

NORTH CAROLINA DIVISION OF SOCIAL SERVICES
FAMILY SERVICES MANUAL
VOLUME I: CHILDREN'S SERVICES
CHAPTER 2: FAMILY REUNIFICATION

Change #05-2009

FAMILY REUNIFICATION SERVICES

March 2009

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I. INTRODUCTION

A. ENABLING LEGISLATION

In August 1993, under the Omnibus Budget Reconciliation Act of 1993, Public Law 103-66, (H.R. 2264), Congress amended Title IV-B to extend the range of child and family services funded under Title IV-B to include family preservation and support services. The Adoption and Safe Families Act (ASFA) of 1997 (H.R. 867) re-authorized the Family Preservation and Support Program of 1993, and renamed it the Safe and Stable Families Program. ASFA was passed by Congress and signed into law by President Clinton on November 19, 1997. It clearly defined our national goals in the areas of safety, permanency, and well-being for children in the child welfare system. The Law addressed the realization that human services systems that impact families need to work in partnership with one another to better meet the needs of both children and their families. The Law also gave renewed impetus to break down the multitude of barriers that exist between children lingering in out-of-home placements and the stability of permanency. It has since become known as the Promoting Safe and Stable Families Program (PSSF), and was amended and renewed by President Bush in January 2002 (Public Law 107-133).

PSSF promoted several key principles for implementation:

1. The safety of children is the paramount concern that must guide all child welfare services;
2. Foster care is a temporary setting and not a place for children to grow up;
3. Permanency planning efforts for children should begin as soon as a child enters foster care and should be expedited by the provision of services to families;
4. The child welfare system must focus on results and accountability;
5. Innovative approaches are needed to achieve the goals set in the areas of safety, permanency and well-being.

With emphasis on permanence, permanency planning, and a major overhaul of the child welfare system, PSSF significantly expanded the scope of services set forth by the previous Family Preservation and Support Program (FP/FS). This expansion included requirements for more adoption promotion & support and family reunification, in addition to the continued investment in ongoing FP/FS services.

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The term “family reunification” is defined as “the planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families, and their foster parents or other service providers. It aims to help each child and family achieve and maintain, at any given time, their optimal level of reconnection—from full reentry of the child into the family system to other forms of contact, such as visitation—that affirm their child’s membership in his/her family.” (Maluccio, Krieger, & Pine, *The Child Welfare Challenge*, page 341.)

Agencies funded by NCDSS have the discretion to develop and implement various models of family reunification that are unique and appropriate to their respective communities, provided that these models are developed and implemented within the parameters of this manual. The reunification program will provide services to families who have one or more children in out-of-home placement with the local county Departments of Social Services DSS having custody or placement authority and with the goal of the Out of Home Family Services Agreement being reunification. Ideally, the family will be referred for reunification services earlier rather than later in the eligible period. These children will have been alleged or found to be abused, neglected or dependent or in need of services; emotionally or behaviorally disturbed; undisciplined or delinquent; and/or have medical needs that, with assistance, could be managed in the home.

B. MISSION, VISION AND VALUES

MISSION

The Division of Social Services, Family Support and Child Welfare Services Section is committed to provide family- centered services to children and families to achieve well-being through ensuring self-sufficiency, support, safety, and permanence.

VISION

The vision of the Division is that all programs administered by the Division of Social Services will embrace family centered practice principles and provide services that promote security and safety for all. This means that every child in North Carolina will grow up in a safe, permanent, self-sufficient family where well-being needs of all are met.

VALUES

The Division believes that the family is the fundamental resource for the nurturing of children and that children have a right to their own families and that parents should be supported in their efforts to care for their children in ways that assure the safety and well being of the child. We support parents by respecting each family’s cultural, racial, ethnic, and religious heritage in their interactions with the family and our mutual establishment of goals. We support and require the

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involvement of children and families throughout their involvement with child welfare. Child and Family Team meetings focus on the family's strengths and recognize that families are our partners in the process of service planning and delivery. Judgments about families are often based on incomplete information, and can wait. A crisis can be an opportunity for change; inappropriate intervention can do harm. It is our job to instill hope because even families who feel hopeless can grow and change. This means that we as an agency arrange our schedules to accommodate the child and his/her family, that the family's ideas and resources are given the same legitimacy as those proposed by professionals, and that mutual agreement in decision making is a primary goal. For youth and families whose supports may exist outside the family unit, this means allowing and encouraging them to invite those whom they wish to attend Child and Family Team Meetings. Shared parenting meetings, which encourage interaction between caregivers and birth families, continue the partnership to enable families to best parent their children. Special efforts are to be made to engage the absent and/or non-custodial parent in the intervention process.

Service delivery does not exist in a vacuum. In order to best serve the needs of children and families, all agencies that work with the family should work cooperatively in ways that maximize service delivery and resources. To the fullest extent possible, service providers should be within the family's community, convenient for the family and child.

It is important to note the foundational philosophy of the NC Multiple Response System (hereinafter MRS) is family-centered practice delivered within a System of Care framework. The six family-centered principles of partnership are:

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

The foundational philosophy of the NC System of Care (hereinafter SOC) is family-centered practice. The six SOC Principles are:

- Interagency collaboration
- Individualized strengths based care
- Cultural competence
- Child and family involvement
- Community based services
- Accountability

C. GOALS AND OBJECTIVES

The primary goal of North Carolina's Reunification Program is to support the family in correcting the conditions which led to the child's removal, thus enabling the parent(s) to safely parent the child in their own home. These services are designed to meet the following objectives:

1. Help families develop the skills, competencies and resources necessary to effectively parent the child(ren) in a safe and nurturing environment.
2. Help families develop the skills, competencies and resources they need to handle future crisis situations more effectively.

Undeniably, the ideal family for a child is the child's own family, but this is true only if his/her family can provide a safe, stable, and nurturing environment. Once the parent(s) receive the assistance and services necessary to remove the barriers that keep them from raising their children in their own home, there is a greater likelihood that the family can be safely restored and, eventually, thrive. Reunification Programs in North Carolina are designed to offer the assistance, services, and support families need in order to maximize the opportunity for family reunification.

II. STANDARDS FOR PROGRAM DEVELOPMENT & DESIGN:

A. THE PRINCIPLES OF FAMILY REUNIFICATION

Delivered within the framework of System of Care, the definition of family reunification leads to the following principles, which form an important foundation for the development of sound policies, programs, and practices:

1. With its emphasis on ensuring continuity of relationships and care for children, family reunification is an integral part of the philosophy of permanency planning;
2. Children are best reared in families, preferably their own; most families can care for their own children if properly assisted;
3. Family reunification practice must be guided by an ecologically-oriented, System of Care family-centered competence perspective that emphasizes:
 - Promoting family empowerment;
 - Engaging in advocacy and social action;
 - Reaching for – and building on – family strengths;
 - Involving any and all whom the child considers family as partners;
 - Providing needed services and supports;

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4. Teamwork among the many parties involved in family reunification is critical;
5. All forms of human diversity—ethnic, racial, cultural, religious, life-style, physical and mental challenges—must be respected;
6. A commitment to early and consistent child-family visiting is an essential ingredient in preparing for and maintaining reunification;
7. The family, foster parents, and child-care workers must be involved as members of the service delivery team. In keeping with System of Care principle of Inter-agency Collaboration, the local DSS agency should share the same information with Family Reunification workers about the child and family that is shared with other service providers—and include them in Child and Family Team meetings. Many families will have continuing service needs in multiple areas, even after case closure. Services to meet these needs must be provided to assist children and families with reunification efforts. Appropriate linkages and referrals to other community agencies will also be required in order to continue supporting reunification as cases are completed;
8. Agencies must empower their staff members by providing adequate training and supervision and by using a team approach in making case decisions.

B. TIME-LIMITED REUNIFICATION SERVICES

Time-limited Family Reunification Services are provided for children have been removed from his/her home and to the parents or primary caregivers from which the children were removed . Reunification is conducted in a safe, appropriate, and timely manner for a maximum of 12 months within the 15-month period that begins on the date that the child, pursuant to SEC. 475 [42 U.S.C. 675] and SEC. 431 [42 U.S.C. 629a], is considered to have entered foster care.

The eligible services and activities, pursuant to SEC. 431 [42 U.S.C. 629a] (7) (B), are:

1. Individual, group, and family counseling;
2. Inpatient, residential, or outpatient substance abuse treatment services;
3. Mental health services;
4. Assistance to address domestic violence;

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5. Services to provide temporary child care and therapeutic services for families, including crisis nurseries;
6. Transportation to or from any of the services and activities listed above.

Beyond these six required services, it is expected that the local Reunification Programs will provide or help families obtain a broad range of therapeutic, supportive and/or concrete services to address the particular objectives in the families' own treatment plans. Examples of appropriate Reunification Services are:

- Assisting visitation
- Education, i.e. Parenting Skills
- Child Development
- Budgeting
- Housing
- Child Care
- Employment Readiness

Local programs may budget from Reunification allocations received through the NC Department of Health and Human Services to provide monetary assistance to families when needed and not available from public assistance or other community services

C. DEFINITIONS

1. **Primary Caregiver**
A parent, including adoptive parent or long-term foster parent who is acting in loco parentis (has assumed the status and obligation of a parent) in relation to the children, or legal guardian.
2. **Legal Guardianship**
"A judicially created relationship between child and caretaker which is intended to be permanent and self-sustaining as evidenced by the transfer to the caretaker of the following parental rights with respect to the child: protection, education, care and control of the person, custody of the person, and decision-making. The term 'legal guardian' means the caretaker in such a relationship." (SEC. 475 [42 U.S.C. 675]).
3. **Foster Care**
Foster care placement is temporary substitute care provided to a child who must be separated from his or her own parents or caretakers when the parents or caretakers are unable or unwilling to provide adequate protection and care

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4. **DSS Custody**
Situations in which county Departments of Social Services have legal custody and/or placement responsibility.
5. **Collaborative Partnerships**
The concept and mechanism derived from and developed by diverse community stakeholders, to include the family, shaping their holistic approach to serving children and families.
6. **Family Reunification**
Services and activities described in **Section I. B.** "...that are provided to a child that is removed from the child's home and placed in a **foster family home** or a **child care institution** and to the parents or primary caregiver of such a child (from which the children were removed), in order to facilitate the reunification of the child safely and appropriately within a timely fashion, but only during the 15-month period that begins on the date that the child, pursuant to section 475(5)(F), is considered to have entered foster care of such a child." {SEC. 431 [42 U.S.C. 629a] Part (7) (A) and (B)}.
7. **Foster Family Home:**
Means a place of residence of a family, person or persons licensed to provide full time foster care services to children under the supervision of a county department of social services or a licensed private child placing agency, and which meets the regulations regarding family foster home capacity set forth in Rule .0602. (NC DSS Family Support and Child Welfare Manual, Chapter IV, Section 1213.)
8. **Child Caring Institution**
"A residential child-care facility utilizing permanent buildings, located on one site for ten or more foster children. Exception can be made when no more than two group homes located on the site and licensed as meeting licensure regulations for group homes are operated by a county department of social services or by a private program licensed to provide child care or child placement services." Note: Section 1416 is deleted
9. **Child Placement**
Services are designed to:
 - strengthen, preserve and/or reunite families after children have come into agency custody or placement responsibility by helping families improve the conditions in the home that caused agency intervention;
 - ensure a single, stable, safe, nurturing, and appropriate temporary living arrangement for children removed from their homes;

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- achieve an alternative safe, permanent home for all children in agency custody or placement responsibility who cannot return home.
10. **Substantiation of Abuse, Neglect, or Dependency or a Finding of In Need of Services**
Determined by the local Department of Social Services.
11. **Substance Abuse**
"The continued use of psychoactive substances despite experiencing social, occupational, psychological, or physical problems; recurrent use in situations in which use is physically hazardous, such as driving while intoxicated; and a minimal duration of disturbance of at least 1 month." (*Clinical Work with Substance-Abusing Clients*, Straussner, pg. 4; For further information, see *DSM IV: Diagnostic and Statistical Manual of Mental Disorders*.)
12. **Visitation**
"Visits with their children is a right retained by parents, unless the court has ordered that, for compelling reasons, there will be none. Visits are not a reward to be given for good behavior but a fundamental right of the child and parent to continue their relationship. The importance of visitation to implementation of a plan for reunification has been documented. (Fanshel, 1975)" (A Handbook of Child Welfare, Laird and Hartman, 1985, pg. 608). The Reunification Worker is able to provide this service, with training, direction and guidance from the assigned local DSS Social Worker.

D. KEY ELEMENTS OF DESIGN

1. Services are time-limited for a maximum of 12 months within the first 15 months from the date of DSS custody or placement authority.
2. Referrals should be made and services should begin as soon as is practical after the child(ren) come(s) into care according to best practice. However, referrals must be made and services must initiate within 90 days of the child coming into care. It is strongly recommended that referrals be made and services initiate within 90 days of the child coming into care, however, referrals cannot be made and services cannot be initiated if there are fewer than 90 days remaining in the 15 month eligibility window.
3. Services are provided utilizing a System of Care approach through the use of *collaborative partnerships* between the Reunification program and many community collaborators including:
 - Parents
 - Other immediate and extended family members
 - Foster Care families and other caregivers
 - DSS child placement social worker

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- Guardian ad Litem
- Court administrative personnel (court counselors)
- The therapeutic community (e.g. substance abuse counselors, parents therapist, child's therapist, etc.)
- Other collateral service providers

Once established, these partnerships must be managed. The Reunification Worker assists the family in coordinating assignments and meeting the many appointments, deadlines, and other obligations facing them as they move towards reunification. As long as these *collaborative partnerships* continue to be effective in providing services and support to the families and children, there is no mandated requirement on the minimum number or nature of these partnerships. {See **Section E. Criteria for Continued Funding, #3** and **#6** below for more information on recommendations for collaborative partnerships}.

4. Services are home-based: at least one-half (1/2) of a caseworker's time spent providing reunification services is spent in face to face contact with the family in their home and community.
5. At a minimum, face to face contract with the family is required once every two weeks.
6. Services focus on promoting family competence and stability--building on strengths and the family's own resources;
7. Services are provided in a culturally competent manner, with understanding of and respect for cultural and ethnic diversity;
8. The services provided are both therapeutic and concrete;
9. All reunification services families have access to crisis/emergency services 24 hours a day, 7 days a week;
10. Caseloads range from four (4) to ten (10) families at a time, based on the intensity and duration of services and the severity of the problems, as recommended by case worker and approved by supervisor
11. Reunification caseworkers have specialized training and support to provide this service (to include visitation).

E. CRITERIA FOR CONTINUED FUNDING

For continued funding in subsequent fiscal years, programs are required to fulfill **at a minimum** the following criteria:

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1. Employ staff members who demonstrate the skills and competencies required to provide or supervise program services. The staff must complete the state sponsored Family Centered/Family Preservation Services Training prior to any case assignment;
2. Demonstrate appropriate linkages with community agencies and organizations to enable it to help clients obtain and use services and resources, and to make effective referrals for follow-up at the end of program services.
3. Show need for the service in the county / region. (This information needs to be obtained and on file each year in order to show service need in the county / region). Relevant data should include, by ethnic background:
 - Number of child protective services reports to Department of Social Services and number of substantiated or In Need of Services reports;
 - Number of children placed in Department of Social Services custody;
 - Number of children admitted to training school and detention facilities;
 - Number of children placed in residential treatment in mental health, developmental disabilities and substance abuse facilities;
 - Other data that indicates trends or increases in out-of-home placement that could be impacted by program services
4. Submit an interagency agreement among, at a minimum, all the County Departments of Social Services within the service area. (It is recommended that the area MH/DD/SAS program and the Court Counselor staff serving the proposed service area also be included in Interagency agreements.) This agreement should specifically address referrals and follow-up services after termination of services. Each year, programs that seek renewal of funding will be strengthened by letters of support from community-based service organizations that will work with families served by the program (e.g., local housing authority, health departments, family preservation, family support and family resource center programs). {See also #3 above};
5. Should have Internet access and be willing to provide data by participating in the state program evaluation activities as

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requested by the Department of Health and Human Services. Timely manner of provision of data is defined by the Community Based Programs Team as the no later than the 10th of each month.

III. STANDARDS FOR PROGRAM OPERATION & SERVICE DELIVERY:

A. CRITERIA FOR REFERRAL/ACCEPTANCE FOR REUNIFICATION

Reunification services are directed to families in which one or more children have been removed from their home and placed in foster care, as defined in **Section I.C. Definitions**. The target populations include children who are found to be abused, neglected or dependent or in need of services; adjudicated undisciplined or delinquent; emotionally disturbed; or developmentally delayed; and are currently in the custody of the local Department of Social Services.

Eligibility for services must be certified through documentation of the following referral/acceptance criteria:

1. The criteria for **parent(s)/caregiver(s)** to participate in the program are as follows:
 - a. is the parent/caregiver whom the child was removed;
 - b. willing to participate in reunification on a voluntary basis;
 - c. willing to work with the Reunification Worker to achieve goals of DSS Case Plan;
2. The criteria for **child(ren)** to participate in the Program are as follows:
 - a. must be in the custody or placement authority of the local DSS;
 - b. must be in an out of home placement when services are initiated
 - c. age birth through 17 years

B. CONTINUED ELIGIBILITY

Once services have begun the parents/caretakers must continue to demonstrate willingness to participate in the program. If they become unresponsive to contact from / with the reunification worker ~~such that~~ and face to face contact cannot be achieved once every two weeks, the case shall be closed due to family withdrawal or unwillingness to participate.

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If the children are returned to the home during the provision of services (parents/caretakers granted physical custody) and DSS retains legal custody, services may continue in order to help the family adjust to being reunified. However, these services may only be provided for a maximum of 45 days after physical custody is returned to the parents/caretakers.

If the child's permanency plan is changed, either by the county DSS or the judge such that the goal is no longer reunification, services shall cease immediately.

If the child is reunified, legally and physically, during the provision of services, services shall cease immediately.

If Termination of Parental Rights is granted, services shall cease immediately.

C. REFERRAL SOURCES

Children who participate in the Reunification program must be in the custody or placement authority of the local Department of Social Services. Because reunification efforts can only be initiated and approved through the local DSS in collaboration with the local court system referrals may only be submitted to Reunification Programs by the local DSS.

NOTE: A referral for Reunification services does not substitute for nor replace or in any manner the duties of the assigned Social Worker from the local Department of Social Services. For more information about role clarifications during service provision, contact your assigned NCDHHS/DSS Community-Based Programs Regional Program Consultant.

D. CASELOAD

Caseloads range from 4 – 10 families per worker, depending on the intensity and duration of the approved program model as described in the contract between the provider agency and NCDHHS/DSS. Although there is no mandated range or maximum number of children per worker at any given time, it is expected that programs make every effort to allow flexibility for caseload management.

E. RECORD-KEEPING & DOCUMENTATION

For program documentation, programs must maintain individual case records for each client/family. Case records should include, but are not limited to, the following items:

1. Date and time of request for service, assessment visit, and acceptance for services;

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2. Severity of risk resulting in the out-of-home placement, including the number and types of previous placements;
3. Family assessment that includes the family's factors which led to the out of home placement, immediate problems, needs, strengths, and goals;
4. The DSS services case plan, which may be expanded as needed with DSS approval;
5. Documentation of all counseling sessions, including dates, service provider, service recipient, and type of service (e.g., individual, family);
6. Progress notes regarding the family's service plan;
7. Termination summary noting family situation, goals met, any additional service needs, and referrals made;
8. Any additional information from other community partners deemed important to reunification efforts. (It is particularly relevant to include documentation for any and all contact and communication with the DSS Social Worker).
9. Reports prepared for the Court of jurisdiction, if applicable; and
10. Copies of court orders verifying custody, if applicable.

REUNIFICATION FORMS

All programs are required to correctly complete and have on-file the following forms for each client/family:

1. Reunification Client Information Reporting Form;
2. Reunification Case Closure Form;
3. Signed Reunification Consent Form;
4. NCFAS-R: North Carolina Family Assessment Scale Reunification;
5. Reunification Weekly Progress Form;
6. Substance Abuse Risk Tool, if applicable;
7. Reunification Referral Only Form, if applicable;

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NOTE: It is highly recommended that programs have on-file a **current parental substance abuse assessment** from a substance abuse professional (see **Section I.C. Definitions**) as part of a continuing assessment of the parent and children's readiness for reunification. Research indicates that nationally, approximately 70% or more of all foster care cases involved parental substance abuse as a mitigating factor. As such, provider agencies need to be aware of possible parental substance abuse hindering reunification efforts (another important justification for involving the entire human services community as collaborative partners in reunification efforts). Further, it is expected that provider agencies afford their workers opportunities for continuing education in the areas of substance abuse prevention and relapse; loss and grief issues; etc. {See also **Section III. Training**}.

Additionally, in order to certify that eligibility requirements have been met and that there is a continuing need for the service to families and children, it is required that programs maintain on file a **written and signed verification from the local DSS that the child is in DSS custody or that DSS has placement authority for the child**.

It is expected that Reunification Programs frequently review with the assigned DSS Social Worker and have practical knowledge of the following for each case:

- Family Services Case Plan
- Child Services Case Plan
- Visitation Plan
- Foster Care information

F. LENGTH OF SERVICE

The length of service provision for each client/family is dependent upon the approved Reunification model for programs as stated and defined in their contracts with NCDHHS/DSS, not to exceed a total of 12 months.

G. STAFF QUALIFICATIONS

Each Reunification program must have written policies that address the educational experience and qualifications for Reunification Workers and Supervisors as well as the methods and procedures by which the program assures that such staff have the body of knowledge, competence and practice skills required to effectively provide Reunification services under North Carolina's Program. Each program should have a written plan for orientation, training and on-going staff development. It is expected that programs will allow for continuing education for workers and supervisors. {See **Section III. Training**}.

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H. SUPERVISION & SUPPORT

Each program must provide supervision for Reunification Workers in the following supervisor:staff ratios:

- one supervisor for every six Reunification Workers;

Reunification Supervisors are expected to:

- provide on-the-job training and coaching to newly employed Reunification Workers in addition to any formal training provided by the agency;
- provide back-up for Reunification Workers;
- attend initial family screenings with Reunification Workers as needed;
- provide at least one hour per week of individual consultation to Reunification Workers;
- be available or make arrangements for consultation 24 hours per day, 7 days a week.

IV. TRAINING

In order to provide the most effective and beneficial interventions to the families that they serve, all Reunification Workers and Supervisors will be required to participate in specialized training classes. Completion of NC DSS Family Centered Practice in Family Preservation Programs is required prior to any case Assignment. Specifics regarding the courses when and where they are offered may be found in the current version of North Carolina Division of Social Services Children's Services Staff Development Training Manual. (Web Site: <http://www.dhhs.state.nc.us/dss/childrenservices/training/index.htm>)

Continuing Education

It is vital that Reunification programs keep abreast of current trends in Reunification and maintain continuing education opportunities for workers and supervisors. Because of the nature of these services, training issues, such as basic drug addiction and addiction process; parental substance use and abuse; foster care; loss and grief; pre-, peri-, and post-natal addiction; domestic violence; dual diagnosis; substance abuse treatment & recovery; and a host of other related topics, will be vital to continuing education efforts of reunification programs. Although there is not an existing training requirement for the current reunification programs it is recommended that provider agencies encourage and support continue education for their reunification staff.

For more information, discuss specific training requirements with your assigned NCDHHS/DSS Community-Based Programs Reunification Program Consultant.

V. PROGRAM REPORTING, EVALUATING, AND MONITORING

A. REPORTING AND EVALUATION

Programs are required to submit evaluation data by the 10th of each month documenting the families they serve. The specific requirements, including the type of forms, databases, and schedules for submission, can be found by calling the NCDHHS/DSS Community-Based Programs team at 919-733-2279.

1. MONITORING

Programs will be monitored on a regular schedule to be determined by the Community-Based Programs team. The provider agency's assigned NCDHHS/DSS Community-Based Programs Program Consultant will lead this monitoring. If the program is not a DSS or private non-profit organization, a representative from the state office (e.g. DMH) of the agency reviewed will be a participant in the monitoring process unless the agency and consultant for that agency elect to have only the DSS consultant present for monitoring. For more information, contact your assigned consultant at 919-733-2279.

{See Appendix A for a general guideline for what will be reviewed during monitoring visits by Program Consultants}.