Residential Child and Youth Care Practitioner Training

Welcome to Module 5, Part 1 of the Residential Child and Youth Care Practitioner Training.
Module 5 Objectives

Module 5 covers information that you need to know about legal and ethical issues pertaining to residential care. In this module you will learn about the following:

- Residents’ Bill of Rights
- Standards for Residential Child Care Programs
- Identifying Child Abuse and Neglect
- Reporting Requirements
- Confidentiality in Residential Care
- Ethics in Residential Care, and
- Permanency Planning
Residents' Bill of Rights

Let’s begin with Maryland’s Code on Residents’ Bill of Rights (statute 8-707). According to Maryland law, a youth in residential care has a right:

1. To be treated with fairness, dignity, and respect;
Has a right...

2. To receive appropriate and reasonable adult guidance, support, and supervision, consistent with the resident’s age and level of development;
Has a right...

3. Not to be abused, mistreated, threatened, harassed, or subjected to corporal punishment or to other unusual or extreme methods of discipline;
Residents’ Bill of Rights

Has a right...

4. To be heard and to be included, to the greatest extent possible and consistent with the resident’s age and level of development, when major decisions, including regular case planning meetings, are being made affecting the resident’s life.
Residents’ Bill of Rights

Has a right…

To reasonable and clinically appropriate visitation, mail, and telephone communication with relatives, friends, attorneys, social workers, therapists, and guardians ad litem.

Has a right...

5. To reasonable and clinically appropriate visitation, mail, and telephone communication with relatives, friends, attorneys, social workers, therapists, and guardians ad litem.
Residents’ Bill of Rights

Has a right...

To have the resident’s relatives and designated representatives, who are authorized in writing by the contracting agency, communicate with the facility of the provider, ask questions of the facility of the provider, and have questions answered promptly by the facility of the provider.

6. To have his or her relatives and designated representatives, who are authorized in writing by the contracting agency, communicate with the facility of the provider, ask questions of the facility of the provider, and have questions answered promptly by the facility of the provider;
Residents’ Bill of Rights

Has a right...

To language translation and interpretation services, if necessary.

7. To language translation and interpretation services, if necessary.
Residents’ Bill of Rights

Has a right...

Not to be discriminated against on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business.

Has a right...

8. Not to be discriminated against on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business.
Residents’ Bill of Rights

Has a right...

To an appropriate education, including educational supports such as homework assistance, summer enrichment opportunities, and employment skills training.

And finally, has a right...

9. To an appropriate education, including educational supports such as homework assistance, summer enrichment opportunities, and employment skills training.
Residents’ Bill of Rights

Additionally, Maryland law requires that residential service providers post the Residents’ “Bill of Rights” in a conspicuous location at the facility, as well as provide a handbook of policies to residents and their parents or legal guardians.

This handbook includes information on:
- The mission of the program
- Placement and discharge
- Daily routines
- Treatment strategies
- Disciplinary practices
- Visiting hours
- Communication procedures with residents
- Grievance procedures
- Health care access
Residents’ Bill of Rights

This handbook includes:

- Access to practice their religion
- Emergency telephone contact information
- Family involvement
- Attorney access
- Community integration
- Education
- Medical and dental care, and
- Recreation
Residents’ Bill of Rights

This handbook offers information on:
- Life skills training
- Clothing
- Personal funds
- Food and nutrition
- Day care
- Personal belongings
- Extracurricular activities and
- Therapy

In each child’s case file there should be documentation that the child and parent or guardian of that child have received and reviewed the handbook.

You, as an RCYCP, should have the opportunity to look over your program’s handbook of policies and procedures. You should become familiar with the material in the handbook, as it will be important to your role at the agency.
Congratulations! You have completed Part 1 of the RCYCP Module 5 Training. Please use the navigation below to open the next section of the training.
Residential Child and Youth Care Practitioner (RCYCP) Training

Welcome to Module 5 Part 2 of the Residential Child and Youth Care Practitioner Training.
Standards for Residential Child Care Programs

As an RCYCP you work for a Residential Child Care Program that is licensed by the state of Maryland, and as such, you and the child care program that employs you are required to comply with a number of legal and ethical standards. You may remember hearing about COMAR in Module 1. COMAR stands for the Code of Maryland Regulations. In this module, you will hear about some additional COMAR standards that are most relevant to your work as an RCYCP. You can download and read through a complete list of the standards by visiting the website provided.

Please note, the term “child” or “children” here refers to all ages of youth in residential care. These terms are used specifically because the Maryland Standards use these terms.

Standards for Residential Child Care Programs: Personnel Policies

As an RCYCP you should receive a copy of your program’s personnel policies that include information about:

1. Annual performance evaluations.
2. Communicable diseases.
3. Confidentiality of records.
4. Description of job responsibilities.
5. Drug and alcohol free workplace.
7. Employee supervision.
8. Grievance procedures for employees.
9. Hiring and recruitment of qualified staff.
10. Hours of work.
11. Organizational chart
12. Orientation and on-going training requirements.
14. Vacation and other leave allowances.
15. A prohibition against the employment of any person whose physical or emotional health, notwithstanding any accommodations required by law, would impair that person’s ability to protect the health, welfare, and safety of the program’s residents, and
16. A prohibition against employment discrimination based on race, color, national origin, religion, creed, age, sex, sexual orientation, marital status, ancestry, or physical or mental disability.
As an RCYCP you will be subject to a criminal background check that is required by law.
Standards for Residential Child Care Programs: Personnel Policies

In addition to the discussion of conduct that has occurred in these modules, your agency will have an established code of conduct that:

1. Bans sexual harassment or other discrimination against staff and residents, and
2. Requires that all staff (this includes RCYCPs) conduct themselves in a manner appropriate to serving the needs of the program residents.
Your agency is required to maintain adequate staff coverage at all times, based on the time of day, the size and nature of the program, and layout of the physical plant.

When the program administrator is unavailable, s/he is required to appoint a qualified staff member who will then have authority.
Standards for Residential Child Care Programs: Employee Duties

According to these standards, the responsibilities of Direct Care Staff (such as RCYCPs) are to:
1. Assist the children in meeting the goals and objectives of their individual plans of care
2. Guide and supervise the children in accordance with the Residents’ Bill of Rights.
3. Manage the children’s behavior.
4. Promote the physical and emotional well-being of the children, and
5. Facilitate the attainment of independent living skills based on the needs of the child.
Standards for Residential Child Care Programs: Physical Plant

Your agency is also required to maintain multiple aspects of the physical plant (essentially the building and property of the residential care facility). Some of the many requirements include:

1. Complying with fire and health codes.
2. Maintaining building, grounds, and equipment.
3. Complying with rules about sleeping accommodations, bedrooms, bathrooms, and living space. For example, no more than four children may sleep in a bedroom, and children shall be allowed some discretion in the decorating of sleeping areas.
Standards for Residential Child Care Programs: Emergencies and General Safety

In addition to maintaining the physical plant, your agency will have policies and procedures in place for emergencies and general safety. For example, there will be emergency drills at least monthly, as well as procedures that will be followed before, during, and after an emergency. You will hear more about this topic in Module 6.
Standards for Residential Child Care Programs: General Program Requirements

General program requirements for all residential care placements include integrating the agency program into the community, maintaining communication with families and others involved in the child’s life, as well as having child grievance procedures in place in the event of a problem.
Standards for Residential Child Care Programs: Basic Life Needs

Agencies have legal responsibilities to meet children’s physical needs and well-being.

Among other things, children are provided 3 nutritious meals a day, as well as nutritious between-meal snacks. You will remember from earlier modules about the importance of cultural competence. One of the ways that is incorporated into resident life is through food. Meals are modified as appropriate for religious, cultural, life philosophy, and/or health reasons.

You will notice that if you or other employees are served food from the facility, it will be the same food that is served to the children.

As you will hear again later, it is against the law to force feed or withhold food from a child as a form of discipline.
Other requirements of the physical needs and well-being category of regulations include policies regarding:

- Children’s personal funds (for example, money that is earned by the child is considered his or her property)
- Personal belongings (for example, allowing a child to possess personal belongings)
- Clothing (for example, allowing a child to be involved in the selection, care, and maintenance of his or her clothing)
- Personal hygiene (for example, each child is provided with culture-specific and gender-specific hygiene products)
- Sleep (for example, children should have the opportunity each night for at least 8 hours of uninterrupted sleep, except in the event of an emergency or drill).
Standards for Residential Child Care Programs: Children’s Services

Children in residential care are entitled by Maryland State Standards to receive various types of educational and life services.

Children in residential care who are of mandatory school age -- that is, between 5 and 16 years of age -- and who have not earned a diploma or certificate of completion, are required to receive appropriate education. Depending on the individual, this might be regular education, special education, or vocational education. Also, children who are above the mandatory school age and who have not received a secondary school diploma or certificate of completion are required to participate in a secondary school education program, a tutoring program for the GED, or a developmentally appropriate vocational skills training program.

In addition to classroom education, children are provided life skills training appropriate to the age and capability of the child. You have heard about these life skills in Module 4.

Similarly, children are trained in work readiness depending on their age and capability.

Finally, children in care are entitled to be provided with recreational and leisure activities based on needs, interests, and group composition that include both indoor and outdoor types, as well as in the program and the community.
Standards for Residential Child Care Programs: Health Care

There are a number of different program requirements for health care for the children in residential care. These have to do with:

- General health services (for example, having a written plan in place for the health and mental health care of the residents).
- Medication management (for example, keeping medications locked up).
- Dental care (for example, regular check-ups every 6 months, as well as access to a dentist if the need arises between check-ups).
- Vision and hearing care (for example, arranging for access to vision or hearing care upon the authorization of the child’s primary care physician).
- Immunizations (for example, updating immunizations for children who are not up to date).
- Physical exams (for example, having children undergo a physical exam if they have not had one during the prior 12 months, as well as regular check-ups thereafter as determined by the child’s medical care provider).
- Emergency health services (for example, having a policy in place for emergency mental health services), and
- Communicable disease management (for example, having a policy in place for isolation in the event of a communicable disease threat).

You will learn the various policies and procedures regarding each of these at your specific site.
Standards for Residential Child Care Programs: Behavioral Interventions, Strategies and Supports

As part of your on-site training as an RCYCP, you will be trained in state-approved forms of discipline and behavior management techniques, including crisis management and the use of isolation and restraint. For the purposes of this online training, we will cover some important legal points with regard to behavioral interventions. You will learn much more about these in your on-site training.

Before we begin, let’s go over some terminology:
Chemical restraint means the use of medication that is not the current treatment for a child’s condition, to control behavior or restrict the child’s movement. For example, a sedative.
Mechanical restraint means any mechanical device that restricts the free movement of an individual. Examples include handcuffs, anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, waist straps, head straps, restraining sheets, and similar devices.
Physical restraint means the use of physical force, without the use of any device or material, to restrict the free movement of all or a portion of a child’s body, not including:

a. Briefly holding a child in order to calm or comfort the child;
b. Holding the child by the hand or arm to escort the child safely from one area to another;
c. Moving a disruptive child who is unwilling to leave the area when other methods such as counseling have been unsuccessful; or
d. Breaking up a fight.

Do not utilize any type of physical restraint until you have been trained at your residential child care facility. As a matter of law, physical restraint is only used when other less restrictive forms of intervention have been attempted or determined to be inappropriate.

Image from: http://www.tact2.com/physicaltraining.html
Seclusion means the confinement of a child alone in a room from which the child is physically prevented from leaving.
According to Maryland Statutes, residential care facilities may not use the following as disciplinary measures:
1. Physical, mental, and verbal abuse, or corporal punishment.
2. Physically strenuous exercise or work.
3. The withholding of:
   a. Food.
   b. Water.
   c. Sleep.
   d. Mail.
   e. Family visits, or
   f. Program participation other than recreation or leisure activities.
4. Forced feeding of a child.
5. Chemical restraints, unless in compliance with State law and ordered by a physician.
6. Mechanical restraints, except as permitted by other applicable State regulations or ordered by a court.
7. Physical restraint, except when failure to do so would result in harm to others or the child.
8. Seclusion.
Congratulations! You have completed Part 2 of the RCYCP Module 5 Training. Please use the navigation below to open the next section of the training.
Welcome to Module 5, Part 3 of the Residential Child and Youth Care Practitioner Training.
Let’s turn now to a discussion of child abuse and neglect. While you will hear more about the impact of abuse and neglect on children in Module 7, the purpose of the discussion in this module is limited to the legal and ethical implications of abuse and neglect on you, as an RCYCP. Let’s begin.
Child Abuse & Neglect: Mandated Reporting

As an RCYCP you are considered a mandated reporter of abuse. So what does that mean? That means that you are required by Maryland State law to report any suspicion of abuse or neglect of the youth at the agency where you work. This includes not only abuse or neglect that has occurred prior to a youth entering residential child care, but also any abuse or neglect that occurs while a youth is currently in care.
Child Abuse & Neglect: Mandated Reporting

“Suspicion of abuse”

Report incidents as soon as they are suspected!

You will note that you are mandated to report based on “suspicion” of abuse. This is an important point to understand. Reporting does NOT require PROOF that abuse or neglect has occurred. Incidents are to be reported as soon as they are suspected.
There are a number of reasons why reporting is done based on suspicion and not proof. First, waiting for proof may involve grave risk to the child and delay or prevent necessary treatment or services to all concerned.

Second, proof is often difficult to obtain; witnesses to child abuse and neglect are rare, and the child’s testimony may be disbelieved or inadmissible.

Finally, your job is to support the youth with whom you work. Once reported, specially trained people will conduct the investigation.
As a mandated reporter, if you fail to report suspicions of abuse or neglect, you are at risk for losing your certification as an RCYCP. The law is in place to protect children and youth in Maryland.
What if you make a mistake and file a report of abuse when there actually isn’t abuse?

You may be worried about this happening, but rest assured: Maryland, like many other states with mandated reporting of abuse, has what is called a “good faith” law. If you report your suspicions in good faith (that is to say, you have honest concerns and suspicions of abuse and are not lying or making them up), then you cannot get in trouble for doing so.
Click on the link to see a brief video on mandated reporting (2:08)

http://www.youtube.com/watch?v=LzIWQa46qxQ
So now that you know that as an RCYCP you are a mandated reporter, you need to know what things you need to report.

Let’s look at how Maryland defines abuse and neglect.
Child abuse and neglect are defined in Maryland as:

- Physical injury of a child under circumstances that indicate that a child’s health or welfare is harmed or at substantial risk of being harmed. This physical injury is not necessarily visible.
- The failure to give proper care and attention to a child, including leaving a child unattended where the child’s health or welfare is harmed or a child is placed in substantial risk of harm.
- An act or acts involving sexual molestation or exploitation, whether physical injuries are sustained or not.
- Identifiable and substantial impairment of a child’s mental or psychological ability to function.
- Finding credible evidence that has not been satisfactorily refuted that physical abuse, neglect, or sexual abuse have occurred.

Let’s talk now about some things you may notice in children who have been abused or neglected.
Child Abuse & Neglect: What to Look For

A child might be potentially experiencing physical abuse if he or she:

- Has frequent injuries or unexplained bruises, welts, or cuts
- Is always watchful and “on alert,” as if waiting for something bad to happen
- Has injuries that appear to have a pattern, such as marks from a hand or belt
- Shies away from touch, flinches at sudden movements, or seems afraid to go home
- Wears inappropriate clothing to cover up injuries, such as long-sleeved shirts on hot days
A child might be potentially neglected if he or she:
- Wears clothes that are ill-fitting, filthy, or inappropriate for the weather
- Has consistently poor hygiene (is unbathed, has matted and unwashed hair, or noticeable body odor)
- Has untreated illnesses and/or physical injuries
- Is frequently unsupervised, (or) left alone, or allowed to play in unsafe situations and environments
- Is frequently late or missing from school
A child might be potentially experiencing sexual abuse if he or she:

- Has trouble walking or sitting
- Makes strong efforts to avoid a specific person, without an obvious reason
- Doesn’t want to change clothes in front of others or participate in physical activities
- Has an STI or becomes pregnant, especially if under age 14
- Runs away from home
A child might be potentially showing the signs of mental injury if he or she:

- Is excessively withdrawn, fearful, or anxious about doing something wrong
- Shows extremes in behavior (extremely compliant or extremely demanding; extremely passive or extremely aggressive)
- Doesn’t seem to be attached to the parent or caregiver
- Acts either inappropriately adult-like (such as taking care of other children) or inappropriately like an infant (such as rocking, thumb-sucking, tantrums)
Warning signs do not automatically mean a child is being abused. However, such signs may draw your attention to the child and the child’s situation and reveal additional warning signs.
Identifying Child Abuse & Neglect: Videos

Click on each link to watch a brief video about the signs of abuse and neglect.

- Identifying Child Abuse and Neglect
  http://www.youtube.com/watch?v=7O-0OB80k6s (3:15)
- Recognizing Child Abuse: Physical Abuse
  http://www.youtube.com/watch?v=vKwtkhM1Vrk (3:07)
- Recognizing Child Abuse: Sexual Abuse
  http://www.youtube.com/watch?v=KbKJOXDGTpg (2:41)
- Recognizing Child Abuse: Neglect and Emotional Abuse
  http://www.youtube.com/watch?v=CLfZbShgzk (2:41)
Child Abuse & Neglect Reporting

If you suspect child abuse or neglect, you will need to call in an oral report immediately and follow that up with a written report within 48 hours to a local department of Social Services Child Protective Services for the State of Maryland.

The highlighted link lists phone numbers and addresses by county in Maryland of Social Services Child Protective Services.

- Local Departments of Social Services Child Protective Services for the State of Maryland
  https://www.dhr.state.md.us/blog/?page_id=4631
A report must include:

- The name and home address of the child and the parent or other individual responsible for the care of the child
- The present location of the child
- The age of the child
- Names and ages of other children in the home
- The nature and extent of injuries or sexual abuse or neglect of the child
- Any information relayed by the individual making the report of previous possible physical or sexual abuse or neglect
- Information available to the individual reporting that might aid in establishing the cause of the injury or neglect, and
- The identity of the individual or individuals responsible for abuse or neglect

It may be that you do not know all of the information that is requested. If this is the case, the report should be filed with as much information as you know. The person to whom you make the report may give you further guidance.
In addition to filing a report with the local Department of Social Services Child Protective Services, you will also need to notify your program supervisor or administrator of the abuse report so that she or he can file the necessary report with the licensing agency.
Congratulations! You have completed Part 3 of the RCYCP Module 5 Training. Please use the navigation below to open the next section of the training.
Welcome to Module 5, Part 4 of the Residential Child and Youth Care Practitioner Training.
Let’s talk about confidentiality now. As an RCYCP you are in a position to know a lot of very sensitive information about youth and their families. With few exceptions, this information is confidential and subject to national laws regarding protected health information such as HIPAA, as well as the laws of the State of Maryland, specifically COMAR (Code of Maryland) regulations.

Let’s begin with HIPAA.
Confidentiality: HIPAA

HIPAA stands for Health Insurance Portability and Accountability Act of 1996. It establishes the framework for nationwide security standards that protect health information privacy. You may recognize HIPAA from the forms that you are required to fill out when you get medical treatment of any kind.

HIPAA requires residential child care providers to:
- Maintain the privacy of a client’s health information.
- Provide clients and their families with information about legal duties and privacy practices with respect to information they collect and maintain about the clients.
- Accommodate clients’ reasonable requests to communicate health information by alternative means or at alternative locations, and
- Notify clients if any agency cannot accommodate requests or restrictions regarding that client’s health information.
Confidentiality: COMAR

In addition to HIPAA, residential youth care providers and RCYCPs must follow confidentiality requirements established in COMAR regulations for the state of Maryland. Specifically, providers and RCYCPs:

1. Will not disclose the identity of any client or confidential information about any client without the expressed written consent of the person or someone legally authorized to consent on the person's behalf.
2. Will protect the confidentiality of all information obtained in the course of any professional service except when disclosure is necessary, for example, in reporting abuse or neglect. In instances when serious, foreseeable, and imminent harm to a client or other identifiable person must be prevented, the least amount of confidential information will be disclosed.
3. Will let any individual to whom disclosure is made know of the obligation to keep the information confidential.
4. Will protect the confidentiality of all clients when coordinating services by using computers, electronic mail, facsimile machines, other electronic or computer technology, and when responding to requests from members of the media.
5. Will ensure that all client records are strictly safeguarded and kept in a securely locked location.
6. Will ensure that all client records are transferred or disposed of in a manner that protects their rights and confidentiality, and
7. In the event of termination or resignation will continue to keep confidential all information related to clients of the organization, and its partners and affiliates.
Confidentiality

Your specific agency may have additional confidentiality policies and procedures that will be provided to you during your orientation or training. You should be familiar with these policies and procedures. If you have questions about confidentiality or whether or not it’s OK to disclose certain information, be sure to ask a supervisor before disclosing any information. Any violation of confidentiality may result in disciplinary action, including dismissal from your job.
Confidentiality: Video

Click on the link to watch a short video on confidentiality.

Working with Young People Part 2: Privacy and Confidentiality
http://www.youtube.com/watch?v=tqJ_yyKm12k (5:55)
Congratulations! You have completed Part 4 of the RCYCP Module 5 Training. Please use the navigation below to open the next section of the training.
Welcome to Module 5, Part 5 of the Residential Child and Youth Care Practitioner Training.
You have now learned about the legal responsibilities that you have as an RCYCP. As you learned in Module 1, you have a great many ethical responsibilities as well. Here is a brief recap of those responsibilities.
Working with children and adolescents in residential care is both a privilege and a responsibility. It is a privilege because you have the opportunity to make a significant difference in the lives of these youth, and a responsibility because you are entrusted to safeguard the health and well-being of a unique and vulnerable group of kids. They have little power over their lives, and few skills for protecting and caring for themselves. As an adult, you have the power to do great good, or in some unfortunate cases, great harm. Because of this power differential, and the complexity of the role of caregiver to this population, ethical guidelines are in place to protect youths and the professionals who care for them.
You will remember that as an RCYCP, you are held to 2 sets of ethical standards:
1. COMAR (the Code of Maryland Regulations), and
2. The Standards for Practice of North American Child and Youth Care Professionals

Let’s review these briefly. We will start with COMAR.
General Conduct

As an RCYCP you should:

- Function with discretion and integrity in relationships with other health professionals.
- Carry out all duties with honesty, integrity, self-respect, and fairness.
- Report any unethical conduct by another RCYCP or administrator to the Board.
- Inform the Board if someone is misrepresenting him or herself as being certified when she or he is not.
The RCYCP may not:

- Participate in, or condone, dishonest behavior of any kind.
- Misrepresent his/her professional qualifications or experience.
- Exploit a relationship with a client for personal gain.
- Engage in solicitation that amounts to fraud, intimidation, or undue influence.
- Practice, condone, or facilitate discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, disability, or other preference or personal characteristic, condition or status.
- Engage or participate in an action that violates or diminishes the civil or legal rights of a client.
- Share information given to you in confidence by a client without his or her express permission unless it involves danger to self or another individual, or for a compelling professional reason.
- Enter into a nonprofessional, social, or dual relationship with a client, or an individual that has a close personal relationship with a client.
Sexual Misconduct

With regard to sexual misconduct the RCYCP may not engage in sexual misconduct with a client or a supervisee. Sexual misconduct includes, but is not limited to:

- Inappropriate sexual language
- Sexual exploitation
- Sexual harassment
- Sexual behavior
- Therapeutic deception (suggesting that sexual contact, activity, or disclosure is part of the client’s therapy or treatment).

The RCYCP may not engage in either consensual or forced sexual behavior with:

- A client
- A supervisee
- An individual with whom the client has a close personal relationship if there is risk of exploitation or potential harm to the client.

With regard to sexual harassment, the RCYCP:

- May not sexually harass a client or supervisee.
- If sexually harassed by a client, the RCYCP must seek professional consultation with another licensed health professional, as well document it in the client’s record.
Sanctions

An RCYCP is also subject to sanctions for violating any provisions of the:
- Law pertaining to the profession of residential child and youth care.
- Regulations of the Board that pertain to RCYCPs.

For additional information on sanctions, re-hearings, and appeals, please visit the website and read through the COMAR regulations.
Standards for Practice of North American Child and Youth Care Professionals

In addition to the COMAR regulations, you are ethically bound to the Standards for Practice of North American Child and Youth Care Professionals.

Click on the different sections to hear the standards.

Responsibility to the client: Above all else, do not harm the child, youth, or family. That means not being disrespectful, degrading, dangerous, exploitive, intimidating, psychologically damaging or physically harmful to clients. This includes maintaining proper boundaries between yourself and your clients—a relationship that is professional, respectful, and appropriate. Sexual intimacy with a client or the family member of a client is unethical. You respect the privacy of clients and keep information confidential unless otherwise specified. It also means ensuring that you are sensitive and non-discriminatory toward clients. Your professional responsibility is to the client and you should always be advocating for the client’s best interest. Finally, in your responsibility toward clients and families, you must recognize and respect the differences in the life circumstances of clients and their families, as well as the differences in the needs of the clients and their families.

Responsibility for Self: As an RCYCP you are responsible for maintaining the highest standards of professional conduct. You take responsibility for your professional knowledge and abilities. That means that you maintain your competency—getting training, education, supervision, experience, and guidance as needed. You must be aware of your own values and their
implication for practice. It also means that you maintain your physical and emotional well-being so that you are the best professional that you can be.

Responsibility to the Employing Organization: As an RCYCP you have made a commitment to help the youth with whom you work. You have also made commitments to the organization that hired you, and as such, you must respect those commitments. As an employee you must treat colleagues with respect, courtesy, fairness, and good faith. And while your colleague’s clients are not your own, it goes without saying that you must relate to the clients of colleagues with professional consideration as well.

Responsibility to the Profession: As an RCYCP your responsibility to the profession requires you to practice ethically, such that you are guided in your professional practice by these standards, as well as those set out by COMAR. In addition to your own professionalism, your responsibility to the profession means that you report ethical violations by others when you are aware of them. It also means collaborating with colleagues to provide the best possible outcomes for the youth with whom you work.

Responsibility to Society: As an RCYCP you have a responsibility to society on a broader level by promoting understanding and facilitating acceptance of diversity in society. You give back to society in other ways as well, for example, by demonstrating the standards of this Code with students and volunteers.

You may click on the link at the bottom of the page to see the complete document:

Congratulations! You have completed Part 5 of the RCYCP Module 5 Training. Please use the navigation below to open the next section of the training.
Welcome to Module 5, Part 6 of the Residential Child and Youth Care Practitioner Training.
Let’s talk now about permanency planning.

One of the goals of the State in working with youth in residential care is to have a permanency plan in place. What that means is having a plan that specifies where and with whom the child will live after residential care.
The goal of permanency planning is to provide a child with a safe, stable environment in which to grow up, while in the care of a nurturing caregiver, who is committed to a lifelong relationship with that child. Rather than letting a youth float adrift through the system without a lifeline, permanency planning attempts to secure a healthy and permanent home for each child as soon as possible.
If you recall from the developmental module, children and adolescents need to develop secure attachment relationships with trusted adult caregivers. Permanency planning is designed to do that.
In Maryland, the state recognizes that reunification with a parent after out-of-home care is ideal if the living situation is a healthy and safe one. Services provided to both a child and his/her family during an out-of-home placement are designed to make reunification possible. When reunification with the parent or guardian is not possible, the State works hard to develop and implement a plan in the best interests of the child that provides a planned, permanent living arrangement for the child who cannot be reunified.

Maryland prioritizes the following living arrangements in the following order of preference:
1. Reunification with the parent or legal guardian
2. Placement with a relative for adoption, or custody and guardianship
3. Adoption by a non-relative
4. Guardianship by a non-relative, or
5. Another Planned Permanent Living Arrangement (referred to as APPLA)
Reunification is not always ideal, however. There are a number of different reasons that the permanency plan for children and adolescents is something other than reunification. The guiding principle for the state in determining a permanency plan is what is in the best interest of the child. That is to say, the state looks at whether or not being reunified with the family is in the best interest of the child.

For example, a permanency plan other than reunification may occur if there is ongoing physical, sexual, or emotional abuse in a family. In this type of situation the state makes a determination that reunification is not in the best interest of the child and a permanency plan for another type of living arrangement is designated.
The process for a permanency plan is a complicated one that can go on for an extended period of time. For example, a child can be removed from a family because there is abuse. Over time and with treatment, the state may decide that a family has fixed their problems and may be an okay place to which a child can return. What you need to know as an RCYCP is that the permanency planning that is done, is done outside of your agency. It is entirely likely that you will not know what the permanency plan is for any of the youth with whom you work. The youth may not know either, or they might think they know, or they might know, or they might know, but then the plan changes. There are a number of different possibilities. What is known, however, is that the permanency plan process can create anxiety for the youth. Your job in working with the youth is to use your reflective listening skills when they are anxious about what is happening with their permanency plan. Talk to them and empathize with them. It is not your job to discuss specifics about a permanency plan with any youth, nor is it a good idea given how permanency plans can change periodically. It would be detrimental to give incorrect information to a youth; information that is likely to have a significant emotional impact on him/her.

If you have questions or concerns about a youth’s permanency plan, or how to handle discussions with a particular youth, it is important to consult your supervisor or the program administrator.
Permanency Planning: Videos

Click on each link to see a video about permanency.

What Does Permanency Mean: http://www.youtube.com/watch?v=nb_xGcttdIk (6:07)

Portraits of Permanence: http://www.youtube.com/watch?v=dNf7sE2OaJA (14:08)
References


COMAR Title 14: Subtitle 31: Chapter 6: Standards for Residential Child Care Programs. Available from: http://www.dsd.state.md.us/comar/

Maryland Department of Human Resources: Mandated Reporters. Available from: https://www.dhr.state.md.us/blog/?page_id=3992

Resident’s Bill of Rights: 2013 Maryland Code Title 8: Subtitle 7: Section 8-707

Standards for Practice of North American Child and Youth Care Professionals: Available from: http://www.pitt.edu/~mattgly/CYCethics.html
Congratulations!
You have completed the RCYCP Module 5 training. Please use the navigation below to complete the Post-test.