

PERMANENCY PLANNING PRACTICE GUIDE

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Introduction

Permanency planning is a systematic process of taking prompt, decisive, goal-directed action designed to maintain children safely in their own homes when possible or place them permanently with another family.

Permanency practice is rooted in the firm conviction that every child deserves a family. It is a process of supporting, strengthening and restoring relationships, strengthening and empowering existing families and/or creating new ones. It provides a bridge of healing that helps children and youth maintain or re-establish relationships that may have been lost or fractured, build new relationships to fill in the gaps and, with intact families, help to expand their support network. The concept of permanency is based on certain values, including the primacy of family, significance of biological families, and the importance of parent-child attachment.

A fundamental principle of permanency planning is the understanding that when children are unable to live with their family, efforts to promote the connectedness of family and significant relationships with people who are important to them are essential to the child's culture, identity, and sense of belonging.

DCF's Commitment to Permanency

The Department of Children and Families (DCF) has demonstrated a strong commitment to improving the lives of children and families with an array of services, supports and policies based on best practice. As the field evolves and more research is conducted, we have learned more and thus have both an opportunity and a responsibility to do more. Regardless of age, race, cultural background, special need or complexity of circumstances, all children need a family to count on for a lifetime, and all child need to be adequately prepared to face adulthood. These are not mutually exclusive constructs but rather an important charge for DCF to create a model system committed to ensuring that all efforts are made to safely keep a child at home with family and that any child who must enter care exits the system as part of a safe and permanent family having benefited from strategic preparation for adulthood as well as a customized network of community connections and support for a successful future.

Authentic child involvement in permanency planning and decision making is essential. Equally important is the involvement of caring adults to support and inform the process. In achieving any of the permanency outcomes, the objective is the optimal balance of physical, emotional, relational, legal and cultural dimensions of permanency within every child's array of relationships. In cases in which legal permanence cannot be achieved, a plan for physical, relational and cultural permanence can be made more secure by assuring the permanency commitment of a person and reinforcing that relationship through a range of activities that solidify that connection.

Research shows that while some older children report that they have found satisfying emotional permanency through relationships without a legal status, other children report that they have only truly felt secure when a committed emotional relationship was legalized through guardianship or adoption. The data is clear that children have far better outcomes when key relationships are maintained and supported, and they have secure and stable primary parenting relationships.

In addition to reducing the need for children to enter care, DCF has made a strong commitment to ensure that children exit care in a timely manner with permanent relationships that will support and sustain them into adulthood. DCF's permanency commitment is aligned with federal legislation, including Public Law 113-183 that limits the use of APPLA for children age 16 and older accompanied by the need for regular reviews and active participation of child in their own planning.

Dimensions of Permanency

Achieving permanency for children in out-of-home care requires the balance of several aspects of permanency for a child, including:

- **Physical Permanency:** refers to stable living arrangements that supports continuity of relationships with family, friends, and community, and enhances the child's safety, belonging and wellbeing. The living arrangements should meet the child's developmental, educational, emotional, health, intellectual and physical needs;
- **Relational/Emotional Permanency:** refers to the experience of having positive, loving, trusting and nurturing relationships with people important to the child. One of the most important parts of achieving relational permanency for a child is finding permanent and supportive relationships and connections and ensuring these connections support a child's sense of belonging and wellbeing;
- **Cultural Permanency:** relates to a continuous connection to family, tradition, race, ethnicity, culture, language and religion. Connection to culture and community is critical for children in developing positive self-identity; and
- **Legal Permanency:** A legally established relationship through reunification, guardianship or adoption that provides a sense of permanence, long-term stability and offers the rights and benefits of a secure legal and social family status.

While legal permanency is the primary goal of the Department for children/youth who come into care, it is the balance of all these areas that builds lifelong permanency.

Kinship Care

Kinship caregivers are the preferred placement option for children, if the child's safety can be assured, and the child's individualized needs (both immediate and ongoing) can be met.

Kinship care refers to the care of children by relatives or close family friends (often referred to as fictive kin) either temporarily (Family Arrangement) or through formal licensing. A kinship caregiver provides full time care, nurturing and protection of children when there are concerns related to child safety

Research demonstrates improved outcomes for children who are placed with kin. The value and benefits of placing children with kin are as follows:

- maintains familial and community connections (includes greater likelihood for placement with siblings and connection to school)
- increases placement stability
- school stability and positive educational outcomes
- maintains a sense of identity, culture and belonging
- decreased rates of maltreatment and re-entry in care
- reduces trauma caused by parental separation and loss
- improved physical and behavioral health outcomes
- expanded support from extended family members that may be unavailable or sporadic in non-kinship placements
- increases opportunity for permanency through reunification, guardianship, or adoption

When making placement decisions, if there are several viable options that offer safe care, consideration should be given to the extent the placement provides the optimal balance of the following factors:

- Attachment: Children experience the loss of primary attachment relationships with parents, siblings and family when they enter care and caregivers when disruptions occur
- Permanence: Children need to have a sense of belonging and being connected to a family helps them feel psychologically safe and secure. Permanence has a relational, cultural, and legal dimension
- Kinship: Reinforces "the social status that comes from belonging to a family of one's own (family privilege) and the sense of identity and self-esteem that is inherent in knowing one's family history and culture"

Permanency placement decisions must be based on careful individualized assessment and consideration as to how the caregiver can meet the child's immediate and long-term needs (physical, emotional, developmental, medical, and cultural).

Although the current caregiver may be able to provide care and respond to the child's immediate needs, the long-term impact of these permanency decisions must consider the importance of culture and family connections and their role in promoting the child's sense of identity and belonging throughout their life. If the permanent plan is placement with relative and the child has a significant attachment to their current caregiver, the Department should explore with the relative if they would be willing to continue to allow contact with the child's foster parent.

The importance of a child's connections to their family of origin does not diminish as they age. Research shows that family connections during adolescence is critically important and associated with several positive outcomes. Based on research and feedback from youth, most, if not all, want to be connected in some way to their family of origin and in many cases, outreach to family on their own without assistance from the Department.

Shared Parenting

Shared parenting is a practice in which licensed caregivers cultivate positive, supportive relationships with birth parents. Shared parenting relationships are based on trust, while keeping the safety and best interests of the child in focus. The Social Worker will support and facilitate birth parents and licensed caregivers working together as partners to parent a child in care.

The benefits of shared parenting are as follows:

- Child attachments are preserved;
- Minimizes feelings of loss and trauma;
- Good communication and collaboration, issues can be addressed more effectively in a timely and direct manner;
- Inclusion of voice and perspectives related to race, culture, life experiences, and preferences are respected and validated;
- Licensed caregivers have more accurate information to help them care for child;
- Both birth parents and licensed caregivers have an opportunity to develop a mutually beneficial relationship that allows both to maximize their parenting;
- Promotes reunification or achievement of other permanency goals more quickly.
- Family time is more easily executed and supported;

- Increases placement stability; and
- Child's needs are better met through collaborative relationships.

Ongoing Partnership Opportunities

Licensed caregivers and birth parents will continue to partner and work together, with support and guidance from the DCF Social Worker and Foster Care Social Worker, along a continuum that ensures child safety, promotes attachment and healing, and ensures the birth parents are actively involved with their child's life throughout their time in care.

These practices can include the following:

- ongoing contact and regular exchange of information - keeping parents informed of activities;
- facilitating phone calls with child's birth parents;
- assisting with transportation;
- allowing visits in the caregiver's home, when mutually agreeable;
- encouraging parent's participation in medical appointments, school programs, activities, and sporting events;
- Including the parents' perspectives and preferences about their culture, religion, and traditions;
- promoting the preservation of family, community, and cultural ties to the child; and
- supporting reunification process.

Permanency Teaming

Child and Family Permanency Teaming is a collaborative approach to permanency planning for all children with whom DCF becomes involved on a short term or ongoing basis. The desired outcomes of permanency teaming are as follows:

- children are safely maintained in home, supported by a natural network of supportive relationships;
- a legal parent is identified for children in care who are unable to reunify with family;
- legal permanence is achieved for the child in care; and
- a natural network of supportive relationships is established.

This teaming approach is used for every child served in-home as well as those children in foster care or congregate care settings, regardless of their permanency goals.

Permanency Teaming is consistent with family-centered practice: it engages families and community members in case planning and decision-making, thereby increasing the family's investment in the process and plan. Teaming becomes the way all important planning and decision-making gets done across the life of a case.

Permanency Teaming is the primary means by which staff engage a child's natural network (birth parents, extended family, other important adults) and conduct ongoing case management activities. We know there is a greater likelihood of success when child and families are actively involved in planning. Outcomes for children improve when they participate in activities that ensure they are meaningfully and actively engaged in decisions that affect them.

Purpose of Teaming:

The purpose of teaming is to ensure decisions are made on behalf of the child with his or her active participation (or voice) as well as the active participation of birth parents, family members and the child's network of supports. This approach supports the continuity of safe family relationships and life-long connections with other caring adults. This process maintains a sense of urgency to promote safe and timely outcomes for those children who exit DCF care so that they reach the highest level of legal permanency possible.

Permanency Practice

Permanency Teaming is an intentional casework process that maintains important relationships and ensures ongoing progress towards permanence. By proactively engaging a child and family team on a regular basis, crisis situations are more likely to be avoided and timely permanency is more likely to be achieved.

The teaming process:

- plans for safety, permanence and well-being;
- identifies team members;
- prepares children and families for permanence;
- ensures continuity of relationships;
- deepens permanency conversations;
- develops concurrent plans;
- identifies primary parent and lifelong connections; and
- achieves permanence.

As part of the teaming process, it will be necessary to have discussions with individuals/team members separately or together to address emerging issues, share information, assess strengths and needs, clarify assumptions, clarify expectations/information, address conflict, establish or re-establish relationships, and to ensure all parties are prepared to participate in permanency team meetings.

Trauma-Informed Practice

Children experience trauma when they are separated from their families. When children must be removed to be protected, their trauma is lessened when they can remain in their own neighborhoods and maintain existing connections with families, schools, friends and other informal supports. This approach is consistent with the essential elements of a trauma-informed child welfare system, which realizes the impact of trauma, recognizes signs of trauma, and responds with an integrated approach that does not re-traumatize the child.

Permanency Teaming supports children exposed to maltreatment through attempts to minimize disruptions to safe and healthy relationships as well as separations from attachment figures, thereby reducing potential secondary trauma. Caregiver involvement is key to effective trauma-informed care. Permanency Teaming focuses on the direct impact of maltreatment on the child.

The Permanency Teaming process helps to identify individual and family strengths that can be used as protective factors in addressing the specific harm and danger to the child. Additionally, by allowing the child's voice in the process, and a seat at the table, it increases the child's ability to gain control of his or her life, develop and reinforce trust with adults, and support child resilience through empowerment.

Elements of Permanency Teaming Approach

The Permanency Teaming model is utilized within the broader context of child-centered, family-focused permanency practice. Listed below are the basic elements of the Permanency Teaming approach:

- involves a team and a Social Worker facilitator;
- is customized to fit the child and family's unique needs;
- uses Family Search and Engagement (FSE) to reconstruct a child's relationships over time and to locate family members and others who will participate in the process;
- uses outreach to maximize participation of child and family members;
- shares responsibility for planning and decision making among team members;
- addresses the child's need for safety, permanency and well-being;
- identifies a permanent legal parent for each child in care to provide day-to-day parenting that is safe and emotionally secure;
- reflects a sense of "urgency" (child's sense of time) in accordance with the Adoption and Safe Families Act (ASFA) timelines and DCF case practice standards;
- utilizes a concurrent planning framework;
- prioritizes relationship-building between and among team members, especially for the child, as well as immediate and extended family members, caregivers and other adults who are important to the child; and
- continues as long as a child and family is receiving DCF services and has not achieved legal permanence.

Safety planning efforts will be enhanced by supporting the family holistically including making the supports available to parents in their roles as caregivers and to address their needs as a family. The process provides the family with a team of support individuals who have committed themselves to help sustain the child and family over time beyond DCF intervention.

Family Search and Engagement

Family Search and Engagement (FSE) is important from the initial point of contact between DCF and the family and throughout the casework process. FSE involves maintaining meaningful contact with or identifying and locating birth parents, relatives, extended family members and other significant adults from the child's past and engaging support individuals who may be identified by the child and family. The identification, development, and the strengthening of these relationships can support a child remaining at home, foster timely reunification or develop new permanency resources. Through these connections or reconnections, resolution of grief, loss, attachment and identity issues can be enhanced for children.

When a child needs foster care services, family search and engagement shall be used to keep them connected not only to their families but to their communities of origin. FSE and the Permanency Teaming process for in-home cases allows for the development of this supportive resource network prior to a child entering care, thereby reducing trauma and instability for the child should a removal occur. Social Workers shall explore the interest, willingness and ability of each family member and other significant adults, both related and unrelated, to become members of the child's permanency team.

Family Search is a set of strategies and tools for identifying and locating family members, community members and other adults who are significant to system-involved children.

Family Engagement is a set of skills to establish or re-establish relationships between the child and significant adults who can play a variety of roles, including clarification of life events, sharing of family historical information, participating in planning, acting as support resources and being available as a potential placement.

Composition of the Team

Children are actively engaged and involved in the planning process. They identify members of their team and who they may wish to reconnect with from their pasts. With in-home cases, this is done in full partnership with the parents. We must be sensitive to the child's psychological safety and ability to tolerate the dynamics and relationships between and among individuals in the meeting.

Typically, the composition of the family and child's team is as follows:

- child or children;
- birth parents and other family members;
- current licensed caregiver;
- case-related professionals (e.g., therapeutic foster care providers, attorneys, community service providers, residential treatment facility staff); and
- other significant adults who are important to the child (e.g., former foster parents, neighbors, teachers, coaches, mentors) or supportive to the family.

Both the child and parents will identify members of the team.

Note: A significant adult is someone other than a family member or a person acting in a paid or professional role. It is likely the child's team may evolve over time as individuals explore their relationships and roles they may play in the child's life.

Permanency Teaming Process

Permanency Teaming is the primary vehicle for all case planning and decision making. It is not about simply holding meetings – it is about using teaming to engage families together with professionals to achieve safety, permanence and well-being for children. The Social Worker engages and involves the child, parents, caregivers, extended family and important adults in case planning activities to ensure the child has safe permanent parenting and family relationships, and that families have the supports, both informal and formal, to provide safe parenting.

Safety Parameters Discussion

During this process, children may want to reconnect with their birth families or other significant adults from their past and need to be supported while they are still in care in order to make the connection meaningful and safe.

The parents may wish to include individuals who may present some level of risk to the family. In these circumstances, intentional and honest discussions will need to occur with parents, children and these individuals directly to ensure the contact is safe and provides a supportive environment for all parties.

Prior to initiating contact with these individuals, the Social Worker shall consult with his or her Supervisor and Program Supervisor around safety considerations and discuss what strategies can be implemented to address or mitigate these safety concerns in consideration of the child's age and development, as well as the role they may play in the child's life. The physical and psychological safety of children must be assured at all times.

Permanency Teaming is an inclusive process. Individuals are brought in to the team for what they can contribute, and not excluded for what they can't contribute. This process goes beyond assessing for a placement resource but, rather, looks at how significant adults in the child's life can help support the child for the long term (e.g., providing family history, sending birthday cards, providing transportation or respite, attending school and sports events, helping the child obtain his or her driver's license or get a job). Even if an individual may not have a direct role with the child, he or she may be able to provide support, guidance or information to the child's caregiver for placement stability and to enhance case planning. As a result, the Social Worker may find him- or herself working with an individual who will not be directly involved with the child but who possesses information that is critical to the child's development.

Once the individual's role has been determined, the Social Worker, in consultation with his or her Supervisor will assess the safety and risk issues that the individual may present and develop strategies to address or mitigate these concerns. These safety discussions are ongoing as team members are added or circumstances change for the child or family.

Goal and Objectives of Permanency Team Meetings

The primary goal of the Permanency Teaming Meetings is to create and sustain an active team to purposefully advance and fully support progress toward family permanence. Objectives of the large team meeting are as follows:

- establish group identity as child's Permanency Team;
- facilitate a strengths-based discussion;
- promote joint problem-solving and shared decision making; and
- encourage integrated planning – safety, permanency, well-being

Role of the DCF Social Worker

The role of DCF Social Worker in these large team meetings is as follows:

- engage the child in planning and help the child identify members of the team;
- engage the parents and other caregivers to identify members of the team;
- collaborates with parents in planning for large team meetings on in-home cases;
- schedule meetings in a timely manner;
- add members to the child's team over time;
- prepare all team members in advance of the meeting;
- creates a clear agenda shaped by input from all team members;
- lead the discussion and adhere to the agenda;
- include all team members in decision making and ensure child participation;
- keep the team discussion focused on the child's needs for safety, permanence and well-being;
- review progress on case plan goals, tasks, timeframes and responsible parties at each meeting; and
- set the next team meeting date before the meeting is adjourned.

Child Participation

It is important to encourage as much child involvement as possible in the permanency teaming process. Social Workers shall evaluate the child's unique needs for support to facilitate his or her active participation in the Permanency Teaming process.

The following are some important considerations in deciding how best to include younger children in the permanency teaming process:

- child's chronological age and cognitive and emotional development;
- opinions of others on the team about the child's ability and readiness to participate;
- degree of conflict that may be present at the meeting;
- therapeutic value to child in addressing issues related to feeling powerless, hopeless and anxious; and
- level of customized involvement for each child - there are many ways in which a child can be involved in the permanency teaming process

Teaming Process – Parent and Team Member Participation

Inherently there will be times of heightened tension regarding the direction of permanency planning that results in birth parents and family members pulling back from the teaming process. Validating the parents' discomfort or disagreement and honoring the level of involvement they can manage is consistent with trust-based relationships. Like all human relationships, there will be times of ebb and flow in parents' and family members' involvement. DCF staff should consistently communicate our desire to work in partnership with parents and family members even when they disagree with the Team's planning and decision making. Meeting with team members individually or together provides options for the customization of parent and family engagement that point-in-time meetings do not afford.

Stages of the Permanency Teaming Meetings:

Introduction

- individual introductions including relationship to child
- describe permanency teaming process
- review agenda
- establish and review ground rules

Group Process

- identify the child's and family's strengths
- identify child-specific issues and concerns
- move from concerns to solutions

Closing

- develop a concrete action plan for next steps, including tasks and timeframes
- schedule next team meeting
- all participants leave at same time

Facilitating the Meeting

Permanency Teaming Meetings are facilitated by the assigned Social Worker on the case. The facilitator shall:

- Develop ground rules for the meetings with all participants:
 - Ground rules help the meeting run more smoothly and establish expectations for how everyone will be respected in the meeting. Team members will need to be advised of privacy rights and confidentiality limitations and the need to express views and concerns in a respectful, safe manner.
 - Ground rules need to be limited in number and importance to the team. It is important to get agreement on the ground rules before proceeding. Once established, ground rules

should be reviewed at the beginning of each meeting and modified as the team determines. These ground rules can be referenced throughout the meeting with team members as necessary.

- Facilitate the discussion through the three stages of the meeting, ensuring sufficient time is allocated for each agenda item and being mindful of the identified start and end time for the meeting;
- Empower the team to move beyond the expectation that DCF will be responsible for all actions and decisions. Encourage team members to actively participate in the development of options to resolve concerns and identify roles they can play in meeting the needs of the child and their caregivers.
- Secure agreements from each member for action items.
- Take breaks if tensions and emotions escalate in order to allow participants an opportunity to calm down and continue in a more controlled manner.
- Allow participants to request a break.

There may be occasions during which an independent or neutral facilitator is needed to facilitate a meeting. Social Work Supervisors can also support staff by co-facilitating meetings to help mentor staff, taking the lead in some of the more challenging or difficult discussions, and in the preparation work.

Concurrent Planning

Concurrent planning is the process of developing and implementing a plan to achieve the child's permanency goal (typically reunification) while simultaneously developing and implementing an alternative or "back up" permanency plan, in the event reunification is not possible or not in the child's best interest. It seeks to provide an alternative path to permanency if reunification cannot be achieved and is developed and implemented in tandem with the reunification plan, not instead of it.

Compared to more traditional sequential planning for permanency, in which one permanency plan is ruled out before an alternative is developed, concurrent planning is intended to more quickly move children from the uncertainty of foster care to the security of a safe and stable permanent family.

To be effective, concurrent planning requires not only the identification of an alternative plan but also the implementation of active efforts toward both plans simultaneously with the full knowledge of all participants.

Concurrent planning is a structured, family-centered process that honors a child's attachments and best interests and actively engages the family in planning to expedite legal permanency.

Goals of Concurrent Planning

The goals of concurrent planning include but are not limited to:

- supporting the safety and well-being of children and families;
- engaging families early in case planning and decision-making to meet the child's urgent need for stability and continuity of family relationships;
- providing a voice to parents and their children around permanency planning;
- promoting honest and candid discussions with all parties around the impact of foster care on children, legal timeframes and expectations, child's need for safety and permanency, and roles (both parent/DCF) in securing a safe, permanent family for children as quickly as possible. This

discussion can be a way of helping parents understand the seriousness of the situation and gives parents a role in planning for their children, even if the children are unable to return home;

- promoting optimal case planning practices through ongoing review, monitoring, and evaluating parental expectations and progress;
- decreasing a child's length of stay in foster care and helps achieve placement with a permanent family more quickly;
- increasing birth and foster parent partnerships in case planning;
- experiencing fewer problems related to attachment and trust;
- reducing the number of moves and relationship/placement disruptions children experience in foster care;
- matching strategies and services to the needs of families which offers the best opportunity for changing the behavioral patterns that precipitated child's removal; and
- maintaining continuity in children's relationships with parents, siblings, extended family, and community.

Concurrent Planning will be actively pursued for all children in the Department's care with a permanency goal of reunification.

Parental Ambivalence

It is not unusual for parents to have mixed feelings or be ambivalent about resuming full-time care and responsibility for their child(ren). Some parents may be hesitant to make the necessary changes; others are uncertain whether they can meet the needs of their children given their own issues; while others may feel relieved about no longer being the child's primary caregiver. Some parents may be reluctant to share this information, but it is often expressed through their actions/inactions (failure to engage in services, missing visits with their children etc.).

Concurrent planning helps to deal directly with the parent's ambivalence and indecision. It provides a clear structure to families while keeping the focus on the child's urgent need for safety and permanency. Parents are fully informed and empowered to make choices by their own actions and abilities.

Practice Expectations

Social Worker responsibilities in concurrent planning include but are not limited to:

- Early paternity determination. Identifying paternity at the front end will avoid unnecessary delays;
- Locating and engaging absent parent in planning and assess his/her ability to be a viable resource for child;
- Early search for immediate and extended family, including non-custodial parents, maternal and paternal relatives, and significant adults who have a relationship with the child. Exploration of whether kin can be potential placement resources for children in care and/or assess their ability/willingness to provide support to the family to enhance case planning activities and maintain community and familial connections;
- Efforts to engage kin and a child's important connections should be continuous. Even if a relative does not respond to the Department's initial inquiry, the person should be contacted again at critical junctures (i.e., case plan reviews, change in case plan goal, change in placement, or other significant change in the case).
- First placement should ideally be the child's last placement, whether they return home, or an alternative permanency goal is pursued. It is essential that kin be considered at time of removal or at critical junctures throughout the case, or as family circumstances change;

Although the current caregiver is unable to commit to the child permanently, they will have a good understanding of the child and be able to offer their insight as to what the child may need from their permanent family.

- Assessing viability of non-custodial parent to assume care and/or provide support;
- Early and ongoing assessment of strengths/needs of caregivers/children to identify and connect parents/children to appropriate services (addressing safety and risk concerns) based on individualized needs, including services that are intended to support reunification efforts;
- Case planning that includes early and targeted strategies that improve parental capacity and promotes safety and permanency for the child;
- Clear communication with parents around the behavioral changes or changes in family circumstances that are needed for reunification to occur. Provision of services must match the assessed needs and be of sufficient intensity and duration that ensures child safety and reduces the level of risk for reunification to occur.
- Initiating ICPC home study for viable relatives/kin who reside out of state;
- Assessing timeliness and likelihood of reunification, in consideration of safety and risk concerns, the consistency and quality of parent/child interactions, changes in family circumstances that may impact the family's reunification plan, and the progress parents are making in addressing identified concerns;
- Conducting Permanency Teaming Meetings inclusive of birth parents, caregivers, community providers, extended family members, and significant adults focused on permanency planning discussions that provide opportunities for shared decision-making and planning. Ongoing communication with the child's team is important to address issues timely. These discussions include:
 - team members developing a plan that supports the family;
 - identifying potential placement resources;
 - reviewing expectations for reunification and assessing progress;
 - identifying additional services/resources to address unmet needs for child and parents;
 - modifications to the family's Visitation Plan;
 - strategies to mitigate safety concerns and manage risk that promotes reunification;
 - timeframes and consequences; and
 - importance of permanency for children
- Providing honest and ongoing communication with parents about expectations, progress, and engage them in planning. Ask them who they would want to provide care to their children if they are unable to do so? Engage them in establishing a permanent plan for their children;

Discussion with parents include but are not limited to the following topics:

- Parents' rights and responsibilities;
- importance of staying connected with their child;
- expectations for reunification;
- time limits and consequences if parents do not adhere to their case plan or make changes necessary for reunification within the specified timeframes;
- the child's need for permanency and how a permanent placement is so vital to their child's well-being; and
- establishment of an alternative permanency plan when reunification is not possible.

- Using child’s removal as a motivator to make changes. Removing a child from the home due to safety concerns provides a "window of opportunity" when parents are more willing and amenable to learn and change;
- Setting clear time limits for permanency decisions. Establishing a timeframe in which both reunification and alternative permanency options are pursued helps focus case planning early on. Ensure target dates to achieve permanency plan are realistic and align with federal standards;
- Maintaining clear communication with foster parents/Foster Care staff and child
 - Through standard meetings (ACRs, team meetings, worker/child visitation) and court hearings
 - Support caregivers/assess and address their needs and encourage their partnership and collaboration with birth parents
 - Promote placement stability to avoid disruption
 - Assess caregiver's commitment to permanency
 - Engage child/youth in permanency planning discussions
- Help facilitate the relationship between parents and caregivers
- Barriers to achieving permanency goals should be identified and strategies developed to overcome the barriers (i.e. no permanent resource identified, caregiver indecision, service availability/accessibility - (including language, cultural and cognitive considerations), incarceration, hospitalization, and court delays, etc.

The case will be reviewed monthly in supervision to assess likelihood of timely reunification

- By month 3, ensure concurrent planning activities have been initiated
- Consultation with RRG and legal to assist with treatment interventions and discuss feasibility of reunification within timeframes

Cross reference: ABCD Child Safety Practice Model and Safety Planning Practice Guide

Cross reference: DCF Permanency Planning Policy 25-4, Reunification

Cross reference: DCF Permanency Planning Policy 25-6, Family time

Cross reference: DCF Permanency Planning Policy, 25-3, Permanency Teaming

Role of Licensed Caregiver in Concurrent Planning

Regardless of whether the caregiver is related or unrelated, the child's caregiver plays an instrumental role in achieving timely permanency, particularly when reunifying children with their birth parents.

In addition to providing direct care to the child, the caregiver:

- assists in maintaining important familial and community connections for the child
- collaborates and partners with birth parents to help facilitate a successful reunification
- become the permanency resource for the child should reunification not be possible, and
- if this is not viable, assist in helping to identify a permanency option for the child.

Cross reference: DCF Permanency Planning Policy 25-2, Shared Parenting

Reunification

If children cannot be safely maintained in the home, reunification with birth parent(s) is the preferred permanency option for children in out-of-home care. Reunification practice is aimed at supporting parents in addressing conditions that precipitated the child's separation from home and ensuring the child is stable and cared for while he/she is in out-of-home care.

Assessing Readiness for Reunification

The decision to reunify a child with their birth parents is based on the following key areas:

- A. Assessing Child Safety** through the ABCD paradigm and more formally through the SDM Safety Assessment. Safety is the primary determining factor when making the decision to reunify a child with his/her birth parents.

Assessing safety encompasses the following:

- The reasons which led to removal have been satisfactorily addressed and resolved; or
- Current safety concerns can be mitigated with service interventions (safety-related services) and team support; or
- New safety factors/concerns recently emerged, and no intervention is available that can adequately provide appropriate safeguards.

If safety concerns remain that cannot be effectively mitigated or controlled through safety interventions, the child should not be reunified.

- B. Assessing Risk** - When assessing risk, the following should be considered:

- Are there risk factors that are impacting child safety and if so, can they be controlled or managed through service interventions and supports?
- Risk to the child has been reduced to a reasonable level;
- Have parents actively engaged and participated in services and more importantly, are they benefiting from service intervention as evidenced by behavioral changes, improvement in skills, increase in protective capacities?
- Are there improvements in family functioning?
- Have the circumstances within the family or household changed that will allow the child to be returned safely to the home?
- Feedback from service providers and collaterals regarding the family's progress in treatment and whether safety/risk concerns are evident

- C. Consistency and Quality of parent/child visitation (Family time)**

- Parents have maintained consistent contact with child throughout the duration of the child's placement and have demonstrated the ability to provide safe and nurturing care, and meet the needs of their child; **or**
- Parents have maintained inconsistent or sporadic contact with their child and there are concerns relative to parent/child interactions. Parents have demonstrated an inability to provide safe and nurturing care.

Parent/child visitation is integral to a successful reunification. The consistency and quality of visitation should be discussed during Permanency Teaming Meetings as a standing agenda item. Any concerns relative to Family Time (including child's reactions during visits caused by separation/loss) should be addressed with the family early on to understand the reasons behind concerns and engage the parents and their team in developing solutions.

Cross reference: DCF Permanency Planning Policy 25-6, Parent/Child Visitation -Family time

D. Assessing Progress with Case Plan Goals and Specific Steps

When assessing parental follow through with case plan objectives, consider which item best describes the case circumstances:

- Parents are actively participating and engaged in services as outlined in the case plan. The parents are consistently demonstrating new behaviors/skills that address the child's need for safety and protection; or
- The parents have demonstrated some behavioral change consistent with case plan objectives. The parents are participating in services and practicing new skills to improve family functioning OR made progress but not fully engaged in all objectives outlined in the case plan; or
- The parents have not had enough opportunity to develop and demonstrate the necessary skills and behavioral changes consistent with case plan goals, due to parents' limited involvement with services and interventions to date; or
- Parents are demonstrating minor behavioral change consistent with case plan goals but has made little progress toward changing his/her behavior and is not actively or consistently engaged in achieving case plan goals; or
- Parents have not demonstrated behavioral change consistent with case plan goals. The parents have been inconsistent in following case plan objectives or have not demonstrated the necessary skills/behaviors due to a failure or inability to participate.

If there are no current safety concerns (or safety concerns exist but can be effectively mitigated with safety interventions), Family Time is progressing and going well, and the family is actively engaged in services and making progress but has not fully completed specific steps, consultation with Program Supervisor is required to determine whether the child may be reunified.

E. Services Post-Reunification

Assess the willingness of parents to continue to engage in services post-reunification.

F. Support of Team Members

Assess whether the family has adequate support of team members (both formal/informal) to assist them when needed.

G. Changes in Family Circumstances that may impact reunification:

- Housing
- New household members that may impact child safety and present risk
- Recent arrest/criminal charges
- Recent Substantiated CPS Reports
- Relapse
- Birth of Child
- Disruption in services
- New Relationship

A further assessment is needed as to how these changes in family circumstances may impact the family's reunification plan. Collaboration with providers involved with the family is critical to explore how these changed conditions directly impact child safety.

These changes in and of itself, should **not** prohibit reunification but rather be assessed and addressed as part of the reunification plan.

Family time

Parent-child visitation will be referred to as Family time. This term recognizes the importance of maintaining family connections and supporting the continuation of the parent-child relationship.

The primary purpose of Family time is to maintain the parent-child attachment, reduce a child's sense of abandonment, preserve their sense of belonging as part of a family and community, and maintain cultural connections.

Benefits of Family time

Family time facilitates permanency planning, promotes timely reunification, and helps in the decision-making process to establish an alternative permanency plan for a child in out of home care.

Maintaining family connections has life-long significance for a child. Regular visitation maintains their relationships with siblings and others who have a significant role in a child's life. When a child loses family connections, they also lose family history, medical history and cultural information. Family time is considered the heart of reunification, but even when reunification is unlikely, parents, siblings and extended family continue to be important in a child's life.

Purpose of Family Time

The primary purpose of Family Time is to meet the developmental and attachment needs of children, continuity of relationships, as well as provide opportunities for parents to demonstrate their parenting skills that keep their children safe.

Family time should include activities which allow the parents to remain a crucial figure in their children's lives, such as participating in school events, medical appointments, and recreational outings.

In addition to the visitation schedule, additional contact between parents and their children may occur through phone calls, texts, and virtual contact to further support the continuity of family relationships.

Every family situation is different, and the level of supervision a family requires must be determined on a case by case basis, taking into consideration the reasons the child came into care, the child's age, and other family needs and circumstances.

Family Time should be offered in the least restrictive and most natural home-like setting that can maintain the child's safety. Unsupervised contact should be implemented as early as is safely possible to promote healthy, positive connections for the child and the entire family.

Family time Preparation

Preparing parents, caregivers, and children and the individuals supervising the visits is critical to successful Family time. This can reduce anxieties, fears, and helps to clarify expectations and responsibilities. The assigned Social Worker, with support from the Foster Care Social Worker, will engage all parties in planning to ensure visits go smoothly and that they provide positive experiences for both parent and child.

Planning for Family time includes decisions on the following:

- Location
- Frequency and duration
- Participants involved with Family time (including whether all children should participate in the visit at one time)
- Establishing goals for each visit
- Identifying activities during Family time that promote engagement and caregiving
- Determining level and intensity of supervision needed to ensure child safety
- Determining whether the child's caregiver or family's network of supports are able to supervise visits
- Establishing parental expectations: behaviors/actions that are permissible and prohibited during Family time (e.g. no threatening, refrain from substance use, refrain from physical discipline, or specific behaviors that contributed to child's placement etc.)
- Determining transportation needs

Inquiring about a child's cultural or family practices can be significant to promoting frequent contact, supporting reunification, and preserving the child's cultural and community connections.

Caregivers should be educated to understand trauma and behavioral issues that children may exhibit prior to and following visits. They should be actively involved in Family time as these individuals play a critical role in our permanency planning efforts.

If relatives or caregivers are supervising the visits, their protective capacities and ability to establish boundaries, set limits, and intervene if necessary, will need to be thoroughly assessed. This assessment will be documented in the electronic record, including rationale for the decision.

Reviewing the Visitation Plan

Visitation Plans are reviewed monthly in supervision and more formally during Permanency Teaming Meetings. In order to assess whether the Visitation Plan should be modified, it is important to obtain direct feedback from the person supervising the visit and all parties involved with Family time.

Feedback includes, but is not limited to the following:

- Consistency of Family time
- Quality of parent/child interactions
- Strengths and challenges
- Goal achievement
- Parental behaviors/actions (protective, nurturing, harmful)
- Ability of parent to respond to the needs of their children (special needs and vulnerabilities) and respond appropriately when children present behavioral challenges (limit setting, disciplining)
- Extent to which individuals intervened to ensure child safety
- Child reactions/response

The feedback provided shall inform the decision whether a modification to the family's Visitation Plan can be pursued.

Evaluating the Visitation Plan

Prior to modifying the Visitation Plan, the Social Worker and Supervisor shall consider the following information:

Consistency and Quality of Parent/Child Interactions

- Has/Have the parent(s) been consistent in maintaining contact with the child? Consider whether the parent(s):
 - attended most scheduled visits
 - timeliness (arriving late or ending early)
 - the number of missed visits and reasons for doing so. Has this impacted the parent/child relationship?

- What is the quality of parent/child interactions? (assess for consistency and level of guidance and instruction provided to parents during visits)
 - Ability to engage children in a developmentally appropriate manner which demonstrates an understanding of child development
 - Ability to manage child's behaviors and demonstrate effective limit-setting and discipline strategies, when appropriate
 - Ability to recognize and respond to child's behaviors and cues
 - Willingness to learn new skills and strategies and utilize feedback provided
 - Ability to be responsive to the child's needs during visits
 - Demonstrates protective capacities that ensure child safety
 - Ability to engage and manage all children during Family time
 - Assess child and family needs for additional support

When parent(s) are absent from visits or behaving in a manner that is disruptive or causes a child distress, the Social Worker will need to address these concerns with the parent(s) directly, clarify expectations around visitation, as well as gain a better understanding of the reasons for their behaviors or actions. Additional follow up with team members (including natural supports, service providers and child's caregiver) may be necessary. It is important these concerns be addressed timely to avoid delays in permanency, as well as issues impacting the parent/child relationship.

Child's Reaction to Family time

Children's reactions to visits vary greatly, depending on their age, temperament, developmental stage, the circumstances that brought them into care, and nature of the parent-child relationship prior to removal.

Reactions may include, but are not limited to:

- emotional distress, such as crying before, during, and/or after the visit;
- regression to early behaviors. Regression can occur in many areas, but is often seen in toileting, ability to sleep alone, and the use of physical rather than verbal means of expressing feelings;
- constant worrying about the welfare of parents and/or siblings;
- verbalization of feelings of guilt or blame for entering out-of-home care;
- anxiety prior to visits;
- defiance following visits;

- depression, having nightmares, becoming aggressive, being inattentive or complaining of physical pains prior to and following visits; or
- refusal to visit.

These behaviors are often interpreted to indicate visitation is harmful and traumatic to the child. These reactions could be attributed to the child's feelings of separation and loss and the behaviors the child is exhibiting are normal given the stress of placement and separation from their parents. In these case situations, it may be helpful to increase contact rather than decrease it.

Providing support to the child prior to and following Family time may alleviate some behaviors but more importantly, developing a better understanding of the root cause of these behaviors will help to inform how the Visitation Plan can be modified to better meet the needs of the child, whether it's a change in location, activities, and/or including team members in the visit to help support the child. Discussions with the child, caregiver, birth parents, individuals supervising Family time, as well as clinicians involved with the child, is critically important in understanding the issues and identifying an appropriate course of action.

Feedback from Individuals Supervising Family time

Direct feedback from the individuals supervising Family time is critical to:

- ensuring child safety and addressing concerns timely
- assessing consistency and quality of parent/child interactions
- identifying parental protective capacities, strengths, challenges and needs related to parenting to inform whether additional support/services are needed

Progress with Case Plan Goals

Consider the extent to which parents have followed through with specific steps and/or the objectives outlined in the case plan, including assessing the impact of service interventions in addressing concerns which precipitated child's separation, parenting, risk, and other needs/circumstances that impact child safety and family functioning.

Age and Child Vulnerability

Consider:

- Child's ability to protect himself/herself if a problem arises
- Child's ability to communicate concerns/problems
- Parents responsiveness to the child's physical, developmental/intellectual needs
- Child expresses and demonstrates fear of parent

Documentation

Narratives describing Family time should be documented consistently in the electronic record and include the following information:

- Date of Occurrence
- Location and duration of visit
- Individuals present (include any late arrivals or those who left early)
- Goals and activities that occurred during the visit
- Observations as to whether parents met expectations/behaviors and goals for the visit, to include: engagement of child by parent(s); ability respond to the physical, emotional, behavioral,

and developmental needs of child; ability to set limits and discipline; parent's understanding of safety/risk concerns during visit; child's response/reactions during visit; interventions needed to safeguard child; and greetings and separation, etc.

- Information the child/parent(s) shared during the visit

Lifebook

A Lifebook will be created by the child's caregiver for all children who enter DCF placement, regardless of permanency goal and updated as significant events occur in the child's life.

A Lifebook is a chronological record of the child's life story to help them learn and make sense of the past, how they transitioned to the present, and to help prepare them for the future. It is an essential tool to aid children placed in out-of-home care in understanding the narrative of their lives and helps children keep connected with their past and the people who are important to them.

Purpose of a Lifebook

The child's full history is an inherent part of his or her identity. To develop a secure sense of identity, children/youth need to feel a sense of belonging to family. Our sense of identity develops as we create a coherent narrative joining the past with the present. For many children in foster care and particularly those who experience multiple placements, facts become lost and their memories are blurred.

Process

Building the Lifebook is a process that involves the continuous collaborative efforts of the child, DCF SW, birth parent(s) and the child's caregiver(s). The licensed caregiver has the primary responsibility for its creation, as well as updating it when significant events or milestones occur, in partnership with the child's birth parents. It allows everyone to focus on the child's current, historical, and memorable events in the child's life.

The DCF Social Worker is responsible for ensuring the Lifebook moves with the child until the child achieves permanency.

The Lifebook can be applied as a therapeutic tool by assisting the child to cope with emotions that result from the child's experiences. It can also be beneficial for the child's therapist to assist in processing exposure to traumatic events. The collecting, recording, and processing of the child's feelings enlightens the "how" and "why" of what has happened. A Lifebook should be used as a tool to assist the child to grieve over losses, celebrate successes, begin to heal in preparation for building trust and attachments while in care, and to prepare for reunification or adoptive placement if reunification is not possible.

Benefits of a Lifebook:

The process of creating a Lifebook can:

- further promote collaboration and partnership between the social worker, caregiver, birth parent, and child/youth;
- help children/youth understand their life events;
- give children/youth a clearer sense of their life story;
- help build a child/youth's sense of identity;
- provide a vehicle for children to share their life histories with others;
- help prompt communication that helps to facilitate trust, connection, and attachment;
- provide opportunities for children to process their thoughts, feelings, and ask questions;

- be therapeutic. It encourages a child to understand their chronological story and address their grief and loss, separation from family, unique cultural issues, and emotions;
- increase a child's self-esteem by recording the child's growth, development, and achievements;
- help the child's birth parents understand their child's experiences during their time apart; and
- help the child's permanent family understand the child's past.

Guardianship

If reunification is not in the child's best interest, the following permanency goals shall be pursued:

- Transfer of Guardianship
- Permanent Guardianship
- Adoption
- OPPLA

OPPLA is a permanency option only when other options such as reunification, legal guardianship, or adoption have been ruled out.

When reunification efforts are determined to be contrary to the health, safety, or best interest of a child who is in the legal custody of DCF, the Department must assess kin placements as a permanency option, including both maternal and paternal relatives. If the family is willing to provide a permanent home for the child but is not willing to adopt, legal guardianship must be offered to the family as a viable alternative.

Guardianship is a permanency option that does not sever parental rights and responsibilities. Guardianship can help caregivers, including relatives, financially provide for a child without going through an adoption process. This permanency option promotes the preservation of family and community, as well as allowing the child to stay closely connected to their culture.

Permanent Guardianship may be pursued when:

- One of the statutory grounds for TPR exists, or parents have voluntarily consented to the guardianship;
- Adoption is not possible or appropriate;
- Child, age 12 or older consents to plan;
- If the child is under 12, the proposed guardian is a relative or caregiver, or presently permanent has guardianship of a sibling of the child;
- Child has lived with proposed guardian for at least a year; AND
- Proposed guardian is a suitable and worthy person, committed to remaining child's permanent legal guardian and assuming rights and responsibilities for child until age 18.

If eligible, monthly subsidy payments can be made to support legal guardianship.

Cross-reference: CGS-46(b)129 - Permanent Legal Guardianship

Adoption

Adoption is the social, emotional, and legal process in which children who will not be raised by their birth parents become full and permanent legal members of another family. This option offers the most stability to a child who cannot be reunified. A secure home and a family committed to caring for him/her gives the child a sense of attachment needed to promote healthy growth and development.

Adoption can also be the most traumatic if it involves permanent separation of the child from his/her family. Adoption should not preclude maintaining valued, lifelong connections to birth parents, siblings and relatives.

Continuity of significant relationships shall be supported when in the child's best interests. This may be dependent on the age of the child at time of adoption, the importance he/she places on staying connected with his/her birth parent/s and siblings, and the willingness of the adoptive family and their ability to manage ongoing connections. Adoptive parents must be prepared to understand how attachment and connection works for children so they can have appropriate expectations and know how to best support their child through the transition.

Successor

It is important that adoptive families have a plan to care for children in the event of an absence, illness or even death. As families consider adoption or guardianship, they should map out a back-up plan for another adult who could step in temporarily, if needed. The person should be someone who has a relationship with the child and have adequate resources and agree to the arrangement, should it become necessary.

Assessing for Adoption

The goal of adoption should be considered under the following circumstances:

- The goal of reunification has been ruled out;
- The grounds for termination exist, or parents are consenting to TPR, or parental rights have been terminated;
- There are no viable kin placement options that can provide or meet the child's need for permanency;
- The child is already living with caretakers who wish to adopt, and no kin have come forward;
- An adoptive home is available or can be found within a reasonable period; or
- The child wants to be adopted.

Other considerations to be included in the assessment are:

- the child's individual needs and wishes;
- the extent to which the child is bonded and attached with their current caregiver;
- the child's need to maintain family connections (both short and long-term);
- the caregiver's willingness to support and maintain the child's connection to their family of origin;
- the child's relationship with siblings and whether placement with siblings is a viable permanent option;
- the child's ethnic and cultural needs have been considered and addressed; and
- other considerations related to the child's best interest.

Long term commitment by Kin

Kinship placement is the preferred placement option for children who are separated from their parents due to safety concerns. These placements typically occur on an emergency basis with little to no preparation and likely, no consideration that they may need to provide a permanent home for the child should reunification not be possible.

Following the child's placement, it is important to begin discussions with kin caregivers as part of the concurrent planning process, to assess whether they can commit to the child long-term.

Kin Adoption

When kinship families adopt, they often have different needs and face different challenges than families who come forward to adopt children unrelated to them.

The benefits of kin adoption are as follows:

- an established relationship built on a foundation of love and trust;
- maintains familial connections and preserves the child's sense of belonging and identity;
- potential for increased post-adoption contact with the child's biological parents (if it is safe and in the child's best interest to do so);
- the opportunity to assume a parental role and influence in the child's life; and
- continued access to family history and helps maintain the child's culture and traditions.

The challenges of kin adoption are as follows:

- pursuing adoption may create a potential conflict within the family;
- a permanently changed relationship with the child's parents, and as a result, changing relationships with other family members;
- parenting disagreements with the child's biological parents, which can be heightened by proximity of the birth parents; and
- role confusion as the relationship transitions to that of parent with differing responsibilities and expectations.

When considering kin, care should be taken in assessing this option to consider whether there may be conflict or divided loyalties between the parent of the child and the adopting relatives, and how these issues would be handled. If an adoption by relative or kin can be achieved, the child's sense of identity and family history can be preserved.

If adoption by a kin, or foster parent is not an option, the agency should secure an appropriate adoptive home for the child.

Adoption by Foster Parent

Adoption by foster parents is often an appropriate plan, especially if the child has developed a close relationship with the foster family. Such a plan has the benefit of providing continuity for the child with a family that they already know without requiring an additional move.

Although the foster parents are willing to provide legal permanency to the child, when assessing foster parent adoption, it is important to determine whether the family can offer the child physical, relational, and cultural permanency. Although ultimately legal permanency is the desired outcome, these other aspects of permanency are critically important to the child's safety, sense of belong, identity, and wellbeing.

Cross-reference: DCF Permanency Planning Policy 25-0, Introduction

Contact with Birth Family and Siblings

Every effort should be made to have siblings adopted by the same family. When that cannot occur, regardless of age of the children, there should be a clear plan in place for how sibling relationships will be preserved through consistent and quality contact, when in the child's best interest.

Relationships with parents and other extended family may also be preserved when ongoing connection does not pose a threat to safety and preserving those relationships is best for the child. In all situations, the need for clinical support should be assessed to help address the changed family dynamics.

Differences between Guardianship and Adoption

(Reference only, not intended to provide legal advice)

	Subsidized Transfer of Guardianship (STOG)	Permanent Subsidized Transfer of Guardianship (PTOG)	Adoption
Title	Guardian	Guardian	Parent
Definition	Guardianship of a minor, and includes the obligation of care or control and authority to make major decisions, affecting the child's welfare, which the child cannot make on his own, including, but not limited to, consent determinations regarding marriage, enlistment in the armed forces and major medical, psychiatric or surgical treatment		Adoption means the establishment by court order of the legal relationship between a parent and child
Legal Reference	CGS Section 17a-126, 46b-129		CGS Section 17a-116 through 17a-120
Prerequisites	The birth parents' rights are not severed Adoption is not possible		The birth parents' rights are severed by the court Legal grounds exist to end parental rights (TPR) and Adoption is possible. The child must be consulted if age 12 or older.
	STOG - The child must be <ul style="list-style-type: none"> Placed with the licensed proposed guardian for 6 months Consulted if 14 years old or older 	PTOG - The child must be <ul style="list-style-type: none"> Placed with the licensed proposed guardian for one year Consulted if age 12 years old or older At least one TPR ground must exist 	
	The subsidized guardian packet must be approved PRIOR to STOG or PTOG finalization by the Subsidy Unit		The adoption agreement must be signed and approved PRIOR to Adoption finalization by Subsidy Unit

	Subsidized Transfer of Guardianship (STOG)	Permanent Subsidized Transfer of Guardianship (PTOG)	Adoption
Birth Parent Rights	<p>STOG -Birth Parents CAN petition the court</p> <ul style="list-style-type: none"> To regain custody To maintain visitation 	<p>PTOG- Birth Parents CANNOT petition the court to regain guardianship</p> <p>They CAN petition to maintain visitation</p>	<p>Birth Parents CANNOT petition the court to regain custody</p>
Lifelong Connections	<p>The guardian determines the scope of the relationship with extended family members unless there is a court order in place that does so.</p> <p>Sibling and relative visitation are generally recommended.</p>		<p>Siblings: <i>Recommended</i>, but adoptive parent must agree</p> <p>Relatives: <i>Recommended</i>, but adoptive parent must agree</p> <p>Birth Parent: Adoptive parent must agree; Open adoption agreement is negotiated. *CAFAF can refer to legal resources</p>
Decision Making	<p>Guardians have authority to make decisions on behalf of the minor</p>		<p>Adoptive parents have all the rights and responsibilities of a parent.</p>
Name Change	<p>Child's surname generally remains the same, though parties may petition the court for a name change.</p>		<p>Child's name can change. Once adoption is finalized</p> <ul style="list-style-type: none"> Juvenile Court sends the VS-51 to Vital Records Vital Records updates and creates a new Birth Certificate Adoptive parent submits a request to Vital Records for a new Birth Certificate At age 18, an individual can request, for a fee, their original birth certificate (noting their birth name and parents) from Vital Records

	Subsidized Transfer of Guardianship (STOG)	Permanent Subsidized Transfer of Guardianship (PTOG)	Adoption
Successor Guardian**	<p>Guardians may identify a successor guardian, a person who will assume the responsibility for the minor child in the event of guardian's death or incapacitated due to illness or severe disability.</p> <p>DCF must ask if the guardian wishes to identify a successor guardian for all TOGs.</p>		Identifying a successor is not required for adoption.
Monthly Subsidy Eligibility	<p>Monthly subsidy until child's 18th birthday if child is still living with and receiving support from the guardian (CGS 12a-126(f)(2))</p> <ul style="list-style-type: none"> Guardian submits the annual subsidy agreement Subsidy Unit approves annual subsidy agreement <p>Monthly subsidy until child's 21th birthday if,</p> <ul style="list-style-type: none"> Full-time student at an approved secondary education program Enrolled in a technical or vocational training program <p>Monthly subsidy for medically complex children, if</p> <ul style="list-style-type: none"> Guardian submits the annual subsidy agreement Primary Care Physician submits the "<i>Certification of a Child with Complex Medical Needs</i>" (DCF 2101S) <p><i>Subsidy is reduced for children who are no longer certified as medically complex</i></p> <ul style="list-style-type: none"> Subsidy Unit approves annual subsidy agreement 		<p>For eligible children, Monthly subsidy until child's 18th birthday if,</p> <ul style="list-style-type: none"> The condition which caused the child to be certified as special needs continues to exist, adoptive parents are still legally responsible for the support of the child and the child is receiving support from the adoptive parents Adoptive parent submits the biennial subsidy agreement Subsidy Unit approves biennial subsidy agreement <p>Monthly subsidy until child's 21st birthday if,</p> <ul style="list-style-type: none"> Child was age 16 or older when adopted AND Full-time student at an approved secondary education program Enrolled fulltime in a technical or vocational training program Subsidy reviews are done annually from age 18-21 <p>Monthly subsidy for medically complex children, if</p> <ul style="list-style-type: none"> Adoptive Parent submits the biennial subsidy agreement Primary Care Physician submits the "<i>Certification of a Child with Complex Medical Needs</i>" (DCF 2101S) <p><i>Subsidy is reduced for children who are no longer certified as complex</i></p> <ul style="list-style-type: none"> Subsidy Unit approves biennial subsidy agreement

	Subsidized Transfer of Guardianship (STOG)	Permanent Subsidized Transfer of Guardianship (PTOG)	Adoption														
Rate	<p style="text-align: center;">Subsidy cannot exceed the current foster care board and care rate</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Age 0-5</td> <td>\$ 25.99</td> </tr> <tr> <td>Age 6-11</td> <td>\$ 26.29</td> </tr> <tr> <td>Age 12-17</td> <td>\$ 28.52</td> </tr> </table> <p style="text-align: center;">Medically Complex Rate based on the certification of the Primary Care Physician (PCP) who submits the "Certification of a Child with Complex Medical Needs" (DCF 2101S). <i>Subsidy is reduced for children who are no longer certified as medically complex</i></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Class #1: Potential Condition</td> <td>\$ 30.00</td> </tr> <tr> <td>Class #2: Medically at Risk</td> <td>\$ 40.00</td> </tr> <tr> <td>Class #3: Intensive Medical Need</td> <td>\$ 55.00</td> </tr> <tr> <td>Class #4: Technical/Medically Dependent</td> <td>\$ 82.00</td> </tr> </table>			Age 0-5	\$ 25.99	Age 6-11	\$ 26.29	Age 12-17	\$ 28.52	Class #1: Potential Condition	\$ 30.00	Class #2: Medically at Risk	\$ 40.00	Class #3: Intensive Medical Need	\$ 55.00	Class #4: Technical/Medically Dependent	\$ 82.00
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Class #2: Medically at Risk	\$ 40.00																
Class #3: Intensive Medical Need	\$ 55.00																
Class #4: Technical/Medically Dependent	\$ 82.00																
Educational Needs	The Board of Education (town of nexus) is generally responsible for special education costs																
Mentoring	Is NOT covered																
Respite	Is NOT covered																
Dental	Eligibility determined by Husky																
Recreational (i.e. Music Lessons)	Is NOT covered																
Pre-School	Is NOT covered																
Childcare Center	Is NOT covered	Subject to an application process and approval, available for a limited time not exceeding 44 weeks (52, if no summer camp), based on eligibility, if <ul style="list-style-type: none"> • Child is 0-12 • Care4Kids application is completed • Childcare center is a recognized provider by Care4Kids • Coverage is based on the Care4Kids weekly provider reimbursement rate • Parent works full-time 															

			<ul style="list-style-type: none"> Existing Care4Kids arrangements, Care4Kids must be notified 10 days before/after finalization to continue coverage for up to one-year post-adoption
	Subsidized Transfer of Guardianship (STOG)	Permanent Subsidized Transfer of Guardianship (PTOG)	Adoption
Before and After School Programs.	Is NOT covered		<p>Subject to application and approval, available for a limited time, based on eligibility, if</p> <ul style="list-style-type: none"> Child is 5-12 years of age Care4Kids application is completed Coverage is based on the Care4Kids weekly provider reimbursement rate
Summer Camp	Is NOT covered		<p>Subject to application and approval, available for a limited time not exceed 8 weeks, if</p> <ul style="list-style-type: none"> Child is 5-12 years of age Care4Kids application is completed Coverage is based on the Care4Kids weekly provider reimbursement rate Coverage applies to one camp not multiple camps
Subsidy Review	Annual		<p>Biennial</p> <p>Please note the review for a child adopted at age 16 through 18, changes from a biennial to annual from ages 18 to 21</p>
Medical Coverage	<p>Husky</p> <ul style="list-style-type: none"> Available until child's 18th birthday Children residing in Connecticut ages 18-21 could be eligible for assistance Children residing outside of Connecticut, ages 18-21 eligibility is determined by their home state Since the medical coverage the child receives is provided as part of the subsidy agreement, DCF Subsidy Office will remain listed in the Husky system as the authorized representative (AREP). The guardian must contact their subsidy worker if there is an address change or is told the medical benefits are not active Eligibility is dependent on the home state location, consult with subsidy staff to determine eligibility based on individual circumstances 		

	Subsidized Transfer of Guardianship (STOG)	Permanent Subsidized Transfer of Guardianship (PTOG)	Adoption
Pre-Existing Child Support	Remains in effect unless modified by the court order		
Social Security Benefits	Children who are eligible, the parent/ guardian applies to become the payee and the Social Security Department determines eligibility and benefit amount.		
College Assistance	<p>No college assistance through the Department</p> <p>Note: To qualify for federal funding answer YES on FAFSA application if the following conditions apply:</p> <ul style="list-style-type: none"> • Since age 13, if youth's parents were deceased, if the youth was placed in foster care, or if the youth was a dependent or ward of the court • If someone other than parent or step-parent has legal guardianship of youth, as determined by a court in the state of legal residence 		<p>Children adopted by 18th birthday</p> <ul style="list-style-type: none"> • Between <u>January 1, 2005 and June 30, 2020</u> are eligible for tuition assistance equivalent to the in-state UCONN tuition rate • After <u>July 1, 2020</u> are eligible for tuition assistance equivalent to the in-state CCSU tuition rate
DCF Case Status	<p>Area Office case is closed</p> <p>Open Central Office Subsidy Unit case with an assigned processing technician for financial and review purposes only</p>		
Post-Adoption & Guardian Services	<p>Support is available until Child's 18th Birthday through</p> <ul style="list-style-type: none"> • Adoption Assistance Program (AAP) at 860-679-4006 • The Adoption Assistance Program provides post adoption support to families who are parenting through adoption or guardianship, and to adoptees or children parented through guardianship. There is no age limitation for this support • Beacon Voluntary Care Management (VCM) at 877-381-4193 • Connecticut Alliance of Foster and Adoptive Families (CAFAF) at 860-258-3400 • DCF Central Office Subsidy Unit 		
Taxes	Consult with a professional tax preparer to determine if there are any tax credits available		
Inheritance	Would not automatically inherit from a guardian only if named in a will	Can automatically inherit from their adopted parent	

Supervising to Permanency

Supervisors play a pivotal role in meeting federal outcomes, ensuring child safety, promoting child well-being, embedding racial equity into all areas of practice, and achieving permanency for children and families involved in the child welfare system. The Department is committed to the provision of effective supervision to achieve timely permanency for children.

All levels of the organization recognize the importance and value of achieving timely permanency, acknowledging that foster care is temporary, and intentional efforts to preserve family connections and healthy, supportive relationships is the foundation of our permanency practice. Additionally, achieving timely permanency is essential to foster a child's sense of belonging, nurture the child's race, ethnicity, linguistic, sexual and/or gender, and cultural identities, and achieve positive child outcomes.

Supervisory Responsibilities

The responsibilities of supervisors in permanency planning are as follows:

- Know the families being assigned to your unit (race, ethnicity, language, cultural perspective, immigration status) - review intake protocols, and court materials to ensure understanding. This will help inform supervisory directives;
- Review narratives prior to supervision to help focus discussion on safety, progress, planning, and next steps;
 - Review reasons for removal and identify the behavioral expectations or changes in family circumstances that would allow child to return home safely;
- Review each case monthly and document supervisory conferences in the electronic case record;
- Hold staff accountable for following case directives and provide the necessary follow up and support to ensure children don't linger in foster care longer than necessary and timeframes are achieved;
 - Be clear about your expectations that your staff come prepared for supervision and that they should have completed case directives from the prior supervision;
- Directives should include planning for next supervision, specifically identifying the information to be gathered for next supervisory discussion;
- Establish target dates and timelines regarding permanency activities and review progress and status to determine if adjustments are needed;
- Prepare, coach and support staff in having difficult conversations with birth parents, guardians, children/youth, caregivers, and providers regarding expectations, progress, timeframes, and child's need for permanency;
- If possible, minimize case reassignments to avoid unnecessary delays in achieving timely permanency;
- Review SDM Reunification Assessment to ensure they are completed as required and used to guide case decisions;
- Use data reports to track and monitor permanency (Countdown to Permanency Report, focusing on children who have been in care between 6-8 months to prioritize supervisory discussions and plan for submission of Permanency Plan);
- Partner with the licensed caregiver, RRG, Legal, AAG, Foster Care, and ARE to assist in planning and address barriers as needed;
- Educate and support staff around permanency planning activities to achieve timely permanency for children;
- Assess the Social Worker's relationship with the family as it has implications for case outcomes

- Ensure reasonable efforts are being provided to families, services are coordinated and offered timely and are aligned with the child's permanency goal;
- Ensure staff are obtaining child's Social Security Card, child's birth certificate and records upon commitment and obtaining medical and genetic information on birth parents;
- Be cognizant and aware of our own implicit or explicit biases, as well as structural biases, and its impact on assessment, decision-making, and equitable service delivery for children and families of color;
- Ensure staff are aware and understand the family's race, ethnicity, culture, beliefs, values, and life experiences, and how these diverse perspectives may impact parenting behaviors.

Practice Considerations:

- Ensure parents, youth and caregiver are actively engaged in permanency planning activities and decision-making;
- Ensure efforts to identify, locate, and include fathers and non-custodial parents are completed early. Ensure paternity is established.
- Ensure ongoing efforts are made to identify, locate, engage and assess kin for permanency and/or how they might support the family;
- Ensure service interventions to families are matched to need and address issues which precipitated DCF intervention, reason for removal, and presenting risk factors;
- Ensure child/youth is connected to needed services, including adoption competent clinicians should reunification not be possible, and adoption is being pursued;
- Ensure Family time promotes continuity of family relationships, is progressive and offered along a continuum based on case circumstances and level of parental progress;
- Ensure efforts are made to build relationships and partnerships between birth parents and child's caregiver;
- Ensure support is provided to child's caregiver to promote placement stability to avoid placement disruption;
- Ensure Permanency Teaming Meetings are held on an ongoing basis and the agenda is reflective of case circumstances, identifying key decision points for team consideration;
 - If parents are not completing specific steps, progress is slow or stalled, a Permanency Teaming Meeting shall be convened to understand lack of progress and develop a plan to remedy
- Engage staff in implementing concurrent planning activities early
 - Within 3 months of out of home placement, assess likelihood of reunification based on progress made to date
 - Consult with RRG, legal as needed

Case Specific Discussions

Case specific discussion around permanency should include the following areas:

Safety Concerns and Risk Factors

Discussion to include:

- How have safety concerns which led to removal been satisfactorily addressed and resolved?
- If concerns remain, how can current safety concerns be mitigated with immediate implementation of safety-related services and team support?

- Have new safety factors/concerns recently emerged and are there interventions available that can provide adequate safeguards?
- What risk factors are impacting child safety?
- What are the parents' protective capacities that promote child safety?
- Does the child have vulnerabilities that impact child safety?
- What is the parents' perspective around child's safety?
- How might race and social-economic drivers of equity be impacting risk factors and contributing to the child and family's challenges or life circumstances?
- Has the parent/caregiver and child's voice and perspectives of race, ethnicity, culture, equity influencers, and life experiences included in the safety and risk assessments, decision-making, and service delivery?

Family's Visitation Plan (reviewed monthly)

Discussion to include:

- How does the current plan promote continuity of relationships and ensure child safety?
- Parental consistency and quality of visitation
 - If there are concerns regarding consecutive missed visits or inconsistent visits, what are the reasons? Are there barriers? Is this a scheduling issue or is the parent showing signs of ambivalence?
 - If the quality of interactions is of concern, does the family require a more intensive level of coaching/guidance to improve skills?
- What is the feedback from individuals supervising the visits, including the SW?
- What goals have been established for the visit and how do the planned activities demonstrate the desired parental actions/behaviors?
 - In what way has the parent(s) demonstrated changes in behavior and actions during Family time?
 - In what ways are the parents responsive to the child's needs?
 - Are parents practicing and demonstrating the skills they have learned?
- What is the extent of contact between the parent and child beyond structured visits?
- How is the child responding and reacting to visits?
- Is the family ready to progress to the next stage of visitation- increasing in frequency or duration?
- Can visits be transitioned to the caregiver's home?
- How can team members be used to support the family's Visitation Plan?
- What is the parents' perception of Family time? Are they requesting any modifications to the current Visitation Plan?

Achieving Specific Steps/Meeting Case Plan Goals and Objectives

Discussion to include:

- Current service interventions
 - Status of referrals on behalf of the family (not completed, pending, or waitlisted)
 - Are services meeting the family's cultural and linguistic needs?
 - What is the extent of parental participation and engagement in services?
 - Are parents benefiting from the services being offered, evidenced by:
 - the parent demonstrating new skills;
 - integrating feedback from caregivers/providers;
 - observable changes in behaviors;

- observed changes in family circumstances;
- improved family functioning; and
- increased protective capacities.
- What is the feedback from service providers and collateral contacts regarding the family?
- Are there unmet needs of the child and family and if so, what is the plan to secure services?
- What are the areas of strength/challenges for the family?
- Are family supports/team members providing support and assisting parents in their rehabilitation efforts?
- Given the family circumstances, is there a need for RRG or Legal Consult to assist in case planning, including service provision?
- What is the parents' perspective of their progress and current needs or barriers they may be experiencing?

If there are no current safety concerns (or safety concerns exist but can be effectively mitigated with safety interventions), Family time is progressing and going well, and the family is actively engaged in services and making progress but has not fully completed specific steps, consultation with Program Supervisor is required to determine whether the child may be reunified.

Family Circumstances impacting Child Safety

Discussion to include:

- Have household conditions improved?
- Household changes - New relationships/Birth of Child/New Household members
 - Do new household members or relationship present risk/safety concerns for the family?
 - Ensure appropriate CPS/Background checks have been completed
 - How has birth of new baby impacted family functioning?
- Taking racial equity into consideration as impoverished housing or neighborhoods can be misconstrued as neglect.
- Recent criminal arrests or substantiations?
 - Is there a presumption of dangerousness and “unfitness” of parenting based on the person's past or recent criminal history? If so, what behaviors by the Parent are harmful and impact child safety?

A further assessment is needed as to how these changes in family circumstances may impact the family's reunification plan. Collaboration with providers involved with the family is critical to explore how these changed conditions directly impact child safety.

These changes in and of itself, should **not** prohibit reunification but rather be assessed and addressed as part of the reunification plan.

Permanency Teamings

Discussion to include:

- Has the child and/or parent(s) identified natural supports (family, friends, faith community) or formal supports for help and resilience?
- Are team members actively supporting parents in their rehabilitation and willing to offer support around child safety?
- Is the child/youth participating in meetings and if not, how have his/her voice been represented?

- Have the agendas included items that are most critical and require team input and decisions to continue to move towards permanency?
- Has the Team been intentional in addressing any biases (implicit, explicit, systemic) during the supervision process to promote fairness, respect, and empathy for the child(ren) and families being discussed?

Child Well-being

Discussion to include:

- Ensure the child's cognitive, behavioral, emotional, and social functioning needs are met, as well as their physical health and development;
- Ensure children are connected to services, including receiving medical care and treatment, educational and developmental services, mental health, and evaluated when needed;
- Child has familial, cultural, and community connections; and
- Parent demonstrates insight and the ability to respond appropriately to the child's specific needs and development.

Child's Current Placement

Discussion to include:

- Extent to which the child's caregiver's is partnering and collaborating with child's birth parents
- How has the child adjusted to placement? What is the feedback from caregiver about the child?
- Is the child exhibiting behavioral problems that are impacting school or placement?
- Observations/assessment by worker of child and current placement
- Is the current placement meeting the child's individualized needs?
- Is the current Caregiver responsive to the child's race, ethnicity, linguistic, sexual and/or gender, and cultural identities?
- If the child is placed in a core home, is a kin caregiver available and willing to be a placement resource for child?
- How has the caregiver demonstrated commitment to child - can current home offer physical, relational, cultural, and legal permanency?
- Is the child receiving appropriate services and supports based on need as well as those that promote placement stability?
- What is the child and parents' perception of the impact of separation and placement has had on the child?

Planning

Discussion to include:

- Length of time child has been in care
- What is the viability of reunification within 12 months?
- Based on safety, visitation, and progress made to date, is a change to the child's permanency goal needed?
- Pursue Legal, RRG and ARE consults as needed

After submission of the first permanency plan, the SWS will reassess the likelihood of reunification at 3-month intervals and direct their staff to actively pursue concurrent planning activities if prognosis remains poor. Engaging the family in a discussion what they can reasonably accomplish within these

intervals will help gauge their willingness and ability to make the necessary changes to facilitate a safe return home.

If the parent has limited engagement in services and has made minimal progress despite the agency's efforts to reunify, and the child has been in placement for more than 12 months, and in consideration of the child's developmental needs, it does not appear a change is likely within a reasonable period, a change in the child's permanency goal should be considered.

Group Supervision

Group supervision provides an opportunity to support staff in implementing permanency driven practice, as well as identify best practices and strategies to help achieve timely permanency. Group supervision can provide opportunities for case consultation, assistance in resolving and addressing barriers, engaging in authentic conversations about race, culture, equity, and biases from different viewpoints, sharing successful and effective approaches and strategies, and/or activities that have assisted in moving the permanency work forward.