



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**Division of Social Services**

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

### **Participant's Workbook Day Five**

**September 2024**



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

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## Instructions

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

- Purpose, Practice Standards, and Legal Aspects
- Diversity, Equity, Inclusion, and Belonging
- Indian Child Welfare Act of 1978 (ICWA)
- Communicating
- Family Engagement
- Assessing in Permanency Planning Services
- Trauma-Informed Care
- Permanency Plans and Concurrent Planning
- Attachment
- Family Time
- Shared Parenting
- Working with Relatives
- Partners in the Permanency Planning Process
- Permanency Planning with the Family
- Permanency Planning Family Services Agreement
- Child and Family Team Meetings
- Authentically Engaging Children and Youth
- Family-Centered Permanency Planning
- Quality Contacts
- Preparing for Permanency
- Engaging Relatives
- Placement
- Placement with Relatives

- Monitoring the FSA
- Achieving Permanency
- Adoption
- Documentation
- Worker Safety

## Training Overview

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

Attendance is mandatory. If there is an emergency, the trainee must contact the classroom trainer and their supervisor as soon as they realize they will not be able to attend training or 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 [Insert Track Name] Track Training in the form of online e-Learning modules. Completion of the e-Learnings is required prior to attendance at the classroom-based training. The following are the online e-Learning modules:

1. North Carolina Worker Practice Standards
2. Safety Organized Practice
3. Understanding and Assessing Safety and Risk
4. Understanding and Screening for Trauma

### Transfer of Learning (TOL) Tool

The Permanency Planning Track Training Transfer of Learning (ToL) tool is a comprehensive and collaborative activity for workers and supervisors to work together in identifying worker goals, knowledge gain, and priorities for further development throughout the training process. In four distinct steps, the worker and supervisor will highlight their goals and action plan related to participating in training, reflect on lessons and outstanding questions, and create an action plan to support worker growth. The tool should be started prior to beginning the Permanency Planning Track Training and revisited on an ongoing basis to assess growth and re-prioritize actions for development.

Part A: Training Preparation: Prior to completing any eLearning and in-person Track Training sessions, the worker and supervisor should meet to complete Part A: Training Preparation. In this step, the worker and supervisor will discuss their goals for participation in training and develop a plan to meet those goals through pre-work, other opportunities for learning, and support for addressing anticipated barriers.

Part B: Worker Reflections During Training: The worker will document their thoughts, top takeaways, and outstanding questions regarding each section. This level of reflection serves two purposes. First, the practice of distilling down a full section of training into three takeaways and three remaining questions requires the worker to actively engage with the material, subsequently forming cognitive cues related to the information for future use in case practice. Second, prioritizing takeaways and questions by section allows workers to continually review information to determine if questions are answered in future sessions and supports the development of an action plan by requiring workers to highlight the questions they find most important.

Part C: Planning for Post-Training Debrief with Supervisor: The worker considers the takeaways and questions they identified in each section and creates a framework to transfer those takeaways and questions into an action plan.

Part D: Post-Training Debrief with Supervisor: Provides an opportunity for the supervisor and worker to determine a specific plan of action to answer outstanding questions and to further support worker training.

While this ToL is specific to the Track Training in North Carolina, workers and supervisors can review the takeaways and questions highlighted by the worker in each section of training on an ongoing basis, revising action steps when prior actions are completed, and celebrating worker growth and success along the way.

### **Training Evaluations**

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

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

## Learning Objectives

### Day 5

<b>Permanency Planning with Families, continued</b>
<ul style="list-style-type: none"> <li>• Learners will be able to describe the purpose and timeframes associated with concurrent planning to case participants.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to demonstrate how to engage case participants in conversations regarding concurrent planning to develop comprehensive plans that prioritize family voice and choice.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will demonstrate service planning that considers identified needs and culturally responsive practice.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will engage service providers in permanency planning processes.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will consider family voice and choice in service planning.</li> </ul>
<b>Family-Centered Permanency Planning Learning Lab</b>
<ul style="list-style-type: none"> <li>• Learners will be able to demonstrate family engagement skills when permanency planning with caregivers.</li> </ul>
<b>Quality Contacts</b>
<ul style="list-style-type: none"> <li>• Learners will be able to describe the core components of quality contacts.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to identify the characteristics of quality contacts.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to describe the relationship between quality ongoing case contacts and child welfare outcomes.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to describe the steps to prepare for quality contacts.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to explain the importance of gathering and reviewing case information prior to contacts.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to create an appropriate agenda for a visit with a child or family.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to create time management strategies to prioritize quality contacts.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to identify scheduling considerations and how they impact quality visits.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to develop questions to engage children and families in assessment and case planning.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to assess information to determine relevance to the purpose of case contacts.</li> </ul>



<b>Quality Contacts, continued</b>
<ul style="list-style-type: none"> <li>• Learners will be able to describe strategies for facilitating quality contacts.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to describe the components of a quality contact and how to document contacts to monitor for safety considerations and behavioral change.</li> </ul>
<b>Preparing for Permanency</b>
<ul style="list-style-type: none"> <li>• Learners will be able to describe different considerations to prepare children, parents, and resource families based on the type of permanency</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to assess emotional and relational permanency and develop plans to enhance them when they are diminished for youth in out-of-home care.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to demonstrate engagement activities that will help youth identify important connections that they would like to maintain after they transition to adulthood.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to negotiate ongoing contact plans with important connections for youth who are transitioning to adulthood.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to create plans that outline specific preparation strategies for different case participants based on the type of permanency.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to describe the stages of grief and identify behavioral indicators of each stage.</li> </ul>
<ul style="list-style-type: none"> <li>• Learners will be able to identify indicators of separation, grief, and loss prior to permanency and provide support to assist in the coping process.</li> </ul>

## Day Five Agenda

### **Permanency Planning Services Track Training**

- I. Welcome

#### **Permanency Planning with Families (Continued)**

- II. Concurrent Planning
- III. Implementing
- IV. Service Provision

#### **Family-Centered Permanency Planning Learning Lab**

- V. Child and Family Team Meetings
- VI. Case Planning with Families

#### **Quality Contacts**

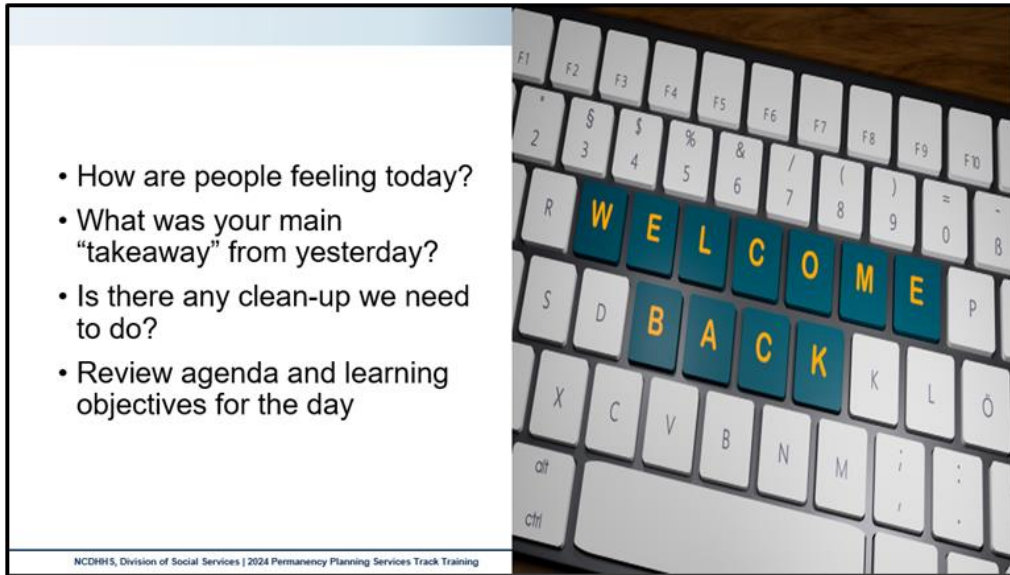
- VII. Importance of Quality Casework Contacts
- VIII. Permanency Planning Contact Record
- IX. Quality Contact Visits
- X. Worker Safety

#### **Preparing for Permanency**

- XI. Loss and Grief
- XII. Preparing for Permanency
- XIII. Older Youth

#### **End-of-Day Values Reflection**

## 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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## Permanency Planning with Families (Continued)

### Concurrent Planning

**Concurrent Planning Complexity**

-  Full disclosure with parents
-  Behaviorally-SMART objectives and desired outcomes in FSA
-  Preparing for permanence with all involved

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Activity: Concurrent Planning Practice

This activity is broken into two parts.

**Part One:** The class will divide into three groups to represent three different permanency plans:

- Adoption
- Guardianship/Custody
- APPLA

<b>Assigned Permanency Plan:</b>			
<b>Assuming that the primary permanent plan is reunification, generate a list of tasks/activities in the FSA that you would be concurrently working on to support your secondary plan. You may recall from knowledge of policy/practice.</b>			

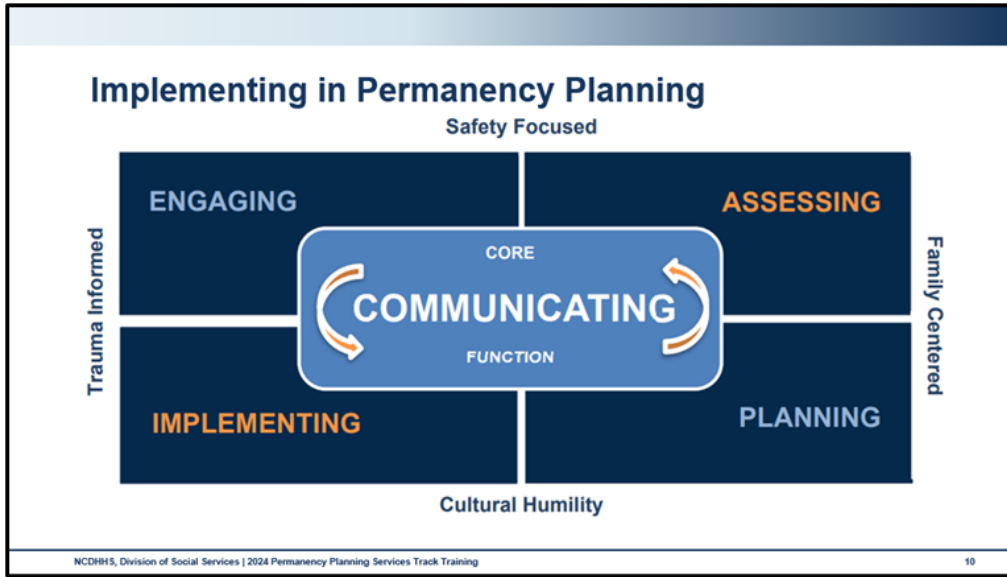
**Part Two:** You'll need to communicate your planning with the parent and how you will still be diligently working towards reunification despite also taking steps to support the secondary plan.

Within your groups, break into partners.

**Discuss how you might approach a crucial conversation by taking on the perspective of the parent and the worker. Assign roles within your pairing and have a discussion on how this conversation might look. What will be important for them to communicate?**

Parent Perspective	Worker Perspective

## Implementing



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Worksheet: North Carolina Practice Standards – Implementing

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## North Carolina Worker Assessment: Implementing

### Introduction

Implementing is defined as carrying out plans that have been developed. Implementing includes linking families to services and community supports, supporting families to take actions agreed upon in plans and monitoring to assure plans are being implemented by both families and providers, monitoring progress on behavioral goals, and identifying when plans need to be adapted.

There are three Implementing core activities: (1) supporting families to take actions agreed upon in the plan and connecting families to services and community support, (2) collaborating with providers and informal supports in the community to help families achieve desired outcomes, and (3) coaching with families and partnering with providers to assure plans are being implemented, progress is made, and outcomes achieved.

Table 1. Core Activity: Supporting families to take actions agreed upon in the plan and connecting families to services and community support

Practice Standard 1: Supports families to take actions				
	A	S	N	Notes
I prioritize the family's availability and convenience when providing support	(1)	(2)	(3)	
I offer to call or link families to providers as a first step	(1)	(2)	(3)	
I show families through actions and words that I am interested in their success	(1)	(2)	(3)	
Practice Standard 2: Works with families to find solutions to challenges				
	A	S	N	Notes
I ask questions tailored to individual family needs to identify challenges to engaging in services	(1)	(2)	(3)	
I ask families what their concerns about services and service delivery	(1)	(2)	(3)	
I advocate for families and help them navigate the system	(1)	(2)	(3)	
I ensure families are participating in the amount of services they can handle	(1)	(2)	(3)	
I support families in their service prioritization	(1)	(2)	(3)	



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Practice Standard 3: Explains to families what services are and what they could do for the family to provide information and informed decisions				
	A	S	N	Notes
I engage families in conversation about purpose of recommended service	(1)	(2)	(3)	
I check-in for families' understanding of services purpose on ongoing basis	(1)	(2)	(3)	
I provide families with contact information for service providers	(1)	(2)	(3)	
I make suggestions on the frequency families should follow-up with providers	(1)	(2)	(3)	
I ensure recommended services are behaviorally specific, not duplicative	(1)	(2)	(3)	
I seek to understand and empathize families' concerns related to services	(1)	(2)	(3)	
Practice Standard 4: Offers an array of service providers to choose from if there are choices to be had				
	A	S	N	Notes
I identify resources available and provide information to families	(1)	(2)	(3)	
I offer to think with the families as they decide on service providers	(1)	(2)	(3)	
I point out service providers based on knowledge of families' history	(1)	(2)	(3)	

Table 2. Core Activity: Collaborating with providers and informal supports in the community to help families achieve desired outcomes

Practice Standard 5: Advocates with and for families with providers on what behavioral change is expected to ensure quality service delivery				
	A	S	N	Notes
I communicate with providers and families about agreed upon behavioral changes being sought	(1)	(2)	(3)	

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I share with providers relevant assessment and case plan information	(1)	(2)	(3)	
I provide feedback to providers, ask questions about services	(1)	(2)	(3)	
I regularly check-in, monitor service delivery	(1)	(2)	(3)	
I escalate problems to my supervisor	(1)	(2)	(3)	
I understand what treatment being provided, what is expected, and evidence of results	(1)	(2)	(3)	
I ensure services delivered are tailored to meet families' needs	(1)	(2)	(3)	
<b>Practice Standard 6: Accesses natural supports in the community to assist families to achieve their goals</b>				
	<b>A</b>	<b>S</b>	<b>N</b>	<b>Notes</b>
I engage families to identify community supports	(1)	(2)	(3)	
I educate families regarding how to access community resources	(1)	(2)	(3)	
I encourage families to reach out to other systems	(1)	(2)	(3)	
I facilitate meetings between families and support systems	(1)	(2)	(3)	

Table 3. Core Activity: Coaching with families and partnering with providers to assure plans are being implemented, progress is made, and outcomes achieved

<b>Practice Standard 7: Checks-in on an ongoing basis with families on progress with the Family Service Agreement</b>				
	<b>A</b>	<b>S</b>	<b>N</b>	<b>Notes</b>
I routinely ask families if services are good match	(1)	(2)	(3)	
I provide families feedback if they are or are not making efforts	(1)	(2)	(3)	

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I follow-up with families when appointments missed to identify challenges	(1)	(2)	(3)	
I problem solve with families to find solutions to challenges	(1)	(2)	(3)	
I reassess barriers once services begun	(1)	(2)	(3)	
<b>Practice Standard 8: Assesses progress in implementing actions of plan, making adjustments as needed</b>				
	<b>A</b>	<b>S</b>	<b>N</b>	<b>Notes</b>
I work with families to identify when changes needed in service delivery	(1)	(2)	(3)	
I troubleshoot when goals not achieved to determine root cause	(1)	(2)	(3)	
I engage collaterals about progress made and additional service needs	(1)	(2)	(3)	
I make changes in actions in plan when necessary, not when convenient	(1)	(2)	(3)	
I celebrate wins when goals achieved	(1)	(2)	(3)	
<b>Practice Standard 9: Tracks service delivery for achievement of safety, permanency, and well-being outcomes for the family</b>				
	<b>A</b>	<b>S</b>	<b>N</b>	<b>Notes</b>
I routinely check-in with service providers on progress	(1)	(2)	(3)	
I assess successful completion of service in connection with desired behavior change	(1)	(2)	(3)	
I consider the long-term outcomes when determining achievement of outcomes	(1)	(2)	(3)	

**What did this self-assessment reveal about yourself?**

**What areas are you strong?**

**What areas do you require growth?**

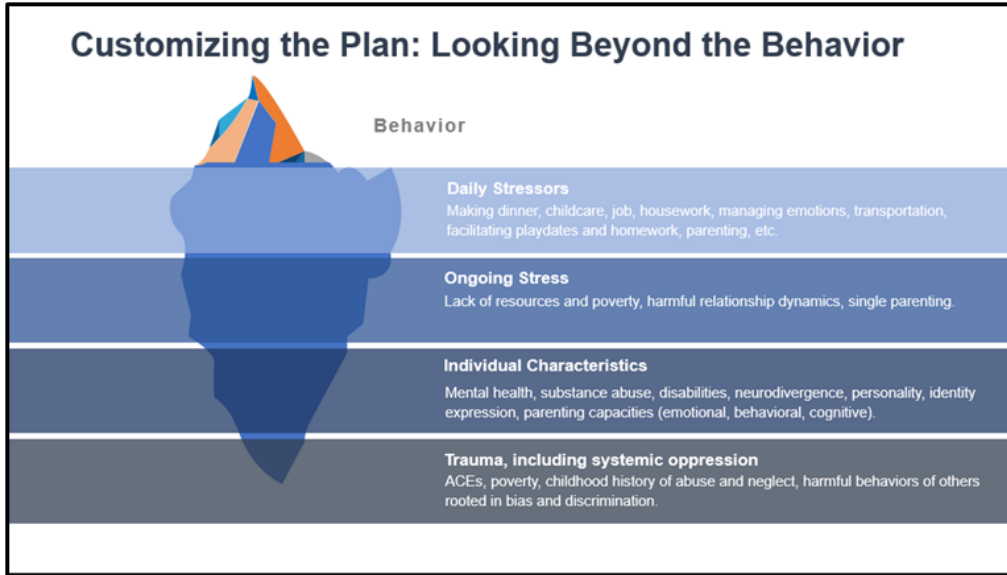
**With your group, generate a list of a minimum of five activities you can engage in to build your own capacity within this area.**

Service Provision

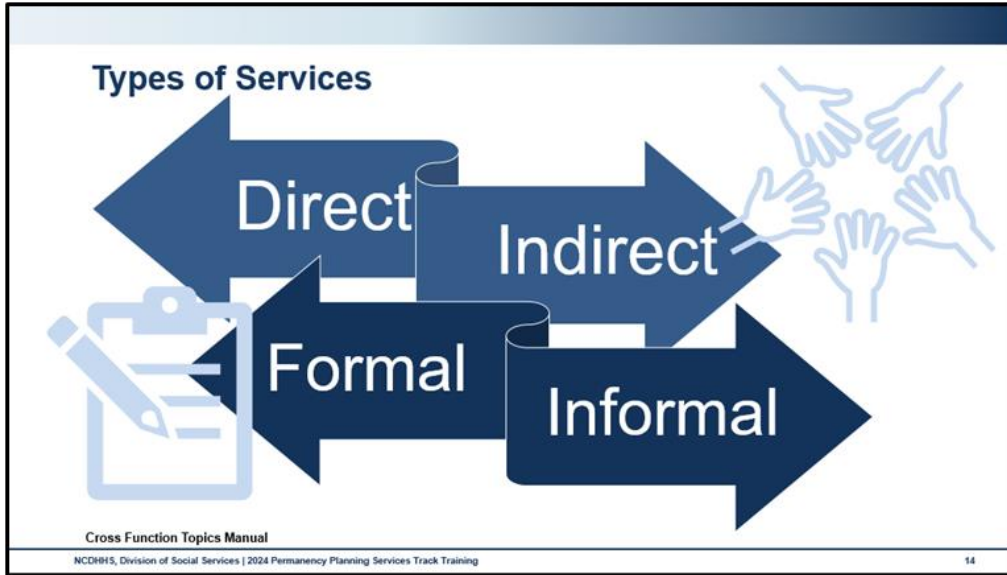


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Activity: Factors to Consider: Service Matching  
 Worksheet: Factors to Consider: Service Matching

When making referrals, linking families to community support, or otherwise matching service providers to address family needs, there are several factors to be considered. Within each factor, there are specific elements that require attention, consideration, and sometimes action to address.

**Step One:** Individually consider each factor and use the second column to note elements that require attention, consideration, and action to address, if needed. The first factor is completed for you as an example.

**Step Two:** Share your notes with a partner. Notice patterns, themes, and outliers that occur between what you and your partner noted.

**Step Three:** Move with your partner to join another pair, forming a quartet. Again, share what you discovered with your partner regarding patterns, themes, and outliers.

Factor	Specific elements to attend to, consider, or address	Patterns and outliers
<p><b>Accessibility:</b> making information, activities, and environments sensible, meaningful, and usable for as many people as possible, including persons with disabilities</p>	<ul style="list-style-type: none"> <li>• Parking</li> <li>• Bus route</li> <li>• Easy navigation of the office space</li> <li>• Language services</li> <li>• Virtual services vs in person</li> <li>• Ambiance of the office</li> </ul>	
<p><b>Personal:</b> elements such as personality, preferences, and individual characteristics</p>		
<p><b>Familial:</b> includes family of origin, kin or friend groups, and the nuclear family</p>		

<p><b>Cultural:</b> The ways of life and social norms of group identity-such as race, gender, socio-economic class geography/community, etc.</p>		
<p><b>Underlying needs:</b> The existing needs and priorities of the family that will impact accessing services.</p>		
<p><b>Service and resource availability:</b> The existence of needed appropriate services and the ability for families to follow through on a service that is referred.</p>		
<p><b>Trauma and cultural responsiveness of service providers:</b> Knowledge and understanding of the service provider to deliver services in a trauma-sensitive and culturally responsive manner</p>		

Service provision is a crucial part of the permanency planning process. It is an opportunity to truly partner with families, model the process of seeking services that are

a good match, and honor family voice and choice to promote culturally humble, trauma-focused, family-centered services that focus on safety.

**What is one takeaway from this activity that will shape your practice going forward?**

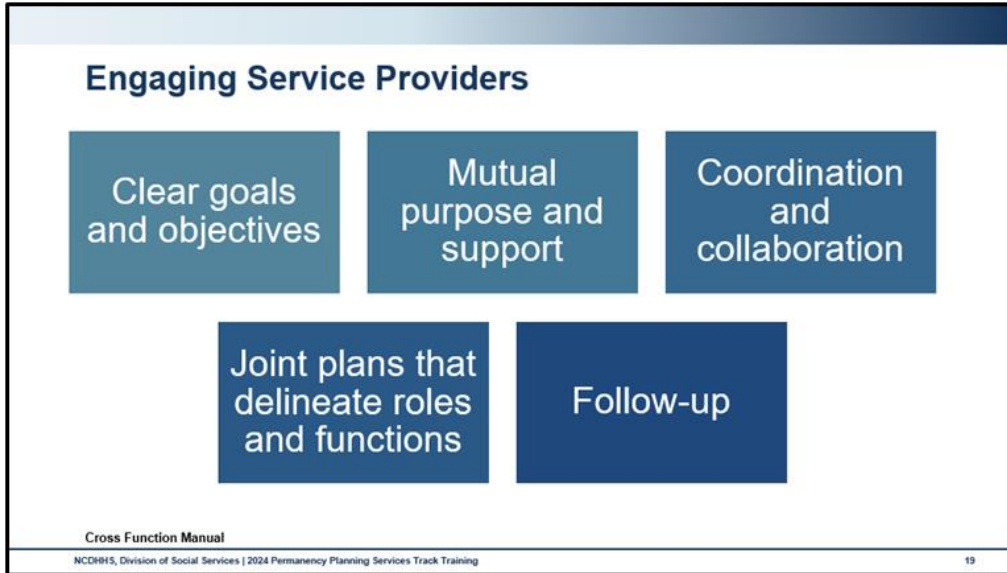
**Empowering Families to Identify Service Provisions**

Engaging families in case planning and assessment	Motivational Interviewing	Family decision-making
Solution-based	Parent partner	Father involvement

[https://capacity.childwelfare.gov/sites/default/files/media\\_pdf/Family%20Empowerment%20Implementation%20Manual.pdf](https://capacity.childwelfare.gov/sites/default/files/media_pdf/Family%20Empowerment%20Implementation%20Manual.pdf)

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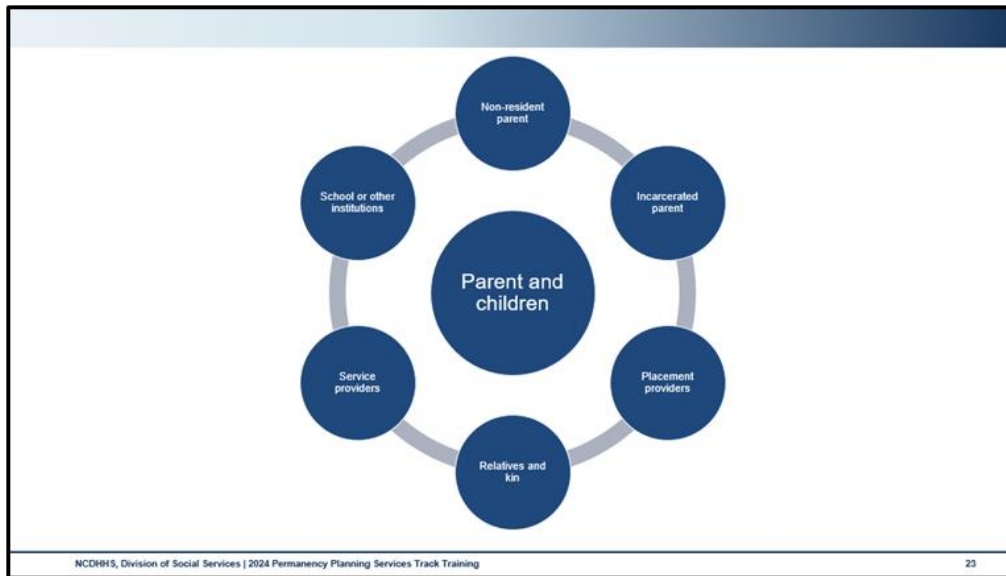
Reflection and Check-In

**Refer to the Record of Reflections and Values handout at the end of the Appendix and use the space to record values reflections from what you learned in this section of training. Your values reflections should include concepts learned that resonate with you and include any “aha moments”.**

## Family-Centered Permanency Planning Learning Lab

### Child and Family Team Meetings

Activity: CFT Meeting Simulation



Select a card from the stack provided by the trainers.

- On this card is the name of a role often represented on a Child and Family Team.
- Take a moment to consider a person you know, in your work, personal life, or as a fictional character in a show or story, who will fill this role.
- Call to mind this person, their story, and their hopes for the child and family they are connected to.

Next, think about the contributions of perspective, knowledge, and ideas that this person would bring to the Permanency Planning process.

**Write down one statement that captures what this specific person would share in a Child and Family Team meeting concerning the safety of the child they are connected to.**

Activity: Honoring All Perspectives

Work in groups of three and take turns being the sharer and listener.

- Sharers will read their statements from the previous CFT Meeting Simulation activity to the two listeners.
- Listeners will respond by validating the emotion and honoring the sharer's perspective. This is not a moment for listeners to provide feedback or critique the sharer's statement but simply respond to the emotion and perspective.
- After the listeners have responded, the sharer can check in about whether the listener's response felt validating and honoring their perspective.
- Switch roles until everyone has an opportunity to share.

**Use this space to record notes.**



### Case Planning with Families

Activity: Explaining the Need

As you observe the role play record your observations as follows:

**Record your own reactions to what is being said.**

**Record statements you appreciate.**

**Record considerations for how you may approach this discussion with families.**

Skills Practice: What's Not in the FSA

George Jackson-Bailey FSA

County: County Case Number: 123-456

Case Name:	Monica Lewis	Agency Worker Name: Phone number & Email:	Sam Worker, 777-888-9999, sworker@county.org
		Agency Supervisor Name: Phone number & Email:	Sawyer Super, 777-888-0000, ssuper@county.org

<b>I. Family Demographics</b>	Name: George Jackson-Bailey	DOB:	Age:	Date of Custody/ 1 <sup>st</sup> out-of-home placement:
Child/Youth:	Vanessa Jackson	10/8/year	14	
Child/Youth:	Raymond Jackson	5/14/year	10	

Mother of: Raymond and Van	Monica Lewis	Age: 42	
Address	Raleigh Correction Center for Women	Phone: 919-733-4248	Email: ML357@gmail.com
Attorney for Mother	Ally McBeal	Phone: 365-856-6587	Email: ally@mcbeal.com
Father of: Raymond and Vanessa	George Jackson	Age: 45	
Address	235 Summer Grove Rd	Phone: 356-895-8989	Email: GeorgeRocks@hotmail.com
Attorney for Father	Ben Matlock	Phone:	Email: bmatlock@matlock.com
Other Caregiver	William Jackson	Age: 46	
Address	235 Summer Grove Rd	Phone: 356-895-8989	Email: WJack99@gmail.com
Guardian ad litem	Betsy Burgin	Phone: 562-555-2	Email: BBurgin@GAL.com

**II. (a) Objectives and Activities to Address Identified Needs or Barriers** (complete 1 page for each identified Need or Barrier)  
**To Accomplish the  Primary Plan or  Secondary Plan** If plan is reunification, identify parent(s): Monica Lewis

1.  Need (from Strengths and Needs Assessment when goal is reunification): Parenting Skills  
 Barrier:
2. Describe behaviors that are of concern or Status of Barrier: George inappropriately disciplined Raymond by striking him and breaking his rib and leaving bruises.
3. Objective/Desired Outcome: George will go to parenting classes

Activities (for parents/family member)	Who is Responsible	Target Date	Activity Progress Notes
George will go to parenting classes	George	6 months	<input type="checkbox"/>
George will practice non-physical discipline in family time visits	George	6 months	<input type="checkbox"/>
George will attend therapy sessions with Van, at least monthly to repair their relationship and build trust	George	6 months	<input type="checkbox"/>
Activities (for child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes
SW will make a referral for Triple P parenting classes	SW	2 weeks	<input type="checkbox"/>
SW will monitor the case	SW	monthly	<input type="checkbox"/>

**Progress toward Achieving the Objective/Desired Outcome**

Review status: Date 3 weeks after FSA creation	Comments: George and William attended intake for the Sunrise parenting program. They have signed up for the weekly parenting class that runs for 10 weeks and have gone to the first session. George is hesitant and non-committal about completing the program. William is excited.
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input checked="" type="checkbox"/> Not Achieved	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

**II. (b) Objectives and Activities to Address Identified Needs or Barriers** (complete 1 page for each identified Need or Barrier)  
**To Accomplish the  Primary Plan or  Secondary Plan** If plan is reunification, identify parent(s): Monica Lewis

- |  |
|--|
| 1. <input checked="" type="checkbox"/> Need (from Strengths and Needs Assessment when goal is reunification): Child Characteristics<br><input type="checkbox"/> Barrier: |
| 2. Describe behaviors that are of concern or Status of Barrier: Raymond has ADHD   |
| 3. Objective/Desired Outcome: Raymond will have coping skills and ADHD management tools to manage everyday tasks and feel confident about his abilities.                 |

Activities (for parents/family member)	Who is Responsible	Target Date	Activity Progress Notes
George and Laverne will generate a list of Raymond's behaviors that interrupt daily life to share with the doctor	George and Laverne	1 week	
Raymond will have a medication evaluation		6 months	
George will attend family therapy sessions with Raymond at least once a month	George	1 week	
Activities (for child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes
Social Worker will monitor the case and make referrals as necessary	Social Worker	TBD	

**Progress toward Achieving the Objective/Desired Outcome**

Review status: Date 3 weeks after the FSA creation	Comments: George and Laverne worked together to create a list of ADHD behaviors they have observed from Raymond. George was clueless about behavior and Laverne had to redirect him often. The list was shared with the doctor at the ADHD medication evaluation visit. The doctor upped Raymond's meds.
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date 1 week after last update	Comments: Raymond's behavior is a little bit better. The family visit went well. George shared 2 behaviors that he noticed as being ADHD behaviors. The first was named when Raymond repeatedly interrupted George's directions and the second was when Raymond kept getting up from the table during the meal, even when asked to remain seated.
<input checked="" type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

**II. (c) Objectives and Activities to Address Identified Needs or Barriers** (complete 1 page for each identified Need or Barrier)  
**To Accomplish the  Primary Plan or X Secondary Plan** If plan is reunification, identify parent(s): Monica Lewis

1.  Need (from Strengths and Needs Assessment when goal is reunification):  
 X Barrier: Relative to assume guardianship has not been identified
2. Describe behaviors that are of concern or Status of Barrier: A relative has not committed to taking guardianship of the children if reunification does not work out.
3. Objective/Desired Outcome: A relative will be selected, committed, and agreed upon by the child and family team to provide guardianship for the children.

Activities (for parents/family member)	Who is Responsible	Target Date	Activity Progress Notes
Parents will provide a list of relatives	George	6 months	
Activities (for child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes
Social Worker will call all the relatives on the list the parents provide	Social Worker	6 months	

**Progress toward Achieving the Objective/Desired Outcome**

Review status:	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date <input type="checkbox"/>	Comments: <input type="checkbox"/>
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

**III. Parent(s) Wellbeing Needs/Additional Needs** Check N/A if parental rights have been terminated  N/A

Are the parent(s)'s wellbeing needs incorporated into the objectives and activities of the Services Agreement above? X Yes

No

If not, how are these needs being addressed?

George: no wellbeing or additional needs noted

**IV. Court**

Are the orders of the court incorporated into the objectives and activities of the Services Agreement above? X Yes  No

If not, explain:

Date of next Court Review: 60 days

Date of last Court Review:

Recommendations regarding parents/caretakers or barriers for the next court hearing: n/a at this time

|

**V. Signatures** In signing below, I understand that the information obtained during this meeting shall remain **confidential** and not be disclosed. Strict confidentiality rules are necessary for the protection of the child(ren). Information will be shared only for the purpose of providing services to the child/youth and family, and in accordance with North Carolina General Statute and Part V, Privacy Act of 1974. Any information about child abuse or neglect that is not already known to the child welfare agency is subject to child abuse and neglect reporting laws. Any disclosure about intent to harm self or others must be reported to the appropriate authorities to ensure the safety of all involved. My signature indicates that I participated in this meeting.

Role	Signature & Comments	Date	Participated in:	Received copy
Parent			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Parent			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Child/Youth			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Agency Worker			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Agency Supervisor			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Guardian ad litem			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Placement provider			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Placement provider			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Tribal Representative			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Other Relationship/Phone/Email			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Other Relationship/Phone/Email			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Others Invited but Unable to Attend				

Monica Lewis FSA

County: County Case Number: 123-456

Case Name:	Monica Lewis	Agency Worker Name: Phone number & Email:	Sam Worker, 777-888-9999, sworker@county.org
		Agency Supervisor Name: Phone number & Email:	Sawyer Super, 777-888-0000, ssuper@county.org

<b>I. Family Demographics</b>	Name: Monica Jackson	DOB:	Age:	Date of Custody/ 1 <sup>st</sup> out-of-home placement:
Child/Youth:	Vanessa Jackson	10/8/year	14	
Child/Youth:	Raymond Jackson	5/14/year	10	

Mother of: Raymond and Van	Monica Lewis	Age: 42	
Address	Raleigh Correction Center for Women	Phone: 919-733-4248	Email: ML357@gmail.com
Attorney for Mother	Ally McBeal	Phone: 365-856-6587	Email: ally@mcbeal.com
Father of: Raymond and Vanessa	George Jackson	Age: 45	
Address	235 Summer Grove Rd	Phone: 356-895-8989	Email: GeorgeRocks@hotmail.com
Attorney for Father	Ben Matlock	Phone:	Email: bmatlock@matlock.com
Other Caregiver	William Jackson	Age: 46	
Address	235 Summer Grove Rd	Phone: 356-895-8989	Email: WJack99@gmail.com
Guardian ad litem	Betsy Burgin	Phone: 562-555-2	Email: BBurgin@GAL.com



**II. (a) Objectives and Activities to Address Identified Needs or Barriers** (complete 1 page for each identified Need or Barrier)  
**To Accomplish the  Primary Plan or  Secondary Plan** If plan is reunification, identify parent(s): Monica Lewis

1.  Need (from Strengths and Needs Assessment when goal is reunification): Employment/Income Management  
 Barrier:

2. Describe behaviors that are of concern or Status of Barrier: Before going to prison, Monica did not have a job and could not make her bills each month. She wrote bad checks and shoplifted to make ends meet. This resulted in criminal charges, conviction and a prison sentence, causing a separation from Van and Raymond. Raymond misses Monica to the point of not being able to concentrate at school and is often tearful at home, especially at bedtime. Van feels lonely and anxious about being separated. Van worries that things will never be okay again.

3. Objective/Desired Outcome: Monica will get a job when she is released from prison

Activities (for parents/family member)	Who is Responsible	Target Date	Activity Progress Notes
Monica will continue working on her GED	Monica	3 months	
Monica will develop a resume			
Monica will tell the kids her plan to make the bills each month, so they are not worried	Monica	now	
Activities (for child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes
SW will make a referral for vocational rehabilitation	SW	3 months	
SW will practice mock interviews with Monica at least twice in the next six months	Social Worker and Monica	3 months	

**Progress toward Achieving the Objective/Desired Outcome**

Review status: Date 4 weeks after FSA creation	Comments: Monica has not worked on her GED education. Social Worker scheduled a mock interview, and Monica did a great job.
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input checked="" type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

**II. (b) Objectives and Activities to Address Identified Needs or Barriers** (complete 1 page for each identified Need or Barrier)  
**To Accomplish the  Primary Plan or  Secondary Plan** If plan is reunification, identify parent(s): Monica Lewis

2.  Need (from Strengths and Needs Assessment when goal is reunification): Caregiver Life Skills  
 Barrier:
2. Describe behaviors that are of concern or Status of Barrier: Monica didn't ask for help when she was behind on bills. She started shoplifting and writing bad checks in order to meet the financial requirements of the household. Van worries about this happening again to the point of anxiety.
3. Objective/Desired Outcome: Monica will ask for help when she needs it. She will budget her income, apply for public assistance, get food from food pantries, and apply for rental assistance.

Activities (for parents/family member)	Who is Responsible	Target Date	Activity Progress Notes
Monica will develop a release plan that includes a place to live and a job.	Monica and Prison Case Manager	2 months before scheduled prison release date	
Monica will share the progress of plans with Van during monthly family time visits. Monica will listen as Van shares their perspectives and will respond in a validating way 80% of the time.	Monica	6 months	
Activities (for child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes

**Progress toward Achieving the Objective/Desired Outcome**

Review status: Date 2 weeks after creation of FSA	Comments: Monica indicated that the last family time visit went well. She listened as Van shared their concern about where the family will live after Monica is released from prison. Monica said it was hard to hear what Van was saying and that although she wanted to just tell Van it would all be okay, Monica validated what Van was saying every time. After the family time visit, Monica called Michelle to talk about how hard it was <u>to not</u> try to fix things with Van.
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input checked="" type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

**II. (c) Objectives and Activities to Address Identified Needs or Barriers** (complete 1 page for each identified Need or Barrier)  
**To Accomplish the  Primary Plan or X Secondary Plan** If plan is reunification, identify parent(s): Monica Lewis

3.  Need (from Strengths and Needs Assessment when goal is reunification):  
 X Barrier: Relative to assume guardianship has not been identified
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Activities (for parents/family member)	Who is Responsible	Target Date	Activity Progress Notes
Parents will provide a list of relatives	Monica	6 months	
Activities (for child welfare agency)	Who is Responsible	Target Date	Activity Progress Notes
Social Worker will call all the relatives on the list the parents provide	Social Worker	6 months	

**Progress toward Achieving the Objective/Desired Outcome**

Review status:	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

**III. Parent(s) Wellbeing Needs/Additional Needs** Check N/A if parental rights have been terminated  N/A

Are the parent(s)'s wellbeing needs incorporated into the objectives and activities of the Services Agreement above? X Yes  
 No

If not, how are these needs being addressed?

Monica: GED completion

**IV. Court**

Are the orders of the court incorporated into the objectives and activities of the Services Agreement above? X Yes  No

If not, explain:

Date of next Court Review: 60 days

Date of last Court Review:

Recommendations regarding parents/caretakers or barriers for the next court hearing: n/a at this time

**V. Signatures** In signing below, I understand that the information obtained during this meeting shall remain **confidential** and not be disclosed. Strict confidentiality rules are necessary for the protection of the child(ren). Information will be shared only for the purpose of providing services to the child/youth and family, and in accordance with North Carolina General Statute and Part V, Privacy Act of 1974. Any information about child abuse or neglect that is not already known to the child welfare agency is subject to child abuse and neglect reporting laws. Any disclosure about intent to harm self or others must be reported to the appropriate authorities to ensure the safety of all involved. My signature indicates that I participated in this meeting.

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			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
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			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Other Relationship/Phone/Email			<input type="checkbox"/> PPR	<input type="checkbox"/> Yes
			<input type="checkbox"/> FSA <input type="checkbox"/> CFT	<input type="checkbox"/> No
Others Invited but Unable to Attend				

### Activity: Creating Behaviorally SMART Objectives

Family voice and choice are essential to family-centered practice. In real practice, objectives are co-created with the family. For the purposes of this learning lab, please review the additional information gathered from the Lewis family to incorporate into your objectives. Whenever possible, use the family's words and ideas to shape your objectives.

#### Lewis Family Additional Information

##### Raymond

Raymond described knowing a miracle had happened because he would wake up in a house with his mom and sibling, he would have a big stack of pancakes with as much syrup as he wanted for breakfast, and he and his family would go to the arcade.

##### Van

Van said that they are worried they are never going to be able to go home with their mom. They are worried that when their mom gets out of jail, they will get to go home but that their mom will get behind again on bills and end up back in jail. Van is worried that if this happens, they will have to go back to foster care because they don't know if their dad will ever change. Van says that they are worried about Raymond and whether he will be able to do what he is supposed to do so he can stay out of trouble.

##### George

When asked about what he is worried about, George indicated he is worried that Raymond will never have what it takes to be successful; that he won't finish school or hold down a job since he cannot seem to do even the most basic tasks at home. George said that the last whopping got out of hand when Raymond tried to get away instead of just taking his punishment. George can understand why DSS is worried about this, and he is too; he doesn't want to hurt Raymond unnecessarily, just teach Raymond that he must do better. George says his worries will be resolved when Raymond learns how to concentrate long enough to do his chores, is respectful, and does what he is told to do by the authorities in his life.

##### Monica

Monica is worried about being able to provide for her children when she gets out of prison. She was in foster care as a child, and she still has nightmares; she wonders if she will be able to make it up to her kids. Monica says that she will know the concern has been resolved when she has a job and is able to make all her bills every month.

Work with your small group to draft the objective and activities for your assigned need.

- **Use family-accessible language, around a 4th or 5th grade reading level.**
- **Keep in mind that this is a group process, much like what happens in CFT meetings where many FSAs are created.**

A large, empty rectangular box with a thin black border, intended for participants to draft their objectives and activities. The box is currently blank.

Once you have completed your task, have one member of your group add your objective to the existing flip chart that documents the need and harm and worry statements.

Peer Review

**Is the objective SMART?**

**What do you appreciate about the objective?**

**What feedback do you have for improvement?**

**Use this space to record feedback from peers about the objective your group drafted.**



Activity: Matching

The goal of this exercise is to explore the competing demands of addressing both safety needs and well-being or voluntary needs within the FSA and to build discernment of using the FSA to distinguish safety versus well-being activities.

Work with your group to match the activity slips to the corresponding categories:

- Child well-being needs
- Parent/Caregiver well-being needs and voluntary services
- Safety concerns

**What questions arose from this activity?**

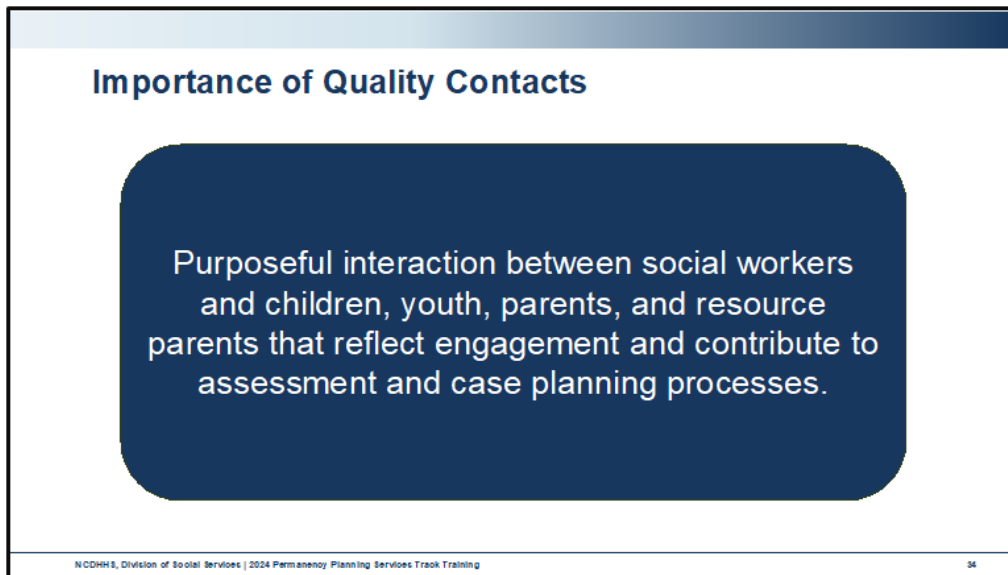
**How does this experience relate to your work?**

Reflection and Check-In

**Refer to the Record of Reflections and Values handout at the end of the Appendix and use the space to record values reflections from what you learned in this section of training. Your values reflections should include concepts learned that resonate with you and include any “aha moments”.**

## Quality Contacts

### Importance of Quality Casework Contacts



Ongoing quality contact with children, parents, placement providers, and collateral contacts are key to many of the essential functions of child welfare practice that promote safety, permanency, and well-being. Face-to-face contact with those involved allows for:

- Relationship-building and engagement.
- Assessment of safety, risk, and behavioral change.
- Planning for next steps to promote permanence or shifting plans as needed.
- Implementing goals, objectives, and services to promote the desired outcomes and permanence.

**Use this space to record notes.**

## Handout: Importance of Quality Contacts

**Importance of Quality Contacts****Defining Quality Contacts****WHAT ARE QUALITY CONTACTS?****DEFINITION**

Quality contacts are . . .

Purposeful interactions between caseworkers and children, youth, parents, and resource parents that reflect engagement and contribute to assessment and case planning processes. These face-to-face interactions often are referred to as “home visits” or “caseworker visits.”

Good child welfare practice relies on quality contacts between caseworkers and children, youth, parents, and resource parents (foster parents and other caregivers). Moreover, quality contacts ensure child safety, support permanency planning, and promote child and family well-being. Developed by the Capacity Building Center for States (the Center) as a suite of products and learning tools, Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families supports public child welfare agencies and contracted service providers in conducting quality contacts. This issue brief—the first product in the suite—provides a foundation for understanding what quality contacts are, what they look like, why they are important, and how a child welfare agency can set the stage for their successful implementation.

**Core Components and Characteristics of Quality Contacts**

As a cornerstone of casework practice, quality contacts reflect a focused exchange of ideas and information (Atif & National Resource Center for Child Protective Services, 2010). These contacts should go beyond a “friendly visit to chat about how the kids are doing” and represent a professional consultation (National Resource Center for Family-Centered and Permanency Planning, 2008).

**Quality contacts incorporate the following components:**

- **Preparation and planning** tailored to the specific circumstances of the child or youth and family
- **Assessment of:**
  - Safety, risk, permanency, and well-being
  - Progress toward individual case goals
- **Engagement** of children, youth, parents, and resource parents by the caseworker through use of empathy, genuineness, and respect
- **Dialogue** that values the youth and parent voice and promotes reflection on strengths, needs, and concerns
- **Follow-up** on tasks or concerns discussed previously (this may include difficult conversations about why certain things did not happen as planned).
- **Decision-making and problem solving** to address needs and move the case plan forward
- **Documentation** to support monitoring and follow-up Federal, State, and local guidelines establish a foundation for a quality contact, while attributes of good casework practice are demonstrated throughout.

Exhibit 1 highlights the characteristics of a quality contact.



## Why Quality Contacts Are Important

Good casework practice depends on quality contacts

### Good Casework Practice

Quality contacts provide important opportunities for caseworkers to:

- Ensure child safety
- Make personal connections and develop trusting relationships with family members

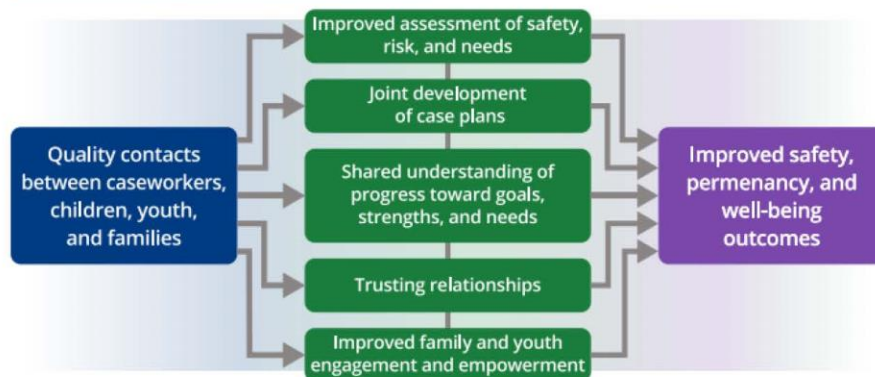
- Observe children, youth, and families in their home settings (or other settings appropriate for the circumstances of the case)
- Work collaboratively with families to identify strengths, resources, challenges, and needs and to problem solve
- Develop case plans jointly with the family and assess ongoing progress toward case goals
- Understand and address the specific needs of children, youth, parents, and caregivers and identify opportunities for support
- Reaffirm the parents' and the agency's accountability for child safety, permanency, and well-being (National Conference of State Legislatures, 2006)

**Links to Positive Outcomes for Children and Families:**

Analyses from Round 1 of Federal Child and Family Services Reviews (CFSRs) (2001–04) identified relationships between the frequency and quality of caseworker visits with children and State performance on outcomes related to safety, permanency, and well-being. Findings also showed relationships between caseworker visits and assessment of children's risk of harm, parent involvement in case planning, assessment of needs, and service provision (Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, 2003). (For a discussion on more recent rounds of CFSR findings, see "Common Challenges Affecting Quality Contacts.")

Exhibit 2 illustrates a theory of connections between quality contacts and improved outcomes.

**Exhibit 2. The Impact of Quality Contacts**



Citation: Defining Quality Contacts: Learn about quality contacts, why they are important, and how an agency can successfully implement them at the Capacity Building Center for States webpage: [Defining Quality Contacts - Center for States - Child Welfare Capacity Building Collaborative](#)

### Contacts Policy Requirements

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

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**Use this space to record notes.**

### Collateral Contacts

**Who and when?**

- Significant knowledge
- Monthly contact



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**Use this space to record notes.**



### Assessing Safety During Home Visits

- What are some indicators of family strengths that you might observe?
- What are some indications of family struggles or challenges that you might observe?
- How do the ages of the children in the home impact your observations of safety?

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**Use this space to record notes.**

## Permanency Planning Contact Record

### Contact Record

**The tool is not a checklist, it's an engagement tool!**

- Changes in the household
- Relationships between the child and the placement provider(s)
- Social support and respite
- Services and training
- Shared Parenting
- Physical and mental health needs of placement provider(s) and other members of the household
- Relationship with the agency, court process, child's plan, upcoming events
- Safety and supervision in the placement
- Child behaviors
- Schooling/education of child
- Physical, dental, and mental health needs of child
- Psychotropic medications
- Child's access to and participation in age- or developmentally-appropriate activities.
- Maintaining connections
- Lifebooks
- General narrative comments
- Follow-up activities

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**Use this space to record notes.**

### Quality Contact Visits

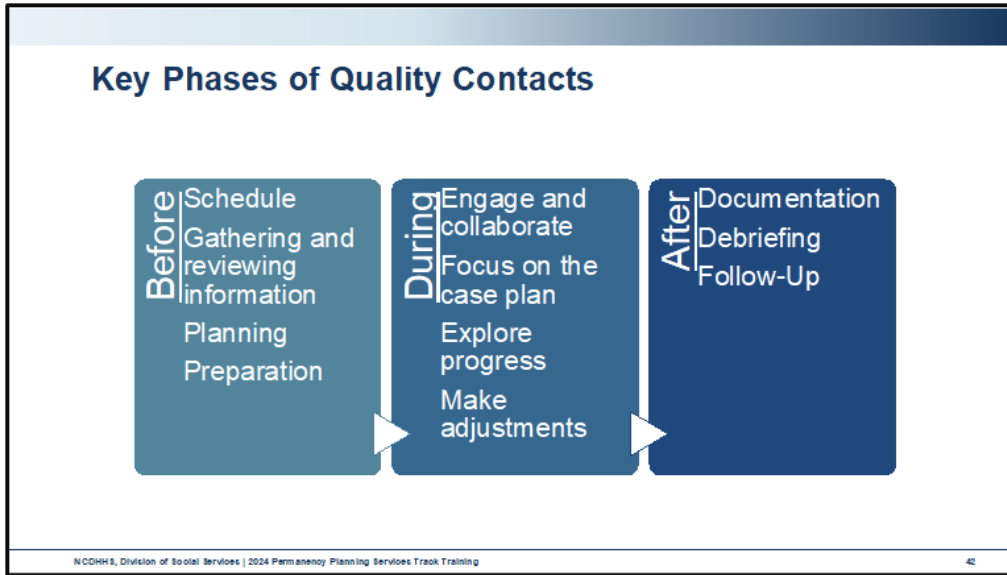
#### Activity: Key Phases of Quality Contacts

The key phases of quality contacts include:

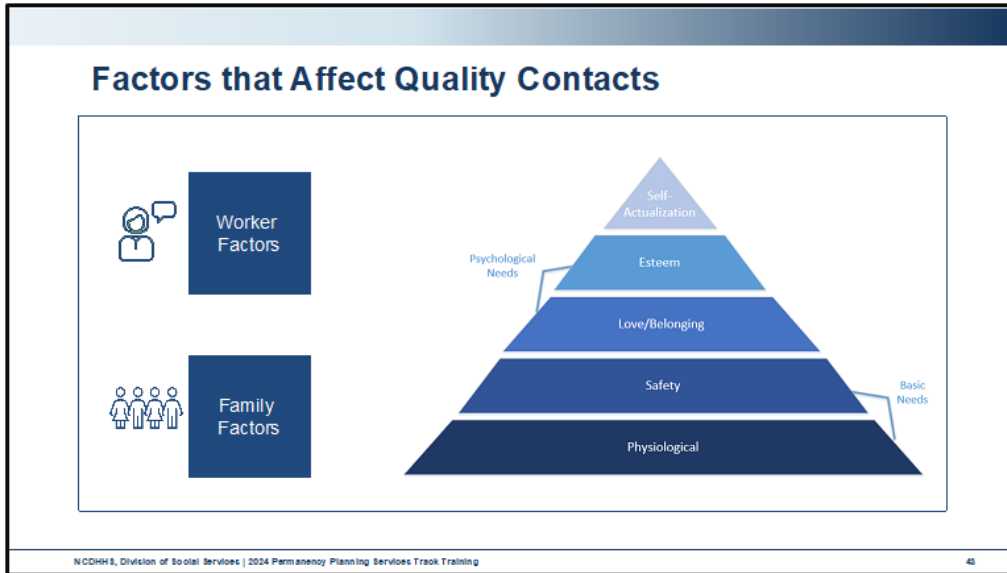
- Before
- During
- After

Each of these phases requires its own intentionality and planning. Work with your table group to list elements that require attention when planning for each stage, taking into consideration your group’s assigned quality contact audience.

<b>Assigned audience from case scenario:</b>		
<b>Before</b>	<b>During</b>	<b>After</b>



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## Worker Safety

### Activity: Worker Safety

In pairs, or on your own, consider the following prompts.

**Consider a time when you had a taxing monthly visit. Try to stay away from a scary or hostile visit and just consider one that is more frustrating or just exhausting. What emotional, psychological, and physical conditions were present that made this a taxing visit?**

**What got you through the visit?**

**What did you do to rest and recover?**

**Consider a time when you truly connected with a family during a monthly visit. What emotional, psychological, and physical conditions were present that made this moment happen?**

**How did you celebrate this moment?**

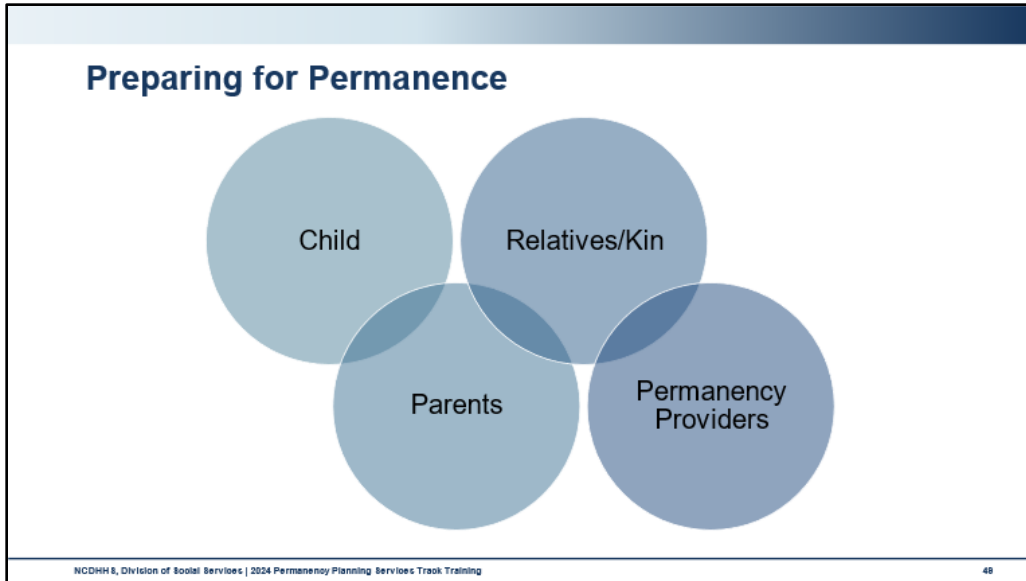
**What can you do to support yourself in having the physical, psychological, and emotional resources to remain safe on future visits?**

Reflection and Check-In

**Refer to the Record of Reflections and Values handout at the end of the Appendix and use the space to record values reflections from what you learned in this section of training. Your values reflections should include concepts learned that resonate with you and include any “aha moments”.**

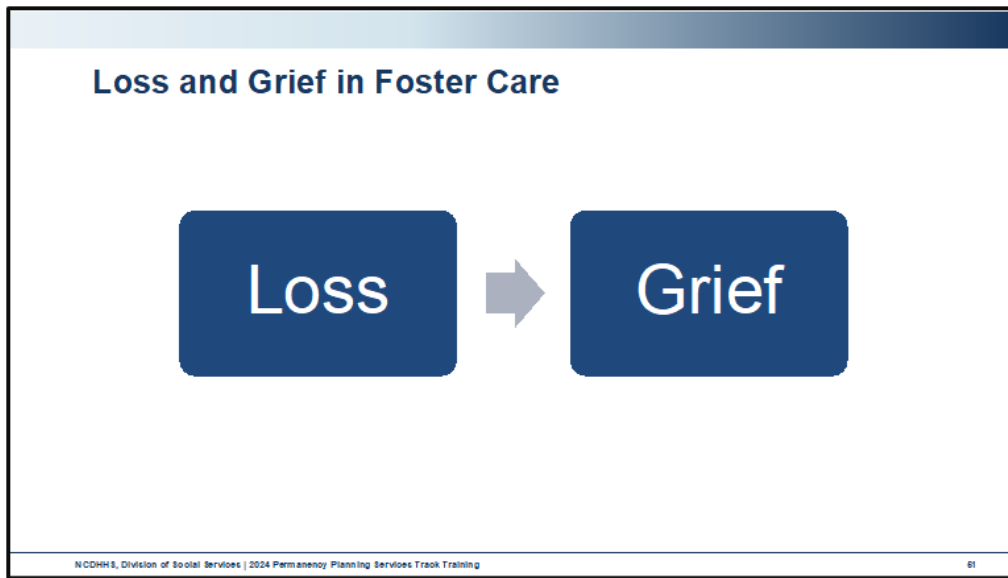


## Preparing for Permanency



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Loss and Grief



**Different types of loss**

Type of loss	Definition	Notes
Primary	Devastating losses	
Secondary	The ripple effect of loss that comes as the result of a primary loss. This can include losses related to friends, community, worldview, sense of self, faith, and finances.	

<p>Ambiguous</p>	<p>The loss of someone or something that is living or otherwise still exists. The loss is caused by lack of access and the feeling of being torn between hope that things will return to normal and the looming sense that life as you know it is no longer possible</p>	
<p>Cumulative</p>	<p>Suffering new losses before fully having a chance to process the first or previous loss. The new losses intensify the feeling of the initial or primary loss.</p>	
<p>Nonfinite</p>	<p>The loss that occurs when life doesn't match up with our hopes, expectations, or worldview, we can experience loss.</p>	
<p>Anticipatory</p>	<p>The loss that happens when we know significant changes or losses are about to take place.</p>	

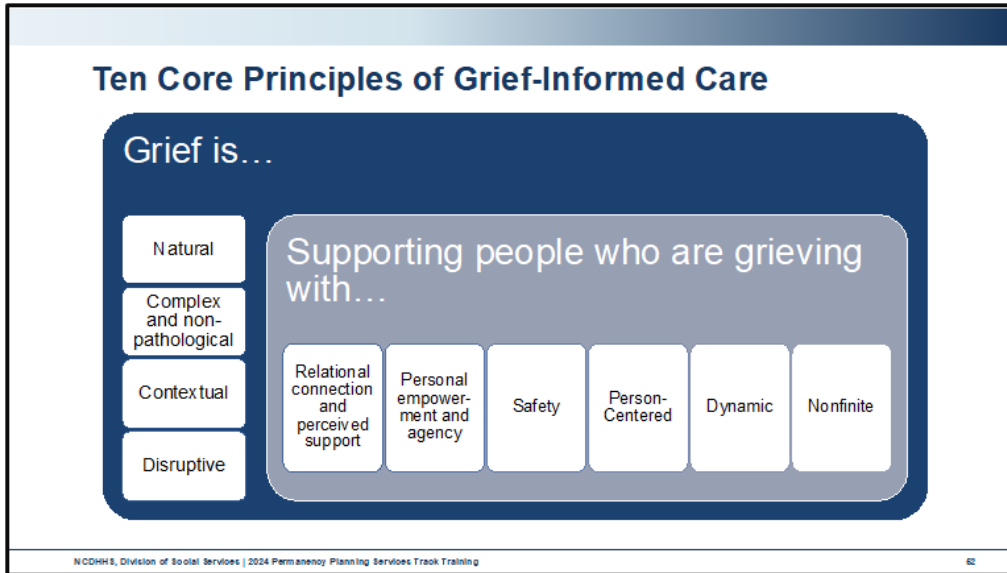
**Grief**

Grief is the natural and inevitable response to loss. Grief is considered an emotion although it is so much more than that. Grief can be felt and manifest in our bodies, minds, spirits, and relationships. Grief is a dynamic, individual process that is felt and experienced differently by each person.

The five stages of grief, informed by the work of Elisabeth Kubler-Ross, shape an understanding of the grief process:

- Shock/denial
- Anger/protest
- Bargaining
- Depression
- Acceptance

Remember that everyone grieves differently, and the stages of grief are not linear and require openness and flexibility in supporting the process of grief.



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Handout: #UnderstandGrief

# #UnderstandGrief

## Being Grief-Informed: From Understanding to Action


Donna L. Schuurman, EdD, FT & Monique B. Mitchell, PhD, FT


Grief is a natural response to loss. How people grieve privately or publicly varies and is based on many factors, including their personality and what their social context has shown, taught, or demonstrated as “appropriate.” A dominant attitude in “mainstream” society is that grief is an individual emotional experience which has predictable stages and a defined timeline. Defining grief this way suggests that if your “symptoms” last too long, or are too intense, you may have a “mental disorder” needing treatment. And this is problematic.


Everyone responds to grief in a unique way and grief can last a lifetime...and that is completely normal. This doesn't mean grieving is easy or that people won't experience emotional, physical, spiritual, and/or relational challenges. Rather than label people “disordered” or “dysfunctional,” we need to understand the holistic nature of grief. To be grief-informed not only means having knowledge about grief, it also means knowing how to put this understanding into action.


### 10 CORE PRINCIPLES OF BEING GRIEF-INFORMED


To become grief-informed begins with the initial step of identifying and embracing ten core principles about grief. These core principles involve recognizing what grief is and best practices for supporting people who are grieving.


 **Natural.** Loss is a normal, inevitable, and universal human experience. People have an innate capacity to adapt to loss and function healthily.


 **Complex and Nonpathological.** Grief is an adaptive, nonpathological response to loss. Grief is complex and complicated because people and relationships are complex and complicated.


 **Contextual.** Grief is not solely an individual experience; grief is interwoven in a sociocultural context, influenced by family, community, and other social systems. Acknowledging and addressing the sociocultural and historical factors that impact grief can reduce disparities and promote equity and inclusion.


 **Disruptive.** Grief challenges our identity, relationships, beliefs, and assumptions about the world and our role in it.


 **Relational Connection and Perceived Support.** Having people who care and support us after a loss helps us navigate the changes in our lives. Feeling heard and having people to share with helps us know we're not alone in our grief.

 **Personal Empowerment and Agency.** Experiencing loss and grief can make us feel helpless or out of control. Choosing our own healthy responses, rather than what others tell us to do or not do, can help us regain a sense of balance and person “agency.”

 **Safety.** Experiencing loss challenges our sense of safety in the world. Paying attention to our physical, emotional, and spiritual needs will help us cope with all the changes that happen after a loss.

 **Person-centered.** The intensity and experience of grief are unique for every individual.

 **Dynamic.** The dynamic nature of grief cannot be fully captured by stage, phase, or other prescriptive models. There are no universally acceptable or “correct” ways to grieve.

 **Nonfinite.** Loss is interwoven into our identity; therefore, grieving is not a finite experience. Grief doesn't have some magical end point. We can grieve someone throughout our lives.

While knowledge of the ten core principles is a critical first step to becoming grief-informed, we must recognize that knowledge is most impactful when it is put into action. It is time that we as a nation take a stand and acknowledge grief for what it truly is: a natural and normal response to loss that is interwoven into a sociocultural context. Grief is not an experience that needs to be “silenced,” “treated,” or “pathologized.” Grief, and all the many complications it imposes on the griever, is an experience that needs and deserves understanding, support, and community. Here are 10 action steps to implementing grief-informed knowledge.

*continued...*

This is a condensed version of a longer document. For the full position paper, please visit: [www.dougy.org/grief\\_informed](http://www.dougy.org/grief_informed)

## CALL TO ACTION

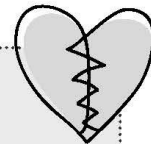
- 1. Advocate that grief is not a mental disorder; our social and cultural context impacts how we grieve.** We are impacted by the people in our lives and the world in which we live. As you listen to or read about how grief is an individual experience (i.e., grief happens in isolation of the world around us), question the narrative of “mental disorders” and consider all the factors that can contribute to how a person responds to the death of someone in their lives.
- 2. Consider the language you use and how it can impact people.** The language we use to describe people and experiences shapes how we view and respond to them. When it comes to grief and grieving, we have the potential to be helpful or harmful. People who are grieving often receive patronizing responses to “move on” or “find closure” when what they need most is to feel understood.
- 3. Educate others about being grief-informed.** Share the 10 core principles of being grief-informed with your friends, family, coworkers, and others who want to know how to support people who are grieving. If or when you notice someone is misinformed or misrepresenting grief, respond! For example, if you don’t agree with what is portrayed in the news or media, write a letter to the editor, contact a reporter... weigh in with your opinion and experience.
- 4. Broaden the dialogue about the need for diversity and inclusivity in grief research and support.** Many of the studies in the field of thanatology (the study of death, dying, bereavement, and loss) in the U.S. are based on studies of adults in “mainstream” culture, and have been used to represent the “standard” of how people grieve and how to support them. We need to reach beyond these limited and narrow perspectives to understand and support how grief is experienced by people of different beliefs, cultures, ethnicities, backgrounds, abilities, and experiences.
- 5. Challenge myths about grief.** Grief doesn’t follow an orderly path of stages, tasks, or assignments to complete. When someone is grieving, don’t impose expectations on them about how they should feel or respond, or how long their grief should last. Every experience of loss is different and how people feel or respond to loss will be influenced by their relationship with the person who died, their beliefs, experience, social support, and many other factors.
- 6. Acknowledge and address the injustices of labels.** Does yearning for someone who died mean that someone has a mental disorder (e.g., “Prolonged Grief Disorder”)? Rather than labeling people who are grieving with a mental disorder, or permitting others to label us, consider framing the challenges we face when we’re grieving as just that: challenges we experience when coping with the death of someone in our lives.
- 7. Recognize and acknowledge that every experience of loss is a unique experience.** People will likely respond to the death of each person in their life differently because every relationship is unique. Let’s not assign people who are already struggling into preconceived and stereotypical boxes.
- 8. Strengthen relational connections.** Our mainstream society values independence and, as such, the challenges experienced when grieving are often viewed as occurring “within the individual.” Unfortunately, this unrealistic position underestimates, and may even ignore, the value of interpersonal support when someone is grieving. We need connections with others who are understanding and compassionate, especially when difficult and painful things happen.
- 9. Honor lived experience.** There are as many ways to grieve as there are people in the world, and there’s no “right way” or “wrong way.” It’s important to know how to support others, even when their lived experience and grieving responses differ from our own. When we place expectations and judgments on others because they are different from us, it can create barriers rather than relational connection and perceived support. To honor the lived experience of others involves offering the gift of nonjudgmental listening, open mindedness, and support.
- 10. Be compassionate with yourself and with others.** Oscar Wilde famously stated that “only the shallow know themselves,” suggesting that there’s always more to learn about ourselves and others, no matter our age, education, or social status. One of the ways we can “walk our talk” is to demonstrate the same compassion toward ourselves that we hope others will have for themselves, particularly when we’re grieving.



The National Grief Center  
for Children & Families

### Join this national call to action!

Let us know what you and/or your organization are doing to raise national consciousness on being grief informed. We’d love to hear from you! On social media use #UnderstandGrief and tag us at @thedougycen. Go to [dougycen.org/UnderstandGrief](https://dougycen.org/UnderstandGrief) for more.



### The Bill of Rights for Youth in Foster Care Who are Grieving

- Know the truth about the separation, the person, and/or people from whom we've been separated, and the circumstances surrounding the loss.
- Ask questions and have them answered honestly.
- Be heard and listened to without receiving unsolicited advice.
- Be silent and not share our thoughts and emotions out loud.
- Disagree with your perceptions and conclusions.
- See the people who we've been separated from, if we choose to and if we're legally allowed to do so.
- Grieve in our own ways — without hurting ourselves or others.
- Feel all the feelings and to think all the thoughts of our own unique grief.
- Not have the "Stages of Grief" imposed on us. This material is inaccurate and outdated.
- Be angry at being separated from people we care about; the people we've been separated from; ourselves; and others.
- Disagree with people who are insensitive, especially those who use everyday expressions to talk about our unique grief.
- Have our own beliefs about family and separation.
- Be involved in the decisions about our visits with family and friends

[https://www.dougy.org/assets/uploads/Bill-of-Rights-for-Teens-who-are-grieving\\_LYGHT.pdf](https://www.dougy.org/assets/uploads/Bill-of-Rights-for-Teens-who-are-grieving_LYGHT.pdf)

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## Handout: Grieving Teen Bill of Rights

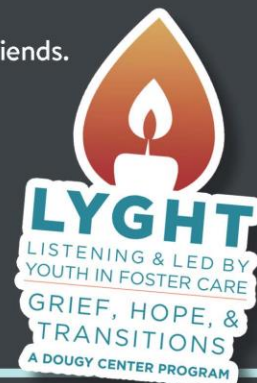
# The Bill of Rights for Youth in Foster Care Who are Grieving

As youth in foster care who are grieving, we have the right to:

- Know the truth about the separation, the person and/or people from whom we've been separated, and the circumstances surrounding the loss.
- Ask questions and have them answered honestly.
- Be heard and listened to without receiving unsolicited advice.
- Be silent and not share our thoughts and emotions out loud.
- Disagree with your perceptions and conclusions.
- See the people who we've been separated from, if we choose to and if we're legally allowed to do so.
- Grieve in our own ways – without hurting ourselves or others.
- Feel all the feelings and to think all the thoughts of our own unique grief.
- Not have the “Stages of Grief” imposed on us. This material is inaccurate and outdated.
- Be angry at being separated from people we care about; the people we've been separated from; ourselves; and others.
- Disagree with people who are insensitive, especially those who use everyday expressions to talk about our unique grief.
- Have our own beliefs about family and separation.
- Be involved in the decisions about our visits with family and friends.

#UnderstandGrief 

This “Bill of Rights” was adapted for youth in foster care from the document developed by youth participants at Dougy Center: The National Grief Center for Children & Families. ©2022 by Dougy Center: The National Grief Center for Children & Families



## Preparing for Permanence

Activity: Preparing for Permanence

**Record your group's assigned legal permanency outcome:**

Using the chart on the following page:

**Describe how you prepare each person through the three realms of permanency.**

- Three realms of permanence: legal, cultural, relational
- Who must be prepared: children/youth, parents, relatives/kin, and permanency resource

**List the tools you would use and how you would use them to support the conversation.** Tools such as: lifebooks, safety circles, genograms, ecomaps, drawing, journaling, timelines, crucial conversations


After completing, create a poster that reflects the conversation you had in your group.

	Legal Realm	Cultural Realm	Relational Realm
Children/Youth			
Parents			
Relatives/Kin			
Permanency Resource			
What tools would you use and how would you use them to support the conversation?			

## Older Youth

**Engaging Youth in Permanency Planning**

- Help youth understand family, belonging, and permanency
- Help youth explore permanency
- Encourage family connections
- Be honest and direct
- Recognize family loyalties may affect desires to pursue permanency
- Give youth a voice in permanency planning



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**Use this space to record notes.**

Worksheet: Engaging Youth in Permanency Planning

**Case Scenario:**

Jeff is a 17-year-old who wants to live with his mother. His mother has struggled with substance use disorder and has not always kept her commitments to Jeff, such as going to rehab or AA meetings or bringing Jeff home from the group home for holidays. Jeff has been in foster care for almost two years and DSS is seeking TPR due to lack of progress in making necessary behavioral changes to remedy safety concerns. Jeff is furious about this and says that no matter what DSS does, he will go back to his mom when he is 18.

<p><b>Response 1:</b> DSS continues with its petition to terminate parental rights. It cannot find justification for exempting the agency from this ASFA requirement. The agency will not even consider allowing Jeff to visit his mother given her lack of progress and the liability issues they could face were something to happen.</p>		
<p>What are you worried about with this plan?</p>	<p>What works well with this plan?</p>	<p>What are the next steps to proceed with this plan?</p>

**Response 2:** DSS refers Jeff to a therapist to help him with his anger and frustration with his mother. The social worker meets with Jeff regularly to develop an alternative plan which includes his signing a Voluntary Placement Agreement and continuing in school so he can get his diploma, even though he will be 19 when he finishes. Jeff expresses no interest in this option. DSS explains the benefits of the LINKS Special Funds program, and how the agency will be able to help him set up his own place, rent an apartment, and get further training. When Jeff does not participate in some of his planning meetings, the plan is discussed without him.

What are you worried about with this plan?	What works well with this plan?	What are the next steps to proceed with this plan?

<p><b>Response 3:</b> DSS accepts Jeff’s plan to return to his mother’s home and stops the TPR proceedings. The Family Services Agreement includes increasing visitation with the mother, including school holidays. Jeff will be responsible for arranging his own transportation. The focus of social work time will be on helping Jeff to develop strategies to cope with issues that confront him. DSS makes available services and resources that Jeff needs to explore his plans, always open to the option of changing the plan if this does not work out as he hopes.</p>		
What are you worried about with this plan?	What works well with this plan?	What are the next steps to proceed with this plan?

Reflection and Check-In

**Refer to the Record of Reflections and Values handout at the end of the Appendix and use the space to record values reflections from what you learned in this section of training. Your values reflections should include concepts learned that resonate with you and include any “aha moments”.**



## End-of-Day-Values Reflection

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

**In small groups at your table, share at least one value from this training today that will shape how you support and advocate for families in Permanency Planning Services. Use this space to record notes from the group conversation.**

A large, empty rectangular box with a thin black border, intended for participants to record notes from their group conversations during the training.

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## Appendix: Handouts

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## Importance of Quality Contacts

## Importance of Quality Contacts



## Defining Quality Contacts

## WHAT ARE QUALITY CONTACTS?

## DEFINITION

Quality contacts are . . .

Purposeful interactions between caseworkers and children, youth, parents, and resource parents that reflect engagement and contribute to assessment and case planning processes. These face-to-face interactions often are referred to as “home visits” or “caseworker visits.”

Good child welfare practice relies on quality contacts between caseworkers and children, youth, parents, and resource parents (foster parents and other caregivers). Moreover, quality contacts ensure child safety, support permanency planning, and promote child and family well-being. Developed by the Capacity Building Center for States (the Center) as a suite of products and learning tools, Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families supports public child welfare agencies and contracted service providers in conducting quality contacts. This issue brief—the first product in the suite—provides a foundation for understanding what quality contacts are, what they look like, why they are important, and how a child welfare agency can set the stage for their successful implementation.

## Core Components and Characteristics of Quality Contacts

As a cornerstone of casework practice, quality contacts reflect a focused exchange of ideas and information (Atif & National Resource Center for Child Protective Services, 2010). These contacts should go beyond a “friendly visit to chat about how the kids are doing” and represent a professional consultation (National Resource Center for Family-Centered and Permanency Planning, 2008).

**Quality contacts incorporate the following components:**

- **Preparation and planning** tailored to the specific circumstances of the child or youth and family
- **Assessment** of:
  - Safety, risk, permanency, and well-being
  - Progress toward individual case goals
- **Engagement** of children, youth, parents, and resource parents by the caseworker through use of empathy, genuineness, and respect
- **Dialogue** that values the youth and parent voice and promotes reflection on strengths, needs, and concerns
- **Follow-up** on tasks or concerns discussed previously (this may include difficult conversations about why certain things did not happen as planned).
- **Decision-making and problem solving** to address needs and move the case plan forward
- **Documentation** to support monitoring and follow-up Federal, State, and local guidelines establish a foundation for a quality contact, while attributes of good casework practice are demonstrated throughout.

**Exhibit 1 highlights the characteristics of a quality contact.**



## Why Quality Contacts Are Important

Good casework practice depends on quality contacts

### Good Casework Practice

**Quality contacts provide important opportunities for caseworkers to:**

- Ensure child safety
- Make personal connections and develop trusting relationships with family members



- Observe children, youth, and families in their home settings (or other settings appropriate for the circumstances of the case)
- Work collaboratively with families to identify strengths, resources, challenges, and needs and to problem solve
- Develop case plans jointly with the family and assess ongoing progress toward case goals
- Understand and address the specific needs of children, youth, parents, and caregivers and identify opportunities for support
- Reaffirm the parents' and the agency's accountability for child safety, permanency, and well-being (National Conference of State Legislatures, 2006)

**Links to Positive Outcomes for Children and Families:**

Analyses from Round 1 of Federal Child and Family Services Reviews (CFSTRs) (2001–04) identified relationships between the frequency and quality of caseworker visits with children and State performance on outcomes related to safety, permanency, and well-being. Findings also showed relationships between caseworker visits and assessment of children's risk of harm, parent involvement in case planning, assessment of needs, and service provision (Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, 2003). (For a discussion on more recent rounds of CFSTR findings, see "Common Challenges Affecting Quality Contacts.")

Exhibit 2 illustrates a theory of connections between quality contacts and improved outcomes.



Citation: Defining Quality Contacts: Learn about quality contacts, why they are important, and how an agency can successfully implement them at the Capacity Building Center for States webpage: [Defining Quality Contacts - Center for States - Child Welfare Capacity Building Collaborative](#)

#UnderstandGrief

# #UnderstandGrief

## Being Grief-Informed: From Understanding to Action


Donna L. Schuurman, EdD, FT & Monique B. Mitchell, PhD, FT


Grief is a natural response to loss. How people grieve privately or publicly varies and is based on many factors, including their personality and what their social context has shown, taught, or demonstrated as “appropriate.” A dominant attitude in “mainstream” society is that grief is an individual emotional experience which has predictable stages and a defined timeline. Defining grief this way suggests that if your “symptoms” last too long, or are too intense, you may have a “mental disorder” needing treatment. And this is problematic.


Everyone responds to grief in a unique way and grief can last a lifetime...and that is completely normal. This doesn’t mean grieving is easy or that people won’t experience emotional, physical, spiritual, and/or relational challenges. Rather than label people “disordered” or “dysfunctional,” we need to understand the holistic nature of grief. To be grief-informed not only means having knowledge about grief, it also means knowing how to put this understanding into action.


### 10 CORE PRINCIPLES OF BEING GRIEF-INFORMED


To become grief-informed begins with the initial step of identifying and embracing ten core principles about grief. These core principles involve recognizing what grief is and best practices for supporting people who are grieving.


 **Natural.** Loss is a normal, inevitable, and universal human experience. People have an innate capacity to adapt to loss and function healthily.


 **Complex and Nonpathological.** Grief is an adaptive, nonpathological response to loss. Grief is complex and complicated because people and relationships are complex and complicated.


 **Contextual.** Grief is not solely an individual experience; grief is interwoven in a sociocultural context, influenced by family, community, and other social systems. Acknowledging and addressing the sociocultural and historical factors that impact grief can reduce disparities and promote equity and inclusion.


 **Disruptive.** Grief challenges our identity, relationships, beliefs, and assumptions about the world and our role in it.


 **Relational Connection and Perceived Support.** Having people who care and support us after a loss helps us navigate the changes in our lives. Feeling heard and having people to share with helps us know we’re not alone in our grief.

 **Personal Empowerment and Agency.** Experiencing loss and grief can make us feel helpless or out of control. Choosing our own healthy responses, rather than what others tell us to do or not do, can help us regain a sense of balance and person “agency.”

 **Safety.** Experiencing loss challenges our sense of safety in the world. Paying attention to our physical, emotional, and spiritual needs will help us cope with all the changes that happen after a loss.

 **Person-centered.** The intensity and experience of grief are unique for every individual.

 **Dynamic.** The dynamic nature of grief cannot be fully captured by stage, phase, or other prescriptive models. There are no universally acceptable or “correct” ways to grieve.

 **Nonfinite.** Loss is interwoven into our identity; therefore, grieving is not a finite experience. Grief doesn’t have some magical end point. We can grieve someone throughout our lives.

While knowledge of the ten core principles is a critical first step to becoming grief-informed, we must recognize that knowledge is most impactful when it is put into action. It is time that we as a nation take a stand and acknowledge grief for what it truly is: a natural and normal response to loss that is interwoven into a sociocultural context. Grief is not an experience that needs to be “silenced,” “treated,” or “pathologized.” Grief, and all the many complications it imposes on the griever, is an experience that needs and deserves understanding, support, and community. Here are 10 action steps to implementing grief-informed knowledge.

*continued...*

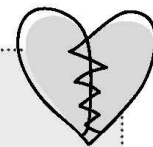
This is a condensed version of a longer document. For the full position paper, please visit: [www.dougy.org/grief\\_informed](http://www.dougy.org/grief_informed)

## CALL TO ACTION

- 1. Advocate that grief is not a mental disorder; our social and cultural context impacts how we grieve.** We are impacted by the people in our lives and the world in which we live. As you listen to or read about how grief is an individual experience (i.e., grief happens in isolation of the world around us), question the narrative of “mental disorders” and consider all the factors that can contribute to how a person responds to the death of someone in their lives.
- 2. Consider the language you use and how it can impact people.** The language we use to describe people and experiences shapes how we view and respond to them. When it comes to grief and grieving, we have the potential to be helpful or harmful. People who are grieving often receive patronizing responses to “move on” or “find closure” when what they need most is to feel understood.
- 3. Educate others about being grief-informed.** Share the 10 core principles of being grief-informed with your friends, family, coworkers, and others who want to know how to support people who are grieving. If or when you notice someone is misinformed or misrepresenting grief, respond! For example, if you don’t agree with what is portrayed in the news or media, write a letter to the editor, contact a reporter... weigh in with your opinion and experience.
- 4. Broaden the dialogue about the need for diversity and inclusivity in grief research and support.** Many of the studies in the field of thanatology (the study of death, dying, bereavement, and loss) in the U.S. are based on studies of adults in “mainstream” culture, and have been used to represent the “standard” of how people grieve and how to support them. We need to reach beyond these limited and narrow perspectives to understand and support how grief is experienced by people of different beliefs, cultures, ethnicities, backgrounds, abilities, and experiences.
- 5. Challenge myths about grief.** Grief doesn’t follow an orderly path of stages, tasks, or assignments to complete. When someone is grieving, don’t impose expectations on them about how they should feel or respond, or how long their grief should last. Every experience of loss is different and how people feel or respond to loss will be influenced by their relationship with the person who died, their beliefs, experience, social support, and many other factors.
- 6. Acknowledge and address the injustices of labels.** Does yearning for someone who died mean that someone has a mental disorder (e.g., “Prolonged Grief Disorder”)? Rather than labeling people who are grieving with a mental disorder, or permitting others to label us, consider framing the challenges we face when we’re grieving as just that: challenges we experience when coping with the death of someone in our lives.
- 7. Recognize and acknowledge that every experience of loss is a unique experience.** People will likely respond to the death of each person in their life differently because every relationship is unique. Let’s not assign people who are already struggling into preconceived and stereotypical boxes.
- 8. Strengthen relational connections.** Our mainstream society values independence and, as such, the challenges experienced when grieving are often viewed as occurring “within the individual.” Unfortunately, this unrealistic position underestimates, and may even ignore, the value of interpersonal support when someone is grieving. We need connections with others who are understanding and compassionate, especially when difficult and painful things happen.
- 9. Honor lived experience.** There are as many ways to grieve as there are people in the world, and there’s no “right way” or “wrong way.” It’s important to know how to support others, even when their lived experience and grieving responses differ from our own. When we place expectations and judgments on others because they are different from us, it can create barriers rather than relational connection and perceived support. To honor the lived experience of others involves offering the gift of nonjudgmental listening, open mindedness, and support.
- 10. Be compassionate with yourself and with others.** Oscar Wilde famously stated that “only the shallow know themselves,” suggesting that there’s always more to learn about ourselves and others, no matter our age, education, or social status. One of the ways we can “walk our talk” is to demonstrate the same compassion toward ourselves that we hope others will have for themselves, particularly when we’re grieving.



The National Grief Center  
for Children & Families



### Join this national call to action!

Let us know what you and/or your organization are doing to raise national consciousness on being grief informed. We’d love to hear from you! On social media use #UnderstandGrief and tag us at @thedougyceneter. Go to [dougyceneter.org/UnderstandGrief](https://dougyceneter.org/UnderstandGrief) for more.

## Grieving Teen Bill of Rights

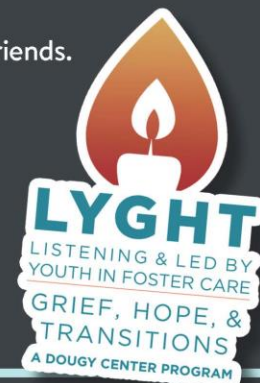
# The Bill of Rights for Youth in Foster Care Who are Grieving

As youth in foster care who are grieving, we have the right to:

- Know the truth about the separation, the person and/or people from whom we've been separated, and the circumstances surrounding the loss.
- Ask questions and have them answered honestly.
- Be heard and listened to without receiving unsolicited advice.
- Be silent and not share our thoughts and emotions out loud.
- Disagree with your perceptions and conclusions.
- See the people who we've been separated from, if we choose to and if we're legally allowed to do so.
- Grieve in our own ways — without hurting ourselves or others.
- Feel all the feelings and to think all the thoughts of our own unique grief.
- Not have the “Stages of Grief” imposed on us. This material is inaccurate and outdated.
- Be angry at being separated from people we care about; the people we've been separated from; ourselves; and others.
- Disagree with people who are insensitive, especially those who use everyday expressions to talk about our unique grief.
- Have our own beliefs about family and separation.
- Be involved in the decisions about our visits with family and friends.

#UnderstandGrief 

This “Bill of Rights” was adapted for youth in foster care from the document developed by youth participants at Dougy Center: The National Grief Center for Children & Families.  
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Record of Reflections and Values

Reflection and End of Day Values Sheet		
		
Self-Values Reflection	Reasonable Efforts	Two Level Decision-Making

Reflection and End of Day Values Sheet		
		
Self-Values Reflection	Reasonable Efforts	Two Level Decision-Making