
Busting Barriers and Shared Parenting Strategies

- Recognize and talk openly about concerns
- Recognize family strengths
- Share information essential to shared parental responsibilities
- Set clear boundaries and ground rules
- Encourage exchange of information
- Support facilitation of Family Time in the foster parent's home
- Anticipate conflict

• NC Shared Parenting Training Curriculum
• [Co-Parenting or Shared Parenting](#)

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It is your responsibility to prepare the child’s parents and foster parents for shared parenting. This includes mitigating issues or concerns that may arise and supporting shared parenting.



Handout: Busting Barriers to Shared Parenting

It is your responsibility to prepare the child's parents and foster parents for shared parenting. This includes mitigating issues or concerns that may arise and supporting shared parenting.

While there are significant benefits to shared parenting, one must be aware of the potential challenges that shared parenting introduces. Challenges such as:

- Initial feelings of anger or resentment by the child's parent towards the foster parent. This anger is often an expression of grief at family separation, the result of feeling judged, or the result of viewing a foster family as a threat to the parent's personal relationship with the child
- Children feeling conflicted by loyalties to both their foster family and their own family
- Potential safety risks for the child or the foster parent, depending on the situation
- Foster parents dislike what the parent did to the child or what the parents allowed others to do to the child

Even though there may be challenges to facilitating and supporting shared parenting, there are several strategies you can use to respond to those challenges and even avoid them, including:

- Ask the foster parents and the child's parents at placement how they would like to meet (consider facilitating a conference call or web meeting if distance prevents a parent from attending a face-to-face meeting)
- Encourage foster parents to take pictures of the child's activities to share with the child's family
- Describe shared parenting meetings in positive terms
- Recognize and talk openly with all about their concerns
- Recognize family strengths
- Share information essential to shared parental responsibilities with foster parents and the child's parents, such as medical information, school progress, goals, and the child's strengths and needs
- Set clear boundaries and ground rules for contact that include input from the child's family, the foster family, and your agency
- Encourage an exchange of information between the child's parents and foster parents
- Encourage the foster parents and the child's parents to attend all school and medical appointments
- Encourage both families to work on the child's life book together with the child
- Encourage both families to attend parenting classes together
- Support the facilitation of Family Time in the foster parent's home and encourage the foster parent to involve the child's parents in normal daily care tasks such as bathing, feeding, reading stories, or tucking into bed

- Initiate discussion with both families about strategies they may use that will support the child's relationship and attachment with their own parents and their foster parents to avoid dividing the child's alliance

It is your responsibility to ensure that the child's parents are aware of all medical appointments and school meetings, and foster parents should be encouraged to invite the child's parents to attend school and medical appointments. If the child's parents are unable to attend an appointment, the foster parent should provide progress reports to the parent on how their child is performing in school, and at home, updates on any medical information, and other activities. The foster parent can be a wonderful resource for the child's parent, as they can model what others might assume parents know how to do, such as play with the child, encourage positive responses in their child, or how to care for their physical and medical needs. Clear boundaries and ground rules for the contact should be discussed and set with input from the child's family, the foster family, and your agency. The Family Time and Contact Plan can be utilized to help with this discussion.

You must anticipate disagreements and discuss ways that you can work together to resolve them. Assist the foster parent and the child's parent in managing conflict by:

- Recognizing the fears of all parties
- Focusing on the strengths
- Looking beyond behaviors to identify needs
- Developing interventions to meet needs

Shared Parenting Learning Lab

Activity: Shared Parenting Reflection and Action Planning

There are positives and challenges concerning shared parenting for the child, family, placement providers, and yourself. However, there are strategies you can implement to address these challenges and ensure a successful shared parenting partnership. Reflect on how you can support shared parenting to achieve positive outcomes for children and families.

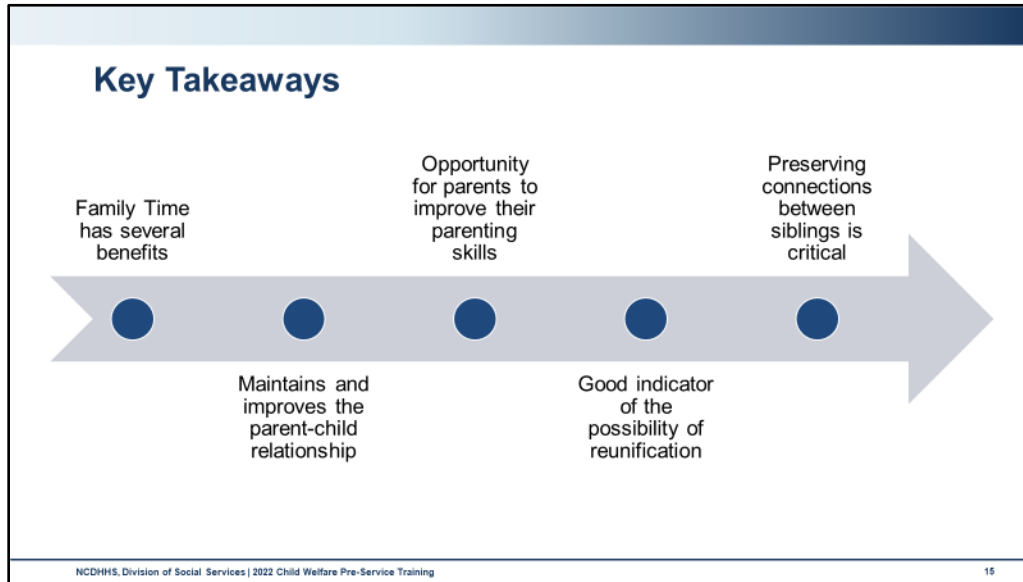
One thing I can do next week to encourage and support shared parenting partnerships in my agency is...

One thing I can do to help a child's parents understand the benefits of shared parenting is...

One thing I can do next week to support foster parents as they learn about shared parenting is...

One question I have for my supervisor/ team is...

Key Takeaways



Questions and Reflections

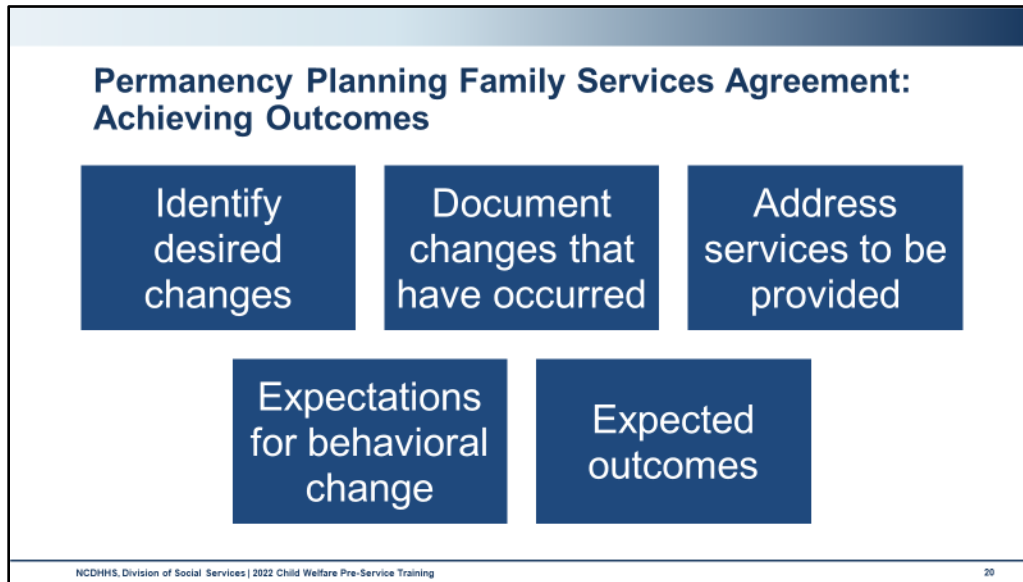
Use this space to record questions and reflections about what you have learned.

Permanency Planning Family Services Agreement

Learning Objectives

<ul style="list-style-type: none">• Describe the purposes of the Permanency Planning Family Services Agreement and why the agreement is used in achieving safety, permanency, and well-being outcomes.
<ul style="list-style-type: none">• Explain how the Permanency Planning Family Services Agreement guides case planning and services provision.
<ul style="list-style-type: none">• Discuss the importance of inclusion of the child and family's voice in completion of the Permanency Planning Family Services Agreement and will be able to provide examples of how to do so.

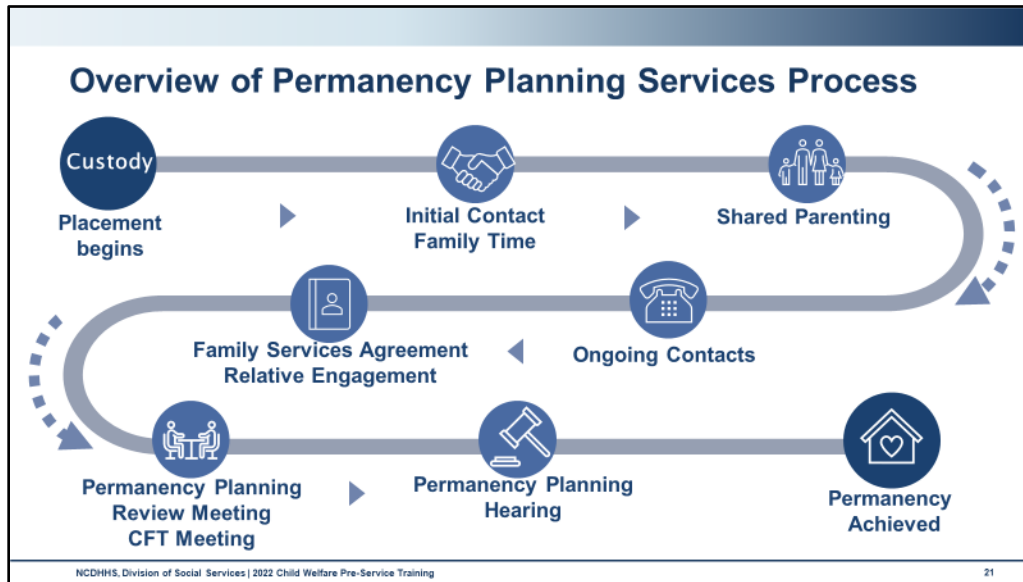
Permanency Planning Family Services Agreement: Achieving Outcomes



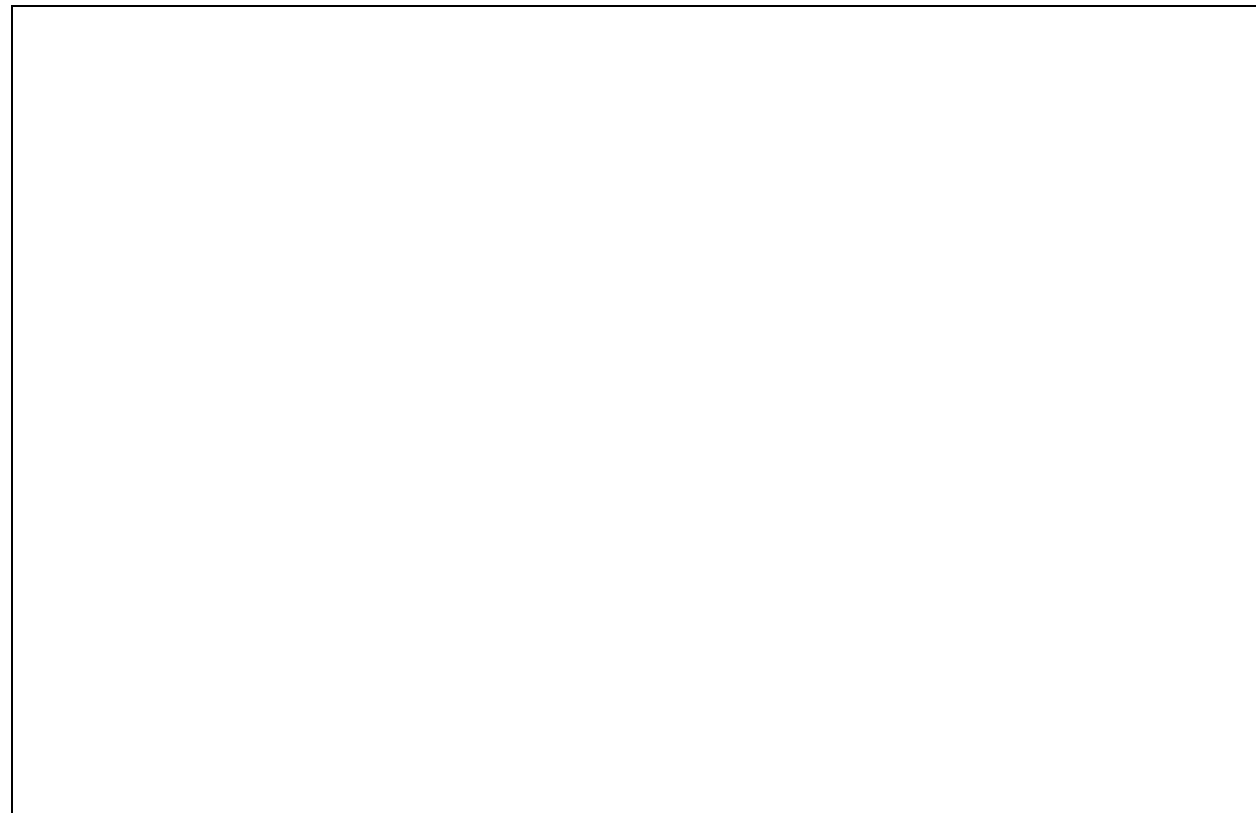
The Permanency Planning Family Services Agreement must document the objectives and action steps that the family, agency, and other resources will take while working to achieve permanency for the child. Permanency Planning Family Services Agreements must identify the desired behavior changes and provide documentation of the changes that have or have not occurred. The agreement must address the services to be provided or arranged, expectations of the family, agency, placement provider, and community members, as well as target dates and expected outcomes.



Overview of Permanency Planning Services Process



Within 30 days of placement, the Permanency Planning Family Services Agreement and Transitional Living Plan will be developed. You will also update the family's Permanency Planning Family Services Agreement each time a Permanency Planning Review Meeting occurs.



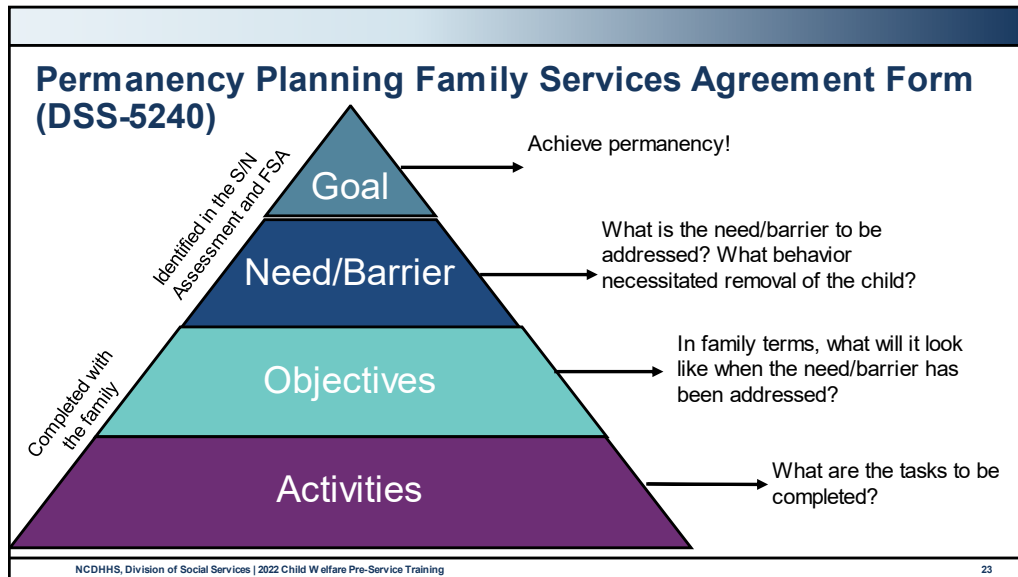
Permanency Planning Family Services Agreement: Policy Requirements

<p>Permanency Planning Family Services Agreement: Policy Requirements</p> <ul style="list-style-type: none">• Required for all children in DSS custody• Completed within 30 days of placement• Reviewed within 60 days of placement and updated as needed• Updated every 90 days thereafter or when circumstances change• Updated within 30 days of the court's decision to change the child's permanent plan• Developed in consultation with any youth 14 years or older <p><small>NCDHHS, Division of Social Services 2022 Child Welfare Pre-Service Training</small> <small>22</small></p>
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The Permanency Planning Family Services Agreement focuses on the basis for agency custody and placement out of the home, the plan for permanency, and the alternative permanency plan (or concurrent plan) if objectives are not met. Reunification will be the primary or secondary permanency plan until rights are terminated or the permanent plan is achieved. We will talk later today about the grounds for TPR. The Permanency Planning Family Services Agreement also addresses many aspects of the child's current placement, including addressing the least restrictive, most family-like placement and the closeness of the placement to the child's home, community, and school. The agreement also answers questions about the location of siblings and what the efforts are to place siblings together.



Permanency Planning Family Services Agreement Form (DSS-5240)



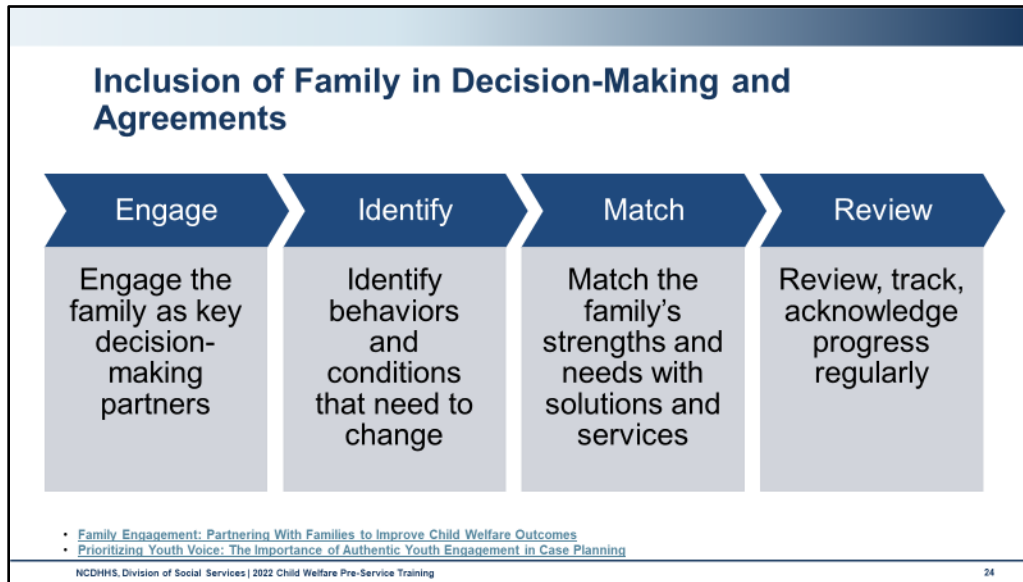
Managing the Permanency Planning Family Services Agreement and change strategies involves ensuring the plan targets goals associated with enhancing diminished caregiver protective capacities and achieving permanence. The Permanency Planning Family Services Agreement identifies steps toward establishing a safe and permanent home.

The Family Services Agreement is used to document the:

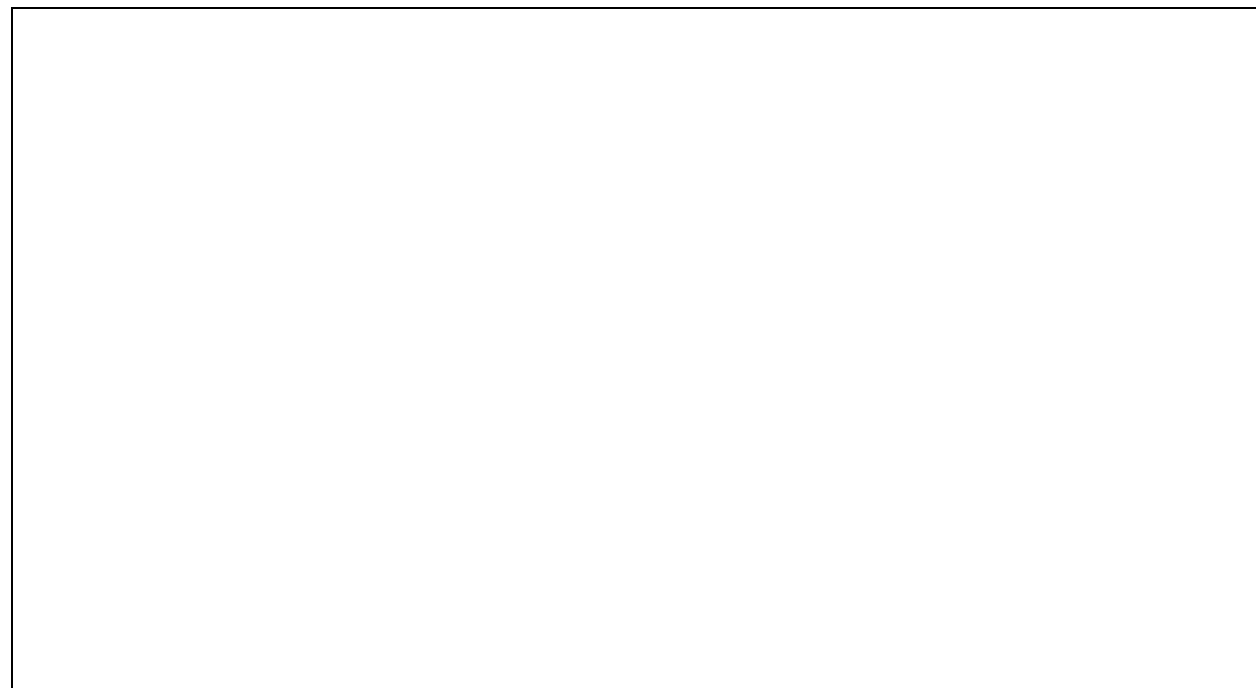
- Family’s progress toward addressing behaviors of concern that were the grounds for the child coming into foster care
- Justification for the child’s placement
- Provides structure for information needed for services agreements and court reviews



Inclusion of Family in Decision-Making and Agreements



Decision-making and creation of the Permanency Planning Services Agreement are best done with the involvement of the child’s parents and other family members. When families are engaged in the planning and decision-making process, they are more likely to recognize and agree with the identified needs and problems to be resolved, perceive goals as relevant and attainable, be satisfied with the planning and decision-making process, and actively participate in the plan and work toward its requirements.



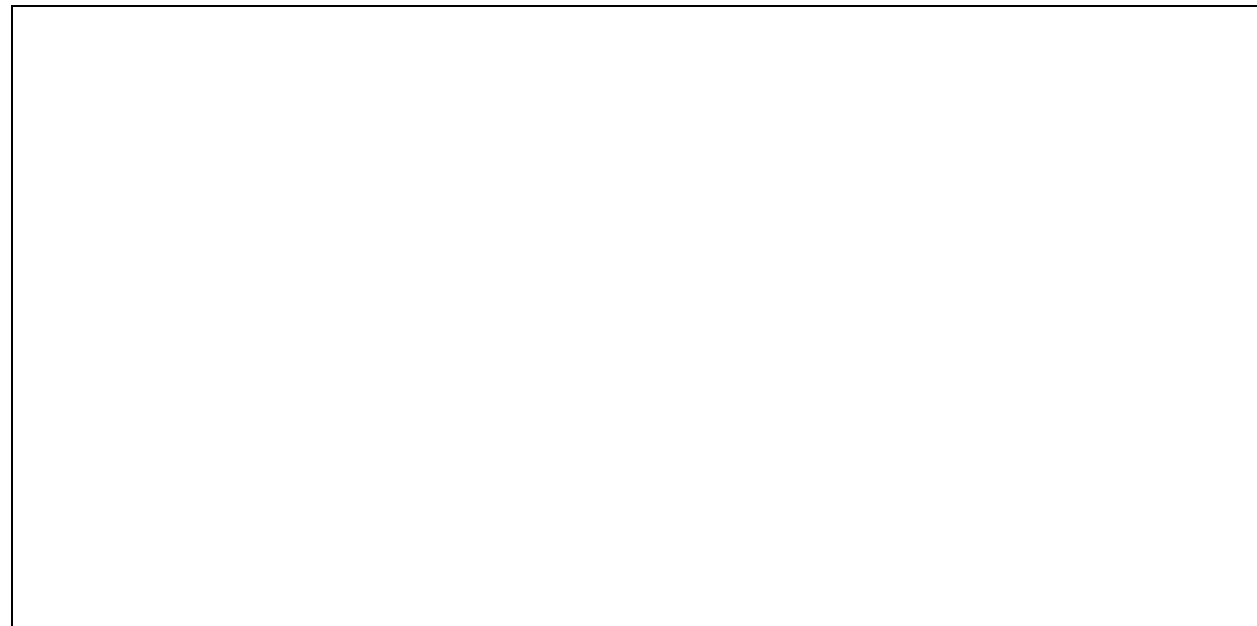
Matching Services to the Family’s Needs: Change Strategies and Interventions

Matching Services to the Family’s Needs: Change Strategies and Interventions

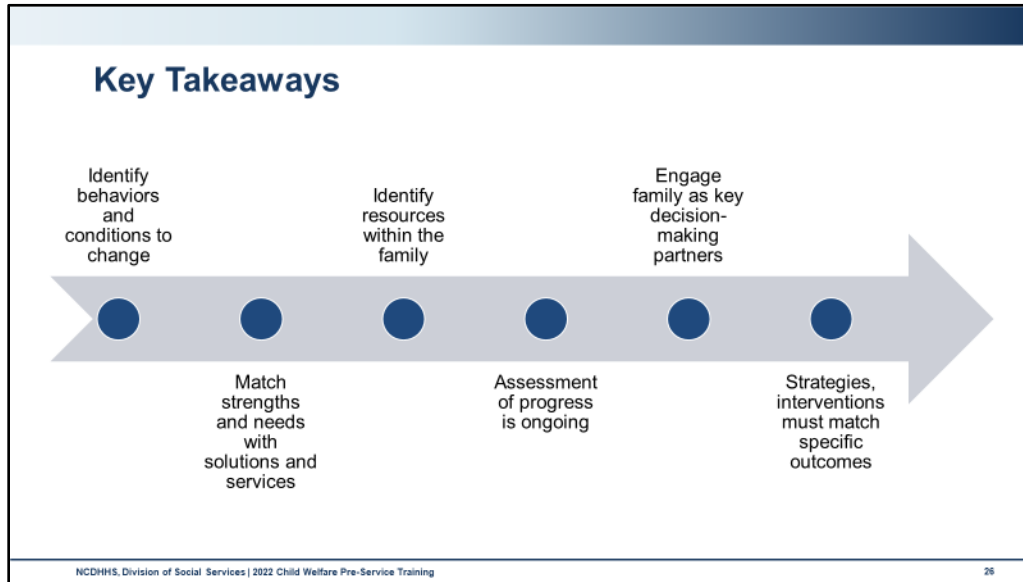
- Individualized family assessment is essential
- Strategies and interventions must match specific outcomes
- Families must be provided options they believe will work for them
- Strategies and interventions must be selected based on the needs of the family and availability of strategies
- Less is more
- Assessment of progress should be ongoing

[Child Protective Services: A Guide for Caseworkers](#)
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Agencies must support families to receive tailored interventions or change strategies based on the family’s unique strengths and needs. Change strategies, or what we call ‘activities’ in the Family Services Agreement, are the actions taken by children, parents, and families toward the achievement of outcomes that will strengthen protective factors and reduce risk factors associated with child maltreatment. Families may implement change strategies alone or through support from friends or family members, the CPS or other child welfare social worker, a community provider, or a combination of professional and informal supports.



Key Takeaways



Questions and Reflections

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

Permanency and Permanency Planning

Learning Objectives

- | |
|---|
| <ul style="list-style-type: none">• Discuss your role in determining the most appropriate permanency option, including the importance of collaboration with the child, the child’s parents, the permanency resource, the child’s team, and the court. |
| <ul style="list-style-type: none">• Describe the requirements to achieve each permanency option. |
| <ul style="list-style-type: none">• Discuss your role in decision-making with children, parents, case planning team, and court regarding each permanency plan. |
| <ul style="list-style-type: none">• Describe and provide examples of ways to prepare the child, the child’s parents, and the permanency resource for permanency. |
| <ul style="list-style-type: none">• Explain the requirements and purpose of permanency hearings and Permanency Planning Review meetings. |

Activity: What is Permanency?

We've talked about permanency throughout this training, but what is permanency?
What does it mean?

What is the first thing that comes to your mind when you think of permanency?

What does the term permanency mean to you?

What does permanency mean for the child?

What does permanency mean for the child's family?

What does permanency mean for the permanency resource?

What does permanency mean for the child welfare system?

Handout: What is Permanency Planning?

Permanency is a term used in child welfare to mean a lasting and nurturing family for a child. Permanence is defined as a “positive, nurturing relationship with at least one adult that is characterized by mutual commitment and is legally secure.” Permanency planning for each child involves establishing a goal for permanency, setting tasks required to achieve the goal, and determining the roles and responsibilities of all involved, including the child’s parents, relatives, social worker, children, and other members of the child and family team. When children are placed in out-of-home care, child welfare agencies must find safe, permanent homes for them as quickly as possible.

The Fostering Connections Act of 2008 promotes permanent families by emphasizing the importance of identifying and supporting relative caregivers, increasing incentives for children to be adopted, and providing increased support and planning for older children who exit foster care.

There are many different permanency options for children and their families. Your agency must be committed to a permanent resolution of the child’s foster care status.

Permanent resolutions include:

- Reunification
- Guardianship
- Custody
- Another Planned Permanent Living Arrangement (APPLA) is reserved only for youth ages 16- 18
- Reinstatement of Parental Rights (RPR) or
- Adoption

For children and youth in the custody and placement responsibility of the county child welfare services agency, permanence occurs when they have a lasting, nurturing, legally secure relationship with at least one adult that is characterized by mutual commitment. In most circumstances, children can be reunited with their families, but in some cases, children find homes with relatives or adoptive families. Permanency planning promotes a permanent living situation:

- For every child entering the foster care system,
- With an adult with whom the child has a continuous, reciprocal relationship, and
- Within a minimum amount of time.

When helping children and families achieve permanency, child welfare professionals must balance an array of issues, including the needs of the child and the family, as well as legal requirements. For instance, families may be experiencing issues such as substance abuse, mental illness, or domestic violence, which may increase the risk of child maltreatment. Child welfare agencies use a variety of strategies to achieve permanency for children. Permanency planning involves decisive, time-limited, and goal-oriented activities to maintain children within their families of origin or place them with other permanent families.

You must never cease efforts to obtain permanency for children and youth and it is your responsibility to never give up on permanency for children. In child welfare, children will have a primary and secondary permanency goal that you will be simultaneously working to achieve. One of the primary goals of child welfare is to achieve a safe and permanent home for children. It is a generally held belief in child welfare that children belong with their families. Research and experience tell us that is where most children belong. However, we also believe that children deserve permanence in their lives. If a child's family is not able to provide a safe, stable home for their child, something else must be done. That is why in addition to our primary plan we also construct, with the family, a secondary plan of permanence, also called concurrent planning.

Concurrent Planning

Concurrent planning is a type of permanency planning in which reunification services are provided to the family of the child at the same time that an alternative permanency plan is made for the child, in case reunification efforts are not successful.

Concurrent planning is an approach that seeks to shorten a child's stay in foster care by promoting more than one permanent family solution at a time. While reunification is the primary case plan for a child in foster care, concurrent planning involves the parallel pursuit of an alternative permanency goal, such as adoption or guardianship, that would best serve the child. By considering all reasonable options for permanency as soon as a child enters foster care and pursuing those that would best meet their needs, concurrent planning works to advance the child's best interests and achieve timely permanence. To be effective, concurrent planning requires not only the identification of an alternative plan but also the implementation of active efforts toward both plans simultaneously with the full knowledge of all participants.

Concurrent planning has many goals and benefits. By engaging in concurrent planning, agencies will:

- Expedite sustainable permanency through reunification, kinship care, adoption, or guardianship
- Minimize a child's separation from their parents, relatives, and caregivers while maximizing attachment and permanent connections
- Keep siblings together
- Empower parents by involving them in alternative placement plans when reunification is not possible
- Ensure a child's first placement is the last placement
- Engage a family's relatives and support system immediately for potential placement and permanency plan discussions and actions
- Communicate with parents directly at intake and throughout a case regarding their children's need for permanence, case plan progress, and the agency's concurrent planning policy
- Support child well-being through the ongoing relationship between the child's parents and their placement resource

North Carolina law requires agencies to establish concurrent permanency plans for each child in foster care. County child welfare agencies must make diligent efforts to achieve both the primary and secondary permanent plans. Concurrent planning is required and must continue throughout the life of the case unless one of the following circumstances occurs:

- A permanent plan is or has been achieved; or
- A post-TPR review hearing is held, and a concurrent plan is deemed to not be in the child's best interest. If it is determined to be in the best interest of the child to have a concurrent plan, it must be outlined in the court order.

In concurrent permanency planning, relatives and like-kin should be identified early and assessed for their interest as a possible permanent placement for the child. If the court determines reunification to be inconsistent with the child's health or safety, relatives and like-kin that have been assessed to be appropriate resources for a child may become the permanent placement resource. Adoption by a relative, like-kin, or foster family should always be considered as a secondary permanent plan. If neither reunification nor adoption is possible, custody or guardianship with relatives, kin, or foster parents provides another permanency option. If the juvenile court determines the primary plan is not possible because it is inconsistent with the child's needs for safety and permanence, the secondary plan should be implemented. Agencies must also consider the potential of the first or current out-of-home placement resource to be able and willing to both support reunification efforts and be a possible permanent placement for the child if reunification is not achieved.

Children and families must be engaged in developing the child's concurrent permanency plan. You will develop the secondary permanent plan jointly with the family. Parents and caregivers will participate in the development of the secondary plan during both in-home services and permanency planning services. The secondary plan is discussed with the family and documented on the Family Services Agreement at the time of the development of the plan. This way, there are no surprises for the family. If the services agreement objectives are not met or safety is not achieved and maintained, then the concurrent plan can become effective.

Concurrent planning is a way to keep the concept of permanence in our minds and the family's mind while we work to ensure safe and permanent homes for children. In concurrent planning, you will use the Family Strengths and Needs Assessment and the Family Reunification Assessment, which we will talk about in more detail in a few minutes, to assess and identify if the family is unlikely to achieve reunification. Using these tools, you will assess family strengths while at the same time checking for family dynamics or circumstances that make family reunification unlikely. This approach strives to balance a child's need for permanency with the recognition that parents have the capacity for change.

Successful concurrent planning depends on clear goal setting and time limits in engaging with families whose children are in out-of-home care. It begins with your initial contact with all involved parties and continues throughout the case. It involves the

continuous reassessment of the likelihood of reunification or the possibility of an alternative permanent placement for a child, as well as ongoing engagement with the child's family regarding progress toward reunification or concurrent planning. Well-prepared foster and adoptive families help ensure that concurrent planning is a success. Foster families who agree to take part in concurrent planning should be ready for all possible permanency outcomes and be aware of their ability to manage anxiety, stress, and loss. They should also assess what support they may have available from families and friends. When concurrent planning is well-supported and implemented effectively, it can provide an efficient and compassionate approach to helping parents and placement providers work together toward the best interests of the child and expedite permanency.

What is Permanency?

Reunification	Adoption	Guardianship
Custody	APPLA	Reinstatement of Parental Rights

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There are many different permanency options for children and their families. Your agency must be committed to a permanent resolution of the child’s foster care status.



Concurrent Planning

Concurrent Planning

- Expedites permanency
- Minimizes separation
- Maximizes attachment and permanent connections
- Supports child well-being
- Keeps siblings together
- Empowers parents
- First placement is last placement
- Engages relatives and support systems
- Communication about permanency

[Concurrent Planning for Timely Permanency for Children](#)
[Concurrent Planning for Timely Permanence](#)

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Concurrent planning is an approach that seeks to shorten a child’s stay in foster care by promoting more than one permanent family solution at a time. While reunification is the primary case plan for a child in foster care, concurrent planning involves the parallel pursuit of an alternative permanency goal, such as adoption or guardianship, that would best serve the child. By considering all reasonable options for permanency as soon as a child enters foster care and pursuing those that would best meet their needs, concurrent planning works to advance the child’s best interests and achieve timely permanence. To be effective, concurrent planning requires not only the identification of an alternative plan but also the implementation of active efforts toward both plans simultaneously with the full knowledge of all participants.



Handout: Permanency Plan Options

The county child welfare services agency must be committed to a permanent resolution of the child's foster care status. Permanent resolutions include:

- Reunification
- Guardianship
- Custody
- Another Planned Permanent Living Arrangement (APPLA)
- Reinstatement of Parental Rights (RPR)
- Adoption

Reunification

To return the child to their parents or caretaker from whom the child was removed.

Reinstatement of Parental Rights

Reinstatement of Parental Rights, or RPR, is a permanent plan that makes it possible for parents who had their rights terminated to have them reinstated under certain strict conditions. Circumstances that would allow this permanency option are very narrow. Three conditions must be met to consider filing a motion for RPR:

1. The youth is at least 12 years of age or if under age 12, extraordinary circumstances exist that warrant consideration of reinstatement of parental rights;
2. The youth does not have a legal parent, is not in an adoptive placement, and is not likely to be adopted within a reasonable period; and
3. The order terminating parental rights was entered at least 3 years prior unless the youth's plan is no longer adoption.

Adoption

To take a child into one's own family by a legal process and raise as one's own child. Adoption is the permanency plan offering the most stability to the child who cannot return to their parents.

Legal Guardianship (with relatives or other kin)

To be legally placed in charge of the affairs of a minor:

1. The custodian has the authority to make important decisions (marriage; enlisting in the armed forces; school enrollment; any necessary remedial, psychological, medical, or surgical treatment) concerning the child and is not subject to supervision by the social services agency.
2. The child cannot be removed without court proceedings.
3. If the youth is between 14 and 17 years of age, the youth may be eligible for Kinship Guardianship Assistance Program (KinGAP).
4. The child's parents continue to have visitation rights unless visits or parental rights have been terminated by the court.

Legal Custody

To act in a parental role for a minor as outlined by a court order.

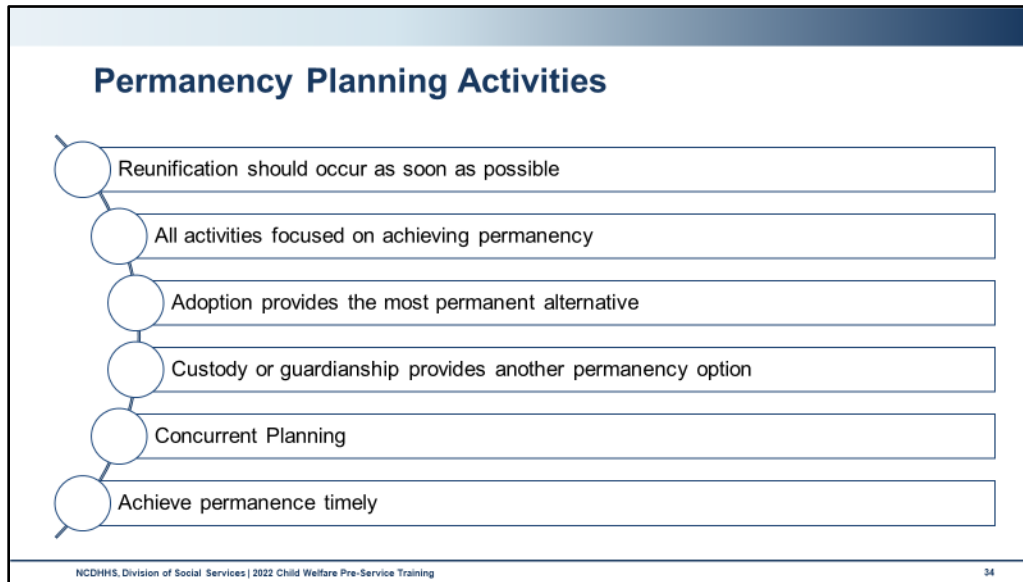
1. Legal Custody is less “legally secure” than adoption or guardianship.
2. Legal Custody may be terminated based on a change in circumstances, regardless of the fitness of the guardian.
3. The specific rights and responsibilities of the legal custodian are spelled out in the court order and may be as extensive as that of a guardian or the rights and responsibilities may be limited.

Another Planned Permanent Living Arrangement (APPLA)

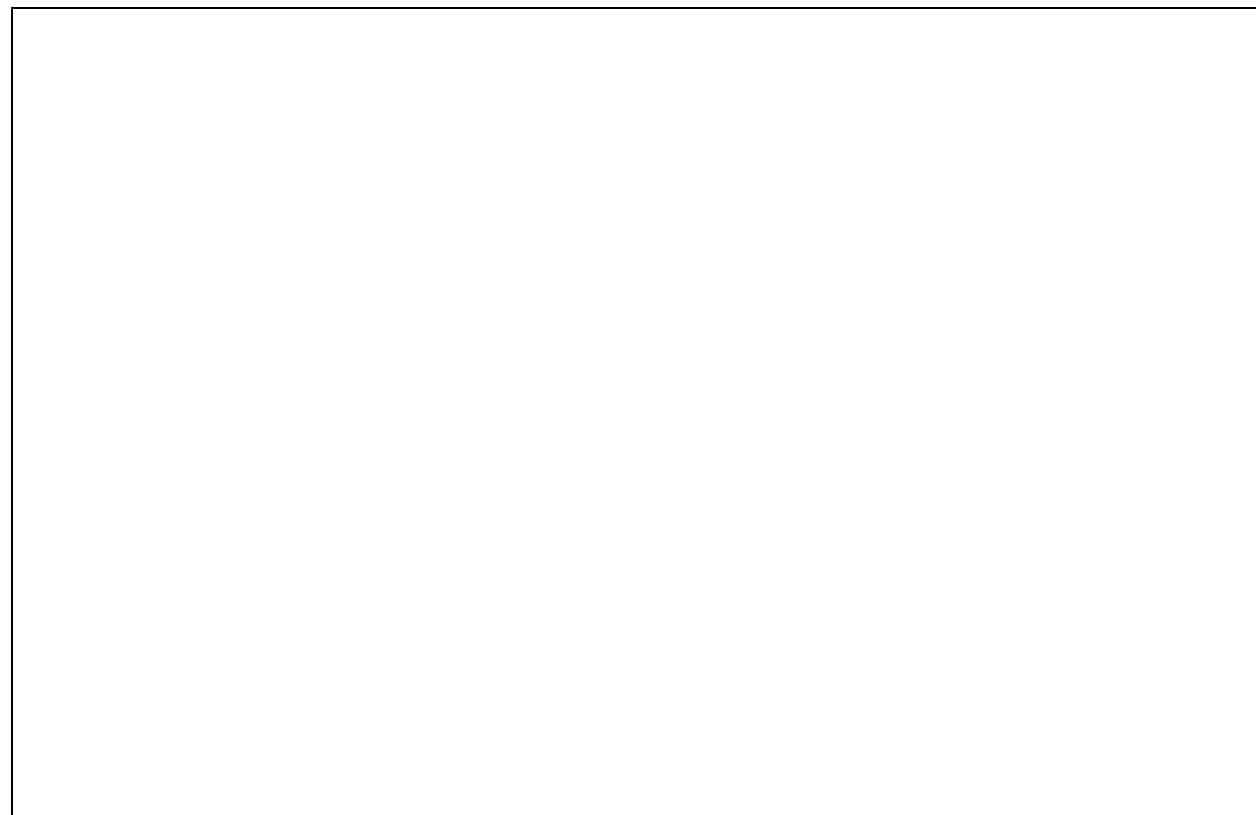
To reside in a family setting that has been maintained for at least the previous 6 concurrent months.

1. Other permanency options have been determined to be inappropriate.
2. DSS retains legal custody.
3. This plan shall only be an appropriate primary permanency plan for youth who are aged 16 or 17.
4. The youth and caregiver have made a mutual commitment of emotional support.
5. The youth and caregiver are requesting that the placement be made permanent.

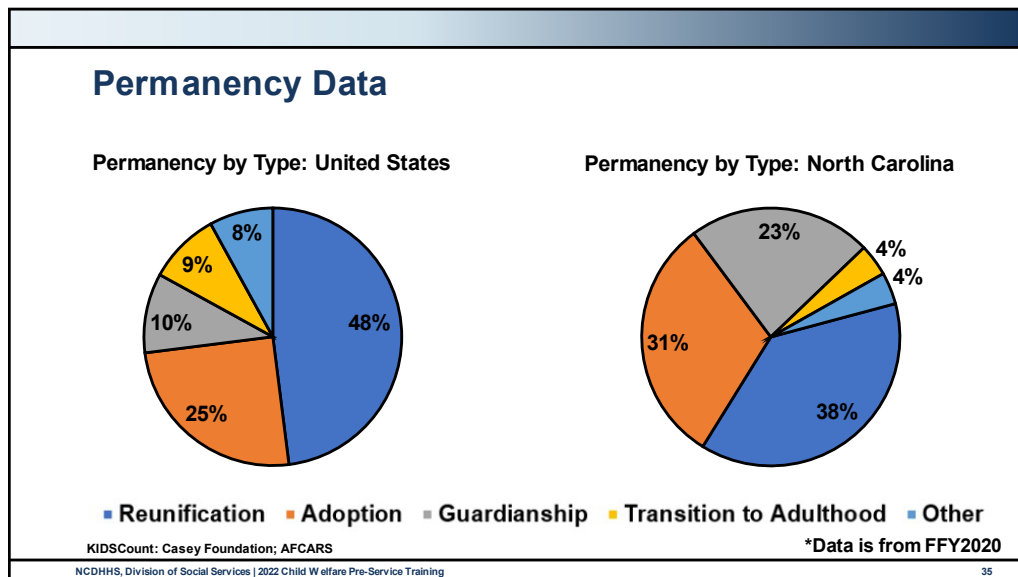
Permanency Planning Activities



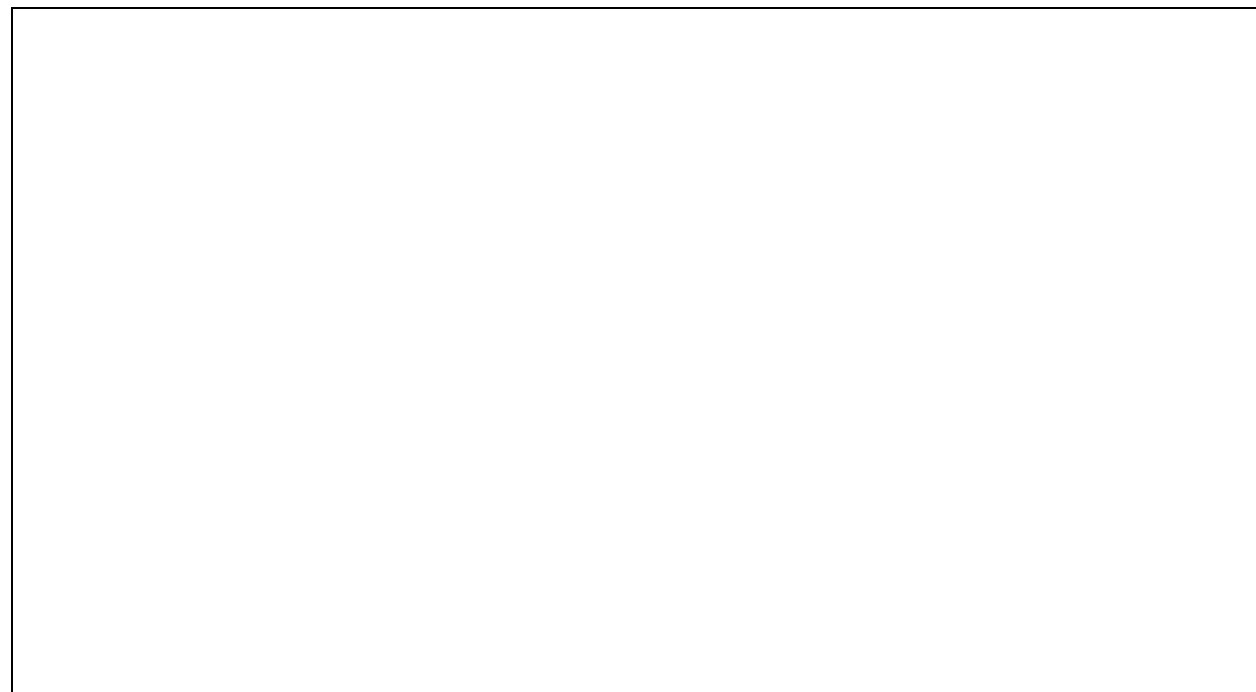
Permanency planning includes all the casework and decision-making activities that guide permanency planning regardless of the child’s age, behaviors, or status in treatment.



Permanency Data



This slide compares the percentage of children reaching permanency by permanency reason in the U.S. and North Carolina during the federal fiscal year 2020. As you can see, not every permanency option that is available in North Carolina is included in this data. This data specifically includes permanency by reunification, adoptions, guardianship, and transition to adulthood. In addition, the data includes a category of other, which is the death of a child; living with other relatives; runaway; and transfer to another agency.



Reunification: Reasonable Efforts

Reunification: Reasonable Efforts

Prevent removal of a child from their home and safely reunify them with their family

Accessible, available, and culturally appropriate services to improve capacity of families to provide safe and stable homes

Reasonable Efforts to Preserve or Reunify Families and Achieve Permanency for Children

NCDHHS, Division of Social Services | 2022 Child Welfare Pre-Service Training

As a child welfare professional, you are required to make reasonable efforts to not only prevent the removal of a child from their home but to also safely reunify them with their family. Federal law has long required child welfare agencies to demonstrate they made reasonable efforts to provide assistance and services to prevent removal and to make it possible for a child who has been placed in out-of-home care to be reunited with their family. Reasonable efforts are services and supports that are provided by the child welfare agency to assist a family in addressing the problems that place a child at risk of harm with the goal of preventing the need for foster care or reducing the time the child must stay in an out-of-home placement.



Handout: Reasonable Efforts

Family reunification is the planned process of reconnecting children in out-of-home care with their families using a variety of services and supports to the children, their families, and their foster parents or other service providers. It aims to help children and families achieve and maintain, at any time, their optimal level of reconnection from full reentry of the child into the family system to other forms of contact, such as Family Time, that affirm the child's membership in the family.

Child welfare agencies are required to make reasonable efforts to not only prevent the removal of a child from their home but to also safely reunify them with their family. Federal law has long required child welfare agencies to demonstrate they made reasonable efforts to provide assistance and services to prevent removal and to make it possible for a child who has been placed in out-of-home care to be reunited with their family. Reasonable efforts are services and supports that are provided by the child welfare agency to assist a family in addressing the problems that place a child at risk of harm with the goal of preventing the need for foster care or reducing the time the child must stay in an out-of-home placement.

Generally, reasonable efforts consist of accessible, available, and culturally appropriate services that are designed to improve the capacity of families to provide safe and stable homes for their children. These services may include family therapy, parenting classes, treatment for substance use, respite care, parent support groups, home visiting programs, and community-based family support services. Reasonable efforts also refer to the activities of social workers, including assessing for safety and quality contacts with children and families, that are performed on an ongoing basis to ensure that parents and other family members are participating in needed services and are making progress on the family's goals.

When the court determines that reunification is not in the best interests of the child, efforts should be made to finalize another permanent placement for the child. Under the Adoption and Safe Families Act of 1997 (ASFA), while reasonable efforts to preserve and reunify families are still required, the child's health and safety constitute the paramount concern in determining the extent to which reasonable efforts should be made. Under the provisions of ASFA, reasonable efforts to preserve or reunify the family are not required when the court has determined any of the following circumstances apply:

- The parent subjected the child to aggravated circumstances. The definition of aggravated circumstances includes: Sexual abuse; chronic physical or emotional abuse; torture; abandonment; chronic or toxic exposure to alcohol or controlled substances that causes impairment of or addiction in the juvenile; any other act, practice, or conduct that increased the enormity or added to the injurious consequences of the abuse or neglect.
- The parent committed the murder of another child of the parent.
- The parent committed voluntary manslaughter of another child of the parent.

- The parent aided or abetted, attempted, conspired, or solicited to commit such a murder or voluntary manslaughter.
- The parent committed a felony assault that resulted in serious bodily injury to the child or another child of the parent.
- The parental rights of the parent to a sibling of the child were terminated involuntarily.

Reasonable Efforts Checklist

Were all reasonable efforts made to protect the child in his/her home?

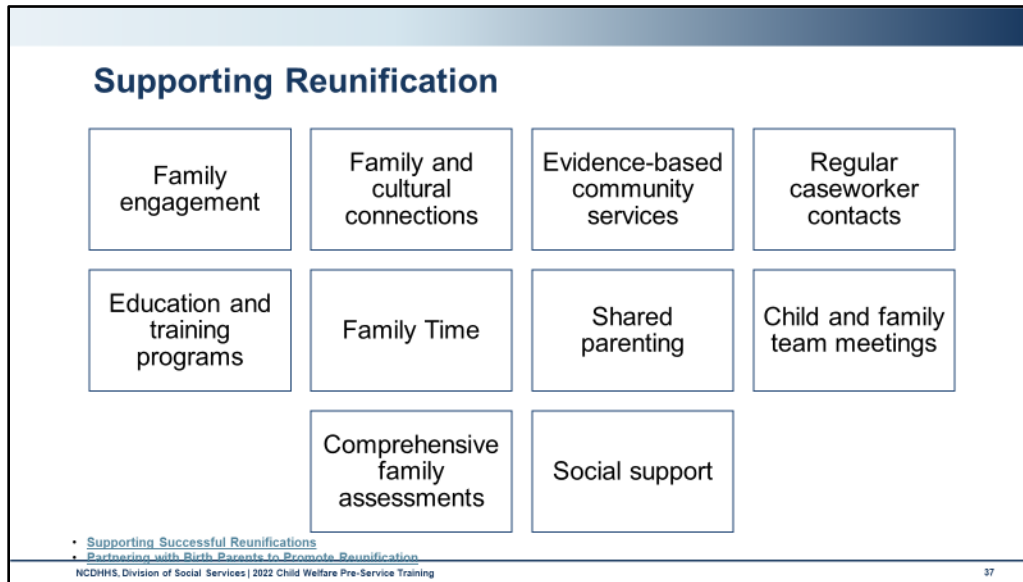
Were reasonable efforts made to offer safe, permanent, nurturing, substitute care in the least restrictive, most homelike setting where visitation with the birth parents can be easily arranged, if appropriate?

Were the child and parents prepared for the removal and separation and explained the reasons for removal, the legal process involved, and the need for an Out-of-Home Services Agreement?

Was the placement resource chosen based on the child's needs, provided with the necessary information prior to the child's arrival, and provided with sufficient resources to meet the child's physical, medical, and psychological needs?

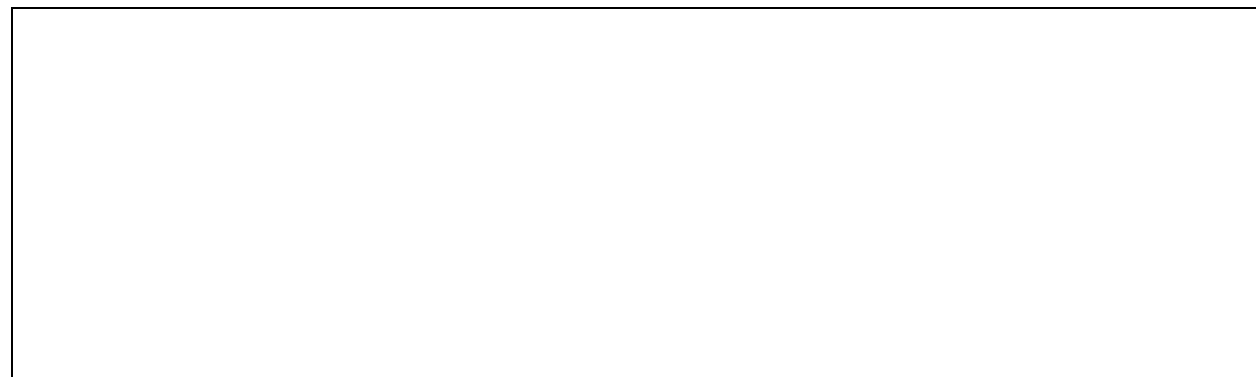
Were reunification services made available to the child and his parents, guardian, or custodian after removal from the home, unless the juvenile court determined that reunification would be futile or inconsistent with the child's need for a safe, permanent home within a reasonable amount of time?

Supporting Reunification



Achieving timely reunification while preventing reentry into foster care has benefits at multiple levels. Children do best when raised in a stable family setting, which can support positive effects on their cognitive, behavioral, and health outcomes. When fewer children reenter foster care, it indicates that families have made adjustments that improve family functioning and keep children safe in the long term. By increasing the rate of successful reunification, child welfare agencies can reinvest funds otherwise targeted for out-of-home care into other areas of the child welfare system, such as prevention or in-home services. In addition, reunification supports:

- Improved long-term outcomes for children
- Positive impacts on parents: Reunification means parents have had the opportunity to improve the conditions that led to the removal and safely care for their child
- Improved mental health and less stress and anxiety for children
- Continued connections to extended relatives, community, and culture



Reunification: Policy Requirements

Reunification: Policy Requirements

- Issues that precipitated removal have been addressed and resolved
- Risk has been reduced
- Parents have made changes in behavior and circumstances
- Parent has demonstrated capacity and willingness to provide appropriate care
- Child's safety and care is expected to remain secure
- Supports from the agency and community are in place

Handout: Reunification

North Carolina Child Welfare Manual Policy Requirements:

If a child has been removed from the care of their parents, safe and timely family reunification is the preferred permanency option for most children. Safe and stable reunification does not begin or end with the return of children to the care of their parents. Social workers should give careful consideration to assessing families' capacity for keeping children safe and their readiness to reunify as well as planning for post-reunification services and contingencies in the event of future safety concerns.

Reunification must occur as soon as possible when concerns that precipitated the child's removal have been alleviated, and parents can demonstrate their ability to provide a minimum sufficient level of care and ensure safety. To make this assessment county child welfare workers will:

- Observe Family Time
- Plan and prepare activities with the family
- Utilize the results of structured decision-making tools

Reunification must remain a primary or secondary plan until the court makes written findings that such efforts would be contrary to the child's need for a safe, permanent home within a reasonable period. Whether reunification is the primary or secondary plan, efforts to reunify the family must not cease until these findings have been made by the court. Reasonable efforts to reunify the child with their parents must be demonstrated and documented to the court. A child who has been removed from the custody of their parents must not be returned for any period without a judicial review and findings of fact to show the child will receive proper care and supervision as observed during a trial home visit.

Reunification should be considered when all the following occur:

- The issues that precipitated the child's removal have been addressed and resolved
- Risk to the child has been reduced to a reasonable level
- The parents have made changes in their behavior and circumstances that were identified as needing to change before the child could be returned safely to the home
- The parent has demonstrated the capacity and willingness to provide appropriate care for the child
- The child's safety and care in the home are reasonably expected to remain secure
- Supports from the agency and community are in place to assist the family to remain intact

Family Reunification Services are available to families in which the child has been removed from the home. These services support the family's effort to resolve the conditions which led to the child's removal and to build protective factors that enable the child to return home. (Review Family Reunification Services in Cross Function)

Reunification Considerations

- Have the issues that caused the removal been addressed and resolved?

- Have the parents made changes in their behavior and circumstances that were making the child unsafe and placing the child at risk?

- Have other issues that affect safety and risk been observed and documented?

- Has a reduction in risk and an increase in safety for the child been observed and documented?

- Have the visits with the child demonstrated the parent's ability to now care for the child?

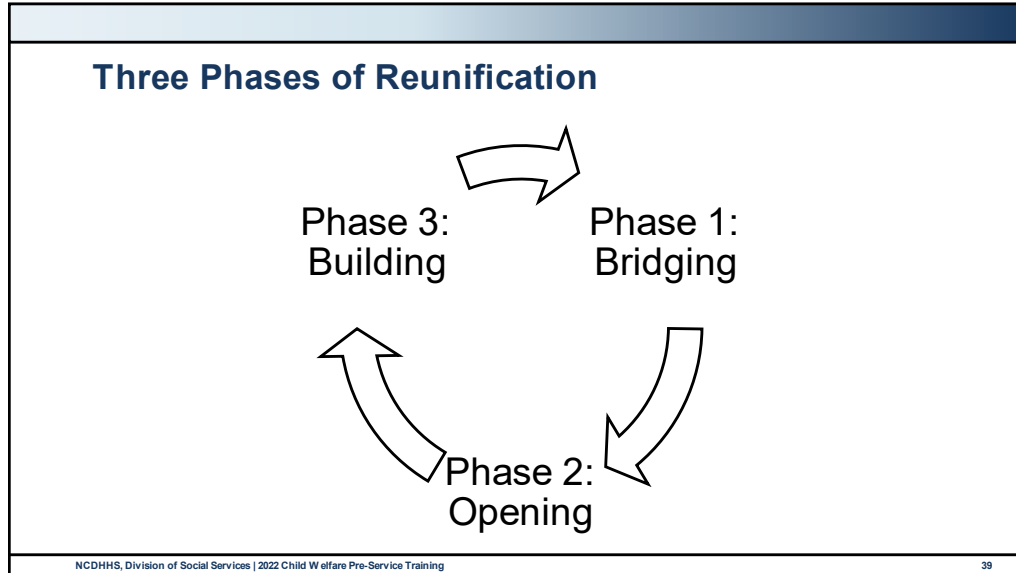
- Has a trial placement been considered to observe changes in the parent's ability to care for the child? Has the court approved this plan?

- Is there some confidence that the family will not relapse? Are appropriate supports in place to prevent relapse?

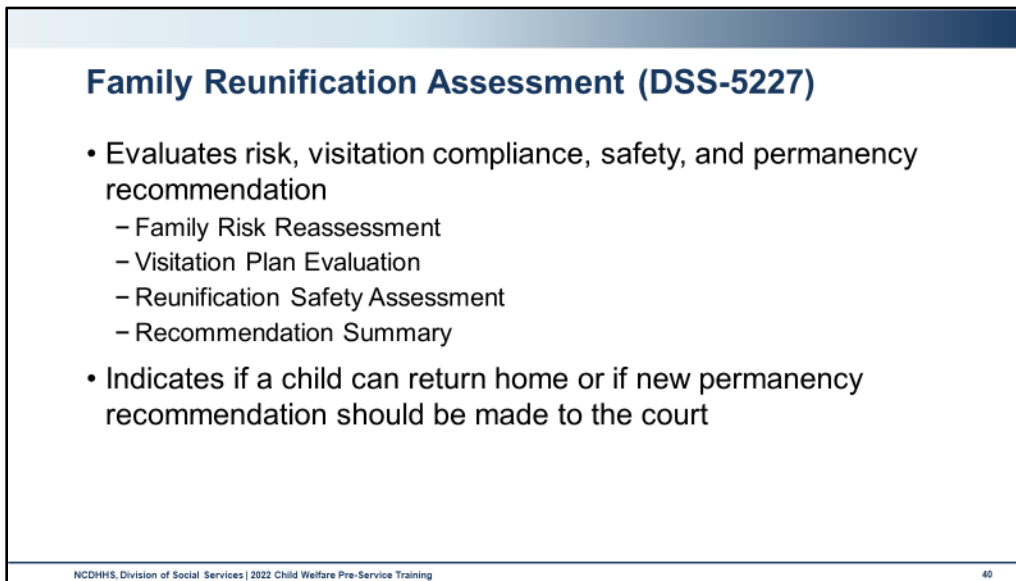
- Have reasonable efforts been made to identify, locate, and involve all the parents in the planning process, including both legal and biological fathers?

- Has the child's grief and need to reconnect to the family been recognized? Would this child be removed today?

Three Phases of Reunification



Family Reunification Assessment (DSS-5227)



"Family reunification is the planned process of reconnecting children in out-of-home care with their families using a variety of services and supports to the children, their families, and their foster parents or other service providers. It aims to help children and families achieve and maintain their optimal level of reconnection—from full reentry of the child into the family system to other forms of contact, such as visiting, that affirm the child's membership in the family."

Efforts to promote successful reunification begin as soon as the decision is made to place a child in out-of-home care and continue throughout the out-of-home placement. The reunification process with families is a team effort, a partnership between social workers, foster parents, the child's parents, and the child. Without this partnership, the success of reunification is decreased. The more minds working together, the more ideas and solutions can be generated.

The process of reunification is fluid and on a continuum. It is not a linear progression from phase to phase. When we talk about reunification, we can think of it as taking place over three phases:

- Phase 1: Bridging
- Phase 2: Opening
- Phase 3: Building


Phase 1: Bridging: Creating a connection between the child's home and the foster family.

- Preserving the child's history:
 - The child may have accomplished a new developmental task or gone into a different stage.
 - Families may have missed these events and the feelings that go with them.
 - This should occur continually while the child is in placement so that the parents stay connected to the child's life.
- Informing the child of family events on an ongoing basis. This gives the child the opportunity to ask questions about what is going on at home and to continue to feel a part of their family.
- Transferring strategies: Foster parents and the child's parents should discuss the child's daily routine, favorite foods, etc. In addition, foster parents should share successful strategies that have worked with the child, such as behavior management techniques.
- Modeling cooperation: Seeing the adults work together provides important modeling for the child and prevents the child from feeling that they must choose between sets of parents.

Strategies and Tasks:

- Meeting with the foster parents: Encourage them to share their feelings about the child's departure, praise them on their accomplishments, and outline the gains they made during the child's stay with their family.
- Establishing the parent-foster parent relationship: Bring both sets of parents together to get to know each other. As the families become more comfortable with each other, they will be more comfortable asking for and sharing advice.

What are some other strategies or tasks that you could use in this phase?



Phase 2: Opening: Re-fitting a child into a family that has adapted to their absence and re-shifted their roles within the family. This takes place on a physical and psychological level by finding tasks for all members to participate in to help reunite the family successfully.

Strategies and Tasks:

- Physical space: Make space for the child and their things.
- Family image: Family meetings can be a forum for family members to discuss their feelings, hopes, and fears about the reunified family.
- Social/educational environment: Parents need to reintegrate the child into the community by registering them for school, going on a walking tour of the neighborhood, etc.

What are some other strategies or tasks that you could use in this phase?

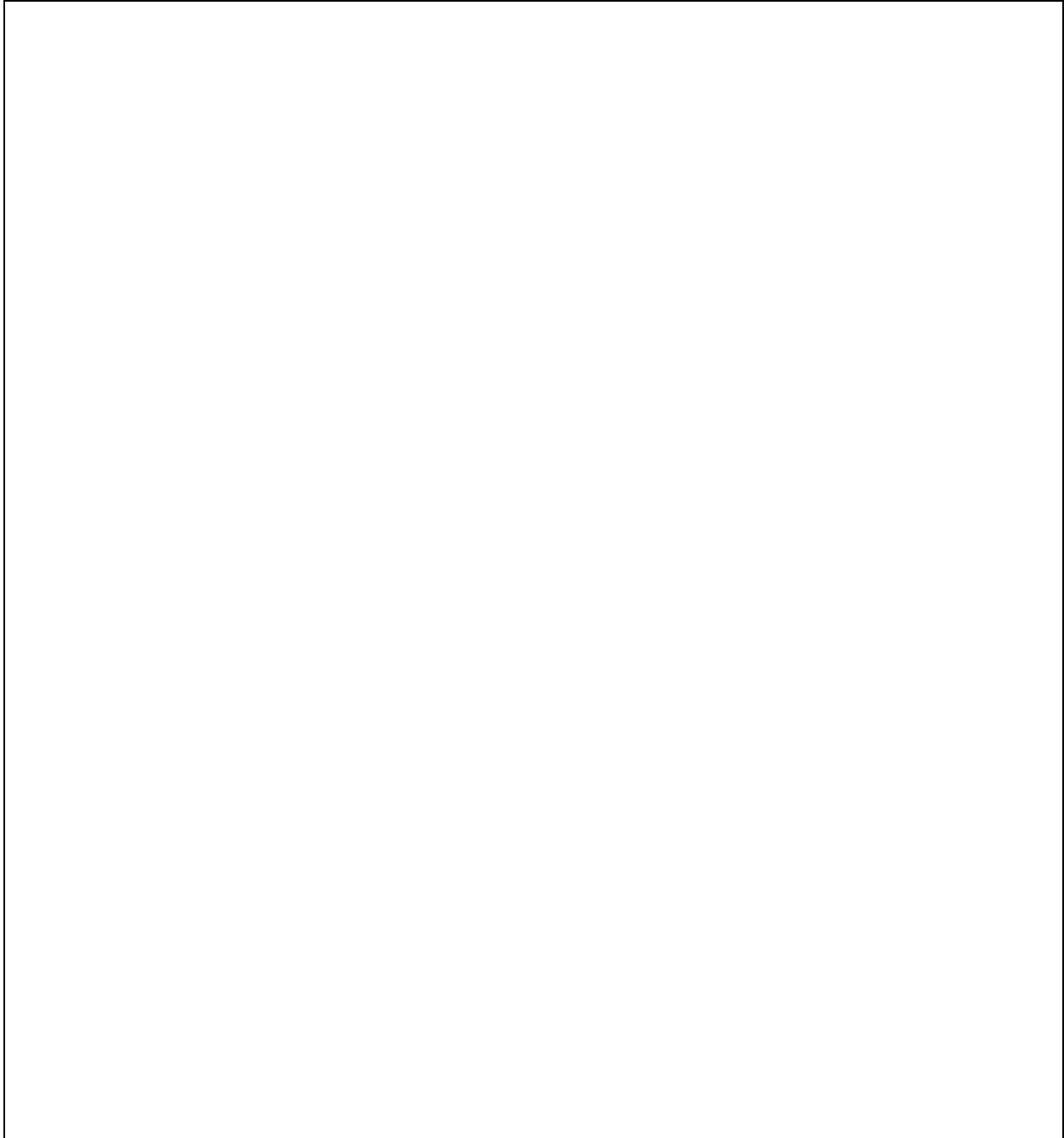
Phase 3: Building: There is usually a honeymoon phase of about two weeks following reunification, and family members need to be encouraged to think about and feel positive about what will happen when the honeymoon is over.

In this phase, you are looking for opportunities to highlight the sense of family that is forming and to praise parents and other family members for using new strategies and applying new skills

Strategies and Tasks:

- Family meetings: These will provide families with an important outlet for their feelings, and you will need to teach them how to conduct them regularly.
- Recreation: Provide families with an opportunity to play and have fun together.
- Traditions and rituals: Family members can discuss their traditions and institute new ones, such as a “family day.”

What are some other strategies or tasks that you could use in this phase?



Source: *Maluccio, A., Warsh R., & Pine, B. (1993). Together again. Washington, DC: Child Welfare League of America.*

Questions and Reflections

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

A large, empty rectangular box with a thin black border, intended for the user to write their questions and reflections. The box occupies most of the page's vertical space below the introductory text.

Reunification Learning Lab

Activity: Reunification – Kevi Thompson

Mother: Karlie Thompson – 25-year-old; White

Father: Nick Smith (Kevi’s Father) – 40-year-old; White
Jake Johnson (Kayleigh’s Father) – 32-year-old; White

Children: Kevi Thompson – 6-year-old; White; male
Kayleigh Thompson – 8-months -old; White; female

Resource Parents

Gabby and Kip Taylor; licensed non-relative foster home

Reason for Custody

Kevi Thompson was brought into custody on 11/01/2020, after being found left alone in a car while his mother was in a hotel room. His mother tested positive for Opioids and Benzodiazepines. At the time, Kevi’s mother shared the name and number of Gabby Taylor and told the social worker that Ms. Taylor had said to call her if she ever needed help. Mr. and Mrs. Taylor were contacted and agreed to take Kevi into their home.

Background

There are two prior reports on the Thompson family. One report was received when Kevi was 6 months old and alleged physical abuse toward Kevi. The alleged perpetrator was Kevi’s biological father, Nick Smith. This report was found to be unsubstantiated as there were no marks or bruises on the child as reported. Karlie Thompson stated at the time that they were doing fine and that adjusting to a new baby had been rough on her boyfriend, Nick.

The next report on this family was received when Kevi was 3 years old. The report alleged physical abuse. Kevi, age 3, was found to have a handprint on his leg and buttock. He also had bruises on his ankles, wrists, and upper arm. This report was substantiated.

At the time of this substantiated report, Ms. Karlie Thompson shared that she would do anything to keep her child. She stated that she had been trying to get away from Nick Smith, who had been abusive to her since she met him when she was 15 and in a group home. She had been in foster care since she was 12 years old. Karlie shared that she was sexually abused by her mother’s brother for two years prior to coming into custody. At that time, her mother disowned her for hurting her family. When she was 15 years old, she ran away from the group home. She ran away to be with Nick Smith. Nick Smith’s physical and emotional abuse of Karlie worsened during her pregnancy with Kevi and then escalated after Kevi was born. Karlie Thompson shared that she was able to protect Kevi most of the time. She also shared that Nick has threatened to hurt

her in the past and make sure that she lost Kevi if she ever reported his abusive behavior.

Karlie Thompson worked with DSS at the time to provide a protective plan for Kevi. She went to stay with a former foster mother for a period of time, signed a protection order to keep Nick away from them, and eventually was able to move into her own home and had a part-time job. Her case with DSS remained open for 6 months and then was closed.

Current Custody Episode History

Kevi was placed in agency custody on 11/01/2020, due to being left alone in a car outside a hotel. His mother was in a hotel room. She tested positive for drugs at that time and admitted to drug usage since she was 14 years old. She was introduced to drugs at the group home she was living in. Nick kept her supplied with drugs after she met him, and she used them regularly until she found out she was pregnant. She was able to stop during her pregnancy but reported she did smoke marijuana during her pregnancy.

Following her pregnancy, she was able to continue to stay clean for a period of time. She began using again in early 2020.

Karlie shared she met Jake Johnson after Kevi was placed in custody. Jake Johnson is the father of Kayleigh who is now 8 months old. Karlie has had custody of Kayleigh since birth.

The court has noted significant progress toward the goal of reunification at every court hearing that has been held to date. Karlie needed time to work on her drug addiction, but the court noted progress at each hearing and allowed her the time to continue to address her past trauma and work on healing. Karlie has been testing drug-free for 8 months and her supports appear to be solidly in place. She has met all her case goals. Family Time with Kevi has gone exceptionally well. The resource parents have stated their commitment to continue to support the Thompsons even after reunification.

Strengths/NeedsStrengths

- Karlie has never missed a visit with Kevi.
- Karlie interacts with Kevi during Family Time at his level and in an obvious effort to meet his needs. Karlie and Kevi appear bonded during each visit and Kevi cries when the visit ends.
- Karlie completed in-patient drug treatment.
- Karlie has continued outpatient drug treatment.
- Karlie has sought out supportive services through a local church.
- Karlie has obtained employment.
- Karlie has childcare arrangements for after school secured for Kevi.
- Karlie has maintained an open relationship with the resource parents.
- Karlie has attended school events and special occasion events with the resource parents.
- Karlie has attended doctor appointments and dental appointments with the resource parents except for one visit due to her work schedule.
- Karlie has talked with Kevi on the phone most nights as a part of his regular bedtime routine for the last year.
- Karlie has had a successful day and overnight Family Time with Kevi.
- Karlie has attended her own trauma therapy regularly.
- Karlie has attended trauma therapy with Kevi.

Needs

- Karlie's therapist recommends she continue in outpatient drug treatment.
- Karlie's therapist recommends she continue in trauma therapy.
- Karlie states she needs to continue to work on relationship boundaries with her faith-based support group
- Karlie's therapist recommends continued family trauma therapy with Kevi.
- Karlie still has some contact with Kevi's father, Nick Smith.
- Kayleigh's father, Jake Johnson, lives in the home and has a history of aggressive behavior but none has been reported in 7 months.

Available Supports

- The resource parents would like to continue to be a part of Kevi, Kayleigh, and Karlie's lives.
- Karlie and Kevi's trauma therapist
- Karlie's faith-based support group
- Karlie's former foster parents

You will remember that during our first day of training about Permanency Planning Services, we watched the Removed 3 video about Kevi and his mom. We will now look a little closer into the details of Kevi and his mom.

You will read the scenario individually and then you will break into pairs to discuss and complete the Family Reunification Assessment and Risk Reassessment for Karlie Thompson’s family. After you complete the assessments, we will come back together to discuss your use of the tool and to examine your collective findings regarding the Family Reunification Assessment.

The information you have may be limited in some areas, so use that to think about what else you need to know to accurately assess a family’s readiness for reunification.

Debrief: Family Reunification Assessment

What would have made it NOT safe to return Kevi home?

Debrief Reasonable Efforts

Reasonable efforts are what YOU do. Not what anyone else does. You are providing a service to the family. Reasonable efforts always should start with the worker, not with what the parent did, not with what the resource parent did. But rather, what YOU did.

Debrief: Key Takeaways

Your homework will be to review a completed Family Reunification Assessment with your supervisor. Discuss the case and the reunification plan with the worker who is assigned the case and, if possible, participate in a Child and Family Team meeting on that case.

Thompson Family Reunification Assessment

NORTH CAROLINA
SDM® FAMILY REUNIFICATION ASSESSMENT

Case Name: Karlie Thompson Case #: 1234567 Date: 09/01/2021
 County Name: North Carolina County Social Worker Name: Assigned Social Worker
 Date Report Received: 11/01/2020 Date Custody Received: 11/01/2020
 Children: Kevi Thompson; Kayleigh Thompson
 Parent/caretaker: Karlie Thompson

SECTION A. RISK REASSESSMENT FOR OUT-OF-HOME CASES

Code	Title	Score
1. R1.	Risk Level at the point that the child entered DSS custody	
a.	Low.....	0
b.	Moderate.....	3
c.	High.....	4
R2.	Household's Progress Toward Goals	
a.	Successfully met all service agreement objectives and/or significant progress in ongoing programs.....	-2
b.	Actively participating in programs; pursuing objectives detailed in service agreement; significant progress.....	-1
c.	Partial participation in pursuing objectives in service agreement; some progress.....	0
d.	Refuses involvement in programs or has exhibited a minimal level of participation with service agreement /made little or no progress toward ameliorating needs.....	4
R3.	Has There Been a New Substantiation Since the Last Reunification Assessment?	
a.	No.....	0
b.	Yes.....	6
Total Score		<u>1</u>

2. RISK LEVEL
Assign the family's risk level based on the following chart.

Score	Risk Level
<input checked="" type="checkbox"/> -2 to 1	<input checked="" type="checkbox"/> Low
<input type="checkbox"/> 2 to 3	<input type="checkbox"/> Moderate
<input type="checkbox"/> 4 and above	<input type="checkbox"/> High

3. OVERRIDES

Policy Overrides: (Override to High, check appropriate reason.)

- 1. Prior sexual abuse, perpetrator has access to child(ren) and has not successfully completed treatment.
- 2. Cases with non-accidental physical injury to an infant and parent(s) have not successfully completed treatment.
- 3. Serious non-accidental physical injury warranting hospital or medical treatment and parent(s) have not successfully completed treatment.
- 4. Death of a sibling as a result of abuse or neglect.

Discretionary: Override (increase or decrease one level with supervisor approval).

Provide reason below.

Reason: _____

OVERRIDE RISK LEVEL: Low Moderate High


Social Worker: _____ Date: _____

Supervisor's Review/Approval of Override: _____ Date: _____

DSS-5227 Revised 08/09
Children Welfare Services

Case Name: Karlie Thompson Case#: 1234567

SECTION B. VISITATION PLAN EVALUATION
(Check appropriate box for each child).

	Child Name Kevi Thompson	Child Name	Child Name	Child Name
Compliance with Plan				
a. If parents(s) cannot visit children, state the reason: 1) <input type="checkbox"/> Parents(s) incarcerated 2) <input type="checkbox"/> Parent(s) in Treatment Facility 3) <input type="checkbox"/> Court-Order Prohibits 4) <input type="checkbox"/> Other, specify: _____ _____				
Non Compliance - Parents(s) have failed to visit or visits have been suspended by court order due to parental behavior.				
Low Compliance -parent(s) have met few objectives of plan or visitation has been changed from unsupervised to supervised due to parental behavior. <i>(Definition: More than one missed visit without legitimate explanation and/or advance notice or parent has demonstrated a pattern of poor parenting techniques or poor parent-child interaction during visitation).</i>				
Moderate Compliance -parent (s) has met some objectives of plan. <i>(Definition: Parent-child interaction is appropriate or improving during visits but continued improvement required. No more than one missed visit without legitimate explanation or advance notice).</i>				
High Compliance -parent (s) has met most objectives of plan. <i>(Definition: Parent-child interaction appropriate throughout all visits. Visitation changed from supervised to unsupervised due to parental behavior. Visits may have been rescheduled but arrangements made in advance).</i>				

REUNIFICATION SAFETY ASSESSMENT (If risk level is low or moderate and parents have attained at least a moderate level of compliance with the Visitation Plan, complete a Reunification Safety Assessment).

DSS-5227 Revised 08/09
Children Welfare Services

SECTION C

**NORTH CAROLINA
REUNIFICATION SAFETY ASSESSMENT
(To be used when Reunification is considered)**

Case Name: Karlie Thompson Case #: 1234567
 County Name: North Carolina County Date Report Received: 11/01/2020
 Social Worker Name: Assigned Social Worker
 Children: Kevi Thompson; Kayleigh Thompson
 Caretakers: Karlie Thompson

SECTION 1: SAFETY ASSESSMENT

(a) Safety Factor Identification

Directions: The following is a list of factors that may be associated with a child(ren) being in immediate danger of serious harm. Identify the presence or absence of each by checking either "yes" or "no" if factor applies to any child in the household or to a child to be returned to the household. Note: The vulnerability of each child needs to be considered throughout the assessment. Younger children and children with diminished mental or physical capacity or repeated victimization should be considered more vulnerable. Complete based on most vulnerable child for each factor. Please review examples from the NC Safety Assessment for clarification of these factors.

1. Yes No Caretaker(s) current behavior is violent or out of control.
2. Yes No Caretaker(s) describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.
3. Yes No The family refuses access to the child, or there is reason to believe that the family is about to flee or the child's whereabouts cannot be ascertained.
4. Yes No Caretaker(s) is unwilling, or is unable to provide supervision or to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care.
5. Yes No Child is fearful of caretaker(s), other family members, or other people living in or having access to the home.
6. Yes No The child's physical living conditions are hazardous and immediately threatening.
7. Yes No Caretaker(s) drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.
8. Yes No Caretaker has a new live in partner with history of child maltreatment, domestic violence, or a criminal history.
9. Yes No Other, specify: _____

CHECK IF ALL SAFETY FACTORS ARE CHECKED "NO."

CHILD IS SAFE. Otherwise, complete Sections (b), (c), and (d) of the Reunification Safety Assessment listed below

(b) Safety Factor Description

Directions: For all safety factors which are circled "Yes" note the applicable safety factor number and briefly describe the specific individuals behaviors, conditions, and/or circumstances associated with particular safety factor.

(c) Safety Response

For each factor identified in Section 1, consider the resources available in the family and the community that might help to keep the child safe in the home. Check each intervention taken to protect the child and explain below. Describe all protecting safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

- 1. Direct services provided by placement worker or other social worker.
- 2. Use of family resources (relatives), neighbors, or other individuals in the community as safety factor.
- 3. Use of community agencies or services as safety resources (check one or both):
 - Intensive Home-Based
 - Other Community
- 4. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
- 5. Other (specify): _____

For each intervention checked, describe all protecting interventions taken or immediately planned by you or anyone else, and explain how each intervention protects each child. Describe in detail the actions that any safety resource agrees to do.

(d) SAFETY DECISION

Identify your safety decision by checking the appropriate line below. *Check one line only.* This decision should be based on the assessment of all safety factors, protecting interventions, and any other information known about this case.

- 1. **Safe to Return Home:** No further interventions.
- 2. **Safe with Services/Intervention:** _____ Protecting safety interventions allow child to return home for a trial home visit for no more than 6 months before custody is returned.
- 3. **Unsafe:** _____ Placement remains the only protecting intervention possible for the child(ren). Without continued placement, the child(ren) will likely be in danger of immediate or future serious harm.

SECTION D.

RECOMMENDATION SUMMARY

Children's Names	Recommendation (check column applicable for each child)		
	Recommend Return Home	Continue with Reunification Efforts and Concurrent Planning	Proceed with new recommendation for next court hearing (Select and record "A", "B", or "C" below for each child)**
1. Kevi Thompson	✓		
2.			
3.			
4.			
5.			

****NEW GOAL**
 A = TPR/Adoption
 B = Custody/ Guardianship with a non-removal parent/relative
 C = Custody or Guardianship with a court approved caretaker

- If the Case remains open and at least one child remains out-of-home, all assessment tools are required at the appropriate intervals as stated in policy and standard.
- If the Case remains open and all child(ren) are reunified but DSS retains custody, future risk reassessments and family strengths and needs assessments are required. (Further reunification assessments are no longer required.)
- If the Case remains open, child continues in out-of-home placement and the court ordered agency to cease reasonable efforts to reunify, no future reunification assessments, risk reassessments or strengths and needs assessments are required.

Social Worker: _____

Date: _____

Supervisor: _____

Date: _____

DSS-5227 Revised 08-09
 Family Support and Child Welfare Services

NORTH CAROLINA
FAMILY REUNIFICATION ASSESSMENT
POLICY AND PROCEDURES

The family reunification assessment consists of four parts that are used to evaluate risk, visitation compliance, safety issues, and the recommendation summary. Results are used to reach a permanency placement recommendation and to guide decisions about whether or not to return a child(ren) home.

Which cases: All cases where the agency holds custody, with at least one child in placement with a goal of return home. **(Note: Exclude cases in which the court has ordered the agency to cease reasonable efforts to reunify).** Use one Family Reunification Assessment form for all children in the family. If a household involves more than five children, use additional sheets.

Who completes: The assigned Social Worker. (Recommended Practice: Assigned social worker completes the form prior to the Permanency Planning Action Team meeting except for Section D. The Permanency Planning Action Team completes Section D at the meeting.)

When: The Family Reunification Assessment shall be completed when the agency holds legal custody and at least one child is in placement with a goal of return home (reunification). The assessment shall be completed:

- to track with the required scheduled Permanency Planning Action Team meetings;
- prior to any trial visit;
- prior to any time the child is being considered for a return home; and
- within 30 days prior to any court hearing or review.

(If reviews are held frequently, documentation on the Family Reunification Assessment form may state that there have been no changes since the last update and that the current information is correct.)

When reunification is no longer the plan, the Family Reunification Assessment form is no longer required.

Decision: The Family Reunification Risk Reassessment for Out-of-Home Care (A) results and the Visitation Plan Evaluation (B) results indicate if a child(ren) is eligible for a return home or if a new recommendation regarding another permanent plan should be made to the court.

If families have effectively reduced risk to low or moderate and have achieved at least **Moderate compliance with visitation, a reunification safety assessment is conducted** and results used to determine if the home environment is safe. The permanency plan guidelines and recommendation sections guide decisions to return a child(ren) home, to continue with current/concurrent planning, or proceed with a new recommendation for a new permanent plan goal for the next court hearing.

**Appropriate
Completion:**

Complete the case identifiers at the top of the page.

Section A. Family Reunification Risk Reassessment

Complete the Family Reunification Risk Reassessment. Based on the total score, indicate family risk level. Indicate if an override has been exercised. If so, indicate risk level after override. Supervisor must approve override.

Section B. Visitation Plan Evaluation

For each child, indicate the level at which the parent(s)/caretaker(s) has participated in the visitation plan. If the parent(s) is unable to visit the child(ren), supply a reason in "a" of the Visitation Plan Evaluation. Proceed to Section D.

If "a" does not apply, evaluate parent(s)/caretaker(s) participation in visitation. Visitation Plan Evaluation choices range from non compliance to high compliance. Rate parental/caretaker compliance with the visitation plan for each child.

Section C. Reunification Safety Assessment

If risk has been reduced to low or moderate *and* parents have achieved at least a moderate visitation compliance rating, complete a reunification safety assessment. Enter the results of the reunification safety assessment in Section C. If risk has *not* been reduced to low or moderate or parents receive a low visitation rating or have not complied, do not complete a reunification safety assessment. Proceed to Section D.

Section D. Permanency Plan Recommendation Summary

Complete Section D for all reunification assessments. Enter the name of each child in custody and check one of the three recommendations for each child. If "Proceed with new recommendation for next court hearing" is checked, you **MUST** enter the new permanency goal using the codes provided on the form.

The supervisor and social worker are to sign at the bottom of Section D.

Thompson Family Risk Reassessment

NORTH CAROLINA
SDM® FAMILY RISK REASSESSMENT

Case Name: Karlie Thompson Case #: 1234567 Date: 09/01/2021

County Name: North Carolina County Date Report Received: 11/01/2020

Social Worker Name: Assigned Social Worker Reassessment #: 1 2 3 4 5 2

Children: Kevi Thompson; Kayleigh Thompson

Primary Caretaker: Karlie Thompson Secondary Caretaker: None

R1. Number of prior CPS assessments	Score
a. None.....0	<u>1</u>
b. One or more family assessments.....1	
c. One or more investigative assessments.....2	
R2. Prior CPS In-Home or Out-of-Home service history	
a. No.....0	<u>1</u>
b. Yes.....1	
R3. Either caretaker has history of abuse/neglect	
a. No.....0	<u>1</u>
b. Yes.....1	
<i>The following case observations pertain to the period since the last assessment/reassessment.</i>	
R4. Age of youngest child in the home	
a. 3 or older.....0	<u>1</u>
b. 2 or younger.....1	
R5. Number of children residing in the home	
a. Two or fewer.....0	<u>0</u>
b. Three or more.....1	
R6. Child characteristics	
a. None applicable.....0	<u>0</u>
b. One or more apply.....1	
<input type="checkbox"/> Mental health and/or behavioral problems	
<input type="checkbox"/> Medically fragile/failure to thrive diagnosis	
<input type="checkbox"/> Developmental disability	
<input type="checkbox"/> Learning disability	
<input type="checkbox"/> Physical disability	
R7. Lacks parenting skills	
a. No.....0	<u>0</u>
b. One or more apply.....1	
<input type="checkbox"/> Inadequate supervision of children	
<input type="checkbox"/> Uses excessive physical/verbal discipline	
<input type="checkbox"/> Lacks knowledge of child development	

R8. Either caretaker has a drug or alcohol problem		
a. No.....	0	1
b. One or more apply.....	1	
R9. Either caretaker has a mental health problem		
a. No.....	0	0
b. One or more apply.....	1	
R10. Either caretaker currently involved in domestic violence		
a. No.....	0	0
b. Yes.....	1	
R11. Caretaker's use of treatment/training programs		
a. Successfully completed all programs recommended or actively participating in programs; pursuing objectives detailed in service agreement.....	0	0
b. Minimal participation in pursuing objectives in service agreement.....	1	
c. Refuses involvement in programs or failed to comply/participate as required.....	2	
TOTAL SCORE		<u>5</u>

SCORED RISK LEVEL. Assign the family's risk level based on the following chart:

<u>Score</u>	<u>Risk Level</u>
0-2	_____ Low
3-5	<u>5</u> _____ Moderate
6-13	_____ High

OVERRIDES

Policy: Override to high; mark appropriate reason.

- _____ 1. Sexual abuse cases where the perpetrator is likely to have access to the child victim.
- _____ 2. Cases with non-accidental physical injury to an infant.
- _____ 3. Serious non-accidental physical injury to an infant
- _____ 4. Death (previous or current) of a sibling as a result of abuse or neglect.

Discretionary: Override (increase or decrease one level with supervisor approval). Provide reason below.

Reason:

OVERRIDE RISK LEVEL: _____ Low _____ Moderate _____ High

Social Worker: _____ **Date:** _____

Supervisor's Review/Approval of Override: _____ **Date:** _____

**NORTH CAROLINA
FAMILY RISK REASSESSMENT
DEFINITIONS**

The primary caretaker is the adult (typically the parent) living in the household who assumes the most responsibility for childcare. When two adult caretakers are present and the worker is in doubt about which one assumes the most child care responsibility, the adult legally responsible for the children involved in the incident should be selected. If this rule does not resolve the question, the legally responsible adult who is an alleged perpetrator should be selected. **Only one primary caretaker can be identified (per form/household.)**

The secondary caretaker is defined as an adult living in the household who has routine responsibility for childcare, but less responsibility than the primary caretaker. A living together partner can be a secondary caretaker even though they have minimal responsibility for the care of the child(ren).

R1. Number of prior CPS assessments

Use Central Registry to count all maltreatment reports for all children in the home which were assigned for CPS assessment (both family assessments and investigative assessments) for any type of abuse or neglect prior to the report resulting in the current assessment. If information is available, include prior maltreatment assessments conducted in other states.

- a. Score 0 if there were no CPS assessments prior to the current report.
- b. Score 1 if there were one or more family assessments prior to the current report.
- c. Score 2 if there were one or more investigative assessments prior to the current report (if there were both one or more prior family assessments and one or more prior investigative assessments, score 2).

R2. Prior CPS in-home or out-of-home service history

Contact other counties and states where there is believed to be prior CPS service history on this family.

- a. Score 0 if this family has not received CPS in-home or out-of-home services as a result of a prior finding of "substantiated" or "services needed" report of abuse and/or neglect.
- b. Score 1 if this family has received CPS in-home or out-of-home services as a result of a prior finding of "substantiated" or "services needed" report of abuse or neglect, or is receiving CPS in-home or out-of-home services at the time of a new CPS assessment and finding of services needed or substantiation.

R3. Either caretaker has history of abuse/neglect

- a. Score 0 if neither caretaker was abused and or neglected as children, based on credible statements by the caretaker(s) or others.
- b. Score 1 if credible statements were provided by the caretaker(s) or others regarding whether *either or both* caretakers were abused and or neglected as children.

R4. Age of youngest child in the home

Choose the appropriate score given the current age of the youngest child in the household where the maltreatment incident reportedly occurred. Youngest children within a residential placement but in the custody of the caretaker(s) should be counted as residing in the home. If a child is on runaway status, is removed, whether placed in foster care or with a safety resource as a result of current CPS involvement, count the child as residing in the home (I.E. if there was never closure of current CPS Services whether In-Home or Out-of-Home being provided and a new report is made, count the child as in the home).

- a. Score 0 if the youngest child is 3 years old or older.
- b. Score 1 the youngest child is 2 years old or younger.

R5. Number of children residing in the home

Number of individuals under 18 years of age *residing* in the home at the time of the current report. If multiple families reside in the home, count all children. Children within a residential placement but in the custody of the caretaker(s) should be counted as residing in the home. If a child is on runaway status, is removed, whether placed in foster care or with a safety resource as a result of current CPS involvement, count the child as residing in the home (I.E. if there was never closure of current CPS Services whether In-Home or Out-of-Home being provided and a new report is made, count the child as in the home).

- a. Score 0 if two or fewer children were residing in the home at the time of the current report.
- b. Score 1 if three or more children were residing in the home at the time of the current report.

R6. Child characteristics

- a. Score 0 if no child in the household exhibits characteristics described below.
- b. Score 1 if any child in the household exhibits any of the characteristics described below. Mark all that apply.
 - Mental health and/or behavioral problem: Any child in the household has mental health or behavioral problems not related to a physical or developmental disability. This could be indicated by a DSM Axis I diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking prescribed psychoactive medications.
 - Any child is medically fragile or diagnosed with failure to thrive.
 - » Medically fragile: Medically fragile describes a child who has any condition diagnosed by a physician that can become unstable and change abruptly, resulting in a life-threatening situation; and which requires daily, ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members, and requires the routine use of a medical device or of assistive technology to compensate for the loss of usefulness of a body function needed to participate in the activities of daily living, and child lives with ongoing threat to his or her continued well-being. Examples include a child who requires a trach-vent for breathing or a g-tube for eating.
 - » Failure to thrive: A diagnosis by a physician that the child has failure to thrive.
 - Developmental disability: A severe, chronic condition due to mental and/or physical impairments which has been diagnosed by a physician or mental health professional. Examples include mental retardation, autism spectrum disorders, and cerebral palsy.
 - Learning disability: Child has an individualized education program (IEP) to address a learning disability such as dyslexia. Do not include an IEP designed solely to address mental health or behavioral problems. Also include a child with a learning disability diagnosed by a physician or mental health professional who is eligible for an IEP but does not yet have one, or who is in preschool.

- **Physical disability:** A severe acute or chronic condition diagnosed by a physician that impairs mobility, sensory, or motor functions. Examples include paralysis, amputation, and blindness.

R7. Either caretaker lacks parenting skills

- a. Score 0 if caretaker(s) displays parenting patterns which are age-appropriate for children in the home, including realistic expectations and appropriate discipline.
- b. Score 1 if caretaker(s) lacks parenting skills as evidenced by the following:
 - Inadequate supervision of children;
 - Use of excessive physical/verbal discipline; or
 - Lacks knowledge of child development: Caretaker's lack of knowledge regarding child development and/or age-appropriate expectations for children.

R8. Either caretaker has a drug or alcohol problem

Either caretaker has alcohol/drug abuse problems, evidenced by use causing conflict in home, extreme behavior/attitudes, financial difficulties, frequent illness, job absenteeism, job changes or unemployment, driving under the influence (DUI), traffic violations, criminal arrests, disappearance of household items (especially those easily sold), or life organized around substance use.

- a. Score 0 if neither caretaker has a drug or alcohol problem, or has some substance use problems that minimally impact family functioning.
- b. Score 1 if either caretaker has a current alcohol/drug abuse problem (within the last 12 months) that interferes with his/her or the family's functioning. Such interference is evidenced by the following:
 - Substance use that affects or affected employment; criminal involvement; marital or family relationships; and/or caretaker's ability to provide protection, supervision, and care for the child;
 - An arrest in the past year for DUI or refusing breathalyzer testing;
 - Self-report of a problem;
 - Treatment currently received ;
 - Multiple positive urine samples;
 - Health/medical problems resulting from substance use and/or abuse;
 - The child's diagnosis with fetal alcohol syndrome or exposure (FAS or FAE), or the child's positive toxicology screen at birth and the primary caretaker was the birthing parent.

Legal, non-abusive prescription drug use should not be scored. Abuse of legal, prescription drugs should be scored.

R9. Either caretaker has a mental health problem

- a. Score 0 if the caretaker(s) does not have a current mental health problem (diagnosed within the last 12 months) OR caretaker demonstrates good coping skills.
- b. Score 1 if credible and/or verifiable statements by either caretaker or other indicate that either caretaker:
 - Has a current diagnosis of a significant mental health disorder as indicated by a DSM Axis I condition determined by a mental health professional;
 - Has had repeated referrals for mental health/psychological evaluations; or
 - Was recommended for treatment/hospitalization or was treated/ hospitalized for emotional problems within the last 12 months.

R10. Either caretaker involved in domestic violence

- a. Score 0 if neither caretaker is involved in domestic violence, or if caretakers have had an identified existence of domestic violence in a relationship but after receiving services are able to understand the impact of violence on the children and can demonstrate a respectful, non-violent relationship that is free of power and control.
- b. Score 1 if either caretaker is involved in domestic violence, defined as the establishment of control and fear in an intimate relationship through the use of violence and other forms of abuse including but not limited to physical, emotional, or sexual abuse; economic oppression; isolation; threats; intimidation; and maltreatment of the children to control the non-offending parent/adult victim. Domestic violence may be evidenced by repeated history of leaving and returning to abusive partner(s), repeated history of violating court orders by the perpetrator of domestic violence, repeated history of violating safety plans, involvement of law enforcement and/or restraining orders, or serious or repeated injuries to any household member.

R11. Caretaker's use of treatment/training programs

Rate this item based on whether the primary caretaker has mastered or is mastering skills learned from participation in program(s). If two or more caretakers are present, indicate the least progress made among the most frequent caretaker(s).

- a. Score 0 if observation demonstrates caretaker's application of learned skills in interaction(s) between child and caretaker, caretaker and caretaker, caretaker and other significant adult(s); in self-care, home maintenance, or financial management; or if observation demonstrates caretaker's mastery of skills toward reaching the behavioral objectives agreed upon in the service agreement.
- b. Score 1 if the caretaker is minimally participating in services, has made progress but is not fully complying with the objectives in the service agreement.
- c. Score 2 if the caretaker refuses services, sporadically follows the service agreement or has not mastered the necessary skills due to a failure or inability to participate.

**NORTH CAROLINA
FAMILY RISK REASSESSMENT
POLICY AND PROCEDURES**

The Family Risk Reassessment is a tool used to assist the CPS In-Home and Out-of-Home Services social worker in determining risk of future abuse and/or neglect. Together with the Family Strengths and Needs Assessment and the progress made in the service agreement, it assists the social worker in determining the required service level intensity.

Reassessments are performed at established intervals as long as the case is open. Case reassessment ensures that both risk of maltreatment and family service needs will be considered in later stages of the service delivery process and that case decisions will be made accordingly. At each reassessment, the social worker reevaluates the family, using instruments which help systematically assess changes in risk levels. Case progress will determine if a case should remain open or if the case can be closed.

While the initial risk assessment has separate scales for abuse and neglect, there is only one risk scale for reassessment. The focus at reassessment is the impact of services provided to the family during the period assessed or on whether certain events in the family have occurred since the last assessment.

Which cases: All CPS In-Home Services cases or Out-of-Home Services cases when the agency has legal custody and the children have not been removed from the home.

Who completes: Social worker assigned to the case.

When: **CPS In-Home Services:** Risk Reassessments shall be completed:

- a) At the time of the Service Agreement updates
- b) Whenever a significant change occurs in the family
- c) Within 30 days prior to case closure.

CPS Out-of-Home Services: In cases where the agency has legal custody of the child(ren) and the child(ren) has not been removed from the home, the Family Risk Reassessment of Abuse and Neglect shall track with the required scheduled Permanency Planning Action Team meetings and shall occur within 30 days prior to any court hearing or review. (If reviews are held frequently, documentation on the Risk Reassessment form may state that there have been no changes since the last update and that the current information is correct)

Trial Home Visit: The Family Risk Reassessment shall be completed when the agency has legal custody and the child has been placed back in the home for a trial home visit and a Permanency Planning Action Team meeting falls within that trial home visit period.

Decision: The Risk Reassessment is used to guide decision making following the provision of services to clients. While the initial assessment projects a risk level prior to agency service provision, the reassessment takes into account the provision of services. The reassessment of each family provides an efficient mechanism to assess changes in family risk due to the provision of services. At reassessment, a family may be continued for services or the case may be closed.

Appropriate Completion: Complete all identifying information. Indicate appropriate Risk Reassessment by circling #1, 2, 3, 4, or 5. If the family has had more than five Risk Reassessments, indicate the reassessment number in the blank provided.

As on the initial Family Risk Assessment, each Risk Reassessment item is scored by the social worker. All scoring is completed based on the status of the case since the last Risk

Assessment/Reassessment, although the first three items, (R1 – R3), generally do not change from one reassessment period to the next.

Using the definitions, determine the appropriate response to each item and enter the corresponding score. After entering the score for each individual item, enter the total score and indicate the corresponding risk level. This level is used to set the appropriate family service level, or to determine whether the risk level is now low enough to close the case.

Policy Override

Policy overrides have been determined by the agency as applying to specific case situations that warrant the highest level of service from the agency regardless of the risk scale score at reassessments. If any policy override reasons exist; the risk level is increased to high.

The social worker then indicates if any of the policy override reasons exist. If more than one reason exists, indicate the primary override reason. Only one reason can be selected.

Discretionary Override

Discretionary overrides are used by the social worker whenever s/he believes that the risk score does not accurately portray the family's actual risk level. The social worker can increase or decrease the risk level by one step with supervisory approval.

If the social worker applies a discretionary override, the reason should be written in on the available line for discretionary override, and a check should be placed next to the appropriate level.

All overrides must be approved in writing by the supervisor.

Permanency and Permanency Planning (continued)

Termination of Parental Rights (TPR)

Termination of Parental Rights (TPR)

- Ends the legal parent-child relationship
- Child is legally free to be placed for adoption
- Grounds for TPR
- Petition filed:
 - Within 60 days of the agency's decision that the goal is adoption

OR

 - Within 60 days of the court hearing changing the plan to adoption

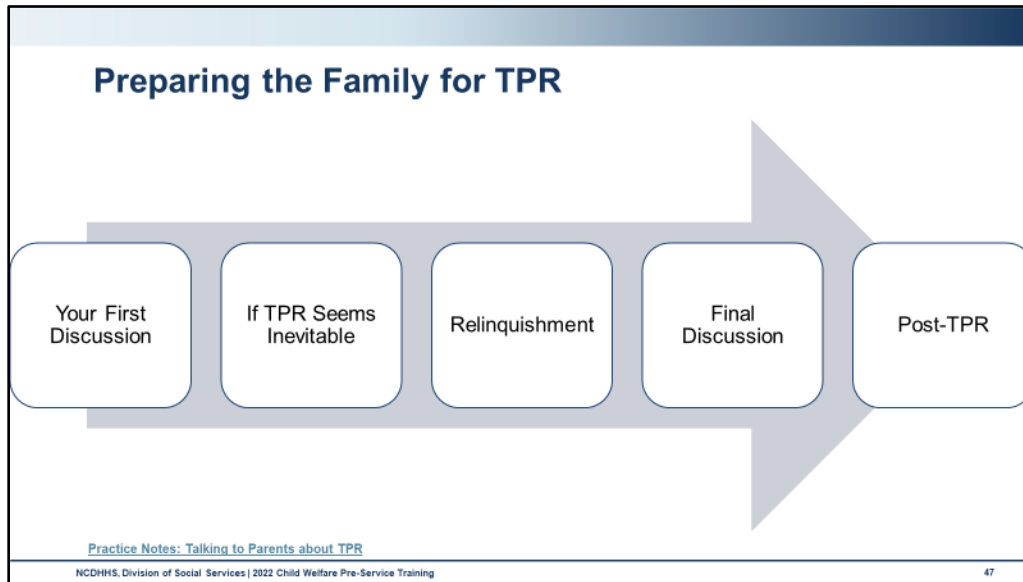
Child Welfare Information Gateway. (2021). Grounds for involuntary termination of parental rights. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/topics/systemwide/lawsandpolicies/statutes/groundtermin/>

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When the goal is adoption, the termination of a parent's legal connection to their child must be completed. Termination of parental rights, or TPR, is serious. It is permanent. However, sometimes it is a necessary portal toward permanence for children. When the child's team determines that another road toward permanence is necessary for a particular situation, you will be directed to prepare a petition to the court requesting the termination of parental rights. Termination of parental rights ends the legal parent-child relationship. Once the relationship has been terminated, the child is legally free to be placed for adoption to secure a more stable, permanent family environment that can meet the child's long-term parenting needs.



Preparing the Family for TPR



Best practice requires you to begin to prepare for the possibility of TPR from the moment a child is placed in out-of-home care. Talk clearly and honestly with parents about TPR. Make sure they understand what TPR means and that, though it is not what anyone wants, TPR is often a necessary part of the alternate plan your agency will need to pursue if their child can't return home. As part of your initial discussion about TPR, it may be helpful to use the explanation of TPR found in *Understanding Foster Care: A Handbook for Parents*.



Reinstatement of Parental Rights (RPR)

Reinstatement of Parental Rights (RPR)

What efforts have been made to achieve adoption or find a permanent guardian?

Has the former parent remedied the conditions that led to the youth's removal and subsequent TPR?

Is the youth able to express their preference?

Is the former parent willing to resume contact with the youth and have their rights reinstated? Is the youth willing to resume contact with the former parent and have their rights reinstated?

What services would the former parent and youth require to succeed if rights are reinstated?

Would this plan support the best interests of the youth?

Would the youth be able to maintain current meaningful connections?

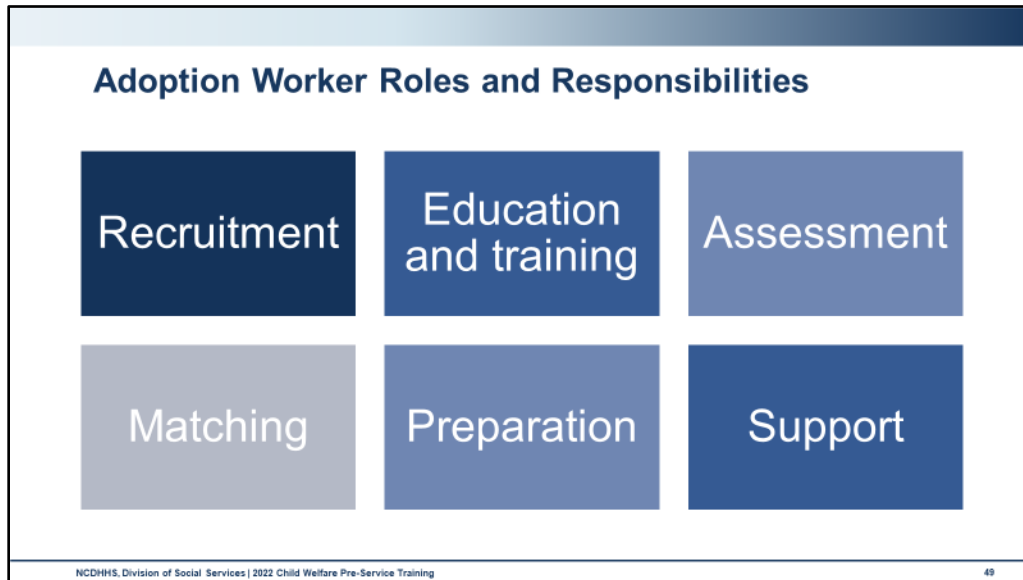
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Reinstatement of Parental Rights, or RPR, is a permanent plan that makes it possible for parents who had their rights terminated to have them reinstated under certain strict conditions. Circumstances that would allow this permanency option are very narrow. Three conditions must be met to consider filing a motion for RPR:

1. The youth is at least 12 years of age or if under age 12, extraordinary circumstances exist that warrant consideration of reinstatement of parental rights;
2. The youth does not have a legal parent, is not in an adoptive placement, and is not likely to be adopted within a reasonable period; and
3. The order terminating parental rights was entered at least 3 years prior unless the youth's plan is no longer adoption.

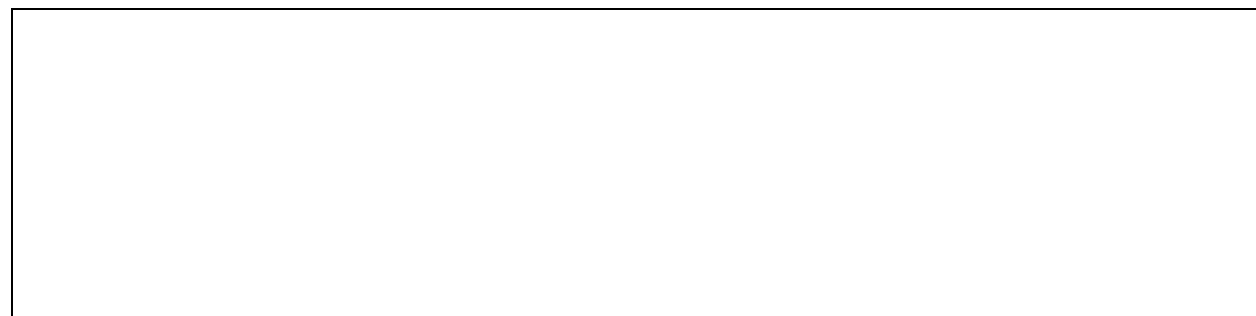


Adoption Worker Roles and Responsibilities



Adoption workers must perform the following activities related to the child, the child's family, and the adoptive family when a child is placed for adoption.

- Recruitment of culturally diverse adoptive parents
- Conducting or connecting prospective parents to training classes
- Writing child summaries and child profiles
- In-depth family assessments: pre-placement assessments and screening
- Matching children and families
- Preparing children for placement
- Preparing the adoptive family and answering any questions about the adoption process
- Ongoing assessments of prospective adoptive families
- Providing ongoing support for the child and family
- Taking relinquishments from biological parents
- Preparing adoption paperwork for court
- Providing post-adoptive services and support
- Connecting adoptive families to services and support groups, taking into consideration their cultural identity



Adoption

Adoption

- Permanent plan offering the most stability to children who cannot return home
- Permanent legal connection that is created between a child and an adult or adults, with whom exist the same mutual rights and obligations that exist between children and their birth parents
- Child must be legally free through:
 - Voluntarily relinquish of parental rights; or
 - Rights terminated by the court

Handout: Types of Adoption

Once a TPR goes through, a child is legally free for adoption. Adoption is the permanent plan offering the most stability to children who cannot return home to their parents. Adoption is defined as the permanent legal connection that is created between a child and an adult or adults, with whom exist the same mutual rights and obligations that exist between children and their birth parents. For a child to be adopted, the parents must voluntarily relinquish their parental rights or have their rights terminated by the court.

Different types of adoption are legally permitted in North Carolina:

- Relative adoptions
- Stepparent adoptions
- Direct/independent placements
- Agency adoptions
- Legal risk adoptions
- International adoptions
- Adult adoptions

As with other permanency planning services, there are key services that must be provided to the adoptive child, the child's parents and the adoptive parents to reach the goal of permanence for children. In this case, for the adoption to be finalized. When the child is legally freed for adoption, your agency must do all the following:

- Make every effort to locate and place the child in an appropriate adoptive home.
- Develop a child-specific, written strategy for recruitment of an adoptive home within 30 days. At a minimum, the plan must document the child-specific recruitment efforts such as the use of state, regional, and national adoption exchanges, including electronic exchange systems, to facilitate orderly and timely in-state and interstate placements.
- Develop a child profile that describes the child needing placement to be available for prospective adoptive families.
- Conduct or arrange for a Pre-Placement Assessment (PPA) or a PPA Addendum based on the potential adoptive family's status
- Register all children who are free for adoption and who are not in their identified adoptive home with the North Carolina Adoption Exchange (NC Kids), as well as regional and national adoption exchanges including electronic exchange systems, to facilitate matches between persons interested in adoption and the available children.
- When adoption is the secondary permanency plan for a child, the agency must search for an appropriate adoptive family.
- Your agency must have a plan for the ongoing recruitment of adoptive families for children.

Adoption workers have important questions they must ask when adoption is being considered as a permanency plan. Satisfactory answers to the following questions should be considered:

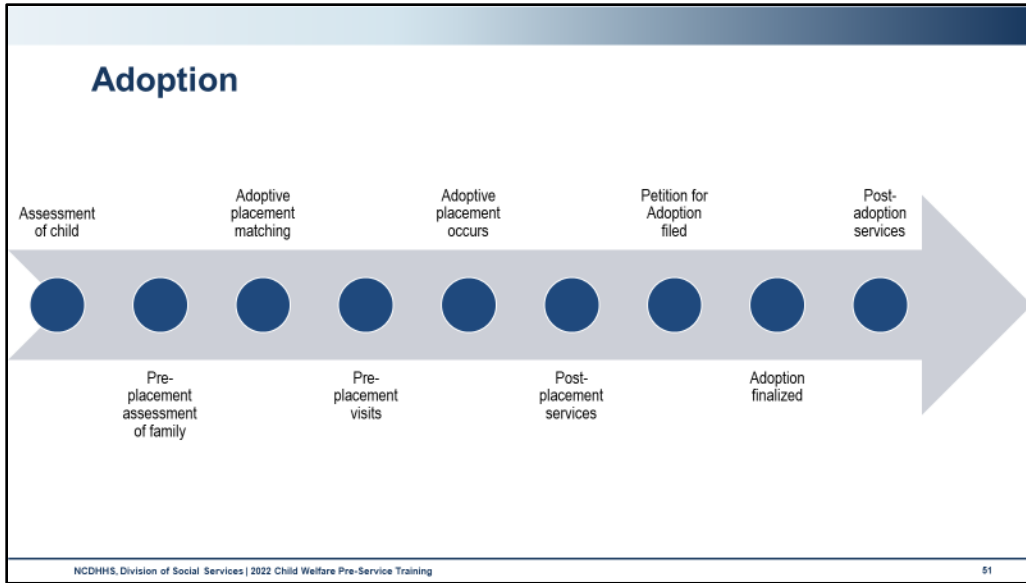
- Have all relative placement options been considered and eliminated?
- Have the child's ethnic and cultural needs been considered and addressed?
- Has the best interest of the child been considered and documented?
- Are the parents willing to relinquish their rights, or is the agency ready to proceed with the termination of parental rights?
- Do legal grounds for termination of parental rights exist?
- Is the child already living with caregivers who are willing to adopt?
- How soon can the child be placed in an adoptive home?
- How long will the court process take?
- Who will help the child through the placement process?
- Has a pool of potential adoptive families been recruited, or is the agency willing to commit to child-specific recruitment?
- Have the child's specific needs and strengths been thoroughly assessed and evaluated?
- Has an adoptive placement option that will be able to meet the child's needs been identified?
- What is the child's relationship with siblings, and should they be placed together?

Children and youth should be asked for their recommendations regarding potential adoptive families, since they may know individuals or families with whom they are comfortable. Adoption by foster parents is often an appropriate plan, especially if the child has developed a close relationship with the foster family. Such a plan has the benefit of providing continuity for the child with a family that they already know without requiring an additional move. Foster families are encouraged to consider committing to the child permanently through adoption if reunification is not possible.

When making decisions about adoptive placements, we want to be sure we are looking out for the best interests of the child. When a child becomes legally free for adoption, your agency must give priority to the child's placement provider who is willing and able to adopt the child unless there is documentation that it is not in the child's best interest. If such a plan is not implemented, the agency must give priority to other relatives or like-kin who have been assessed and are determined to be an appropriate resource for the child. When adoption by a relative, like-kin, or foster parent is not an option, your agency should place the child in an approved adoptive home. There may be approved families waiting that may be appropriate for the child, or potential adoptive families may need to be recruited specifically for the child.

Adoption Considerations

- Have all relative placement options been considered and eliminated?
- Has the child's ethnic and cultural needs been considered and addressed?
- Has the best interest of the child been considered and documented?
- Are the parents willing to relinquish their rights, or is the agency ready to proceed with the termination of parental rights?
- Do legal grounds for termination of parental rights exist?
- Is the child already living with caretakers who are willing to adopt?
- Has a pool of potential adoptive families been recruited?
- How soon can the child be placed in an adoptive home?
- How long will the court process take?
- Who will help the child through the placement process?
- Has the child's needs and strengths been thoroughly assessed and evaluated?
- Has a placement option that will be able to meet the child's needs been identified?
- What is the child's relationship with siblings, and should they be placed together?



Handout: Steps Through an Adoption

Achieving adoption finalization requires a great deal of work with the court. The adoption process is a complex mix of emotional and legal bonding that occurs between a child and a family. The following is a simplified description of what occurs from the time the decision is made that adoption is in the best interests of a child through the completion of the legal requirements for the adoption to be finalized.

- An assessment of the child is written and distributed through various means (letters, adoption fairs, adoption exchanges, etc.). The Internet is being used more and more extensively to share information about waiting children. New laws push this process along.
- Prospective adoptive families work with a social worker to complete a pre-placement assessment. Although the focus is on the placement of children, information about prospective adoptive families is critical in making the best possible connections between families and children.
 - The preplacement assessment must be developed with the prospective adoptive family and must be prepared and presented to the adoptive applicants for review.
 - The applicants must be provided in writing with notice of the agency's decision regarding approval or denial of approval for adoption within 30 days after the assessment is completed.
 - Your agency must have a procedure for allowing an individual who has received an unfavorable preplacement assessment to have the assessment reviewed by the agency.
- Adoption committees study the available information to match the strengths and needs of the child with the strengths and interests of the family. When a "match" seems right, the child and family are introduced to each other, first on paper and then in person. The team or committee must be composed of a minimum of three persons, including a person from the agency in a management position in children's services, the child's social worker, and the adoption worker.
- If the agency, family, and child agree to proceed with the adoptive placement, the child will begin pre-placement visits and then will be placed with the adoptive family.
- Post-placement services must be provided to the adoptive family. A face-to-face visit must be made within the first week of placement and then at least monthly with the child and the adoptive parents by the social worker.
- When the Petition for Adoption is filed, the court orders that a report on the adoptive family be completed. The report is completed by a social worker who visits with the family and observes the process of bonding. The social worker is also available to offer assistance when the growing pains are difficult and when special help is needed to maintain the adoptive placement.
- Legal notices of the adoption proceedings are sent to all "interested parties," who then are given a certain amount of time to respond.
- The report on the adoption is filed at the court, after which the court sets a hearing or disposition date. Most adoptions are finalized without a formal hearing.

- The decree of adoption is awarded.
- Post-adoption services must be made available after the Decree of Adoption has been issued. Post-adoption services are voluntary and are services provided to families after children have been adopted. These are services that offer support to families and can include referrals to resources, support groups for families and children, workshops, and even out-of-home placement if that becomes necessary. Post-adoption services can give a family the extra support that some families need to ensure the adoption remains intact.

Sometimes a family is not able to continue caring for a child, either because of changes in the family such as death or divorce, or because of the demanding needs of the child (financially or emotionally). When the child who has been placed with an adoptive family must be removed either before the Decree of Adoption has been issued, it is called a disruption. If the child must be removed after the Decree of Adoption has been issued, it is called dissolution. It is often an extremely emotional, traumatic event for everyone. Periodically, children are removed because of abuse or neglect allegations against an adoptive parent.

However, the availability of post-placement and post-adoption services can help to reduce the likelihood of adoption disruption and dissolution. Adoption support and post-placement and post-adoption services range from informal meetings or support groups among adoptive families to formal respite care programs or residential programs for adopted children and youth. These services care for adoptive families across the continuum, focusing efforts on preventing adoption issues through education and access to resources. Services will also help address the effects that separation, loss, and trauma can have on children and youth who have been adopted, help children and their families address special needs, and help family members strengthen their relationships and deepen their attachment and bonding.

Adoption Learning Lab

Activity: Adoption Self-Reflection

Adoption is a social, emotional, and legal process through which children who will not be raised by their own parents become full, permanent, and legal members of another family. As such, adoption involves the rights of three distinct triad members: the child's parents, the child, and the adoptive parents. Adoption is also a lifelong process. Ethical and sensitive adoption issues change over time as children who were adopted become adults and may choose to claim their right to know their genetic and historical identity. It is imperative that social workers working in adoption act ethically and are aware of their own biases to ensure the rights of all the involved parties at all points in the process. Adoption social workers will consider the difficult process of matching children with appropriate families and the value conflicts that can arise when making placement decisions. Often, we have personal biases about where children should be placed. Our bias may lead us to inadvertently limit possible permanent homes for children because we don't think they are appropriate. Think back to your bias self-assessment that you completed during the first week of training. During the self-assessment, you may have learned about biases that you hold that you were not aware of. Take a few moments to reflect on yourself about how your own bias may impact decisions you make related to adoption placement. Think about some of these biases that you hold and identify strategies you can implement as you make adoption matches and placements throughout your practice.

**How might your own bias impact decisions you make related to adoption?
Adoption matching? Adoptive placements?**

What strategies can you use to address this bias?

The process of adoption has always carried with it some items of controversy. If you are not mindful of your own biases and prejudices, you may not make decisions based on the best interest of the child. It is important to identify and acknowledge situations and circumstances that might trigger our own biases and those of the public so that in addressing them, we can lessen their impact on our actions and decisions.

To ensure ethical practice around adoptive placements, the following principles should guide all adoptions:

- The primary focus in adoption should be the child's or youth's needs (rather than the needs of the adults or parents). All adoption decisions should be made based on the child's or youth's best interests over their entire life.
- In cases of foster care adoption, the rights of the birth parents (including fathers and non-custodial parents) should be protected as long as the safety of the child or youth is kept paramount.
- Before adoption is pursued, diligent efforts should be made to keep the child with their family. Diligent efforts to find relatives and like-kin, of both mothers and fathers, should be undertaken early in the process.
- The child to be adopted has a right to be consulted about the adoption. Agencies should provide children with services to prepare them for adoption.
- Team decision-making regarding adoption placement options should be used to help reduce the influence of personal bias in placement decisions.
- Every agency should make every effort to find an adoptive family for all children who do not have a permanent family resource, regardless of the child's age.
- The child has a right to maintain safe connections with important people, including siblings and other relatives, former foster parents, like-kin, and others, and places from their past.
- The adopted child has a right to information about their birth parents and history.
- Every child should be placed with a family that recognizes the preservation of the child's ethnic and cultural traditions and connections as an inherent right.
- Adoptions that include racially and culturally diverse parents and children are common and can come with different challenges. This requires adoption professionals to be aware of their own cultural identity and be sensitive to the views, attitudes, beliefs, and practices of other cultures.
- Adoptive families have a right to complete, accurate, and written background information about the child, including history, past experiences, and special needs.
- There should be no exclusions of categories of adoptive parents based on age, race or ethnic background, gender, family size, marital status, health or disability status, or LGBTQIA+.
- Agencies must ensure that adoptive and birth families receive ongoing supportive services either by providing those services themselves or connecting families with other effective service providers. These services and supports must be provided in cases of disruption and dissolution.

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Questions and Reflections

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

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Homework Reminder

As we wrap up for today and this week, continue to think about everything we discussed that relates to Permanency Planning Services.

As a reminder, you have a few homeworker assignments from this week of training:

- Review the Initial Safety Provider Assessment (DSS-5203) and Kinship Care Comprehensive Assessment (DSS-5204) with your supervisor, discuss their use, and review completed assessments. Spend some time with your supervisor discussing any questions or observations you have now that you have looked at some live documents.
- Review a completed Family Reunification Assessment (DSS-5227) with your supervisor. Discuss the case and the reunification plan with the worker who is assigned the case and, if possible, participate in a child and family team meeting on that case.

When we begin our training next week, we will take a few moments to review the assignments you completed while you are back at your agencies.

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Placement Considerations

Permanency Planning workers must consider many factors that influence placement-related decisions. As you are making placement decisions with the family, the child's safety needs to be at the forefront. Beyond safety, you should consider factors such as:

- Family preference
- Sibling placement
- Placement with relatives and fictive-kin
- Cultural considerations
- Strengths and needs of the child
- Ability of the placement resource to meet the child's needs
- Location of the child's school and educational stability
- Continued connection to community
- Other needs as appropriate

When identifying potential placement options for children, North Carolina law and policy requires that placement with relatives, fictive-kin, the child's former foster parent who was deemed appropriate, or other persons with legal custody of a sibling, must be considered for children who are removed from their homes and in the custody of a county child welfare services agency. Placement with a legal custodian of a sibling must be considered after all relatives have been excluded. Placement with fictive-kin and former appropriate foster parents must be considered after all relatives and any legal custodians of siblings have been excluded. Once you have exhausted these options, you should consider other licensed foster care placements.

Relatives

Kinship is the self-defined relationship between two or more people and is based on biological, legal, and/or strong family-like ties. When children cannot be assured safety in their own homes, the best alternative resource can often be found within the extended family and other kin.

In keeping with Federal law, North Carolina law and policy require that, when a child must be removed from their home, the county DSS Director shall give preference to an adult relative or other kin when determining placement provided that (1) the placement is assessed by the agency to be in the best interests of the child in terms of both safety and nurture; and (2) the prospective caregiver and the living situation are assessed and determined to meet relevant standards.

Consideration of relatives and fictive-kin for placement is not only required in policy and federal law, but it also leads to better safety, permanency, and well-being outcomes for children and families. Research shows that when children are placed with relatives and fictive-kin and are supported to maintain connections to relatives, they experience:

- Less trauma
- Stronger cultural identity and connections
- Greater placement stability

- Achievement of permanency more quickly
- Lasting permanency

Siblings

Siblings must be placed together, whenever possible, unless contrary to the child's well-being or safety. Maintaining and strengthening sibling bonds is a key component to child well-being and permanency outcomes and research has found that when siblings are placed together there are many benefits, including:

- Provides positive support to each sibling
- Serves as a protective factor for children's mental health
- Improves children's school performance
- Better attachment and closeness to placement resources
- Improves adjustment and adaptation to the placement home, which is in part due to children worrying about their siblings in other foster homes or those remaining with their families
- Increases the likelihood of achieving permanency and stability
- Higher rates of reunification, adoption, and guardianship

Placing siblings in the same home should always be the priority. To be separated from siblings adds to the impact of loss and trauma. When siblings can remain together in an out-of-home placement, there can be a greater sense of continuity in the family. Frequently, older children will have had some responsibilities for caring for younger siblings when in their own homes, and they may feel worried and protective regarding these siblings if separated from them. Likewise, younger siblings may have looked to their older siblings for comfort and guidance.

Because it is important to place siblings together, the agency shall recruit and prepare foster families who are willing to take sibling groups. Foster families need special preparation regarding issues of sibling relationships among children in foster care, as well as the impact of separation and loss on those relationships.

Identifying placement providers that are willing and able to take placement of siblings should be a priority. Some strategies will help you to recruit and support families who can care for sibling groups, including:

- Help families assess their capacity to care for a sibling group so they can be better prepared
- Ensure families who care for sibling groups receive information and access to sufficient resources, such as family support groups, sibling camps, individual and family therapeutic services, and respite care
- If siblings must be separated in an emergency placement, review the case as soon as possible and frequently to plan for how the siblings can be placed with the same family

Licensed Foster Care Placement

If a relative or non-relative kin cannot be identified as an appropriate placement resource for the child, a licensed foster care placement must be chosen for the child. The full list of licensed foster care placement resources in North Carolina can be found in your Participant Workbook on the page titled "Placement Settings in North Carolina". When selecting a licensed foster care placement, you must

consider a resource that ensures the child is placed:

- In the least restrictive setting
- In the most family-like setting available that best meets the needs of the child
- In proximity to the parent's home
- In a setting that is consistent with the safety and best interests, strengths, and special needs of the child

Keep in mind that Foster Home Licensing Workers are often the ones who are most familiar with the strengths of licensed foster parents and often play a critical role in determining which homes can meet the needs of the children coming into care. The social worker that is making the placement should communicate with the licensing worker as soon as possible to ensure the most appropriate placement made for the child from the very beginning.

No matter the placement resource, the provider must be carefully evaluated and prepared prior to placement to help assure the child will remain in that placement until reunification or another permanent home is achieved.

Placement Considerations for Special Populations

Youth with unique needs will require additional thoughtfulness and planning for their placement needs. Some of these youth include those that identify as members of the LGBTQIA+ community, substance-affected infants, children who are considered medically fragile, and pregnant and/or parenting teens. Each of these groups, just like their peers, are entitled to placement in the least restrictive, most family-like setting close to their parent's homes.

LGBTQIA+ Children and Youth

Children and youth who identify as lesbian, gay, bisexual, transgender, queer, intersex, and intersex, or LGBTQIA+, deserve the same opportunities for growth and learning as their non-LGBTQIA+ peers, yet they often face misunderstanding, discrimination, and rejection. When you are working with LGBTQIA+ youth, there are several considerations for placement, as well as caregiving approaches that the placement provider for the child must consider. As we have already discussed, it is important to include the youth in planning for placement. In doing so, you use respectful language and behaviors, such as:

- Avoid making assumptions about the youth's sexual orientation, gender identity, and gender expression, or SOGIE.
- Use gender-neutral language when communicating with the youth and avoid language that presumes all youth are heterosexual, cisgender, or gender nonconforming (GNC)
- Defer to the youth about the language they use to describe their SOGIE.
- If the youth uses an unfamiliar term, respectfully ask what the term means to the youth.
- Use the name and pronoun the youth specifies when interacting with them, regardless of the name on the youth's identity documents or legal documents associated with any court proceedings.
- If you are unsure of the pronouns a youth uses, you should respectfully ask.

When you are identifying potential placement resources for the youth, regardless if the placement is with a relative, fictive-kin, or non-relative, you should ensure the placement will:

- Offer developmentally appropriate approaches that affirm the youth's identity
- Identify and work to reduce sources of distress for the youth
- Engage the youth's parents, guardians, and caretakers
- Consider school and community interventions, services, and support that may be helpful for the youth
- Use LGBTQIA+ inclusive language related to family and relationship status.
- Permit youth to dress and present themselves in a manner consistent with their gender identity and individual expression.
- Make and enforce the same grooming rules and restrictions, including rules regarding hair, makeup, shaving, etc. for all youth, regardless of SOGIE status. This does not prohibit caregivers, such as foster parents, from establishing rules regarding the appropriateness of certain clothing and grooming items for the home, school, or other venues, but such rules must be applied consistently for all youth and not imposed to address or target an LGBTQIA+ or GNC youth's freedom of expression.

County child welfare agency staff should limit disclosure of confidential information related to a youth's LGBTQIA+ status to information necessary to achieve a specific beneficial purpose. When working with children and youth who identify as LGBTQIA+, child welfare workers should:

- Regard children and youth as the principal owners of information related to their sexual orientation, gender identity, and expression and should actively involve them in decisions related to any disclosure of this information. Keep in mind that the child or youth may not have disclosed their sexual orientation, gender identity, and gender expression to their family or placement provider, so caution should be used.
- Identify and document a specific rationale related to the child or youth's interests for every decision to disclose information related to their sexual orientation or gender identity.
- Consider adopting additional measures to prevent inappropriate or harmful disclosure of information related to a child or youth's sexual orientation, gender identity, or gender expression.

Substance Affected Infants

The Child Welfare Manual defines a substance-affected infant as:

- An infant who has a positive urine, meconium, or cord segment drug screen with confirmatory testing in the context of other clinical concerns as identified by current evaluation and management standards.
- An infant whose mother has had a medical evaluation, including history and physical, or behavioral health assessment indicative of an active substance use disorder during the pregnancy or at the time of birth.
- An infant that manifests clinically relevant drug or alcohol withdrawal.
- An infant affected by Fetal Alcohol Spectrum Disorder (FASD) with a diagnosis of Fetal Alcohol Syndrome (FAS), Partial FAS (PFAS), Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (NDPAE), Alcohol-Related Birth Defects (ARBD), or Alcohol-Related Neurodevelopmental Disorder (ARND)
- An infant who has known prenatal alcohol exposure when there are clinical concerns for the infant per current evaluation and management standards.

Substance-affected infants may have complicated care needs that require a great deal of time to manage. Any placement provider that a substance-affected infant is placed with must have the capacity to commit to attending the varied appointments for the substance use disorder treatment needs of the infant. Additionally, services the placement provider may need to provide, coordinate, or attend, include:

- Developmental screening and assessments
- Early intervention services
- Medical services needed to meet the ongoing health needs of the newborn
- Home visiting programs with the child's parents
- Providing a calm environment in their home with low lights, sounds, minimal stimulation (no mobiles or bright colors), and slow transitions
- Using consistent, calming techniques for infants by swaddling blankets tightly around them and using a pacifier

Medically Fragile Children

There is no universally accepted definition of medically fragile children, sometimes referred to as children with special healthcare needs. These terms generally refer to children who require complex health procedures, special therapy, or specialized medical equipment and supplies to enhance or sustain their lives. Children who are considered medically fragile are those who:

- Born with or developed moderate to severe medical issues
- May have medical concerns due to neglect or abuse
- Require varying levels of care, often through nursing staff

Medically fragile children may require additional equipment and supplies including IV poles, feeding pumps, hospital beds, medical supplies, and medications.

Children and youth with any level of medical needs are best served by specially selected foster families when they must be cared for outside of their own relatives or fictive-kin. Placement providers for medically fragile children must be able to meet the child's specialized physical health needs. These providers often need to assist with the child's personal hygiene, dressing, feeding, monitoring and operating medical equipment, and assistance with any medical-related needs. Providers who take placement of medically fragile children must be specially trained by health care professionals to manage the special health care needs of the child. Often, these families must be certified in CPR and first aid, as well as receiving specialized medical training for the diagnosis of the child. Families that provide care for medically fragile children also benefit from additional support through respite care, support groups, community healthcare resources, and in-home care.

Children with Disabilities

Children with disabilities may be diagnosed with an intellectual disability or a developmental disability. Intellectual disability refers to a group of conditions in which there is limited cognitive capacity, significantly reduced adaptive skills, and onset before 18 years of age. Developmental disability is a severe and chronic disability that may affect cognitive and/or physical functioning and has an onset before 22 years of age. Youth with disabilities experience greater placement instability than their non-disabled peers and children with medical and developmental needs are more likely to experience longer stays in placement, less likely to be reunified with their parents, more likely to experience placement mobility, and more likely to be placed in more types of out-of-home placement, such as foster homes, group homes, and congregate care settings, than their peers without medical and developmental needs.

The considerations for placement providers for children with disabilities are not that dissimilar from the considerations for medically fragile children. These placement providers will also require training and significant time to attend to the complex needs of children with disabilities. These providers must be specially selected when children cannot be cared for by relatives for fictive-kin and they must receive much of the same specialized training as providers that care for medically fragile children.

Pregnant and/or Parenting Teens

Youth in care who are pregnant or parenting face additional challenges, including increased placement instability, increased likelihood of experiencing homelessness or poverty, and an even greater strain on their ability to have normal adolescent experiences. Pregnant and parenting teens often face challenges balancing their school, work, and home lives with being a new parent. Teen

parents are at increased risk for dropping out of school, unemployment, poverty, mental health needs, and childcare concerns. Ensuring that adolescent parents receive adequate social, emotional, medical, and academic support is essential to the parent and their child's future.

Addressing the unique needs of these youth, preventing child abuse and neglect of their children, and reducing disparate outcomes requires child welfare systems to provide equitable access to a wide range of evidence-informed and trauma-informed services that are responsive to the developmental needs of both young parents and their children. Pregnant and parenting teens in foster care need support to finish school, become self-sufficient, address their trauma, receive help for any mental health needs, and prevent additional pregnancies.

Placement providers who care for pregnant and parenting teens will be a vital support person in their lives and will be key in helping youth achieve positive outcomes. Placement providers can ensure the healthy development of pregnant and parenting teens and their child(ren) by:

- Ensuring the teen receives consistent medical attention, including prenatal and postnatal care, increases the likelihood of a healthy birth.
- Providing support that promotes age-appropriate developmental goals and addresses relevant mental health needs, including the impact of trauma.
- Providing education related to substance abuse, sexual health, the prevention of second pregnancies, and sexually transmitted infections.
- Encouraging healthy relationships with partners, peers, family members, and other supportive people.
- Promoting self-sufficiency and independent living outcomes for pregnant and parenting teens by helping them obtain high school diplomas/GEDs and pursue additional education and employment opportunities, or job training, depending on their interests.
- Connecting the children of teen parents with developmentally appropriate resources, childcare, and services for the child, including transportation and educational opportunities.
- Helping teens access programs that promote positive parenting and emphasize nurturing as well as age-appropriate discipline.
- Connecting teens to models of good parenting practices and programs that provide education about essential parenting skills and the importance of responsive parenting.
- Offering opportunities to practice parenting skills in a supportive environment.

When considering a placement resource for a pregnant and parenting teen, the provider must have the capacity to commit to providing care, support, and resources to not only the teen but also their child.

Discipline Policy for Children in Agency Custody

Corporal Punishment is not allowed

Children who have been abused or neglected do not respond appropriately to corporal punishment, since often they have already experienced and survived extreme discipline from their parents.

Kinship Care Providers

Kinship care providers may not be aware of the impact of abuse and may be reluctant to agree to a non-corporal punishment policy. The agency shall discuss and formalize a child-specific alternative discipline plan for children in agency custody.

Licensed Providers

Agency policy and practice shall ensure that licensed placement providers are verbally informed of and provided with written policy addressing the following issues regarding discipline:

- Child discipline must be appropriate to the child's chronological age, intelligence, emotional make-up, and experience
- No cruel, severe, or unusual punishment shall be allowed
- Corporal punishment is prohibited
- Deprivation of a meal for punishment, isolation for more than one-hour, verbal abuse, humiliation, or threats about the child or family will not be tolerated

Voluntary Placement Agreements (VPA)

Voluntary Placement Agreements (VPA) should not be used in cases of abuse or neglect. A VPA may be appropriate when:

- a parent or guardian is requesting time-limited placement due to a family crisis; or
- the Court orders a parent to arrange for placement for a child adjudicated delinquent or undisciplined

The agreement shall be signed by the agency representative and the parent or guardian. A VPA does not confer on the agency the degree of authority and control that judicially obtained legal custody confers. A VPA cannot exceed 90 consecutive days without a court hearing that results in a judicial determination that the placement is in the best interests of the child.

Kinship Guardianship Assistance Program (KinGAP)

What: Legal guardianship is granted to an individual who demonstrates a strong commitment to permanently caring for youth between the ages of 14-17 and who demonstrates a strong attachment to the prospective legal guardian. Monthly cash assistance begins the month after legal guardianship is established.

When: Court determines that reunification and adoption are not appropriate permanency options for a youth 14-17 years old who is the placement responsibility of a County DSS and has been placed in the licensed foster home of the prospective guardian for a minimum of 6 months.

Engaging and Supporting Youth in Placement

All young people should be active participants in shaping their lives and directing their futures. This approach, known as authentic youth engagement, works when young people and supportive adults work together as partners.

Young people are the experts in their own lives and should be fully engaged in decision-making that affects them — from leading their own case planning to partnering with system leaders to improve child welfare policy and practice. Authentic youth engagement builds individual leadership skills, strengthens meaningful relationships, and leads to effective solutions. Youth should be continuously and effectively engaged by positive adults who can help them build important life skills, such as reasoning and decision-making. When young people are authentically engaged, they feel heard, respected, valued, trusted, appreciated, empowered, safe, and comfortable.

One of the best ways to ensure services are well-designed to meet the youth's needs is to have youth help shape their service design and delivery approaches. By engaging them in this process, you will also deepen their engagement and demonstrate that you recognize and value their perspectives and experience and see them as partners.

Young people should receive developmentally appropriate information about the policies and procedures related to the services they receive and the expectations for their role in their own care. Youth-adult partnership treats young people as equal partners, cultivates trust, enables young people to build self-esteem, and supports the development of problem-solving and leadership skills they will need in adulthood.

Youth-adult partnership requires sharing information, having honest conversations, respecting varied experiences and opinions, and setting clear expectations about roles and decision-making. Youth should be engaged in:

- Planning for placement
- Assessing their strength and needs
- Identifying relatives, fictive-kin, and others with who they have or would like to have a connection with
- Developing their goals and objectives in the Family Services Agreement
- Discussions around their education and employment opportunities
- Planning for their successful transition to adulthood
- Decisions around service delivery, case planning, and permanency

Applying the Reasonable and Prudent Parent Standard

The Reasonable and Prudent Parent Standard improves normalcy for children living in out-of-home care. The Reasonable and Prudent Parent Standard is the “standard characterized by careful and sensible parental decisions that are reasonably intended to maintain the health, safety, and best interests of the child while at the same time encouraging the emotional and developmental growth of the child that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the state to participate in extracurricular, enrichment, cultural, and social activities.” Simply put, this is sensible parenting. It allows out-of-home providers to make decisions on a day-to-day basis that will not delay a child from having normal experiences. Every decision is particular to the child and the situation.

Normalcy is the ability to easily take part in activities that promote well-being, personal growth, and development, such as social, scholastic, and enrichment activities. The Standard promotes normalcy for children in care by allowing them to pursue their interests, do the same activities as their peers, build skills for their future, and build a caring relationship with out-of-home care providers. This takes place while keeping the health, safety, and best interest of the child as the priority. We need to promote normalcy for all children in out-of-home care, no matter their permanence status, or placement setting. Their childhood should not be limited because they are in out-of-home care.

The following are considerations that should be made when applying the Reasonable and Prudent Parent Standard.

1. Is this activity reasonable and age-appropriate?
2. Are there any foreseeable hazards?
3. How does this activity promote social development?
4. How does this activity normalize the experience of foster care?
5. Will this activity violate a court order, juvenile justice order, safety plan, case plan, treatment plan, or person-centered plan (PCP)?
6. Will this activity violate any policy or agreement of my licensing agency or the child’s custodial agency?
7. If appropriate, have I received consultation from my case worker and/or the child’s caseworker?
8. If able and appropriate, have I consulted with this child’s birth parents about their thoughts and feelings about their child participating in this particular activity?
9. Will the timing of this activity interfere with a sibling or parental visitation, counseling appointment, or doctor’s appointment?
10. Who will be attending the activity?
11. Would I allow my birth or adopted child to participate in this activity?
12. How well do I know this child?
13. Is there anything from this child’s history (e.g. running away, truancy) that would indicate he may be triggered by this activity?
14. Does this child have any concerns about participating in this activity?

15. Has this child shown maturity in decision-making that is appropriate for his age and ability?
16. Does this child understand parental expectations regarding curfew, approval for last minutes changes to the plan, and the consequences for not complying with the expectations?
17. Does this child know who to call in case of an emergency?
18. Does this child understand his medical needs and is he able to tell others how to help him if necessary?
19. Can this child protect himself?
20. When in doubt, refer to number 7.

Adapted from Florida's Caregiver Guide to Normalcy

Reasonable and Prudent Parenting Activities Guide

The Reasonable & Prudent Parenting Standard is a requirement for IV-E agencies per Federal Law PL 113-183 and it became SL 2015-135 in North Carolina. The reasonable and prudent parent standard means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of North Carolina to participate in extracurricular, enrichment, cultural, and social activities. Normal childhood activities include, but are not limited to, extracurricular, enrichment, and social activities, and may include overnight activities outside the direct supervision of the caregiver for a period of over 24 hours and up to 72 hours.

This tool is a guide to identify what activities caregivers have the authority (including signing permissions/waivers) to permit a child or youth's participation without the prior approval of their local child welfare agency or licensing agency. The first column in the table shows a category of activities, the second column identifies specific activities within that category that a caregiver has the authority to give permission (or sign whatever might be a part of the activity) without obtaining the agency's approval. The third column identifies those activities that do require the agency's or court's approval.

It is important to realize this is simply a guide as to who has the authority to provide permission. It does not automatically mean that every foster child or youth can participate in any of these activities. It does mean that a reasonable & prudent parent standard is applied in making the decision. The standard is applied to each child and youth individually, based on the totality of their situation. One tool that can be used by caregivers to help apply critical thinking in making these decisions is the Applying the Reasonable & Prudent Parent Standard.

Child Activity Category	Examples of normal Childhood Activities caregivers can approve independently	Examples of childhood activities the local child welfare agency or licensing agency must approve or obtain a court order
Local child welfare agency or licensing agency approval or new court order is needed anytime an activity conflicts with any court order or supervision/safety plan.		
Family recreation	<ul style="list-style-type: none"> • Movies • Community events such as a concert, fair, or food truck event • Family Events • Camping • Hiking • Biking using a helmet • Other sporting activities using appropriate protective gear • Amusement park • Fishing (must follow NC General Statute Chapter 113: Anyone over age 16 must have a license) 	<ul style="list-style-type: none"> • Any of these events or activities lasting over 72 hours • Target Practice (gun, bow and arrow, crossbow at either formal range or private property) must have local child welfare agency approval and be supervised by an adult age 18 or over, abiding by all laws.
Water activities (children must be closely supervised and use appropriate safety equipment for water activities)	<ul style="list-style-type: none"> • Structured water activities with trained professional guides and /or lifeguards: river tubing, river rafting, water amusement park, swimming at community recreation pool. • Unstructured water activities with adult supervision: boating wearing a life jacket, swimming 	<ul style="list-style-type: none"> • Any of these events or activities lasting over 72 hours
Hunting (using a gun, bow and arrow)		<p>Must have local child welfare agency approval, should have biological parent approval, and would require the following:</p> <ul style="list-style-type: none"> • Child/youth must take the NC Hunter's Safety Class • Supervision by a person at least 18 years old or over, who has also taken the above safety course • Documentation that the requirements are met and provided to the local child welfare agency in advance
Social, extra-curricular activities	<ul style="list-style-type: none"> • Camps • Field Trips • School-related activities such as football games, dances • Social church activities • Youth Organization activities such as Scouts • Attending sports activities • Community activities • Social activities with peers such as dating, skateboarding, playing in a garage band, etc. • Spending the night away from the caregiver's home 	<ul style="list-style-type: none"> • Any of these events or activities lasting more than 72 hours • Target Practice (gun, bow and arrow, crossbow at either formal range or private property) must have local child welfare agency approval and be supervised by an adult age 18 or over, abiding by all laws. • Playing on a sports team such as school football would require both the birth parents' approval and the local child welfare agency's approval

<p>Motorized activities</p>	<p>Children and caregivers must comply with all laws and use appropriate protective/safety gear. Any safety courses that are required or available to operate any of the vehicles/equipment listed must be taken.</p> <p>Children <u>riding in</u> a motorized vehicle with an adult properly licensed if required including but not limited</p>	<ul style="list-style-type: none"> • Children may not be a passenger on a lawnmower.
	<p>to:</p> <ul style="list-style-type: none"> • Snowmobile • All-terrain vehicle • Jet ski • Tractor • Golf cart • Scooter • Go-carts • Utility vehicle • Motorcycle <p>State laws must be followed regarding operating motorized equipment or vehicle including but not limited to the:</p> <ul style="list-style-type: none"> • Snowmobile • All-terrain vehicle (must be 8 years of age to operate and anyone less than 12 years of age may not operate an engine capacity of 70 cubic centimeter displacement or greater; no one less than 16 may operate an engine capacity of 90 cubic centimeter displacement or greater and NO ONE under 16 may operate unless they are under the continuous visual supervision of a person 18 years or older per NC § 20- 171.15) • Jet ski (maybe 14 years of age with boating safety certification, otherwise must be 16 or older-NC § 75A-13.3) • Tractor (must be 15 to operate NC § 20-10) • A golf cart (must be 16 to operate NC § 153A-245) 	
	<ul style="list-style-type: none"> • Scooter/Moped (No one under age 16 may operate a moped and no license is required in NC § 20-10.1) • Go-carts • Utility vehicle • A lawn mower may not be operated by anyone below the age of 12 • Motorcycle (No one under 16 may acquire a license or learner's permit. No one less than 18 may drive a motorcycle with a passenger. NC § 20-7) 	

Driving	<p>The following persons can be the required second signature for a youth's permit or license:</p> <ul style="list-style-type: none"> • Youth's parent or guardian • A person approved by the parent or guardian • A person approved by the Division • Specifically for children in custody: Guardian ad litem or attorney advocate; a case worker; or someone else identified by the court of jurisdiction <p>The youth who is 16 or older may acquire insurance and is responsible for the premium and any damages caused by the youth's negligence.</p> <p>This does not preclude a foster parent from adding youth to their insurance.</p> <p>A driver's permit is required to "practice" driving in NC and cannot be obtained before age 15.</p>	
Travel	All travel within the United States less than 72 hours	<ul style="list-style-type: none"> • All travel more than 72 hours • All travel outside the country
Employment, babysitting	<p>Youth 14 years and older and following NC § 95-25.5.</p> <ul style="list-style-type: none"> • Interview for employment • Continuation of current employment • Does not interfere with school <p>*Sexually aggressive and physically assaultive youth may not babysit other children</p>	Youth is 13 years or younger
Religious participation	Attend or Not attend a religious service of the child's choice	Notify the worker when the child and the biological parent and/or foster parent's choices conflict.
Cell phone		This is a collaborative decision between the placement provider, the local child welfare agency worker, and the youth.
Child's appearance	<ul style="list-style-type: none"> • Interventions requiring medical treatment for lice and ringworm 	<ul style="list-style-type: none"> • When the child and biological parent's choices conflict such as with perms, color, style, relaxers, etc. • Ear piercings must include the child's parent in the decision • Permanent or significant changes including but not limited to: <ul style="list-style-type: none"> ○ Piercing (Per NC § 14-400 it is illegal for anyone under 18 to receive a piercing (other than the ears) without consent of custodial parent or guardian. ○ Tattoos (Per NC § 14-400 it is illegal for anyone under 18 to receive a tattoo.)
Leaving the child home alone		<ul style="list-style-type: none"> • The issue of being left alone (in any situation) needs to be discussed and agreed upon in CFT.

*Adapted from Washington State Caregiver Guidelines for Foster Childhood Activities

Identifying and Notifying Relatives

County child welfare agencies must strive to strengthen and preserve the family. Parents must be given a reasonable opportunity to identify and come together with their kinship network to plan for and provide for the safety, care, nurture, and supervision of the child.

Federal and state law requires county child welfare agencies to identify and notify all adult relatives and other persons with legal custody of a sibling of the child within 30 days of the child's removal from their parents or caregivers. This is called diligent search. County child welfare agencies must provide documentation of those efforts to the court. The county child welfare agency must thoroughly search for relatives, and when it is safe and appropriate, children must be placed with relatives.

North Carolina defines a relative as an individual directly related to the child by blood, marriage, or adoption. The county child welfare agency must make diligent efforts to notify the following people within 30 days after the initial order removing custody:

- Adult relatives and kin suggested by parents
- Adult maternal and paternal grandparents, aunts, uncles, siblings, great-grandparents, nieces, and nephews.
- All parents of a sibling where such parent has legal custody of such sibling
- Relatives and other persons with legal custody of a sibling

Diligent searches for parents and relatives include, but are not limited to, all forms of verbal or written contact, including:

- Sending correspondence to all previous addresses
- Calling all previous telephone numbers
- Contacting motor vehicle registration
- Requesting a record check from local law enforcement
- Contacting prisons and state hospitals
- Contacting all known relatives, including custodial parents of siblings, friends, and previous employers
- Checking the telephone directory
- Contacting utility and telephone companies
- Checking child support records
- Making historical systems check through the CPS system

The following are the relative notification forms:

- Relative Notification Letter (DSS-5317)
- Relative Interest Form (DSS-5316)

When you receive the Relative Interest Form, you should follow up with relatives to discuss their desires and options in becoming resources for placement and/or support for the child and their family.

The following must be included in relative notifications:

- That the child has been removed from the custody of the parent

- The options the relative has under federal, state, and local law to participate in the care and placement of the child
- The options that may be lost by failing to respond to the notice
- The requirements to become a family foster home
- The services and supports that are available for children in a foster home
- How relative guardians of the child may receive kinship guardianship assistance payments if the county child welfare services agency has elected to offer such payments.

Relative notification is an ongoing process and documentation must include the agency's ongoing efforts to locate and notify relatives. At least once a month throughout the case, you must inquire with parents and children about extended family members. This conversation should include:

- Knowledge of names and when they were last seen
- Location, including addresses and contact information
- Any contacts that were made through telephone, texting, or social media
- Information about their relationship with the relative, such as their history with the relative and the support the relative may be able to provide

The following are some strategies you can use to identify and locate relatives:

- Interviewing the child and the child's parents or caregivers about the child's relatives and their preferences for placement
- Interviewing all known family members, maternal and paternal, including children, and fictive-kin and/or close friends
- Using family decision-making meetings, such as Child and Family Team (CFT) meetings, to ask participants to help identify other relatives of the child
- Contacting identified relatives and requesting names of other relatives, divulging only information necessary to help identify additional relatives and assess their interest in accepting placement of the child or providing connections
- Accessing the services history in NC FAST or internal county agency databases, such as child welfare and child support
- Closely reviewing the case record to identify and record names
- Utilizing internet-based search tools, like using www.Zabasearch.com; www.msn.com (White Pages); www.USSEARCH.com; www.facebook.com or other social media sites
- Search the North Carolina court calendar by name: <https://www.nccourts.gov/court-dates>
- Search the North Carolina criminal offenders database: <https://www.ncdps.gov/dps-services/crime-data/offender-search>

You should work with the child's parents and caregivers to notify relatives and fictive-kin they have suggested, in addition to pursuing those close relatives that are mandated to receive notification. Inform parents of the requirement to notify relatives beyond those they have identified. Parents may be able to provide the necessary background and history of these relatives to assist you in determining their suitability. Keep in mind that additional relatives and kin may be identified or come forward later in the case and should be afforded the same information and notification as those relatives identified earlier in the case.

The goal of identifying extended family members or other fictive-kin is to promote connections for the child and to create more options for support and planning for the family, parents, and child. In addition, notifying relatives ensures that they are given consideration and an opportunity to be placement resources and/or to be able to participate in the child's care plan.

Frequency of Contacts During Provision of Permanency Planning Services

Worker	Type of Contact	With Whom	Frequency
Permanency Planning Worker	Face-to-Face	Child, Child's Parents/Caregivers, and Placement Provider	<p>Face-to-face contact with the child and at least one placement provider (if more than one resides in the home) must occur within 7 days of initial and subsequent placements.</p> <p>Face-to-face contact must be made with all parents or caregivers within 7 days of initial placement</p>
Permanency Planning Worker	Face-to-Face	Child	<p>At least once monthly (which includes alone time)</p> <p>The majority of the visits (4 out of 6) must be held in the child's residence</p>
Permanency Planning Worker	Face-to-Face	Placement Provider (licensed or kinship)	<p>Monthly, with at least one placement provider (if more than one adult caretaker resides in the home)</p> <p>At least once per quarter with both spouses and any other adult caretakers who reside in the home</p>
Permanency Planning Worker	Type Not Specified	Collaterals (persons significant to the child's case other than placement providers)	Contact when indicated by the child and family's needs
Permanency Planning Worker	Face-to-Face	Child's Parents	<p>Face-to-face contact with all parents or caregivers at least monthly, if reunification is the primary or secondary plan</p> <p>If the parent is living in a home to which the child could be returned, half of these contacts must be held in the parent's home (3 out of 6)</p>
Foster Home Licensing Worker	Face-to-Face	Placement Provider	<p>Minimum of quarterly, with at least half of these visits occurring in the foster home</p> <p>Coordinate with Permanency Planning workers whenever possible</p>

Busting Barriers to Family Time

The following strategies to help you facilitate Family Time. Many of these strategies will support facilitating Family Time in the least restrictive and most natural environment for the child and their parent.

Family Time in the foster home:

- Allows the parent to observe a positive approach to childcare and allows the child to see all those who care for them as allies
- Promotes a sense of partnership between the placement provider and the child's parents and is a potential permanent resource for the future

Family Time at school or in daycare:

- Most children would welcome lunch with their parents, which is something most schools allow and encourage
- Allows parents to learn about this important aspect of their child's life and meet their child's teacher or daycare provider

Include parents in regular appointments:

- Participating in doctor or dentist appointments allows parents an opportunity to take responsibility for medical concerns and keeps them informed
- May reassure the child, who may be fearful about the appointment.

Take Family Time outside:

- Parks, playgrounds, fast-food restaurants, and other places allow for Family Time that more closely resembles normal parent-child interaction

Concerns with the child's behavior or reactions before and after Family Time:

- Where children exhibit concerning behavior, seek out mental health professionals to help interpret the emotions and reactions children may exhibit before deciding to modify the Family Time

Incarcerated parents:

- At every age, children need to be able to see and have contact with their parents. When parents are incarcerated, it can be challenging to overcome the many barriers to keeping children and their parents connected. The role of caregivers and caseworkers in helping to keep these connections in place is especially important in the face of parental incarceration. Without a supportive caregiver and the opportunity for regular contact, it will be hard for the parent-child relationship to stay strong.
- The known is always easier than the imagined. When possible, be truthful with children about their parents' whereabouts. This may mean different explanations at each stage of development, but truthfulness minimizes anxiety at any age
- Show children pictures and videos of their parents and vice versa
- Have children write letters to their parents and read them letters their parents have sent them
- Prepare children for what to expect at the facility. Talk with children about the facility, its rules, and why they need to respect the rules

- Use technology. Some facilities have tablet programs with communication apps for families

Recruit volunteers:

- Recruit volunteers as Family Time Specialists. Transportation and the need for supervision should not limit the opportunity for Family Time. Volunteers may also become role models and mentors.

Facilitating Quality Family Time

The quality of time a parent spends with their child is critical for the strength of relationships of all families, especially a family involved with the child welfare system. Likewise, many factors may affect the quality of time a parent and child spend together. This includes who is present, where the time together is spent, how the time together is spent, whether attention is focused or divided, the ability of the parent or child to be emotionally present, the physical health and social, emotional, and psychological health of a parent or child, and numerous other stressors or stimuli.

Be mindful that removal, even when necessary and for short periods, is traumatic to both children and their parents. Although there is no generally accepted way to structure Family Time to optimize chances for reunification, families that spend time together regularly have a greater likelihood of timely reunification, and frequent family connections may also decrease depression, anxiety, and externalizing problem behaviors in children. While there is variation in how child welfare agencies approach Family Time, typically the goal is to increase the number and length of Family Time while reducing agency oversight until the family is ready for reunification. The following are strategies to help plan for, prepare, facilitate, and address after quality Family Time occurs.

Planning for Family Time:

- Take all steps necessary to assure the parent that family time will be a top priority before removal.
- Arrange the family time as soon as possible after removal. Given the trauma that removal causes both children and their parents, it is important for family time to occur as soon as possible, ideally within 24 to 48 hours, unless there is a clear and present safety threat to the child. The actual timing may depend on the parents' circumstances and safety factors.
- Family time should occur as often as possible, especially at the outset. As family time continues, the age of the child is a significant factor in determining how often children should see their parents. Infants and young children may need short visits daily or every other day to maintain their connection with a parent; young children of school age may need slightly less frequent visits if they can connect with parents on the phone each day. And older school-aged children and teens may be able to go a few more days between visits as longer time with parents once or twice a week may work better.
- Speak with the parents as early as possible to identify family members, friends, or other trusted adults the parents may know that can help where supervised visitation may be necessary.
- Ensure that family time is a central part of every case plan.
- Remain aware that frequent Family Time can help reduce trauma to both parents and children and can help the family move toward permanency sooner.
- Understand where and how visits occur to affect the quality of Family Time. Arrange for Family Time to occur in natural and unsupervised environments, absent identified the immediate danger of harm to the child.
- Provide continuity in transportation for visits with the parents. Transportation should be done by the same staff in the same vehicle as much as possible, as routine helps to reduce stress.

- Think of Family Time broadly as involving the parent as much as possible in day-to-day child-rearing activities that allow for parental participation in normal daily experiences of their children's lives, such as school activities, doctor appointments, recreational activities, assistance with schoolwork in the placement home, religious service, and on birthdays and holidays.
- Ensure the Family Time and Contact Plan is individualized, will advance the child's permanency goal, and is guided by both strengths and concerns regarding the child, the parent, and the relationship.
- Routinely review the level of supervision needed for the parent-child relationship and Family Time.
- Identify other primary adult attachment figures in the child's life who can be included in Family Time to help the child feel secure and safe.
- Include ongoing contact, such as virtual and telephone contact, in addition to scheduled face-to-face contact.
- Consider cultural factors in determining the place for Family Time, such as a place of worship or the home of a friend or relative where the family's home language is spoken.

Preparing for Family Time:

- Family time should occur in places that provide as homelike and familiar of a setting as possible, while also maintaining safety.
- The visiting space should be comfortable, clean, and relatively quiet, and include age-appropriate toys and activities.
- Prepare the child and parents by setting realistic expectations, suggesting parenting strategies, and offering guidance on structuring the visit. Acknowledge any fears expressed and reassure the parent and the child.
- Work with the parent to set an intention for each Family Time, clearly identifying a desire or a focus that will strengthen the parent-child relationship. For example, if reunification is the permanency goal consider suggesting the following activities, cuddling and reading together, playing on the floor together, feeding or bathing the child, talking and using words while playing, practicing nurturing interactions, reading the child's cues to match their needs, any family or cultural rituals like hair styling, prayers, or birthday songs.
- Ensure the placement provider is aware of Family Time and will help to prepare the child.
- Encourage the parent to bring toys, food, or meaningful items from home. Encourage the placement provider to send a favorite toy or comfort item with the child.
- Placement providers can also help children prepare for visits and transition afterward. They may transport children to and from visits and, in some cases, monitor the visits or offer ongoing coaching or support to the child's parents. When the placement provider and the child's parents work as parenting partners, both during and outside of visits, the benefits include more normalcy for children, sharing of information, easing of children's concerns about friction between the placement provider and their parent, and a greater chance for successful reunification.

During Family Time:

- What happens during family time depends on many factors, including the identified case goals, the age of the child, how long the visits have been happening, the location of the visit, and even the time of year.
- Family Time and Contact Plans should include a parenting skills component, so the interaction during the visit may be a chance for the parent to practice new ways to engage their child.
- Assess for safety during Family Time
- Whenever possible, and approved by the court, unsupervised Family Time should occur.
- Create opportunities for the parent to accompany the placement provider on a visit to the child's doctor or a school event, which can further enhance the connection between parents and their children.
- Routinely encourage the parent to help the child feel secure and safe.
- Observe interactions between the parent and child to determine if they are developmentally appropriate and to assess the level of engagement.
- Help the parent understand the child's behaviors are connected to their emotions.
- Consider how to assist the parent and placement provider in sharing normal duties of parenting.

After Family Time:

- At the conclusion of each visit, provide additional feedback.
- The transparency of the feedback process helps to build trust between yourself and the parent.
- Discuss with the parent what worked and what needs to be worked on next time.
- Check-in with the placement provider to hear the child's reaction and provide support.

Shared Parenting Benefits

Benefits for the Child

- Consistency of care is more likely
- Child does not have to develop separate alliances
- Child can relax and attend to growing and playing (vs. worrying about the parents)
- Child's needs are more fully met because their foster parents are more fully informed (and vice versa)
- Minimizes the trauma of placement for both children and parents by preserving and nurturing children's relationships with their parents, siblings, and extended family

Benefits for the Child's Parents

- Able to play a role in the child's adjustment to the foster home
- Feel valued through sharing their insights with the foster parents
- Experience decreased anxiety about the care their child is receiving
- Learn new skills for managing difficult behaviors
- Minimizes the trauma of placement for both children and parents by preserving and nurturing children's relationships with their parents, siblings, and extended family

Benefits for the Foster Parents

- Gain valuable information that will ease the child's adjustment to the home
- Child's behavior may improve
- Experience fewer conflicts with the child's parents related to the care of the child
- May be able to continue to play a role in a child's life after reunification
- Helps foster parents make reasonable and prudent parenting decisions that are in line with the child's parents' decisions and/or wishes

Benefits for the Agency

- Reduces worker time needed for transportation and supervision of visits
- Increased placement stability
- Plan for permanence may proceed more quickly
- Establishes trusting relationships by reassuring the child's parents that their children are well cared for
- Creates positive, ongoing connections among everyone involved in caring for the child
- Improves family engagement through the life of the case by immediately demonstrating to the child's parents that social workers can be trusted to follow through on their promises and commitments.

Busting Barriers to Shared Parenting

It is your responsibility to prepare the child's parents and foster parents for shared parenting. This includes mitigating issues or concerns that may arise and supporting shared parenting.

While there are significant benefits to shared parenting, one must be aware of the potential challenges that shared parenting introduces. Challenges such as:

- Initial feelings of anger or resentment by the child's parent towards the foster parent. This anger is often an expression of grief at family separation, the result of feeling judged, or the result of viewing a foster family as a threat to the parent's personal relationship with the child
- Children feeling conflicted by loyalties to both their foster family and their own family
- Potential safety risks for the child or the foster parent, depending on the situation
- Foster parents dislike what the parent did to the child or what the parents allowed others to do to the child

Even though there may be challenges to facilitating and supporting shared parenting, there are several strategies you can use to respond to those challenges and even avoid them, including:

- Ask the foster parents and the child's parents at placement how they would like to meet (consider facilitating a conference call or web meeting if distance prevents a parent from attending a face-to-face meeting)
- Encourage foster parents to take pictures of the child's activities to share with the child's family
- Describe shared parenting meetings in positive terms
- Recognize and talk openly with all about their concerns
- Recognize family strengths
- Share information essential to shared parental responsibilities with foster parents and the child's parents, such as medical information, school progress, goals, and the child's strengths and needs
- Set clear boundaries and ground rules for contact that include input from the child's family, the foster family, and your agency
- Encourage an exchange of information between the child's parents and foster parents
- Encourage the foster parent and the child's parents to attend all school and medical appointments
- Encourage both families to work on the child's life book together with the child
- Encourage both families to attend parenting classes together
- Support the facilitation of Family Time in the foster parent's home and encourage the foster parent to involve the child's parents in normal daily care tasks such as bathing, feeding, reading stories, or tucking into bed
- Initiate discussion with both families about strategies they may use that will support the child's relationship and attachment with their own parents and their foster parents to avoid dividing the child's alliance

It is your responsibility to ensure that the child's parents are aware of all medical appointments and school meetings, and foster parents should be encouraged to invite the child's parents to attend school and medical appointments. If the child's parents are unable to attend an appointment, the

foster parent should provide progress reports to the parent on how their child is performing in school, and at home, updates on any medical information, and other activities. The foster parent can be a wonderful resource for the child's parent, as they can model what others might assume parents know how to do, such as play with the child, encourage positive responses in their child, or how to care for their physical and medical needs. Clear boundaries and ground rules for the contact should be discussed and set with input from the child's family, the foster family, and your agency. The Family Time and Contact Plan can be utilized to help with this discussion.

You must anticipate disagreements and discuss ways that you can work together to resolve them.

Assist the foster parent and the child's parent in managing conflict by:

- Recognizing the fears of all parties
- Focusing on the strengths
- Looking beyond behaviors to identify needs
- Developing interventions to meet needs

What is Permanency Planning?

Permanency is a term used in child welfare to mean a lasting and nurturing family for a child. Permanence is defined as a “positive, nurturing relationship with at least one adult that is characterized by mutual commitment and is legally secure.” Permanency planning for each child involves establishing a goal for permanency, setting tasks required to achieve the goal, and determining the roles and responsibilities of all involved, including the child’s parents, relatives, social worker, children, and other members of the child and family team. When children are placed in out-of-home care, child welfare agencies must find safe, permanent homes for them as quickly as possible.

The Fostering Connections Act of 2008 promotes permanent families by emphasizing the importance of identifying and supporting relative caregivers, increasing incentives for children to be adopted, and providing increased support and planning for older children who exit foster care.

There are many different permanency options for children and their families. Your agency must be committed to a permanent resolution of the child’s foster care status.

Permanent resolutions include:

- Reunification
- Guardianship
- Custody
- Another Planned Permanent Living Arrangement (APPLA) is reserved only for youth ages 16-18
- Reinstatement of Parental Rights (RPR) or
- Adoption

For children and youth in the custody and placement responsibility of the county child welfare services agency, permanence occurs when they have a lasting, nurturing, legally secure relationship with at least one adult that is characterized by mutual commitment. In most circumstances, children can be reunited with their families, but in some cases, children find homes with relatives or adoptive families. Permanency planning promotes a permanent living situation:

- For every child entering the foster care system,
- With an adult with whom the child has a continuous, reciprocal relationship, and
- Within a minimum amount of time.

When helping children and families achieve permanency, child welfare professionals must balance an array of issues, including the needs of the child and the family, as well as legal requirements. For instance, families may be experiencing issues such as substance abuse, mental illness, or domestic violence, which may increase the risk of child maltreatment. Child welfare agencies use a variety of strategies to achieve permanency for children. Permanency planning involves decisive, time-limited, and goal-oriented activities to maintain children within their families of origin or place them with other permanent families.

You must never cease efforts to obtain permanency for children and youth and it is your responsibility to never give up on permanency for children. In child welfare, children will have a primary and secondary permanency goal that you will be simultaneously working to achieve. One of the primary goals of child welfare is to achieve a safe and permanent home for children. It is a generally held

belief in child welfare that children belong with their families. Research and experience tell us that is where most children belong. However, we also believe that children deserve permanence in their lives. If a child's family is not able to provide a safe, stable home for their child, something else must be done. That is why in addition to our primary plan we also construct, with the family, a secondary plan of permanence, also called concurrent planning.

Concurrent Planning

Concurrent planning is a type of permanency planning in which reunification services are provided to the family of the child at the same time that an alternative permanency plan is made for the child, in case reunification efforts are not successful.

Concurrent planning is an approach that seeks to shorten a child's stay in foster care by promoting more than one permanent family solution at a time. While reunification is the primary case plan for a child in foster care, concurrent planning involves the parallel pursuit of an alternative permanency goal, such as adoption or guardianship, that would best serve the child. By considering all reasonable options for permanency as soon as a child enters foster care and pursuing those that would best meet their needs, concurrent planning works to advance the child's best interests and achieve timely permanence. To be effective, concurrent planning requires not only the identification of an alternative plan but also the implementation of active efforts toward both plans simultaneously with the full knowledge of all participants.

Concurrent planning has many goals and benefits. By engaging in concurrent planning, agencies will:

- Expedite sustainable permanency through reunification, kinship care, adoption, or guardianship
- Minimize a child's separation from their parents, relatives, and caregivers while maximizing attachment and permanent connections
- Keep siblings together
- Empower parents by involving them in alternative placement plans when reunification is not possible
- Ensure a child's first placement is the last placement
- Engage a family's relatives and support system immediately for potential placement and permanency plan discussions and actions
- Communicate with parents directly at intake and throughout a case regarding their children's need for permanence, case plan progress, and the agency's concurrent planning policy
- Support child well-being through the ongoing relationship between the child's parents and their placement resource

North Carolina law requires agencies to establish concurrent permanency plans for each child in foster care. County child welfare agencies must make diligent efforts to achieve both the primary and secondary permanent plans. Concurrent planning is required and must continue throughout the life of the case unless one of the following circumstances occurs:

- A permanent plan is or has been achieved; or
- A post-TPR review hearing is held, and a concurrent plan is deemed to not be in the child's best interest. If it is determined to be in the best interest of the child to have a concurrent plan, it must be outlined in the court order.

In concurrent permanency planning, relatives and like-kin should be identified early and assessed for their interest as a possible permanent placement for the child. If the court determines reunification to be inconsistent with the child's health or safety, relatives and like-kin that have been assessed to be appropriate resources for a child may become the permanent placement resource. Adoption by a relative, like-kin, or foster family should always be considered as a secondary permanent plan. If neither reunification nor adoption is possible, custody or guardianship with relatives, kin, or foster parents provides another permanency option. If the juvenile court determines the primary plan is not possible because it is inconsistent with the child's needs for safety and permanence, the secondary plan should be implemented. Agencies must also consider the potential of the first or current out-of-home placement resource to be able and willing to both support reunification efforts and be a possible permanent placement for the child if reunification is not achieved.

Children and families must be engaged in developing the child's concurrent permanency plan. You will develop the secondary permanent plan jointly with the family. Parents and caregivers will participate in the development of the secondary plan during both in-home services and permanency planning services. The secondary plan is discussed with the family and documented on the Family Services Agreement at the time of the development of the plan. This way, there are no surprises for the family. If the services agreement objectives are not met or safety is not achieved and maintained, then the concurrent plan can become effective.

Concurrent planning is a way to keep the concept of permanence in our minds and the family's mind while we work to ensure safe and permanent homes for children. In concurrent planning, you will use the Family Strengths and Needs Assessment and the Family Reunification Assessment, which we will talk about in more detail in a few minutes, to assess and identify if the family is unlikely to achieve reunification. Using these tools, you will assess family strengths while at the same time checking for family dynamics or circumstances that make family reunification unlikely. This approach strives to balance a child's need for permanency with the recognition that parents have the capacity for change.

Successful concurrent planning depends on clear goal setting and time limits in engaging with families whose children are in out-of-home care. It begins with your initial contact with all involved parties and continues throughout the case. It involves the continuous reassessment of the likelihood of reunification or the possibility of an alternative permanent placement for a child, as well as ongoing engagement with the child's family regarding progress toward reunification or concurrent planning. Well-prepared foster and adoptive families help ensure that concurrent planning is a success. Foster families who agree to take part in concurrent planning should be ready for all possible permanency outcomes and be aware of their ability to manage anxiety, stress, and loss. They should also assess what support they may have available from families and friends. When concurrent planning is well-supported and implemented effectively, it can provide an efficient and compassionate approach to helping parents and placement providers work together toward the best interests of the child and expedite permanency.

Permanency Plan Options

The county child welfare services agency must be committed to a permanent resolution of the child's foster care status. Permanent resolutions include:

- Reunification
- Guardianship
- Custody
- Another Planned Permanent Living Arrangement (APPLA)
- Reinstatement of Parental Rights (RPR)
- Adoption

Reunification

To return the child to their parents or caretaker from whom the child was removed.

Reinstatement of Parental Rights

Reinstatement of Parental Rights, or RPR, is a permanent plan that makes it possible for parents who had their rights terminated to have them reinstated under certain strict conditions. Circumstances that would allow this permanency option are very narrow. Three conditions must be met to consider filing a motion for RPR:

1. The youth is at least 12 years of age or if under age 12, extraordinary circumstances exist that warrant consideration of reinstatement of parental rights;
2. The youth does not have a legal parent, is not in an adoptive placement, and is not likely to be adopted within a reasonable period; and
3. The order terminating parental rights was entered at least 3 years prior unless the youth's plan is no longer adoption.

Adoption

To take a child into one's own family by a legal process and raise as one's own child.

Adoption is the permanency plan offering the most stability to the child who cannot return to their parents.

Legal Guardianship (with relatives or other kin)

To be legally placed in charge of the affairs of a minor:

1. The custodian has the authority to make important decisions (marriage; enlisting in the armed forces; school enrollment; any necessary remedial, psychological, medical, or surgical treatment) concerning the child and is not subject to supervision by the social services agency.
2. The child cannot be removed without court proceedings.
3. If the youth is between 14 and 17 years of age, the youth may be eligible for Kinship Guardianship Assistance Program (KinGAP).
4. The child's parents continue to have visitation rights unless visits or parental rights have been terminated by the court.

Legal Custody

To act in a parental role for a minor as outlined by a court order.

1. Legal Custody is less “legally secure” than adoption or guardianship.
2. Legal Custody may be terminated based on a change in circumstances, regardless of the fitness of the guardian.
3. The specific rights and responsibilities of the legal custodian are spelled out in the court order and may be as extensive as that of a guardian or the rights and responsibilities may be limited.

Another Planned Permanent Living Arrangement (APPLA)

To reside in a family setting that has been maintained for at least the previous 6 concurrent months.

1. Other permanency options have been determined to be inappropriate.
2. DSS retains legal custody.
3. This plan shall only be an appropriate primary permanency plan for youth who are aged 16 or 17.
4. The youth and caregiver have made a mutual commitment of emotional support.
5. The youth and caregiver are requesting that the placement be made permanent.

Reasonable Efforts

Family reunification is the planned process of reconnecting children in out-of-home care with their families using a variety of services and supports to the children, their families, and their foster parents or other service providers. It aims to help children and families achieve and maintain, at any time, their optimal level of reconnection from full reentry of the child into the family system to other forms of contact, such as Family Time, that affirm the child's membership in the family.

Child welfare agencies are required to make reasonable efforts to not only prevent the removal of a child from their home but to also safely reunify them with their family. Federal law has long required child welfare agencies to demonstrate they made reasonable efforts to provide assistance and services to prevent removal and to make it possible for a child who has been placed in out-of-home care to be reunited with their family. Reasonable efforts are services and supports that are provided by the child welfare agency to assist a family in addressing the problems that place a child at risk of harm with the goal of preventing the need for foster care or reducing the time the child must stay in an out-of-home placement.

Generally, reasonable efforts consist of accessible, available, and culturally appropriate services that are designed to improve the capacity of families to provide safe and stable homes for their children. These services may include family therapy, parenting classes, treatment for substance use, respite care, parent support groups, home visiting programs, and community-based family support services. Reasonable efforts also refer to the activities of social workers, including assessing for safety and quality contacts with children and families, that are performed on an ongoing basis to ensure that parents and other family members are participating in needed services and are making progress on the family's goals.

When the court determines that reunification is not in the best interests of the child, efforts should be made to finalize another permanent placement for the child. Under the Adoption and Safe Families Act of 1997 (ASFA), while reasonable efforts to preserve and reunify families are still required, the child's health and safety constitute the paramount concern in determining the extent to which reasonable efforts should be made. Under the provisions of ASFA, reasonable efforts to preserve or reunify the family are not required when the court has determined any of the following circumstances apply:

- The parent subjected the child to aggravated circumstances. The definition of aggravated circumstances includes: Sexual abuse; chronic physical or emotional abuse; torture; abandonment; chronic or toxic exposure to alcohol or controlled substances that causes impairment of or addiction in the juvenile; any other act, practice, or conduct that increased the enormity or added to the injurious consequences of the abuse or neglect.
- The parent committed the murder of another child of the parent.
- The parent committed voluntary manslaughter of another child of the parent.
- The parent aided or abetted, attempted, conspired, or solicited to commit such a murder or voluntary manslaughter.
- The parent committed a felony assault that resulted in serious bodily injury to the child or another child of the parent.

- The parental rights of the parent to a sibling of the child were terminated involuntarily.

Reasonable Efforts Checklist

Were all reasonable efforts made to protect the child in his/her home?

Were reasonable efforts made to offer safe, permanent, nurturing, substitute care in the least restrictive, most homelike setting where visitation with the birth parents can be easily arranged, if appropriate?

Were the child and parents prepared for the removal and separation and explained the reasons for removal, the legal process involved, and the need for an Out-of-Home Services Agreement?

Was the placement resource chosen based on the child's needs, provided with the necessary information prior to the child's arrival, and provided with sufficient resources to meet the child's physical, medical, and psychological needs?

Were reunification services made available to the child and his parents, guardian, or custodian after removal from the home, unless the juvenile court determined that reunification would be futile or inconsistent with the child's need for a safe, permanent home within a reasonable amount of time?

Reunification

North Carolina Child Welfare Manual Policy Requirements:

If a child has been removed from the care of their parents, safe and timely family reunification is the preferred permanency option for most children. Safe and stable reunification does not begin or end with the return of children to the care of their parents. Social workers should give careful consideration to assessing families' capacity for keeping children safe and their readiness to reunify as well as planning for post-reunification services and contingencies in the event of future safety concerns.

Reunification must occur as soon as possible when concerns that precipitated the child's removal have been alleviated, and parents can demonstrate their ability to provide a minimum sufficient level of care and ensure safety. To make this assessment county child welfare workers will:

- Observe Family Time
- Plan and prepare activities with the family
- Utilize the results of structured decision-making tools

Reunification must remain a primary or secondary plan until the court makes written findings that such efforts would be contrary to the child's need for a safe, permanent home within a reasonable period. Whether reunification is the primary or secondary plan, efforts to reunify the family must not cease until these findings have been made by the court. Reasonable efforts to reunify the child with their parents must be demonstrated and documented to the court. A child who has been removed from the custody of their parents must not be returned for any period without a judicial review and findings of fact to show the child will receive proper care and supervision as observed during a trial home visit.

Reunification should be considered when all the following occur:

- The issues that precipitated the child's removal have been addressed and resolved
- Risk to the child has been reduced to a reasonable level
- The parents have made changes in their behavior and circumstances that were identified as needing to change before the child could be returned safely to the home
- The parent has demonstrated the capacity and willingness to provide appropriate care for the child
- The child's safety and care in the home are reasonably expected to remain secure
- Supports from the agency and community are in place to assist the family to remain intact

Family Reunification Services are available to families in which the child has been removed from the home. These services support the family's effort to resolve the conditions which led to the child's removal and to build protective factors that enable the child to return home. (Review Family Reunification Services in Cross Function)

Reunification Considerations

- Have the issues that caused the removal been addressed and resolved?

- Have the parents made changes in their behavior and circumstances that were making the child unsafe and placing the child at risk?

- Have other issues that affect safety and risk been observed and documented?

- Has a reduction in risk and an increase in safety for the child been observed and documented?

- Have the visits with the child demonstrated the parent's ability to now care for the child?

- Has a trial placement been considered to observe changes in the parent's ability to care for the child? Has the court approved this plan?

- Is there some confidence that the family will not relapse? Are appropriate supports in place to prevent relapse?

- Have reasonable efforts been made to identify, locate, and involve all the parents in the planning process, including both legal and biological fathers?

- Has the child's grief and need to reconnect to the family been recognized?
Would this child be removed today?

Types of Adoption

Once a TPR goes through, a child is legally free for adoption. Adoption is the permanent plan offering the most stability to children who cannot return home to their parents. Adoption is defined as the permanent legal connection that is created between a child and an adult or adults, with whom exist the same mutual rights and obligations that exist between children and their birth parents. For a child to be adopted, the parents must voluntarily relinquish their parental rights or have their rights terminated by the court.

Different types of adoption are legally permitted in North Carolina:

- Relative adoptions
- Stepparent adoptions
- Direct/independent placements
- Agency adoptions
- Legal risk adoptions
- International adoptions
- Adult adoptions

As with other permanency planning services, there are key services that must be provided to the adoptive child, the child's parents and the adoptive parents to reach the goal of permanence for children. In this case, for the adoption to be finalized. When the child is legally freed for adoption, your agency must do all the following:

- Make every effort to locate and place the child in an appropriate adoptive home.
- Develop a child-specific, written strategy for recruitment of an adoptive home within 30 days. At a minimum, the plan must document the child-specific recruitment efforts such as the use of state, regional, and national adoption exchanges, including electronic exchange systems, to facilitate orderly and timely in-state and interstate placements.
- Develop a child profile that describes the child needing placement to be available for prospective adoptive families.
- Conduct or arrange for a Pre-Placement Assessment (PPA) or a PPA Addendum based on the potential adoptive family's status
- Register all children who are free for adoption and who are not in their identified adoptive home with the North Carolina Adoption Exchange (NC Kids), as well as regional and national adoption exchanges including electronic exchange systems, to facilitate matches between persons interested in adoption and the available children.
- When adoption is the secondary permanency plan for a child, the agency must search for an appropriate adoptive family.
- Your agency must have a plan for the ongoing recruitment of adoptive families for children.

Adoption workers have important questions they must ask when adoption is being considered as a permanency plan. Satisfactory answers to the following questions should be considered:

- Have all relative placement options been considered and eliminated?
- Have the child's ethnic and cultural needs been considered and addressed?
- Has the best interest of the child been considered and documented?
- Are the parents willing to relinquish their rights, or is the agency ready to proceed with the termination of parental rights?
- Do legal grounds for termination of parental rights exist?
- Is the child already living with caregivers who are willing to adopt?
- How soon can the child be placed in an adoptive home?
- How long will the court process take?
- Who will help the child through the placement process?
- Has a pool of potential adoptive families been recruited, or is the agency willing to commit to child-specific recruitment?
- Have the child's specific needs and strengths been thoroughly assessed and evaluated?
- Has an adoptive placement option that will be able to meet the child's needs been identified?
- What is the child's relationship with siblings, and should they be placed together?

Children and youth should be asked for their recommendations regarding potential adoptive families, since they may know individuals or families with whom they are comfortable. Adoption by foster parents is often an appropriate plan, especially if the child has developed a close relationship with the foster family. Such a plan has the benefit of providing continuity for the child with a family that they already know without requiring an additional move. Foster families are encouraged to consider committing to the child permanently through adoption if reunification is not possible.

When making decisions about adoptive placements, we want to be sure we are looking out for the best interests of the child. When a child becomes legally free for adoption, your agency must give priority to the child's placement provider who is willing and able to adopt the child unless there is documentation that it is not in the child's best interest. If such a plan is not implemented, the agency must give priority to other relatives or like-kin who have been assessed and are determined to be an appropriate resource for the child. When adoption by a relative, like-kin, or foster parent is not an option, your agency should place the child in an approved adoptive home. There may be approved families waiting that may be appropriate for the child, or potential adoptive families may need to be recruited specifically for the child.

Adoption Considerations

- Have all relative placement options been considered and eliminated?
- Has the child's ethnic and cultural needs been considered and addressed?
- Has the best interest of the child been considered and documented?
- Are the parents willing to relinquish their rights, or is the agency ready to proceed with the termination of parental rights?
- Do legal grounds for termination of parental rights exist?
- Is the child already living with caretakers who are willing to adopt?
- Has a pool of potential adoptive families been recruited?
- How soon can the child be placed in an adoptive home?
- How long will the court process take?
- Who will help the child through the placement process?
- Has the child's needs and strengths been thoroughly assessed and evaluated?
- Has a placement option that will be able to meet the child's needs been identified?
- What is the child's relationship with siblings, and should they be placed together?

Steps Through an Adoption

Achieving adoption finalization requires a great deal of work with the court. The adoption process is a complex mix of emotional and legal bonding that occurs between a child and a family. The following is a simplified description of what occurs from the time the decision is made that adoption is in the best interests of a child through the completion of the legal requirements for the adoption to be finalized.

- An assessment of the child is written and distributed through various means (letters, adoption fairs, adoption exchanges, etc.). The Internet is being used more and more extensively to share information about waiting children. New laws push this process along.
- Prospective adoptive families work with a social worker to complete a pre-placement assessment. Although the focus is on the placement of children, information about prospective adoptive families is critical in making the best possible connections between families and children.
 - The preplacement assessment must be developed with the prospective adoptive family and must be prepared and presented to the adoptive applicants for review.
 - The applicants must be provided in writing with notice of the agency's decision regarding approval or denial of approval for adoption within 30 days after the assessment is completed.
 - Your agency must have a procedure for allowing an individual who has received an unfavorable preplacement assessment to have the assessment reviewed by the agency.
- Adoption committees study the available information to match the strengths and needs of the child with the strengths and interests of the family. When a "match" seems right, the child and family are introduced to each other, first on paper and then in person. The team or committee must be composed of a minimum of three persons, including a person from the agency in a management position in children's services, the child's social worker, and the adoption worker.
- If the agency, family, and child agree to proceed with the adoptive placement, the child will begin pre-placement visits and then will be placed with the adoptive family.
- Post-placement services must be provided to the adoptive family. A face-to-face visit must be made within the first week of placement and then at least monthly with the child and the adoptive parents by the social worker.
- When the Petition for Adoption is filed, the court orders that a report on the adoptive family be completed. The report is completed by a social worker who visits with the family and observes the process of bonding. The social worker is also available to offer assistance when the growing pains are difficult and when special help is needed to maintain the adoptive placement.
- Legal notices of the adoption proceedings are sent to all "interested parties," who then are given a certain amount of time to respond.
- The report on the adoption is filed at the court, after which the court sets a hearing or disposition date. Most adoptions are finalized without a formal hearing.
- The decree of adoption is awarded.
- Post-adoption services must be made available after the Decree of Adoption has been issued. Post-adoption services are voluntary and are services provided to families after children have been adopted. These are services that offer support to families and can include referrals to resources, support groups for families and children, workshops, and even out-of-home

placement if that becomes necessary. Post-adoption services can give a family the extra support that some families need to ensure the adoption remains intact.

Sometimes a family is not able to continue caring for a child, either because of changes in the family such as death or divorce, or because of the demanding needs of the child (financially or emotionally). When the child who has been placed with an adoptive family must be removed either before the Decree of Adoption has been issued, it is called a disruption. If the child must be removed after the Decree of Adoption has been issued, it is called dissolution. It is often an extremely emotional, traumatic event for everyone. Periodically, children are removed because of abuse or neglect allegations against an adoptive parent.

However, the availability of post-placement and post-adoption services can help to reduce the likelihood of adoption disruption and dissolution. Adoption support and post-placement and post-adoption services range from informal meetings or support groups among adoptive families to formal respite care programs or residential programs for adopted children and youth. These services care for adoptive families across the continuum, focusing efforts on preventing adoption issues through education and access to resources. Services will also help address the effects that separation, loss, and trauma can have on children and youth who have been adopted, help children and their families address special needs, and help family members strengthen their relationships and deepen their attachment and bonding.

