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ACHIEVING PERMANENCY GOAL RETURN HOME

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ACHIEVING PERMANENCY GOAL RETURN HOME

8.1 Introduction

Return Home shall be the primary goal for all children in foster care. Permanency is achieved under this goal by returning the child and transferring legal custody to the birth parent(s) (regardless of the circumstances at the time of removal) or prior custodians when it can be safely accomplished. Reunification is the planned process of safely reconnecting children to their families and their communities. The service worker shall make reasonable efforts to return the child to his parents or prior custodians within the shortest practicable time (§ [16.1-281 B](#)).

While the service worker works to reunify the child with the family, the service worker should develop a concurrent permanency plan of adoption or transfer of custody to a relative at the same time. Pursuing concurrent, rather than sequential, permanency options leads to more timely permanency decisions for the child.

Any and all necessary services are provided to implement this goal until:

- The family has stabilized, the child is returned home, and the court case is dismissed; or
- The worker has documented that the conditions that necessitated the original removal have not been corrected although sufficient time and services have been provided, and another permanency goal is approved.

Exceptions to return/reunification as the initial permanency goal are:

- Voluntary relinquishment of parental rights by all parents (natural, legal, putative, and alleged);
- A petition for termination of parental rights has been filed on the parent(s); or
- The court has found that reasonable efforts to reunite are not required.

8.2 Framework

LDSS shall meet federal and state legal requirements and should use sound practice principles to achieve desired outcomes and to guide decision making in achieving the permanency goal of return home for the child.

8.2.1 Practice principles

Four fundamental principles in Virginia's Children's Services System Practice Model provide the philosophical basis and guide practice for decision making in selecting permanency goals.

First, we believe that all children and communities deserve to be safe.

- Safety comes first. Every child has the right to live in a safe home, attend a safe school, and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community
- Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.

Second, we believe in family, child, and youth-driven practice.

- Children and families will be treated with dignity and respect. The voices of children, youth, and parents are heard, valued, and considered in the decision making regarding safety, permanency, and well-being, as well as in service and educational planning and in placement decisions.
- Each individual's right to self-determination will be respected within the limits of established community standards and laws.
- Family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
- We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

Third, we believe that children do best when raised in families.

- Children should be reared by their families whenever possible.
- Keeping children and families together and preventing entry into any type of out of home placement is the best possible use of resources.

- Children are best served when we provide their families with the supports necessary to raise them safely. Services to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based.
- People can and do make positive changes. The past does not necessarily limit their potential.

Fourth, we believe that all children and youth need and deserve a permanent family.

- Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency.

8.2.2 Legal citations

The legal framework and specific requirements for achieving the permanency goal of Return Home are delineated in federal and state law. See the law for the complete language by clicking on the citation.

- **Provide child welfare services to return children to their families**
 - § [63.2-319](#)
- **Permissible goals in foster care plan**
 - § [63.2-906](#)
- **Child's health and safety paramount concern; plan to return child to birth parents or prior custodians**
 - [The Adoption and Safe Families Act of 1997](#); Public Law 105-89
 - § [16.1-281](#)
- **Petition to achieve the permanency goal**
 - § [16.1-282.1](#)

8.2.3 Outcomes

LDSS shall strive to achieve the following permanency outcomes required in the federal Child and Family Services Review:

Outcome 1: Children have permanency and stability in their living situation.

- More children leave foster care and achieve permanency.

- More children are reunified with their family.
- Children achieve permanency with increased timeliness.
- Children achieve permanency with shorter lengths of stay in foster care.
- Fewer children re-enter foster care.

8.3 Focus of services for reunification

All services are intended to support the family's ability to safely and in a timely fashion have their child returned home and resume legal custody of the child. Service workers shall:

- Provide services immediately and based on a comprehensive child and family assessment with the child and family to alleviate the conditions that brought the child into foster care.
- Provide services to both parents, regardless of the circumstances at the time of removal.
- Monitor implementation of the services outlined in the foster care plan, modifying or changing the plan as needed. Discuss the services with the family regularly to ensure understanding, cooperation, and progress. The discussion will also provide an ongoing and continuing evaluation of the child's and family's needs and capabilities throughout service provision. When risk to the child is relevant, assess risk on an ongoing basis.
- Facilitate involvement of family members through Family Partnership Meetings (FPM) when needed, through regular and frequent visitation with the child, and shared decision making on behalf of the child.
- Arrange visitation with the family immediately upon the child's entry into care unless disallowed by court order. The initial visit should occur **within five (5) days** of placement and subsequent visits should be as often as possible in order to build and maintain the parent-child relationship. In some cases, visitation may serve to build a relationship if one parent had little or no involvement with the child prior to the removal. Visitation should occur at least weekly.
- Develop a visitation or communication plan between siblings **within five (5) days** of placement if they are placed separately. The visitation or communication plan should address who is responsible for ensuring the visitation or communication occurs and limitations on the visit or communication. Visits or communications should include face-to-face visits, telephone calls, email correspondence, and any other form of communication available to the children. The visitation plan should include twice monthly contact at a minimum.

- Maintain contact between the child and the parent(s) or prior custodians who are incarcerated or in a treatment program, unless the court has restricted contact.
- Obtain a court order approving any restrictions or termination of visitation.
- Provide services to meet the needs of the child in fully approved and, when required, licensed settings until the child is returned home.
- Involve private service providers in meetings, progress reviews, case planning, FPMs and other meetings to determine the child's and family's progress and ongoing need for services.
- Maintain regular contact with private service providers to determine the appropriateness of services delivered by the provider.
- During trial home visits and upon initial return home prior to transfer of legal custody to the parents, provide appropriate support services for the child and family to prevent the child from returning to care.

8.4 Assessing for Return Home

The assessment process is a crucial element in permanency planning. When deciding whether to recommend to a court that children in placement should be returned home to their parents' care, the LDSS should convene a FPM (see [Section 2.9](#) of this chapter) where team members consider whether:

- The parents have made reasonable progress in correcting the conditions that led to the removal of their children from the home.
- The parents have achieved the outcomes of the foster care plan in such a manner that the conditions determined essential to the child's safety and well-being have been met.
- The family is ready to be reunified.

A FPM should be scheduled when the risk level is reduced and parental progress and ability to protect and provide safety for the child is recognized. The team determines if the child can safely return to his or her own family and a reunification meeting should be held before overnight visits begin. Meetings shall be scheduled at a time and place where parents and other partners can attend.

The comprehensive child and family assessment process (see [Section 5](#) of this chapter) and discussion of reunification should address the following issues:

- What safety issues were identified upon the child's entry into foster care and what changes have been made in the home to decrease ongoing risks to the child's safety? Have any new risks to the child's safety been identified after

removal and how have those risks been addressed? (The LDSS may use a safety assessment tool to assist in determining the safety risks in returning the child home.)

- How has the problem that led to the maltreatment been addressed and resolved?
- How have the parents/prior custodians completed the tasks required of them in their service plan? Were the tasks relevant to the family's problems and risk/safety concerns?
- What are the characteristics, needs, and behaviors of the children returning home? Have the children dealt with feelings about separation and if so, how? How have the parents demonstrated their understanding of and willingness/ability to address their children's ongoing needs?
- Do the parents have their own support system? Will they realistically use this support system, especially in times of crisis? Who does the support system consist of? What role are those individuals willing to assume in order to provide a safety net for the family?
- In what manner will the children be returned home? If the family has more than one child in care, will they all be returned home at the same time or will they be returned in gradual stages to allow for an adjustment period of both children and parents?
- What does the family need before the children return home and does the family need assistance obtaining these services?
- Has visitation between the child and family been successful and increased in length and frequency, with reduced supervision?
- Have arrangements been made to see that the child and family are adequately monitored and supported, both during and after the child is returned home, until the court returns legal custody to the family or prior custodian and the case is closed?
- Is there a service plan/aftercare plan that addresses the health, safety, and well-being of the child and family? Do all parties have a copy of the plan, including the court? Does the worker need to request the court order continue supervision once the child is returned home?
- Have criminal background checks been completed on the primary caretakers and all other adults in the home prior to beginning visitation and prior to returning the child home? How do the results of the background check affect the decision about reunification?

If the individuals involved in the FPM have addressed their perception of the family's readiness for reunification, the role other partners will play in aftercare services and monitoring, and the consensus is that return home can safely be achieved, a target date will be set. Any additional expectations will be discussed and documented as part of the aftercare plan as needed.

An additional tool that can assist with the assessment process is the Structured Decision Making (SDM)[®] Family Reunification Review available in the child welfare information system. This tool is designed for cases that entered foster care with abuse/neglect involvement. The tool should be used prior to each court decision point in the foster care case and can be done in conjunction with the FPM process described above.

8.5 LDSS efforts to support reunification

For cases with the goal of reunification, the service worker shall have face-to-face contact with the birth parents or prior custodians at a minimum of once every two months and at every critical decision-making point throughout the case (§ [63.2-906](#)).

When a child has been in foster care for 12 months and reunification remains the goal, the service worker must consult with their regional practice consultant regarding case planning. This may be done by sending an email and including a brief case summary including the efforts to achieve reunification ([2020 Virginia Acts of Assembly Chapter 934](#)).

Reasonable efforts to support reunification by the LDSS include:

- Diligent efforts to locate and involve relatives, both maternal and paternal, and other significant individuals in supporting the goal of reunification were made and are documented.
- Services included in the case plan and provided to the child and family reflect a comprehensive assessment of all needs of the child and family. This includes the household of both parents, regardless of the circumstances at the time of removal.
- Services included in the case plan shall be clearly connected to the child and family's needs in order to improve the conditions in the parent's home to facilitate the child's safe return to his own home or if not possible, will facilitate the permanent placement of the child;
- Clear indication exists that the LDSS actively and repeatedly sought input from the child, family, other relatives, and significant individuals in making decisions.
- Clear written documentation exists of how services have been utilized and affected the parents' behavior or skills.

- Actions to facilitate frequent visitation, implement other kinds of contact between the child and parents, siblings, other relatives, and individuals significant to the child occurred and are documented.
- As a result of an ongoing assessment process, additional services needed to make return home possible are documented and were provided.

Reasonable progress on the part of the parents may include:

- Increased capacity to parent and to assure the child's health and safety as demonstrated by regular parent-child visits that meet the goals of the visit, appropriate involvement in assuming more parental responsibilities (e.g., doctor appointments, parent-teacher conferences, group therapy, involvement in recreational activities, better financial management).
- Demonstrated ability to care for themselves so that they can meet the needs of the child. This may include working with the foster parent as a partner in modeling appropriate parenting skills.
- Demonstrated improvement in parental choices, decisions, and relationships, which lead to a safer and healthier environment for their children.
- Participation in recommended services and demonstration of change, such as improved parenting and participation in counseling sessions.
- Acceptance of responsibility for maltreatment of the child and demonstration of empathy for the impact of the effects of the maltreatment on the child.
- Establishment of an ongoing support network consisting of other family members, neighborhood or community, church, etc.

A lack of reasonable progress on the part of the parents to correct conditions that led to the removal of the child and other good reasons to consider alternatives to return home may include:

- An ongoing pattern as a perpetrator or a victim of domestic violence and refusal to participate actively in treatment services, or initiation of new relationships in which there is violence.
- Continued residence with someone dangerous to the child and refusal to separate after having been advised of the dangers.
- Failure to remedy with assistance housing or housekeeping standards that are a threat to health or safety or to seek economic resources when lack of resources is a major barrier.

- Continuing to miss visits with children, coming late for visits, or while visiting, appearing uninterested or openly rejecting the child or being abusive or continually upsetting children during visitation by verbal abuse, eliciting guilt, or by making unrealistic promises.
- Restricted ability to parent due to a behavioral, mental, or developmental disability that impedes the individual's ability to serve as the primary caretaker for the child.
- Failure to make efforts, or inability to demonstrate the skills necessary, to ensure the health and safety of the child.
- A lifestyle centering on drugs/alcohol and an addictive pattern that clearly prevents the ability to adequately parent.
- A previous birth to a subsequent substance-exposed infant or having other children who have been in foster care for 12 months or more and attempts to reunite have been unsuccessful (by themselves, these are NOT an indication of inability to be reunified with another child).
- Continuing to miss appointments, canceling appointments, or failure to be involved in treatment.
- Failure to fulfill the tasks outlined in the service plan, cooperate with the provision of the service plan, or meet conditions established by the court.

8.6 Reunification services and service planning

When the court approves the goal to return the child home, the foster care plan will focus on safe reunification. The foster care plan should:

- Be developed with the participation of the parent, the child whenever possible even if under the age of 12, other relatives, and other individuals identified by the family as significant to their or the child's support system, if appropriate. Youth age 12 and older shall be part of the team and be provided with the opportunity to choose up to two (2) members to be part of the team who are neither a foster parent of nor a case/service worker of the youth to be part of the team (§ 16.1-281).
- Specifically address child, family, and support system strengths and how these strengths will be used to correct the conditions that led to the removal of the child.
- Specifically address problems/needs or barriers to reunification and how these barriers might be addressed using previously identified strengths.

- Develop clear expectations of each party of the intended result of the service or activity.
- Include concrete and comprehensive services and activities that shall be in place immediately prior to and following the actual return home of the child.
- Ensure accountability on the part of the LDSS, the parents, and placement providers by documenting the responsibilities of and the services to be provided to each of the parties.

Services designed and documented in the foster care plan shall address:

- The child's health, safety, and well-being needs that were identified during the assessment process.
- The family's strengths and needs in relation to meeting the child's needs and in terms of additional services and support required by the parent to safely maintain the child at home.
- A description of what actions the family/custodian, other members of the family, and the parents/custodians social support network, service worker, temporary caregiver, and others will take to meet the needs of the child to achieve the goal of Return Home and maintain safety and stability for the child once returned home:
 - Identification of those persons the parent and child can call on for support following the return home of the child.
 - Identification of supportive services that will be provided and by whom, after the child is returned home (such as child care).
 - A description of how the child's medical and educational needs will be met after the child is returned home.
 - Identification of any additional interventions and services that will be provided to the family, the caregiver, and the child in order to meet the child's needs and achieve and maintain permanency.

A copy of the concurrent permanency plan should also be provided to the parent.

8.6.1 Preparing the parents for reunification

Workers should make sure parents consistently understand their role in achieving reunification and remind them that their attendance and participation in all FPMs, staffings, and case planning meetings is critical.

The services and the way they will be delivered should be determined as a result of the ongoing assessment process and FPMs. Parents should be encouraged and supported to discuss their concerns and questions regarding the child's return home. The focus of services should include, but is not limited to:

- Discussion of all visits between the child and parents, focusing on observations of parent/child interactions by the service worker or others who may have been present for the visit. Parents' concerns, questions, and perceptions about the visit and their interaction with their child should be discussed.
- Using trial home visits with clearly identified goals and in-home monitoring and services to help the parent(s) provide safe, daily care of the child (see [Section 8.6.5](#)).
- Discussion with the parents about the date and timing of the child's return. This should include ongoing discussion of planning for the child's daily routines, education, health care, etc., as well as how the parent(s) plans to deal with conflicts, the child's feelings about returning home, and any other areas of concern.
- The need for specific aftercare services to support gains made by the child and parents.
- Specific role of other individuals and groups designated as part of the family's social support system.

8.6.2 Preparing the child for returning home

Although a great deal of emphasis is placed on activities with the parent when the service worker is preparing to reunify the family, this is also an important time for the child. The service worker should spend time with the child to determine his position on reunification. If reunification is in the best interest of the child, the service worker will begin to prepare him for return home by:

- Informing the child of the targeted date for reunification while being aware of the child's ability to understand what this means.
- Explaining to the child that his parents are working to have him return by the target date, but that sometimes things happen that may change that date.

All adults involved with the child should be having clear, age appropriate discussions with the child about the plans for return home and what the child can expect. These discussions should assist the child with identifying those people whom he can call for help, where he will be attending school, and other important facts. The child should be given the opportunity to work through feelings of separation from, and the

loss of, the foster parent/relative caregiver, school, and neighborhood friends, teachers, and significant others.

8.6.3 Preparing the youth for returning home

Youth should be collaborators in the reunification process with their family and the service worker. Working toward reunification with a youth requires that the youth become an active participant in the process of reunification. The decision to reunify a youth with his family should be made on a case by case basis through comprehensive assessments involving the youth and the family. Youth should have a voice in the development of the case plan to facilitate reunification since often youth will have knowledge to assist the service worker in identifying needed appropriate and effective services for the family.

Depending on individual family dynamics the youth or the family may express concern about reunification. The service worker should facilitate discussion and provide appropriate forums such as family therapy, FPMs or the youth's service planning meeting to allow the youth and family to explore and process these feelings.

The service worker shall engage the youth, members of the youth's family, other professionals involved with the youth or family, supportive adults (identified by the youth) and extended family to identify preventive services and supports that the family may need to prepare for the discharge of the youth from foster care. These supports should be identified for the specific youth and family. The services may include peer support groups, family mediation programs, tutoring and other academic supports, vocational training, community mental health programs and connections to community programs that will assist the youth in the acquirement of independent living skills for successful adult living. Often the youth will want to maintain connections made while in foster care with friends, foster parents or activities in which the youth participated. The team should be creative in identifying and developing methods of communication that will allow the youth to maintain those connections which are in his best interest.

Families will need support and encouragement to sustain reunification efforts with the youth. The youth will also need support, encouragement, and follow-up after they have become reunified with their families. These pre and post reunification services are a critical element for supporting the permanency outcome of reunification for the youth.

8.6.4 Preparing the caregiver/foster parent for reunification

Service workers should spend some time with the caregiver/foster parent to discuss their feelings of separation and loss and help them successfully prepare themselves and the child for reunification. Some caregivers may want to stay in touch with the child after he returns home. Contact with the caregiver after return home is a

consideration that requires supervisory consultation. Some children may find this confusing while others may benefit from continued contact.

The caregiver should make a list of the child's daily activities and routines and other relevant information for the birth parents to smooth the child's transition home.

8.6.5 Beginning visits and trial home visits

Trial home visits are to be with the prior custodian(s) from whom the child was removed or birth parents. The child may be placed on a trial home visit with either birth parent, regardless of the circumstances at the time of removal. It is used as a final step in the preparation of return of custody to that parent or custodian. A trial home visit should not exceed six (6) months. If there is a documented reason for an extension beyond six (6) months for the trial home visit, this extension shall be approved by the court.

Preparations for overnight visits and ultimately reunification shall include the following service worker activities:

- Safety.
 - **Background Checks.** Prior to beginning overnight visitation with parents or previous custodians in preparation of a trial home visit, a background check should be completed on the primary caretakers to whom the child is being returned and on all other adults residing in the home in which the child is to be returned. Background checks shall be completed before the trial home visit begins ([§ 63.2-901.1](#)). The components of the background check include:
 - A written statement of affirmation disclosing whether or not the individual has a criminal conviction or is the subject of any pending criminal charges within or outside of the Commonwealth and whether or not the individual has been the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth.
 - A national fingerprint criminal history record obtained through the Central Criminal Records Exchange to the Federal Bureau of Investigation and a search of the Sex Offender registry (which is included in the national criminal background check).
 - A search of the child abuse and neglect registry maintained by any other state pursuant to the [Adam Walsh Child Protection and Safety Act of 2006](#), (Pub. L.109-248), in which a prospective parent or other adult in the home has resided in the preceding five years.

For more information on conducting background checks, see the [Office of Background Investigation](#) (OBI) page on Fusion. If significant time has passed between the search and the child's return home, a second search should be conducted close to the date of return home to ensure the receipt of accurate information on the adults in the home. It should be noted that the letter received regarding the background check on another adult in the home will say either "approved" or "not approved". This is due to the way OBI runs the check when the adult is not the birth parent and OBI's determination is reflective of whether this adult could be approved as a foster parent, and should not be solely used to make the decision about a trial home visit. The agency should use the information to make an informed decision regarding the child's return home.

The results of the criminal background check do not prohibit the agency from reunifying the child with the parent. The standards set in [§ 63.2-901.1](#), Code of Virginia, are specific to approving a foster parent. However, the agency shall notify the court of the results of the complete background checks and include the findings in the criminal background checks when assessing the home for safety.

- **Safety Assessment.** A safety assessment shall be completed before the return home of the child, when the child was removed due to abuse and/or neglect. Documentation on all assessments shall be included in the case record or OASIS including the initial child protective service risk assessment. The initial risk assessment provides a baseline for evaluating progress or lack of progress. The specific risk issues identified in the initial assessment will be reevaluated throughout the case. Documentation regarding these issues will be addressed in the assessment that is completed prior to beginning visits or trial placement.
- A new safety assessment shall be completed prior to the child returning home based on current home situations. The service worker will, unless otherwise documented, communicate monthly with individuals who provide services and support to the parents and child in order to obtain information and observations about the ongoing safety of the child. Such professionals and individuals may include social service providers, school or child care personnel, health care providers, and any other collateral contacts the service worker deems appropriate. Before beginning visits or conducting a trial home visit, the service worker will explain to the parent the need for continued communication with all parties. Contact information will be included in the case record as documentation regarding the continued safety of the child in the home.
- **Education.** During the trial home visit, the service worker will meet with the child's current teacher and obtain a school report. The teacher should be informed that reunification is imminent and be encouraged to

report any observations or concerns about the child to the service worker. If the child will be attending a new school after reunification, arrangements will be made for the transfer of education records. The service worker should follow the Best Interest Determination Process and ensure that the child has school stability and there is no gap in schooling. The service worker and the parent will meet with the child's new teacher. If the child is pre-school age, the service worker will assist the parent in enrolling the child in a program such as early education or child care.

- **Health.** The service worker will discuss with the parents how the child's health care needs will be met after the child is returned home, and identification of a health care provider to serve the child after return home will be discussed. Other resources that the family can use to assist in meeting health care needs such as the Department of Health, FAMIS, or the Department of Medical Assistance, will also be discussed. Discussion about health needs and issues will be documented in OASIS and the foster care plan.

8.6.5.1 When a child receives SSI and is on a home visit

When the LDSS is the representative payee for the child's SSI or SSA benefits and the child is on a home visit, the LDSS may assist the parent in providing for the child in the home. The supervisor may authorize a check to be sent to the parents on behalf of the child to pay for the child's care. The transaction shall be documented and include a recommendation from the service worker, approval by the supervisor, authorization from a 3rd party (LDSS director or finance staff with designated authority) and a notation in the payment record of the payment amount.

8.6.6 Contacts and visits following reunification

The service worker should communicate **at least monthly** with those professionals and individuals who provide services and support to the parent and child in order to obtain information and observations about the ongoing safety and well-being of the child. Such professionals may include social service providers, school or child care personnel, health care providers, and any other collateral contacts the service worker deems appropriate.

During all contacts following reunification, the service worker should see the child outside the presence of the parent as well as with the parent.

- **First-month contact.** Following the return home of a child who has been in substitute care, an initial face-to-face contact with the child and parent should be made via a visit in the home by the assigned service worker **within 24 to 72 hours** after the child returns home. The timing of the visit will be based upon the safety assessment completed when the child is returned home.

- **Ongoing contact.** Frequency of contacts subsequent to the first month of reunification should be determined by the worker's ongoing assessment of the child's safety and the family's need for ongoing monitoring, support, and service provision. Frequency of contacts and intervention should be determined by the family, service worker, supervisor, child, and other involved individuals (e.g., in-home counselor, mentor, relatives).

During the trial home visit and while the child is in the custody of the LDSS, worker visits must occur as often as needed to support the family and no less than monthly. Additionally, at least one visit per month must occur in the home with all of the household members. These contacts must be recorded in OASIS. Unannounced visits should also be considered.

- **Assessing progress and planning for termination of custody.** Frequently, the child's return home increases the family's stress level by placing additional financial demands on the family while they adjust to being together again. The family membership may have changed since the child's removal and family members may have to renegotiate their new roles in their newly formed family system. Just as parents may express ambivalence about caring for a child while the child is in placement, parental ambivalence may also be demonstrated after the child is home.

During the post-reunification period, support of the family should continue if the reunification is to succeed. The service worker's emphasis becomes helping the family assume responsibility for the care of the child. The LDSS should provide services after return home to monitor the safety of the child, to enhance the family's ability to function in a healthy way, and to provide a smooth transition to reunification. The child's safety and health take precedence over any other variables, such as the need for permanency or the child's sense of time.

Planning for the termination of services is an integral part of all service planning. From the earliest contact, the LDSS will focus on when services to the children and families will end. Before closing a case, the LDSS will conduct a review of the child's safety that includes:

- A child safety assessment to include all members of the household and all adults who frequent the home.
- Interviews with relatives, friends, or other persons who provide support network for the family.
- Review all medical, school, clinical, and social service reports.
- Interview and observe the child alone out of the presence of the caregiver.

- Update a final foster care plan that outlines how the health, safety, and other outside support of the children will be ensured and what aftercare services are needed.
- The filing of a motion for termination of the LDSS' custody.

8.6.7 Exploring post-custody transfer supports

When assessing the readiness of the family to have custody of their child returned to them, it is important to consider whether reunification can be achieved with supports outside of the foster care system. Rather than extending trial home visits, LDSS should explore whether the child's custody can be safely transferred to their family with prevention services, including court ordered prevention services, in place. Children for whom reunification has been achieved, may be eligible for prevention services through multiple funding streams, such as CSA and PSSF. The safety and health of the child must always be paramount, but LDSS can address needs through services other than foster care in order to achieve permanency in a timely manner. As stated in [Section 8.6.5](#), a trial home visit must not exceed six months, unless explicitly approved by the court. For more information on Prevention Services, see Prevention Guidance.

8.7 Achieving permanency with goal of Return Home

The goal of reunification is achieved when legal custody is returned to parent(s) or prior custodians, or in a non-custodial foster care placement, when the child is returned to the parent(s) or guardians and the court terminates involvement with the family.