Children's Services
PRACTICE NOTES
For North Carolina's Child Welfare Workers
From the NC Division of Social Services and the Family and Children's Resource Program

Making Quality Assessments in Child Welfare

Volume 19, Number 1
December 2013

This publication for child welfare professionals is produced by the North Carolina Division of Social Services and the Family and Children's Resource Program, part of the Jordan Institute for Families within the School of Social Work at the University of North Carolina at Chapel Hill.

In summarizing research, we try to give you new ideas for refining your practice. However, this publication is not intended to replace child welfare training, regular supervision, or peer consultation—only to enhance them.

Let us hear from you!
To comment about something that appears in *Practice Notes*, please contact:
John McMahon
Jordan Institute for Families
School of Social Work
UNC–Chapel Hill
ChapelHill,NC27599-3550
jdmcmaho@unc.edu

Newsletter Staff
Mellicent Blythe
Sarah Marsh
John McMahon
Laura Phipps

Visit Our Website
www.practicenotes.org

In child welfare work assessments are essential. They are what we use to make judgments and decisions about what should happen next in our work with families. That's why the quality of assessments matters so much.

Thorough assessments of different kinds conducted by child welfare professionals, mental health providers, and others help us ensure the interventions we provide are both helpful and necessary. This can lead to parents getting what they need to successfully care for their kids. Accurately reflected in our documentation, assessments can influence what gets decided in court.

Good assessments can be a pathway to the outcomes we seek—strong families, healthy children, safe communities.

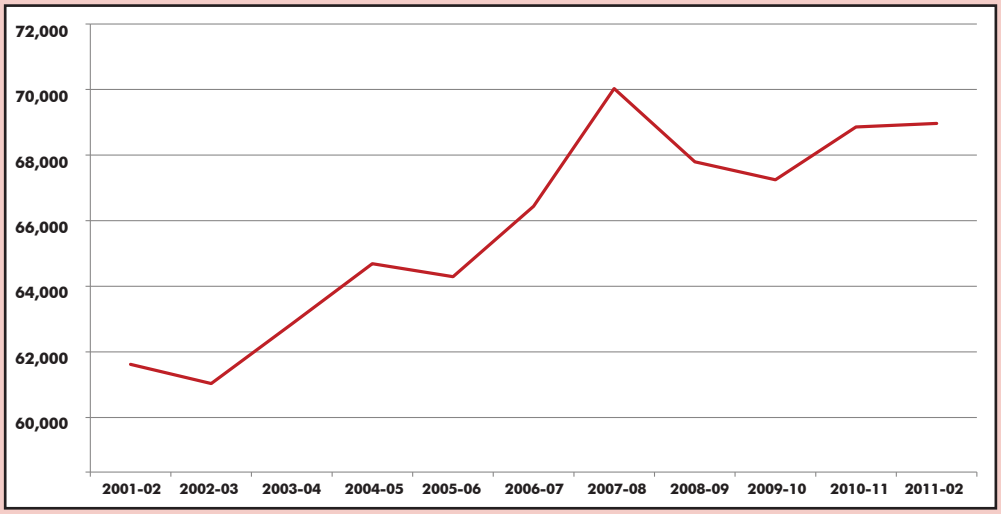
Quality assessments: a pathway to the outcomes we seek.

For this reason, practitioners have a natural interest in making their assessment skills and processes as good as they can be. This issue of *Practice Notes* seeks to support this effort by reflecting on system and agency-led efforts to strengthen assessments, the process of assessing prospective adoptive families, and the relationship between effective assessment and family engagement.

We hope it will be helpful to you in your quest to continually improve outcomes for families and children. ◆

Child Protective Services Assessments in North Carolina

State Fiscal Years 2001-02 through 2011-12



Source: Duncan, Kum, Flair, Stewart, Vaughn, Bauer, & Reese, 2013

When they think of child welfare assessments, people usually think of assessments conducted by child protective services (CPS) when someone suspects a child has been neglected or abused.

That's not surprising. As a system we do a lot of CPS assessments. In the U.S. in 2011 there were about 2 million of them, involving about 3 million children (USDHHS, 2012).

As the figure shows, CPS assessments in North Carolina have been trending upwards over the last ten years, rising from 61,622 in 2001-02 to 68,966 in 2011-12 (Duncan et al., 2013). This is a 12% increase, even though the number of children in NC declined by 7% during this period (US Census 2000 and 2010, cited in Duncan et al., 2013).

A Framework for Thinking about Assessment in Child Welfare

The CPS assessment process is the first thing that comes to mind for many people when they think of assessments in the field of child welfare. But the truth is that assessment plays an important role in every phase of our work, from intake through adoption. Plus, there are quite a few specialized assessments that also figure prominently—NC's Family Reunification Assessment (DSS-5227) and the Ansell-Casey Life Skills Assessment are just two of dozens that could be mentioned.

This can make thinking about child welfare assessments a bit confusing. Unless, of course, you have a broader framework to help you understand how the various types and subvarieties of assessment fit into the work we do.

Comprehensive Family Assessments

The comprehensive family assessment is a useful framework for understanding assessment in child welfare. An "umbrella" assessment, comprehensive family assessment builds on and incorporates information collected through safety and risk assessments as well as other specialized assessments. This information is then used to help us understand the nature of the family's strengths, needs, resources, and circumstances, and to act as the basis for the type and frequency of interventions and services that will be needed.

Because comprehensive family assessments are so useful, in 2005 the US Children's Bureau published guidelines about them. These guidelines emphasize that the comprehensive family assessment is:

A process, not a tool. No single form can capture all that is needed for comprehensive assessment.

Ongoing. Many factors, including the child's safety, the risk of future maltreatment, parents' protective capacity, and child well-being must be accurately assessed on an ongoing basis. For this reason, comprehensive assessment must occur from intake to case closure.

Updated regularly. Updates should be made whenever major changes in family circumstances occur and at key decision-making points, including:

- Decisions related to in-home services
- Placement decisions
- Decisions related to changing the objectives and activities on the services agreement
- Formal reviews of progress, including court reviews
- Termination of Parental Rights (TPR) decisions
- Decisions related to reunification or other permanency options
- Case closure

Closely tied to service provision. Decisions about service provision, placement, reunification, concurrent planning, and case closure, among others, must relate directly to the initial and ongoing comprehensive assessment of the family's needs, progress, and current resources.

Conclusion

Even if "comprehensive family assessment" isn't a term used in your agency, it can be a useful framework for integrating the many different kinds of assessment that occur in child welfare.

To learn more about this assessment framework, consult *Comprehensive Family Assessment Guidelines for Child Welfare* (USDHHS, 2005): http://www.acf.hhs.gov/sites/default/files/cb/family_assessment.pdf. ◆

Commonly Used Terms Related to Assessment in Child Welfare

Assessment. Collecting information to inform decision-making about a child, youth, or family. Always conducted as a means to an end—to identify the family's strengths and needs and to design a mutually agreed upon plan with services that will encourage the family to address and resolve the identified needs.

Comprehensive Clinical Assessment. Conducted by specially trained mental health professionals, this Medicaid billable service can be used to drive mental health treatment plans and child welfare service plans. CCAs often include interviews with families and assess the family's functioning as well as the child's.

Evaluation. An extensive and formal process of appraisal often used in other fields (education, psychology, or psychiatry) to assess client functioning using standardized instruments and methods.

"Evaluation" also refers to measuring and judging the effectiveness, outcomes, or quality of an activity or program. This definition is not directly relevant to assessing children and families.

Family Assessment. North Carolina's term for differential or alternative response in CPS. Although concerned with child safety, family assessments are holistic and not focused on a specific alleged incident of maltreatment.

Investigative Assessment. Examining and searching for facts after an alleged incident of abuse or neglect is reported.

Risk Assessment. Collecting and analyzing information to determine the degree to which key factors are present in a family situation that increase the likelihood of future maltreatment.

Safety Assessment. Systematically collecting information on threatening family conditions and current, significant, and clearly observable threats to the safety of the child, to determine the degree to which the child is likely to suffer maltreatment in the immediate future.

Screening. In CPS intake, the process used to determine whether a referral meets statutory definitons required for a CPS assessment.

In other phases of child welfare work, screening is a preliminary appraisal of needs and strengths. Usually a screening instrument or tool is used to determine if the child or family needs further assessment, treatment, or intervention services. The UNCOPE screening instrument for substance abuse is one example.

Adapted from the Child Welfare Information Gateway, 2013

To Strengthen CPS Assessments, Enhance Engagement

When we think about skill in assessments, many of us think first about technical elements such as familiarity with instruments/tools, protocols, policy, and documentation.

These all matter. But if you really want to strengthen your assessments, boosting your ability to engage families may be the best place to start.

Engagement

Engagement occurs when families are positively involved in the helping process (Yatchmenoff, 2001). According to Cunningham and colleagues (2009), engagement has three dimensions:

- Client attitudes (e.g., motivation to change, expectations about what will be achieved by participating in services, etc.)
- The relationship between the social worker and the client (e.g., rapport, trust, comfort, liking, credibility), and
- Client behaviors (collaboration, cooperation, agreement, effort on the part of the client).

In the past, there was a tendency in child protective services work to see engagement as a one-time event—as a bridge that took us to a place where we could get the information we needed to accurately assess a family.

The evidence now shows that engagement is a complex and long-term part of the change process, not a one-time event (Kemp, Marcenko, Hoagwood, & Vesneski 2009).

Engagement is not a bridge. It's the foundation of good assessments and of all effective child welfare practice.

Tips for Deepening Engagement

The following suggestions may help you engage families, even those who seem most resistant.

Make sure initial contacts are timely, responsive, and structured. Your relationship with the family is at the heart of your assessment and everything that follows. Invest the time needed to build rapport and you will probably obtain more and better information, and you and others from your agency will have a solid foundation for working with the family.

Focus on conveying, acknowledging, validating, and responding to parents' feelings and needs. The way we interact, how and what questions we ask, tone of voice, and demeanor will all convey your intention to build a supportive relationship (Turney, 2012).

There's also evidence social workers who use structured interview techniques (such as motivational interviewing) are more effective than those who employ a more open conversational style (Forester et al., 2012). For more on motivational interviewing, take the Division-sponsored course described in the box on the next page, or visit http://motivationalinterview.org.

Provide practical help. Many parents involved with child welfare feel their most pressing needs for help aren't adequately addressed (sources cited in Marcenko et al., 2010). When this happens, clients' motivation to participate in services decreases (Kirsh & Tate, 2006). Conversely, prompt responses to practical needs have been shown to build trust and increase engagement with workers and other services (Kemp et al., 2009).

Listen empathically. Most of us have been trained in *active listening*. Though this can be a useful tool, there are limits to what it can accomplish. For example, we have all had experiences when someone appeared to be listening, but we didn't feel heard. This occurs because active listening has some pitfalls. These include:

- Selective listening. We hear only part of what someone is saying because we are focused on what we expect to hear.
- Pretending. Although we act as if we're listening, we're not because we are busy, distracted, or focused on completing a task.
- Focusing on content. We're listening only to *what* is being said, not *how* the person is saying it.

Empathic listening is a better tool for engagement. When you use this approach you listen respectfully, with an open mind, and withhold judgment. As a result, families feel heard and understood, defensiveness becomes unnecessary, and solutions can be sought (BIABH, 2002).

Look for and recognize family strengths. Point out positives to the family when you learn about them. Use strengths-based language in your documentation.

Help families with transitions. Be clear, informative, and supportive as you explain things to the family, and whenever it is time to move to the next step in the process.

Communicate clearly. The more families know what is expected, the more able they are to engage in the process. Take time to make sure families understand information. Avoid acronyms and terms unfamiliar to families. "Informed parents who are educated about what *continued next page*

Barriers to Engagement

Many factors can hamper family engagement, including:

- Families' prior experiences with DSS
- Parents' fear, shame, and stigma
- Families' struggles with domestic violence, substance abuse, mental illness, and poverty
- Worker bias/making judgments prematurely
- Lack of time
- The adversarial nature of child welfare involvement
- Poor fit between services offered and families' urgent needs
- Cultural barriers

Sources cited in Marcenko, et al., 2010

Rather than labeling families as "resistant," we must to try to understand the true cause of the breakdown in engagement and partner with families to overcome barriers.

Continued from the previous page

they can expect as child welfare clients and about their own and others' roles and responsibilities are more likely to become and stay involved in services" (McKay & Bannon, 2004).

Pay attention to the words you use. Present information in as non-threatening a way as possible. Practice using non-adversarial, non-authoritarian language before you interact with families. For example, you may wish to come up with alternatives to phrases such as, "I'm not at liberty to say."

Give empowering choices. Studies tell us that when clients feel they have been given a say and presented with options, they respond favorably (Turnell & Edwards, 1999).That's why the US Children's Bureau (USDHHS, 2010) encourages us to use shared decision-making and participatory planning in our work with families. These techniques result "in mutually agreed upon goals and plans reflecting both the caseworker's professional training and the family's knowledge of their own situation."

Provide families with constructive alternatives. If alcohol is contributing to risk, it's not enough to tell a parent to stop drinking. "Change and safety in child protection is about the presence of something new, not just the absence of risk" (Turnell & Edwards, 1999).

Exercise your authority only when necessary. Invoking your authority is easier and requires less skill than being family-centered. What's more, parent perception of worker power is a critical factor that can enhance or inhibit engagement. One study found that when parents perceived workers as "having power over them" (as opposed to having "power with them") they were less likely to engage in the work (Dumbrill, 2006).

Avoid, to the extent possible, actions that minimize or undermine parents' power. Instead, look for chances to put the family in a position of authority—for example, by asking for permission, when appropriate.

Family Engagement Learning Resources

National Resources

- **Family Engagement: A Web-Based Practice Toolkit**. This in-depth guide to family engagement is offered by the National Resource Center for Permanency and Family Connections. http://www.hunter.cuny.edu/socwork/nrcfcpp/fewpt/index.htm
- **Family Engagement**. Bulletin for professionals offered through the Child Welfare Information Gateway. https://www.childwelfare.gov/pubs/f_fam_engagement/f_fam_engagement.pdf
- **Family Engagement in Child Welfare Video Series**. Offers insight into the key elements needed to make peer-to-peer family engagement programs successful. https://www.childwelfare.gov/management/reform/soc/communicate/initiative/familyvideos/

Training in NC

- *CPS Assessments*. Required for those new to family and investigative assessments.
- *Motivating Substance Abusing Families to Change*. Teaches effective ways to motivate families.
- *Coaching Children's Caregivers through Challenging Moments*. Teaches coaching and engagement skills, with a focus on improving parents' behavior management skills.
- *Connecting with Families: Family Support in Practice*. Teaches tools and strategies for providing customer-centered services motivating families to make changes in their lives.
- *Engaging the Non-Resident Father*. Helps supervisors build skills needed to support their staff in actively engaging non-resident fathers.

To learn more about these and other courses, or to register, go to www.ncswLearn.org.

Explicitly seek assistance from families in completing your assessment. Make it clear that you rely on them to help you understand the family and to complete your responsibilities (Action for Child Protection, 2006).

Actively explore parent perceptions of power and demonstrate ways the parent has power in the process. People are more disclosing, open, and cooperative if they don't feel threatened and judged.

Think collaboration, not compliance. When we focus on *compliance* with items in family service agreements or court orders, we are asking families to meet minimal requirements. Ensuring compliance is part of the child welfare agency's mandate, so it must receive some attention.

However, engagement is more likely to be successful when we set the stage for *collaboration*, which occurs when a client participates in all levels of treatment planning. Promote collaboration by encouraging clients to contribute to and alter plans and to see themselves as partners in the process (Littell & Tajima, 2000). Child and family team meetings are a great way to inspire collaboration and other dimensions of successful family engagement.

Don't forget agency factors. These have a big influence on the quality and success of our efforts to engage families. True family-centered organizations create climates, offer resources (e.g., training and coaching), and use policies and structures that allow workers to take the time they need to engage families in a family-centered way.

Agencies that want to strengthen engagement may wish to explore the promising foster parent and peer mentoring models described by Marcenko and colleagues (2010): http://bit.ly/1aPq2vF.

Conclusion

If individuals and agencies make engaging with families a priority, we'll strengthen CPS assessments and all areas of child welfare practice. ◆

NC's System- and Agency-Level Efforts to Strengthen Assessments

Elsewhere in this issue we explore ways individuals can improve outcomes by strengthening child welfare assessments. But the way we assess families can be changed at the agency and system level as well. This article reflects on several examples of this type of change that have taken place in North Carolina.

Multiple Response System (MRS)

What. North Carolina's system-level shift to differential response in child protective services (CPS), which enables agencies to conduct less adversarial, more holistic assessments of some families reported to CPS. MRS encourages family engagement not just during CPS assessment, but in every interaction from intake through case closure.

Why. Dissatisfied with its one-size-fits-all investigative CPS response, our state sought a more family-centered approach. Differential response, a promising practice used in several other states, was seen as a way to improve family engagement, thereby making services more effective while continuing to ensure child safety.

The Process. In 2001 NC's legislature mandated a pilot of differential response. In 2003 the pilot expanded to include 48 county DSS agencies. In 2006 differential response and the other features of MRS became policy statewide. Implementation succeeded due to the vision and support of the legislature and innovation, collaboration, and mutual support on the part of the NC Division of Social Services and county DSS agencies.

Impact on Outcomes. Multiple evaluations of MRS by Duke University's Center for Child and Family Policy found that using differential response does not adversely affect child safety (CCFP, 2004; 2006). Indeed, their 2011 evaluation noted that the steady decline in re-assessment rates since 2001-2002 suggests that child safety in North Carolina is continuing to increase. The 2004 evaluation also found that frontloading services works: the more time spent on assessment, the less time families spend in CPS in-home services.

Structured Decision Making®

What. North Carolina's system-level adoption of Structured Decision Making® (SDM), a model that can be used to (1) assist social workers in making accurate and consistent decisions about the levels of risk for maltreatment found in families, (2) provide guidance about service provision, and (3) assist with reunification and permanency planning. SDM was developed by the Children's Research Center (CRC). The California Evidence-Based Clearinghouse for Child Welfare rates SDM as having "promising research evidence" with a high relevance for child welfare.

Why. Desire to provide structure for critical decision points, to increase consistency and validity of decisions about families, and to focus resources on families most at risk. Desire for improvement in these areas was fueled in part by our state's performance on the 2001 federal Child and Family Services Review.

The Process. In 2002, as part of its federal Program Improvement Plan our state adopted SDM® statewide. Tools introduced at that time included: Structured Intake, Safety Assessment, Risk Assessment, Family Assessment of Strengths and Needs, Case Decision Summary, Risk Reassessment, Family Reunification Assessment.

The SDM tools were originally developed by looking at risk factors of families substantiated for maltreatment in Michigan in the 1990s. In 2008 the Division contracted with CRC to conduct a validation study to ensure that our tools are based on current data from a wider range of families in our own state, where demographics and child welfare practices are different. Based on that validation study, North Carolina revised the Risk Assessment (DSS-5230) and Risk Reassessment (DSS-5226) in 2009.

Don't Miss Out!
If you want to strengthen CPS assessments, be sure to check out the many excellent resources available from the National Resource Center for Child Protective Services: http://nrccps.org

Impact on Outcomes. There have been no formal studies of the use of SDM in North Carolina. However, Johnson and Wagner (2005) found that counties using SDM in Michigan had a significantly higher percentage of permanent placements than did comparison counties. SDM counties in the study also had lower rates of re-entry into foster care, although this difference was not statistically significant.

Project Broadcast

What. This multi-faceted project seeks to improve the well-being of NC children and families through the development of a trauma-informed child welfare system. It is funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau (Grant # 90CO1058).

Most relevant to this article is that the project's nine participating counties are making a concerted effort to screen for trauma exposure and trauma symptoms whenever children are placed in foster care. Children with trauma exposure are then referred to a mental health professional for a clinical assessment and, if appropriate, trauma-informed treatment.

Why. Left untreated, trauma can have a profound, negative impact on children's behavior, learning, health, and well-being not just in the short term, but for the rest of their lives.

continued next page

Continued from the previous page

The Process. This project began in 2011 and will run through September 2016. Nine demonstration counties (Buncombe, Craven, Cumberland, Hoke, Pender, Pitt, Scotland, Union, and Wilson) have begun this important work. The plan is to learn how best to implement trauma-informed practices and then incorporate these practices statewide.

Impact on Outcomes. This project will be fully evaluated and the results disseminated when the project ends in 2016. For more information, contact Jeanne.Preisler@dhhs.nc.gov.

Conclusion

Our field is continually developing. Here in North Carolina this is demonstrated not only by the examples given in this article, but by the fact that our state is working hard to weave continuous quality improvement (CQI) into the fabric of our child welfare system through the REAP initiative (Reaching for Accountability in Practice).

We will never be complacent when it comes to our performance or to our goal of achieving the outcomes we seek for children and families. ◆

Catawba DSS Turns to "Signs of Safety" to Strengthen Assessments

In addition to the statewide efforts described above, individual North Carolina DSS agencies are also working to strengthen assessments. For example, Catawba County DSS is one of three agencies in the state using the model Signs of Safety® (SOS). (Buncombe and Wilson DSS are the other two.) We talked with Catawba's Amber Detter and Beth Clore to learn more about their agency's experience with this approach.

The Model

SOS is a child protection practice model developed in Australia by investigations worker Steven Edwards and therapist Andrew Turnell. Since describing the model in their successful *Signs of Safety: A Solution and Safety Oriented Approach to Child Protection Casework* (1999, Norton), Turnell has been working to introduce SOS to other locations around the world—including North Carolina.

As the name implies, SOS focuses first on child safety. It is a model that emphasizes the importance of setting clear, behavior-driven goals and building true collaboration with family members. SOS is a framework for describing behavior, engaging families, and building safety for children that front-line workers can use on a daily basis—with every case at every stage, from CPS intake to case closure.

Overcoming Her Skepticism

Amber Detter was skeptical about SOS at first. She thought it might "sugar-coat" the seriousness of child abuse in an attempt to gain family cooperation. Her hesitation evaporated, however, when she saw the difference the model made.

One of things that won Amber and her co-worker Beth Clore over was its focus on describing specific, observable behaviors that create either safety or risk (danger). For example, when violence has taken place between the adults in a home, rather than writing "Dad assaulted Mom during a domestic violence incident," a worker using SOS would instead describe the specific behaviors that occurred: Dad and mom were yelling at each other, Dad shoved Mom, Dad punched a hole in the wall, child A hid in the closet crying, etc.

SOS uses this focus on specific, observable behaviors to support thoughtful assessment. It asks workers to consider whether the behaviors they see create safety or risk. Employment is something that illustrates this for Amber and Beth. Employment is commonly listed as a family strength. SOS asks workers to look deeper, to consider whether behaviors related to employment create safety or risk. Does the parent buy groceries on payday (safety)? Or drugs (risk)?

In Catwaba's experience, this focus on describing behavior yields big benefits: it helps workers articulate clearly for families—and themselves—what behaviors would demonstrate sufficient safety to close the case, and how to get there. It helps workers form quality assessments, justify their case decisions, and create clear documentation to ease transitions as the case moves between workers.

Implementation in Catawba County

Catawba DSS got started with SOS when its managers read the book *Signs of Safety* and became interested. After they decided to go deeper into SOS, Amber and Beth travelled to Minnesota for training. Later the agency brought SOS trainers in to train all its child protection workers, at all levels.

Today in Catawba all new child welfare workers go through SOS training. Existing workers are encouraged to attend well-received "lunch-and-learns," the topics of which workers get to choose. Catawba's supervisors also meet to discuss cases and support each other in using SOS with their workers. Soon the agency will train lead workers to act as peer counselors for informal SOS-informed case consultations.

In Catawba's experience, implementing SOS requires a lot of daily practice and significant organization-wide buy-in.

Worth the Effort

Amber and Beth say the results are worth it. They report that since implementing SOS more of the families they serve understand what's required from them, such as what behaviors need to be demonstrated to have unsupervised visitation or to close the case. The in-home and foster-care units have seen more behavior change as well. For example, they have seen more parents implementing new disciplinary techniques, whereas before they might have seen compliance (e.g., attending all the parenting classes) without real improvement.

These representatives from Catawba DSS say that thanks to SOS, their agency now has a "common language" that makes transferring cases smoother. When staff and supervisors focus on describing behaviors, it creates a clear understanding of the situation and the expectations for the case, reducing the chance for miscommunication.

For more information about SOS and to view efficacy/outcome research on SOS, visit www.signsofsafety.net.

Assessing Families for Permanency: Guidance from Research

Assessing whether a family is the right "forever family" for a child is a critical task for the child welfare system. The stakes are high: if we get it wrong, children who have already experienced trauma will suffer further abandonment and rejection by this "permanent placement." This piles trauma on trauma, which we know can increase the chance children will have long-term impacts on their physical and mental health and well-being (Felitti et al. 1998).

Research about why adoptions fail can help us focus on specific areas when we assess prospective permanent families.

Disruption and Dissolution

Sadly, it is relatively common for permanent placements not to work out. For example, adoptions typically fail in one of two ways:

- **Disruptions** occur when children are placed with families who intend to adopt them, but the placement falls apart before the adoption can be legally finalized. It is estimated that 10-25% of adoptive placements for children from foster care disrupt (CWIG, 2012). Those numbers don't include children who disrupt from custody or guardianship placements.
- **Dissolutions** occur when adoptions are legally "dissolved" by a court after they have been finalized. Numbers of dissolutions are much harder to track, since children often return to foster care with a new name and social security number. However, studies estimate up to 10% of adoptions of children from foster care end in dissolution (CWIG, 2012).

So what can we do during the assessment process to prevent disruptions, dissolutions, and other dead-ends on the road to permanency? Although there are no short-cuts—good assessment is not a "check the box" or an assembly-line process—research about why adoptions fail can help us focus on specific areas when we assess prospective permanent families for children in foster care.

Key Assessment Areas

1. Willingness to Maintain Connections. Honoring and maintaining connections with birth families preserves children's personal histories and maintains their existing attachments in the face of overwhelming change and uncertainty. For this reason, when children are in foster care, North Carolina strongly encourages foster parents and other temporary caregivers to engage in the practice of shared parenting.

Ongoing connections with families of origin can also be desirable in the context of adoption. For example, some studies have shown that children, adoptive parents, and birth parents tend to have better adjustment with open adoptions (CWIG, 2010).

However, the relationship with the birth family becomes more complicated when considering a permanent family. Because our state has closed adoptions, in North Carolina it is entirely up to the adoptive family to decide what contact—if any—the child will have with relatives after the adoption. Similarly, in legal guardianship or custody arrangements DSS has no influence on visitation or contact once the case is closed.

This makes it important to assess the potential permanent family regarding feelings and behaviors related to the birth family. What might shared parenting look like once DSS is no longer involved? For child welfare professionals, facilitating communication between families and mediating those decisions is an important task in the assessment process (CWIG, 2006).

2. Success Coping with Challenges. Adoptive parents face short- and long-term risks related to adoption, so a family's vulnerabilities and resilience need to be included in the mutual assessment process. Some professionals who work in adoptions refer to "post-adoption depression syndrome" (PADS) to describe the feeling of let-down that sometimes follows an adoption after months and years of anticipation (CWIG, 2010). In addition, the realities of parenting—lack of sleep, behavior problems, tedious daily routines—can feel overwhelming and lead people to question their parenting ability and attachment to their child.

Heather Englehart, who until recently was a Program Consultant with NC Kids at the Division of Social Services, agrees it's important to explore a family's history with adversity. "I always want to know how they have dealt with grief, loss, and trauma in their own lives," Englehart says. "What was their method of dealing with it? Did they seek therapy, or reach out for help in some way? Or are they so independent they'll let things go too far before asking for help?"

In fact, a lack of *social support*, especially from relatives, is linked with high rates of adoption disruption (CWIG, 2012). Using a genogram, ecomap, or other tool to explore a family's support system can help the worker and family visualize how much of a buffer the family will have in dealing with the inevitable stresses and losses associated with adoption.

3. Expectations. Unrealistic expectations on the part of adoptive parents is another factor associated with higher rates of disruption (CWIG, 2012).

Children who have experienced trauma often exhibit extremely challenging behaviors and reactions that can be overwhelming for adoptive parents. These behaviors may include aggression, outbursts of anger, and trouble sleeping. These struggles can threaten *continued next page*

Continued from the previous page

adoptive placements. It is difficult for parents to not take it personally when a child is dishonest or behaving poorly. But understanding that trauma is most often the underlying cause of these troubling behaviors can help parents develop realistic expectations and seek appropriate help.

When assessing potential adoptive families, it is important to help them understand we are seeking permanent families for children, not children for families. Once we help the family become focused on meeting the child's needs, we can help ensure their expectations are realistic and provide them with the support they need.

4. Familiarity with the Child. Research shows that adoptions are less likely to fail if the family already knows the child well—for example, if they are known relatives or have been the child's foster parents (CWIG, 2012; Smith et al., 2006). This suggests the need for careful transition planning and extra post-adoption support for families who don't already have a relationship with the child. This will help them weather the difficulties of adjustment.

It's particularly important to assess families' ability to make and keep commitments. Especially with a family that does not already have an attachment to the child, it's helpful to explore their job history, their marriage, and family relationships to see if they have a history of maintaining relationships and working through problems.

As Englehart suggests, you want to know, "When they've made a commitment, how did they handle it when it became really difficult to keep?"

Consider the Child's Perspective

Of course the child's perspective needs to be an integral part of the assessment. Children and youth should be actively involved in the permanency planning process to the greatest extent possible given their age and developmental level. To reduce the likelihood of disruption and further trauma, children should also be actively engaged in developing an individualized plan to ensure they get the support they need before, during, and after the transition to a potential permanent placement. Questions to consider in developing the plan might include (CWIG, 2006):

- How does the child want to preserve their existing attachments and connections?
- What kind of support does the child want when it comes to developing new attachments?
- When the child experiences grief and loss, what kind of support do they want to receive? How will grief and loss be addressed for the family?
- What will help the child stay culturally connected?
- How will we recognize and respond to early signs of problems to prevent disruption?

Conclusion

Every day child welfare professionals have to weigh the potential risks and benefits of a prospective permanent placements. Knowing how to overcome common challenges can help us select and prepare families to be the right fit for a child in need of a forever family. ◆

Recent Changes in NC Law Related to Adoption by Foster Parents

When it enacted House Bill 350 (Session Law 2013-129) during the 2013 Legislative Session, the North Carolina General Assembly amended several provisions of the Juvenile Code governing abuse, neglect, dependency, and termination of parental rights cases, including G.S. 7B-1112.1, which governs the selection of adoptive parents by a county department of social services (DSS). Recognizing that foster parents are often interested in adopting children in foster care who become eligible for adoption, the legislature enacted certain procedural safeguards related to due process for foster parents.

In the new legislation, the process of selecting adoptive parents remains the responsibility and within the discretion of DSS or the agency that has legal custody of a child. However, the new law states that:

- **DSS must consider interested foster parents**. When it selects adoptive parents for a child in foster care child, the DSS agency must consider current placement providers, if those placement providers want to adopt the child.
- **DSS must notify foster parents of adoption decisions**. When the adoption selection committee at DSS reaches a decision, the agency has ten (10) days to notify foster parents that adoptive parents have been selected.
- **If they are not selected, foster parents have a right to be heard in court**. If the foster parents want to adopt but are not selected by DSS, they can file a motion to be heard in juvenile court. They have ten (10) days from the date they were notified of the adoption committee's decision to file this motion. The DSS will provide a copy of a motion for review to the foster parents; the foster parents must then complete and file the motion with the juvenile court for a hearing. If they file this motion, the child may not be moved to the proposed adoptive home until after the court hearing.

While this amendment gives the foster parent notice and an opportunity to be heard in court, it does not make the foster parent a party to the juvenile case. When the juvenile court judge hears the motion filed by a foster parent, the judge will consider the recommendations of DSS, the guardian ad litem, and other facts related to the selection of adoptive parents. The judge then determines whether the proposed adoptive placement is in the child's best interest. If the judge determines the proposed adoptive placement is not in the child's best interest, the adoption petition is not filed and the adoption selection committee must reconvene to make a new selection. If foster parents who wish to adopt are again not selected, the procedure starts over.

However, legislative intent indicates DSS agencies should give serious consideration to foster parents who wish to adopt, unless the adoption is not in the child's best interest.

This law went into effect October 1, 2013 and applies to cases filed or pending after that date. Link to the legislation: http://www.ncleg.net/Sessions/2013/Bills/House/PDF/H350v4.pdf (See p. 18, section 36)

Specialized Assessments Commonly Used in NC Child Welfare Practice

Child welfare agencies often turn to specialized assessments to gather information they need to understand and meet the needs of children and families. Following are just a few examples of the ones used in North Carolina.

Developmental Assessments

When young children have been maltreated it is important to assess their development. In North Carolina this is done for children under age 3 through a referral to their local Children's Developmental Services Agency (CDSA). These agencies employ professionals specially trained to conduct and interpret developmental assessments. CDSAs also provide early intervention and other developmental services for eligible children.

NC's Child Service Coordination Program also provides developmental assessments. This family-centered program serves children ages 0-5 with a developmental delay, a disability, a chronic illness, or an emotional or social disorder. For more information call 919/707-5600.

Domestic Violence

The challenge in providing child protective services in domestic violence situations is to keep the children safe without penalizing the non-offending parent/adult victim and without escalating the violent behavior of the alleged perpetrator of domestic violence. To help CPS workers and their agencies meet this challenge, the NC Division of Social Services implemented a child welfare policy and makes available the following assessment tools, which can be used to guide child welfare practice in cases involving domestic violence:

- Children's Domestic Violence Assessment Tool
- Non-Offending Parent/Adult Victim DV Assessment Tool
- DV Perpetrator Assessment Tool

To access the policy and these tools, consult North Carolina's child welfare policy manual: http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/cs1409.htm

Functional Assessments

Functional assessments are often used by private child-placing agencies and mental health professionals to understand children's needs when they are placed in out-of-home care, and to measure the extent to which their level of functioning improves while they are in care. Examples of functional assessments include:

Child & Adolescent Needs and Strengths-Mental Health (CANS-MH)

Primary uses: (a) decision support regarding service intensity and residential placement, (b) quality assurance for the provider agency, and (c) outcomes monitoring. Different versions are available for mental health, developmental disabilities, juvenile justice, and child welfare populations.

Assesses functioning in these areas: (1) problem presentation; (2) risk behaviors; (3) functioning; (4) care intensity and organization; (5) caregiver capacity; (6) strengths.

Want to Know Which Are Evidence-Based?

A website designed by the developer can be informative, but it is better to look to outside, unbiased organizations such as the California Evidence-Based Clearinghouse for Child Welfare (www.cebc4cw.org) to learn about an assessment tool's usefulness.

Designed to provide a profile of the needs and strengths of the child. CANS-MH is structured to facilitate individual service planning and case management. There are other versions of the CANS; several incorporate trauma items.

Child & Adolescent Level of Care Utilization System (CALOCUS)

Primary uses: (a) quantifying the clinical severity and service needs of children with psychiatric disorders, substance use disorders, and developmental disorders with emphasis on initial placement decisions; (b) determining the level and intensity of services needed.

Assesses functioning in these areas: (1) risk of harm; (2) functional status; (3) co-morbidity; (4) recovery environment (environmental stressors, environmental supports); (5) resiliency and treatment history; (6) acceptance and engagement (child/adolescent, parent/caregiver).

Composite scores are used with a decision tree to determine an appropriate level of care/placement.

Child & Adolescent Functional Assessment Scale (CAFAS)

Primary uses: (a) tracking clinical outcomes for individual children; (b) assigning children to appropriate levels of treatment, service, or care; (c) documentation for assisting in case management activities and the development of treatment plans; (d) program evaluation. Designed for ages 5 to 19. A companion instrument, the PECFAS, is designed for children age 3-7.

Assesses functioning in these areas: (1) school/work role performance; (2) home role performance; (3) community role performance; (4) behavior toward others; (5) moods/emotions; (6) self-harmful behavior; (7) substance use; (8) thinking.

Behavioral descriptors are provided to assist in assigning an impairment level in each of the domains. Impairment is rated on a four-point scale from "Minimal or No Impairment" to "Severe Impairment." Total scores are obtained from a simple sum of scores for all eight domains.

Physical Exams / Evaluations

Medical assessments can reveal the full extent of neglect and abuse; they frequently uncover infections, internal injuries, motor skill issues, skin conditions, untreated fractures, immunization deficiencies, and a variety of other issues. Medical exams can also help by assuring the child and the child's caregivers that, even though abuse has occurred, the child will recover physically (CWIG, 1993). ◆

References *(Children's Services Practice Notes, vol. 19, n. 1 • www.practicenotes.org)*

ACTION for Child Protection. (2006, September). *The approach to gathering information for safety decision making, part 1*. Charlotte, NC: Author. Retrieved from http://action4cp.org/documents/2006/pdf/Sept2006The_ApproachtoGatheringInformationSafetyDecisionMakingPart__1.pdf.

Bringing It All Back Home Study Center. (2002). *Partners in change* (curriculum). Boone, NC: Author

Center for Child and Family Policy. (2004). *Multiple Response System (MRS) evaluation report to the North Carolina Division of Social Services (NCDSS)*. Durham, NC: Terry Sanford Institute of Public Policy, Duke University. Retrieved from www.ncdhhs.gov/dss/mrs/docs/MRS%20Evaluation%20Report%202004.pdf.

Center for Child and Family Policy. (2006). *Multiple Response System (MRS) evaluation report to the North Carolina Division of Social Services (NCDSS)*. Durham, NC: Terry Sanford Institute of Public Policy, Duke University. Retrieved from https://childandfamilypolicy.duke.edu/pdfs/pubpres/MRS_FinalReport-06.pdf.

Center for Child and Family Policy. (2011). *Multiple Response System (MRS) evaluation report to the North Carolina Division of Social Services (NCDSS): Review of juvenile petitions*. Durham, NC: Terry Sanford Institute of Public Policy, Duke University. Retrieved from http://www.ncdhhs.gov/dss/mrs/docs/MRS%20Report%202011.pdf.

Child Welfare Information Gateway. (1993). *Child sexual abuse: intervention and treatment issues*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubs/usermanuals/sexabuse/sexabused.cfm.

Child Welfare Information Gateway. (March 2006). *The basics of adoption practice: Bulletin for professionals*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubs/f_basicsbulletin/f_basicsbulletin.pdf.

Child Welfare Information Gateway. (2010). *Impact of adoption on adoptive parents*. Washington, DC: U.S. Dept. of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubs/factsheets/impact_parent/

Child Welfare Information Gateway. (2012). *Adoption disruption and dissolution*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubs/s_disrup.cfm

Child Welfare Information Gateway. (2013). *Assessment terms and definitions*. Washington, DC: U.S. Dept. of Health and Human Services, Children's Bureau. Retrieved from www.childwelfare.gov/systemwide/assessment/overview/terms.cfm.

Cunningham, W. S., Duffee, D. E., Huang, Y., Steinke, C. M. & Naccarato, T. On the meaning and measurement of engagement in youth residential treatment centers. *Research on Social Work Practice, 19*(1), 63-76. DOI: 10.1177/1049731508314505

Crampton, D.S., Usher, C.L., Wildfire, J.B., Webster, D. & Cuccaro-Alamin, S. (2011). Does community and family engagement enhance permanency for children in foster care? Findings from an evaluation of the Family-to-Family Initiative. *Child Welfare, 90*(4), 61-77.

Dumbrill, G. C. (2006). Parental experience of child protection intervention: A qualitative study. *Child Abuse & Neglect, 30*(1), 27-37. doi:10.1016/j.chiabu.2005.08.012

Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J., Bauer, R. & Reese, J. (2013). *Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.1)*. Retrieved from UNC-CH Jordan Institute for Families website. http://ssw.unc.edu/ma/

Englehart, H. (2013). *Personal communication*. Chapel Hill, NC.

Felitti, V. J., Anda, R. F., Nordenberg D., Williamson, D. F., Spitz, A. M., Edwards V., Koss, M. P. & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventative Medicine, 14*, 245-258.

Forrester, D., Westlake, D. & Glynn, G. (2012). Parental resistance and social worker skills: Towards a theory of motivational social work. *Child & Family Social Work, 17*(2), 118-129. doi:10.1111/j.1365-2206.2012.00837.x

Johnson, K. & Wagner, D. (2005). Evaluation of Michigan's foster care case management system. *Research on Social Work Practice, 15*(5), 372-380.

Kemp, S. P., Marcenko, M. O., Hoagwood, K., & Vesneski, W. (2009). Engaging parents in child welfare services: Bridging family needs and child welfare mandates. *Child Welfare, 88*(1), 101-126.

Kirsh, B. & Tate, E. (2006). Developing a comprehensive understanding of the working alliance in community mental health. *Qualitative Health Research, 16*(8), 1054-1074. doi:10.1177/1049732306292100

Littell, J. H., & Tajima, E. A. (2000). A multilevel model of client participation in intensive family preservation services. *The Social Service Review, 74*(3), 405-435. doi:10.1086/516411

Marcenko, M., Brown, R., DeVoy, P. R. & Conway, D. (2010). Engaging parents: Innovative approaches in child welfare. *Protecting Children, 25*(1), 23-34.

McKay, M.M. & Bannon, W.M. (2004). Engaging families in child mental health services. *Child Adolescent Psychiatric Clinics of North America, 13*, 905–921.

Smith, S. L., Howard, J. A., Garnier, P. C. & Ryan, S. D. (2006). Where are we now? A post-ASFA examination of disruption. *Adoption Quarterly, 9*(4), 19-44.

Turnell, A., & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection*. New York: W. W. Norton & Co.

Turney, D. (2012). A relationship-based approach to engaging involuntary clients: The contribution of recognition theory. *Child & Family Social Work, 17*(2), 149-159. doi:10.1111/j.1365-2206.2012.00830.x

U.S. Department of Health and Human Services. (2005). Comprehensive family assessment guidelines for child welfare. Washington, DC: Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Retrieved from http://www.acf.hhs.gov/sites/default/files/cb/family_assessment.pdf

U.S. Department of Health and Human Services. (2010, June). *Family engagement*. Washington, DC: Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Retrieved from www.childwelfare.gov/pubs/f_fam_engagement/

U.S. Department of Health and Human Services. (2012). *Child Maltreatment 2011*. Washington, DC: Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Available from http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment

Yatchmenoff, D. K. (2001). *Measuring client engagement in non-voluntary child protective services*. Unpublished doctoral dissertation. Portland, OR: Portland State University.