



PROFESSIONAL
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ADVANCED SKILLS TRAINING FOR
THE DFCS PROFESSIONAL

Georgia State University



**Promoting Placement Stability
and Permanency through
Case Manager/Child Visits**

Every Child Every Month

**Case Manager Training
Participant Guide**

*Promoting Placement Stability and
Permanency through
Case Manager/Child Visits*



**EVERY
CHILD
EVERY
MONTH**

Acknowledgements

Promoting Placement Stability and Permanency through Case Manager/Child Visits

Georgia Department of Human Resources, Division of Family and Children Services

Promoting Placement Stability and Permanency through Case Manager / Child Visits is the training component of the **Every Child Every Month** Initiative. The curriculum was developed through a collaborative effort between DHR Division of Family and Children Services and the National Resource Center for Family Centered Practice and Permanency Planning. The following people are acknowledged for their contributions to the development of this curriculum:

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Course Description

This training, as a part of the Every Child Every Month initiative, will help participants understand and value the practice of conducting regular and purposeful case manager visits to ensure the safety, permanency and well-being of children in care. Case managers will learn about current DFCS policy on case manager visits and be introduced to a four-step visitation cycle that promotes quality interaction between children and case managers.

Professional Development Credit

Six (6) hours of professional development credit will be awarded for successful completion of this course.

Additional Resources

Case Managers can go to the websites below for additional resources related to this course and the Every Child Every Month initiative.

Education and Training website in the Professional Excellence Resource Library

<http://dfcs.dhr.georgia.gov/training>

Promoting Safe and Stable Families website, ECEM Trainings 2008

<http://www.pssfnet.com/content/page.cfm/178/>



MODULE ONE

Goals of the Training

Participants will:

- Understand the importance of having meaningful **and purposeful** visits with children placed in care.
- Recognize how visits help keep children safe, achieve timely permanency and ensure a child's well-being.
- Gain the knowledge and skills to plan, prepare, engage, and conduct appropriate follow-up for meaningful and purposeful visits with children.

Goals of the Training

- Learn a four-step process for conducting successful visits that ensures a case manager:
 - develops a connection with the child,
 - identifies the child's needs,
 - engages the youth in case planning decisions,
 - uses the information gathered on visits to make case plan decisions, and
 - accurately documents the visit.

Learning Objectives

- Explain Georgia DHR's policy on contacts.
- Recognize the relationship between case managers/child visits and placement stability, safety, well-being and timely permanency.
- Explain the impact of foster care placement on a child's attachments.
- Describe the four steps of contacts.

Learning Objectives

- Describe helping skills that will encourage a child to more fully share information.
- Practice determining which unique factors must be considered when interviewing a child.
- Demonstrate planning for a case manager/child visit.
- Practice interviewing children based on their developmental age.

Learning Objectives

- Describe how a visit can be used to involve a child in permanency planning and the case planning process.
- Practice using information gathered during an interview to assess and determine the next steps.
- Name how and where to document a visit in the case record and what to include.
- Practice documenting a visit.

Introductions

- Review your *Training Action Plan* done with your supervisor prior to the session.
- Identify one strength you have when making contact with a child and one learning objective you have for today.
- Introduce yourself to three people you do not know.
- Share your strengths and learning objectives with them.

Child and Family Services Improvement Act of 2006

Requires at a minimum –

That children in care are seen at least once a month by their case manager,

That the visits be purposeful and focus on issues pertinent to case planning, child safety, permanency and well-being, and

That the majority of those visits occur in the child's residence.



Policy 1011.15 DHR's Contact Standards for Monitoring the Child in Care

Out of County Placements		
POLICY	PRACTICE – EVERYONE	PRACTICE – KENNY A
<p>Monthly, purposeful, face-to-face visits must be made to children in out-of-county placements by assigned CM</p>	<ul style="list-style-type: none"> Each child in care "out of county" must have a monthly face-to-face visit by the boarding county CM (legal county CM may make the visit) Legal county CM ensures that boarding county CM makes and documents required visits in SHINES Legal county CM reports any problems to supervisor 	<ul style="list-style-type: none"> Each child in care must have two face-to-face visits with the legal county CM per calendar month One of the two monthly visits must be made in the child's home One of the two monthly visits must occur outside the home and include alone time with child (no other adults or children in attendance)

POLICY	PRACTICE – EVERYONE	PRACTICE – KENNY A
Child Caring Institutions and Child Placing Agencies		
<p>Monthly, purposeful, face-to-face visits must be made to children in CPA and CCI placements by the CPA or CCI case manager</p> <p>Quarterly, purposeful, face-to-face visits in the home/facility must be made to children in CPA and CCI placements by the DFCS case manager</p>	<ul style="list-style-type: none"> Each child in a CPA or CCI must have a face-to-face visit by a CPA or CCI case manager every month At least 50 percent of the visits must occur in the child's home A visit by a DFCS case manager quarterly (every 90 days) in the child's home/facility is required Other contacts (phone, letter, etc.) must be made with child by DFCS CM during months when a face-to-face visit is not made by DFCS CM DFCS CM must ensure CPA/CCI CM makes visits and provides written report that required contacts are being made 	<ul style="list-style-type: none"> Each child in CPA or CCI must have two face-to-face visits by the DFCS CM/designate every month One of the two monthly visits must occur in the child's home One of the two monthly visits must occur outside the home and include alone time with child (no other adults or children in attendance)

POLICY	PRACTICE – EVERYONE	PRACTICE – KENNY A
Adoptive Placements		
<p>Monthly, purposeful face-to-face visits must be made to children in adoptive placement (adoption not finalized) by the assigned CM.</p> <p>Quarterly, purposeful face-to-face visits must be made to children in adoptive placement (adoption not finalized) by the assigned CM in the child's home.</p>	<ul style="list-style-type: none"> Each child in adoptive placement must have a face-to-face visit by the DFCS CM/designate monthly until the adoption is finalized. At least 50 percent of the visits must occur in the child's home 	<ul style="list-style-type: none"> Each child in adoptive placement must have two face-to-face visits per month: <ol style="list-style-type: none"> one visit in the home and one visit away from the home, with alone time

POLICY	PRACTICE – EVERYONE	PRACTICE – KENNY A
Interstate Compact Placement of Children (ICPC)		
<p>Monthly, purposeful, face-to-face visits must be made to children in out-of-state placements by the case manager assigned by that state</p> <p>Monthly contact (visit, phone call, e-mail, etc.) must be maintained between the legal county SSCM and the child and caregiver</p>	<ul style="list-style-type: none"> ▪ CM in other state must have a face-to-face monthly, purposeful visit (at least 50 percent in home of the child) ▪ Legal county CM must provide information and request that assigned CM in other state make contacts that meet GA policy (using ICPC form 100B) ▪ Legal county CM must maintain monthly contact with the child/caregiver via phone, email, etc. ▪ Legal county CM must retrieve and review quarterly written reports to be sure GA standards on documentation and policy have been met. Report problems to supervisors 	<ul style="list-style-type: none"> ▪ Legal county CM must ensure the CM in the other state meets Kenny A requirements ▪ CM in other state and legal CM in Georgia share visitation responsibilities

**Goal by
Oct 1, 2011**

**Federal Target
At Least
90% Of Children in
Care Are Visited
Every Month
50% Or More Of
The Visits Occur In
The Home**



GA's baseline 2007
51% monthly contact
82% in home of child

Child and Family Services Improvement Act of 2006

Every Child, Every Month

Every Child, Every Month

*A 5-Year Strategic Approach to
CWV Practice and Performance Improvement*

- **Baseline Data:**
A starting point against which our progress will be measured
- **New and Revised Policy:**
To support New Practice and Performance Expectations
- **Training and Technical Assistance:**
To improve quality and effectiveness of supervisory and front line practice
- **Data Collection, Reporting and Quality Assurance:**
To measure our progress and improved outcomes for children
- **Workforce Incentive Program:**
To recruit and retain staff * Improve Access to Technology * Reward Innovation and Goal Attainment



Child and Family Services Improvement Act of 2006

**Every Child, Every Month
Every Child, Every Month**

- *Increase the Frequency and Quality of Visits*
- *Improve the Effectiveness of Frontline and Supervisory Practice*
- *Improve Safety, Permanency and Well-Being Outcomes for Children in our Care*



Goals of ASFA and Child Welfare

- Safety
 - Permanency
 - Well-Being
- How do you think worker/child visits help us reach our goals and outcomes?

Relationship of Case Manager Visits with Children and Outcomes in the CFRS

A “strength” rating for case manager visits with child was significantly associated with “substantially achieved” ratings for 5 of the 7 outcomes.

- Children are safely maintained in their homes when possible and appropriate.
- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.

**Relationship between Case Manager
Visits with Children and Other Indicator
Ratings in First Round of CFSR**

Significant relationships were found between case manager visits with children and . . .

- ⇒ Providing services to protect children in the home and prevent removal
- ⇒ Managing the risk of harm to children
- ⇒ Establishing permanency goals
- ⇒ Achieving reunification, guardianship and permanent placement with relatives

**Relationship between Case Manager
Visits with Children and Other Indicator
Ratings in First Round of CFSR**

Significant relationships were also found between case manager visits with children and . . .

- ⇒ Achieving the permanency goal of other planned living arrangement
- ⇒ Achieving placement with siblings
- ⇒ Preserving children's connections while in foster care
- ⇒ Maintaining the child's relationship with parents
- ⇒ Assessing needs and providing services to children and families

**Relationship between Case Manager
Visits with Children and Other Indicator
Ratings in First Round of CFSR**

Finally, significant relationships were also found between case manager visits with children and . . .

- ⇒ Involving children and parents in case planning
- ⇒ Conducting case manager visits with parents
- ⇒ Meeting the educational needs of children
- ⇒ Meeting the physical and mental health needs of children

Handout #1: Promoting Placements Stability and Permanency Through Case Manager/Child Visits: Every Child Every Month

Agenda

	Content
Module One	Opening, Agency Standards and How This Practice Improves Outcomes
Module Two	Maintaining and Enhancing Children's Connections, and Contact Cycle
Module Three	Step One: Preparation
Module Four	Step Two: Engagement/The Visit
Module Five	Step Three: Assessment and Commitments
Module Six	Step Four: Next Steps
	Closing and Evaluations

Handout #2: Goals and Learning Objectives

Goals of the Training

- Participants will understand and value the practice of conducting regular and purposeful worker/child contacts to ensure the safety, permanency, and well-being of children.
- Participants will recognize the importance of building a professional relationship with the child or youth in care and gain the skills necessary to build those relationships.
- Participants will learn a four-step system to conduct purposeful and meaningful visits:
 - 1) Preparing for visits by anticipating children's developmental needs and abilities and practicing genuine, empathetic, respectful communication.
 - 2) Conducting a visit interview and learning specific types of questions that generate useful responses.
 - 3) Assessing the information gained in interviews and making appropriate commitments.
 - 4) Documenting the visit and determining next steps, particularly in difficult cases.

Learning Objectives

- Explain Georgia DFCS's policy and standards for worker/child contact, including frequency, location, and alone time.
- Recognize the relationship between meaningful caseworker/child visits and placement stability, safety, well-being, and timely permanency.
- Explain the impact of foster care placement on a traumatized child's attachments and identify methods to help the child develop connections and enhance attachments while in care.
- Describe the four steps of a high-quality, purposeful caseworker/child visit.
- Describe interpersonal helping skills, verbal and non-verbal techniques, and questions that encourages a child to fully share information about his/her safety, permanency, or well-being.
- Demonstrate planning for a caseworker/child visit based on the facts of the case.
- Practice interviewing children based on their developmental age and the uniqueness of a child.
- Describe how a visit can be used to involve a child in permanency planning and case planning process.
- Practice using information gathered during an interview with a child to assess the situation, make commitments, and determine the next steps in the case.
- Name how, what, and where to document a visit in the case record.
- Practice documenting a visit.

Handout #3: Federal Regulations

Child and Family Services Improvement Act

Federal law requires states to have standards for the content and frequency of caseworker visits for children who are in foster care [federal definition] under the responsibility of the state. At a minimum, these standards must ensure that the children are visited on a monthly basis. The caseworker visits must be well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency, and well-being of the children. The majority of the visits are to occur in the residence of the child. Reports on this are to be sent to the Administration for Children and Families.

*The Child and Family Services Improvement Act of 2006 (CFSIA) [P.L. 109-288](#)
Section 7 (a) and (b)*

Social Security Act, Title IV-B, [Section 424](#) (e)(1) and (2)

According to subsequent federal instructions, the “majority of visits at the residence” is interpreted as meaning that there is at least one visit each month at the residence in a majority of the months over the year.

ACYF-CB-PI-07-08

Adoption and Safe Families Act

The Adoption and Safe Families Act (ASFA) was passed in November of 1997. It was designed to promote safety and permanency for children through its emphasis on adoption. It established goals and outcomes for the child welfare profession.

The Goals and Outcomes of Child Welfare

SAFETY

- *Children are, first and foremost, protected from abuse and neglect.*
- *Children are safely maintained in their own homes whenever possible.*

PERMANENCY

- *Children have permanency and stability in their living situations.*
- *The continuity of family relationships and connections is preserved for children.*

WELL-BEING

- *Families have enhanced capacity to provide for their children’s needs.*
- *Children receive appropriate services to meet their educational needs.*
- *Children receive adequate services to meet their physical and mental health needs.*

Handout #4: Every Child Every Month – Summary of Policy, Practice and Responsibilities

CORE policy for all placements

POLICY	PRACTICE – EVERYONE	PRACTICE – KENNY A	SUPERVISORS
Every child in care must have a monthly face-to-face visit by assigned CM	<ul style="list-style-type: none"> ▪ Each child in care must have a face-to-face visit by a DFCS assigned CM/designate each calendar month ▪ At least 50 percent of the above contacts must be made in the child's home 	<ul style="list-style-type: none"> ▪ Each child in care must have two face-to-face visits with CM per calendar month ▪ One of the two monthly visits must be made in the child's home ▪ One of the two monthly visits must occur away from the home and include alone time with child (no other adults or children in attendance) 	<ul style="list-style-type: none"> ▪ Obtain baseline data on staff's current visit activity on children in all types of placements ▪ Download SHINES report (Log in, select report tab; select placement/FC report; select caseworker/child visit report; select your preferred parameters: month, unit, case manager, region or state, etc.) ▪ Read SHINES report at least once a month to determine if adequate contacts are occurring ▪ Report on achievements and shortfalls, and reasons for any unmet policy expectations ▪ Track documentation of contacts via SHINES, ensuring it is being entered into the system within 4 days of contact
Visits must be purposeful	<ul style="list-style-type: none"> ▪ Each visit should focus on one or more case planning goals related to safety, permanency or well-being 	<ul style="list-style-type: none"> ▪ Each visit should focus on one or more case planning goals related to safety, permanency or well-being 	<ul style="list-style-type: none"> ▪ Provide training and support to staff to ensure they know how to and do conduct purposeful visits to achieve case goals
Visits must be made to children who have had a change in placement	<ul style="list-style-type: none"> ▪ Each child who has a change in placement must be visited within one week of the change, in the child's new home. 	<ul style="list-style-type: none"> ▪ Each child who has a change in placement must be visited within one day of the change, in the child's new home. The visit must include alone time. ▪ Each child who has a change in placement must be visited weekly for the first eight weeks of the new placement. Visits in the third and eighth week must be held in the child's home. 	<ul style="list-style-type: none"> ▪ Track and support workers as they make contacts after each change in placement ▪ Report any CPA or CCI that is not reporting a child's change of placement within 24 hours ▪ Review cases of each worker to determine if visits meet quality expectations
Out of County Placements			
Monthly , purposeful, face-to-face visits must be made to children in out-of-county placements	<ul style="list-style-type: none"> ▪ Each child in care "out of county" must have a monthly face-to-face visit by the boarding county CM (legal county CM may make the visit) ▪ Legal county CM ensures that boarding county CM makes and documents required contacts in SHINES ▪ Legal county CM reports any problems to supervisor 	<ul style="list-style-type: none"> ▪ Each child in care must have two face-to-face visits with legal county CM per calendar month ▪ One of the two monthly visits must be made in the child's home ▪ One of the two monthly visits must occur outside the home and include alone time with child (no other adults or children in attendance) 	<ul style="list-style-type: none"> ▪ Track and report any problems with boarding counties (not documenting visits, or not conducting purposeful visits, monthly visits, or face-to-face visits) ▪ Review cases of each worker to determine if visits meet quality expectations

POLICY	PRACTICE – EVERYONE	PRACTICE – KENNY A	SUPERVISORS
Child Caring Institutions and Child Placing Agencies (including group homes)			
<p>Monthly, purposeful, face-to-face visits must be made to children in CPA and CCI placements by the CPA or CCI case manager</p> <p>Quarterly, purposeful, face-to-face visits must be made to children in CPA and CCI placements by the DFCS case manager</p>	<ul style="list-style-type: none"> ▪ Each child in a CPA or CCI must have a face-to-face visit by a CPA or CCI case manager every month. ▪ At least 50 percent of the visits in the child's home ▪ A visit by a DFCS case manager every three months (every 90 days) in the child's home/facility ▪ Other contacts (phone, letter, etc.) must be made to child by DFCS CM during months when a face-to-face visit is not made by DFCS CM ▪ DFCS CM must ensure CPA/CCI CM makes visits and provides written report that required contacts are being made 	<ul style="list-style-type: none"> ▪ Each child in CPA or CCI must have two face-to-face visits by the DFCS CM/designate every month ▪ One of the two monthly visits must occur in the child's home ▪ One of the two monthly visits must occur outside the home and include alone time with child (no other adults or children in attendance) 	<ul style="list-style-type: none"> ▪ Track and report any problems with CPAs or CCIs (not providing reports or not conducting purposeful visits, monthly visits, or face-to-face visits) ▪ Review cases of each worker to determine if visits meet quality expectations
Adoptive Placements			
<p>Monthly, purposeful face-to-face visits must be made to children in an adoptive placement (adoption not finalized) by the assigned CM.</p> <p>Quarterly, purposeful, face-to-face visits must be made to children in adoptive placement (adoption not finalized) by the assigned CM in the child's home.</p>	<ul style="list-style-type: none"> ▪ Each child in adoptive placement must have a face-to-face visit by the DFCS CM/designate monthly until the adoption is finalized. ▪ At least 50 percent of the visits must occur in the child's home 	<ul style="list-style-type: none"> ▪ Each child in adoptive placement must have two face-to-face visits per month ▪ one visit in the home ▪ one visit away from the home, with alone time 	<ul style="list-style-type: none"> ▪ Review cases of each worker to determine if visits meet quality expectations
Interstate Compact Placement of Children (ICPC)			
<p>Monthly, purposeful, face-to-face visits must be made to children in out-of-state placements by the case manager assigned by that state.</p> <p>Monthly contact (visit, phone call, e-mail, etc.) must be maintained between the legal county CM and the child and caregiver</p>	<ul style="list-style-type: none"> ▪ CM in other state must have face-to-face monthly, purposeful visit. At least 50 percent in home of the child. ▪ Legal county CM must provide information and request that assigned CM in other state make contacts that meet GA policy (using ICPC form 100B) ▪ Legal county CM must maintain monthly contact with the child ▪ Legal county CM must retrieve and review quarterly written reports to be sure GA standards on documentation and policy have been met 	<ul style="list-style-type: none"> ▪ Legal county CM must ensure the CM in the other state meets Kenny A requirements ▪ CM in other state and legal CM in Georgia share visitation responsibilities 	<ul style="list-style-type: none"> ▪ Track ICPC compliance ▪ Help problem solve with CM if standards are not met ▪ Report problems to state ICPC unit ▪ ICPC must help ensure that other states meet GA policy on contacts and work to resolve any conflicts

Handout #5: DHR Worker/Child Contact Policy

CONTACT STANDARDS for MONITORING the CHILD in CARE

1011.15 REQUIREMENT

The SSCM maintains a relationship with the child in care and monitors the child's safety and well-being. Purposeful, frequent and meaningful contacts are to occur no less frequently than are stated in the "*Minimum Contact Standards for Children in Care.*" Contacts must be documented with sufficient detail to determine the following: type of contact, when it occurred, who was there, what happened (purpose), and where it occurred (if not in the least restrictive setting, then an explanation must be given as to why not).

When a child is in the care of a private agency/facility, the record needs to document that the private provider adequately monitors the safety and well-being of the DFCS child. Progress notes and/or any other reports prepared on behalf of the child by private agency/facility staff, contract providers, etc., must be requested for the SSCM to review and file in the case record.

Children who experience a **new** placement need to be seen more frequently at the onset of the placement.

- A face-to-face visit in the home or facility with the child and caregiver within the first week of any new placement is required. (If a face to face visit does not occur within the first week, telephone contact shall be made with the SS Supervisor's approval.)
- A face to face visit in the home or facility with the child and caregiver within the second week of placement, if telephone contact was made the first week.

Minimum Contact Standards for Children in Care

Placement Type	Contact Standard
PARENT	(1) Face-to-face contact with child and family per month. Every other month, contact with the child and family must take place in the home.
RELATIVE HOME	(1) Face-to-face contact with the child and family per month. Every other month, contact with the child and family must take place in the home.
RELATIVE FOSTER HOME	(1) Face-to-face contact with the child per month. Every other month, contact with the child must take place in the relative foster home. (1) Face-to-face contact with the relative foster parent (primary caregiver) per month.
FAMILY FOSTER HOME (DFCS)	(1) Face-to-face contact with the child per month. Every other month, contact with the child must take place in the foster home. (1) Face-to-face contact with the foster parent (primary caregiver) per month.
FAMILY FOSTER HOME (PRIVATE AGENCY)	(1) Face-to-face contact with the child in the foster home every quarter by the DFCS case manager is required. Contacts via phone, mail or e-mail with child and/or agency staff monitoring the placement required in "off" months when there is no face-to-face contact. Note: The SSCM must obtain a copy of progress reports/notes from the agency to review and file in the case record.
GROUP HOME AND/OR CHILD CARE INSTITUTION (CCI)	(1) Face-to-face contact with the child in the group home per quarter by the DFCS case manager is required. Contacts via phone, mail or e-mail with the child and/or facility staff monitoring the placement required in the "off" months when there is no face-to-face contact. Note: The SSCM must obtain copies of progress reports/notes from the facility to review and file in the case record.

ADOPTIVE HOME	Contact (preferably face-to-face) with family on the day following the placement. During the post-placement period, (1) face-to-face per month with the child and family. Every other month, contact with the child and family must take place in the home. After petition filed, (1) face-to-face contact per quarter in the home until the adoption is finalized. Monthly phone contact must be made between quarterly face-to-face contacts.
OUT-OF-STATE (HOME OR FACILITY)	Request that the receiving state conduct face to face visits in the home with the placed child monthly. Also, request quarterly documentation of such contacts from the “receiving state.” Review and file in the case record. Contact monthly with the child and caregiver via telephone calls, email messages, cards and letters.
HOSPITAL	(1) Face-to-face contact with the child per quarter. Contacts via phone or mail with the child and/or treatment staff required monthly when there is no face-to-face contact made. Note: The SSCM must obtain copies of treatment summaries to review and file in the case record.
RUNAWAY	Document ongoing efforts to locate the whereabouts of the missing youth via phone, letter, or other means. Efforts may include statewide alerts, contacts with law enforcement, the court, runaway hotlines (Center for Missing and Exploited Children), allied agencies, friends, relatives, and/or others the youth is likely to contact.
RYDC OR YDC	(1) Face-to-face contact with the child per quarter. Contacts via phone or mail with the child and/or facility staff required in the “off” months when there is no face-to-face contact. Note: The SSCM must obtain copies of progress reports/notes maintained by facility staff to review and file in the case record.
LONG-TERM FOSTER CARE (W/ AGREEMENT)	(1) Face-to-face contact with the child and caregiver every other month. Contact with the child must take place in the home, visiting the child alone and in the presence of the foster parent(s).
SPECIALTY HOSPITALS	(1) Face-to-face contact with the child per quarter. Contacts via mail, phone or e-mail made with the child, family and treatment provider required monthly. The SSCM must obtain copies of treatment summaries to review and file in the case record.



NOTE: Bold italics items indicate recent changes in GA DHR policy.

1011.11011.15 PRACTICE ISSUES

The frequency and intensity of contacts with the child, including face-to-face visits, should be determined by the individual needs of the child. However, contacts must occur no less frequently than those stated in the “Standards.” When a child experiences a placement move, the SSCM must ensure that the contact standard for the month has been made. Remember that face-to-face contacts may include periodic case reviews, court hearings, parent-child visits, etc., if there is an opportunity for a SSCM to visit with the child.

1. There are critical times when contacts should be increased in frequency such as when the child is:

- Experiencing adjustment problems in a placement; and/or
- Being prepared for reunification or other permanent setting.

2. Quarterly contact occurs every three months.

3. All contacts with a child (age three and older) should include an opportunity to meet privately with the child out of the presence of the foster parent or facility staff person. This “private time” allows the child to more openly share any concerns about the placement as well as to discuss the treatment and care the child is receiving. The SSCM should be mindful of safety and protection issues during these child contacts. Any concerns about discipline policy violations need to be brought to the attention of the supervisor.

4. When a child is placed out of county and the boarding county has agreed to provide supervision, the boarding county case manager is responsible for meeting the contact requirements and providing quarterly documentation to the legal county case manager. The legal county case manager is responsible for meeting contact standards for children placed in private agency foster homes and facilities where the home/facility is located.

5. When a child is placed with a private child-placing agency or in a child-caring institution, the SSCM still maintains responsibility for the child’s care, safety and well-being. **The SSCM must be notified of any placement change prior to the move or in emergency situations within 24 hours of the placement move.** Contacts via face-to-face visits continue, along with other means of expression such as telephone calls, correspondence, e-mails, birthday cards, etc. **The quarterly face-to-face shall take place in the home or at the facility.** The private agency/facility also shares the responsibility of monitoring/supervising the DFCS child placed in their care as required in the **Rules and Regulations of DHR, Office of Regulatory Services**. The minimum contact requirements for private agencies/facilities are:

- For child-placing agencies, home visits are required at least monthly, at which time both the child and at least one foster parent must be seen.
- For child-caring institutions, progress notes and information about the child in placement and his/her needs must be documented by direct care staff and/or professional staff involved in monitoring the placement.

The case record must document how the child is being supervised/monitored by both DFCS and the private agency/facility. The SSCM must request and file a copy of the private agency/facility's progress notes and/or summaries concerning the child.

6. Other professionals and DFCS staff are sometimes involved in monitoring children in placement. The case record needs to reflect all contacts made with the child; e.g., Utilization Review reports, Wrap-Around Documentation Reports submitted by private providers, etc.
7. Contacts with children need to be meaningful and focused. Ideally, visits should take place in the "least restrictive" setting possible. The following guidelines are suggested:

(a) Document the location of all visits in the case record.

- If the visit occurs in the foster home, visit with child outside the presence of the foster parent to assess the child's needs, relationships, adjustment, and/or any problems in the home.
- On alternate months (if visits are not held in the caregivers home), consider having visits in "child-friendly" settings such as visitation centers (where available), recreational areas, restaurants, parks, etc. If at all possible, visits with children should not take place at school where the presence of the SSCM may be disruptive and/or socially awkward and embarrassing to the child. The agency office should be a "last resort" setting.

(b) All contacts provide an opportunity for the SSCM and the child to build a trusting and supportive relationship. However, contacts are more than “friendly visits.” There must be a clear purpose in mind that is reflected in the case narrative such as to:

- Assess the child’s adjustment to placement;
- Discuss the child’s feelings around loss and separation and the reasons for removal;
- Engage the child in service planning;
- Ensure that the child’s health, educational, mental health and other needs are being met, including those outlined in the Case Plan;
- Discuss referrals bring made for any necessary evaluations, assessments, and services;
- Review the progress being made by the parent on the case plan goals, including the permanency plan;
- Work with the child in beginning (or updating) a Life book (See 1011.6.); and/or
- Prepare the child for transfer of the SSCM, termination of contact or any other change in case management that impacts the child.

8. Children placed in out-of-state settings should be monitored/supervised by agency or facility staff in the “receiving” state. A request for monthly contact with the child in the home should be made with the initial request for placement through the Interstate office. Quarterly progress reports are required per the ICPC 100B. The SSCM needs to ensure that these reports are received and reviewed/filed in the case record. Requests for information on the child should be in the file as well. If the “receiving” state does not comply with the DFCS agency’s request, contact the Georgia ICPC Office for assistance.

MODULE TWO

**Maintaining and
Enhancing
Children's
Attachments and
Connections**

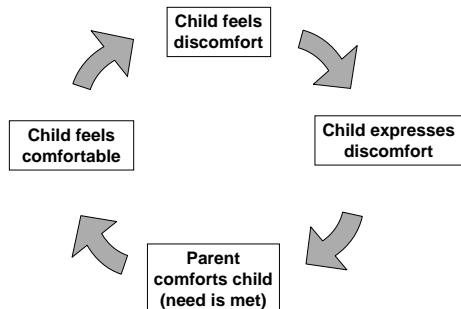


Attachment and Bonds

- **Secure attachment:** made between children and caregivers who provide nurturance, comfort, buffering, and shared exploration.
- Examples of secure attachment from a child's point of view are:
 - My parents come back. They are reliable.
 - I can depend on my parents and people.
 - I want to please my parents most of the time.
 - I am rewarded for being competent and for my curiosity.
 - I can get help with overwhelming events and feelings.
 - Parents teach me how to cope with problems and to solve them.
- **Bonds:** Close relationships which tend to be formed with teachers, friends, and others who have shared experiences and emotions.

(Gray, 2007)

The Circle of Attachment



Ways to Encourage Attachment

- Caregivers can use the Circle of Attachment to encourage attachment by...
 - Responding to child when he is physically ill.
 - Helping the child express and cope with feelings.
 - Sharing the child's excitement about achievements.

What similar things can case managers do to encourage a child to bond during worker/child visits?



Ways to Encourage Attachment

- Initiate Positive Interaction
 - Make affectionate overtures: hugs, kisses, physical closeness.
 - Read and play with the child.
 - Help child with homework.
 - Go to fun events together.
 - Say, "I love you."
 - Teach the child about extended family and shared culture.



What similar things can case managers do to encourage a child to bond during worker/child visits?

Ways to Encourage Attachment

- Claim Behaviors
 - Encourage the child to call parents "mom" and "dad."
 - Hang pictures of child in the house.
 - Include child in family rituals.
 - Buy clothes for the child.
 - Involve the child in religious or rite of passage events.



What similar things can case managers do to encourage a child to bond during worker/child visits?

Attachment for Children in Care

We need to ensure that children's physical and emotional needs are being met so that they can form bonds and attachments.

Strengthening the child's ability to form healthy attachments is a goal for **each and every child in care.**

Special Challenges

Just being in the child welfare system may increase the risk of children developing attachment problems.

Additional factors include:

- Diagnosed or undiagnosed attachment disorders.
- Trauma, abuse, and neglect before entering care.
- Frequent changes in placement.
- Failure to achieve timely permanency and placement.

Worker Visits and Attachment

In order to meet a child's needs and make attachment possible, we must first recognize **what is missing in children's lives.**

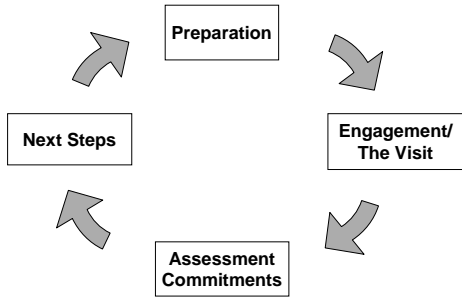
Learning about a child's unique needs and situation is one of the **primary reasons** for conducting meaningful, purposeful case manager visits.



Activity: "My Name is Jennifer"

- Listen to Jennifer's story.
- Examine how the lack of attachment and connections can impact a child.
- Review the worksheet with statements by Jennifer.
- In your teams, determine:
 - What does Jennifer's statement indicate she felt about her attachments?
 - What could be done to help her be more securely attached?

The Cycle of Conducting Purposeful and Meaningful Case Manager/Child Visits The Four Step Process



Handout #6: Attachment and Bonding

Attachment Defined

Secure attachment: an exclusive attachment made between children and their contingent, sensitive caregivers, who provide nurture, comfort, buffering, shared exploration, and help. Parents represent a secure base for exploration. Examples of secure attachment from a child's point of view are:

- My parents come back. They are reliable.
- I can depend on my parents and people whom they entrust to educate and spend time with me.
- I want to please my parents most of the time.
- I am rewarded for being competent, for my curiosity, and for my positive states.
- I can get help with psychologically overwhelming events and feelings.
- Parents teach me how to cope with problems and to solve them.

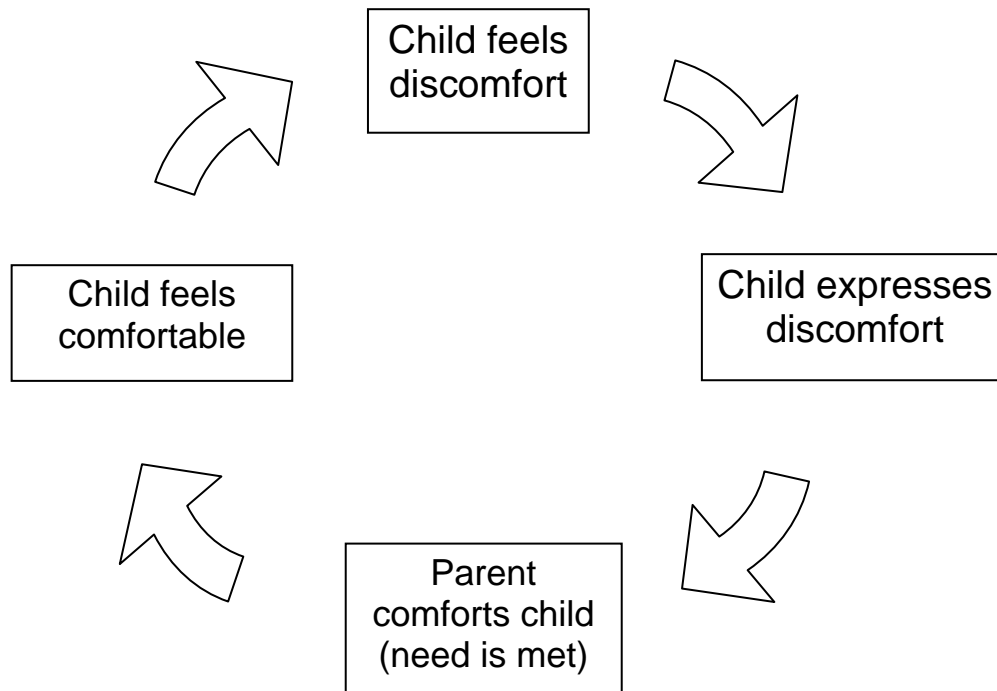
Bonds: Close relationships which tend to be formed with teachers, friends, and others who have shared experiences and emotions. (Gray, 2007)

A primary method for attachment to develop is meeting the child's needs [see illustration on following page]. This process starts at birth when the child experiences hunger and is then fed. These bonding activities, when done over time, provide consistency and predictability, and lead the child to trust and attach.

Workers must help birth parents maintain and enhance the parent/child attachment while the children are in care. We must also maintain the bonds or attachments children have with siblings, relatives, and others.

At the same time, children will bond and/or attach to other caregivers. This is healthy and essential to their development. Children are capable of attaching to more than one person at the same time.

Circle of Attachment



Source: National Resource Center for Family-Centered Practice and Permanency *Planning, Promoting Placement Stability and Permanency through Caseworker/Child Visits*, May 2008.

The second method of developing attachment is for the parent to initiate a positive interaction with the child that prompts the child to respond positively. This builds the child's self-worth and self-esteem. *Example:* A parent smiles and offers a child a favorite toy. The child laughs and takes the toy. Building a history of positive interactions will strengthen attachment and help the relationship survive when a crisis occurs.

The third method is when a parent "claims" a child. "She looks just like my mother." "He acts like his father." This includes the process of sharing family history to enable the child to understand the family he is a member of.

Children do NOT learn to attach by being told not to love another person. Similarly, having attachments broken by multiple placements does cause trauma and may lead the child having difficulties attaching in the future.

Source: Joyce Maguire Pavao, Center for Family Connections, www.kinnect.org

Examples of bonding activities that lead to attachment are:

- Responding to Arousal/Relaxation Cycle
 - Providing daily care for the child.
 - Using child's tantrum to encourage attachment.
 - Responding to child when he is physically ill.
 - Helping child express and cope with feelings.
 - Sharing child's excitement about her achievements.

- Initiating Positive Interaction
 - Making affectionate overtures; hugs, kisses, physical closeness.
 - Reading and playing games with the child.
 - Helping child with homework.
 - Going to fun events together.
 - Saying, "I love you".
 - Teaching the child about extended family and culture.

- Claiming Behaviors
 - Encouraging child to call parents "Mom" and "Dad".
 - Hanging pictures of child in the house.
 - Including child in family rituals.
 - Buying clothes.
 - Involving in religious or rite of passage events.

Source: *A Child's Journey Through Placement*, by Vera Fahlberg

Handout #7: My Name is Jennifer

My name is Jennifer. I am sixteen years old. I went into foster care when I was a baby, and then went back home when I was 5. In second grade, my mom sent me to live with my grandmother. My grandmother died the next year, and I went back to my mom. At age 9, I returned to foster care. I lived with two families and then an adoptive family. But, the adoptive family decided they didn't want me. I lived with several families after that. They put me in a group home six months ago. I'm getting out of here, and can you believe this? They're looking for another family for me. I'm thinking it might have made more sense if somebody had done more when I was a little kid.

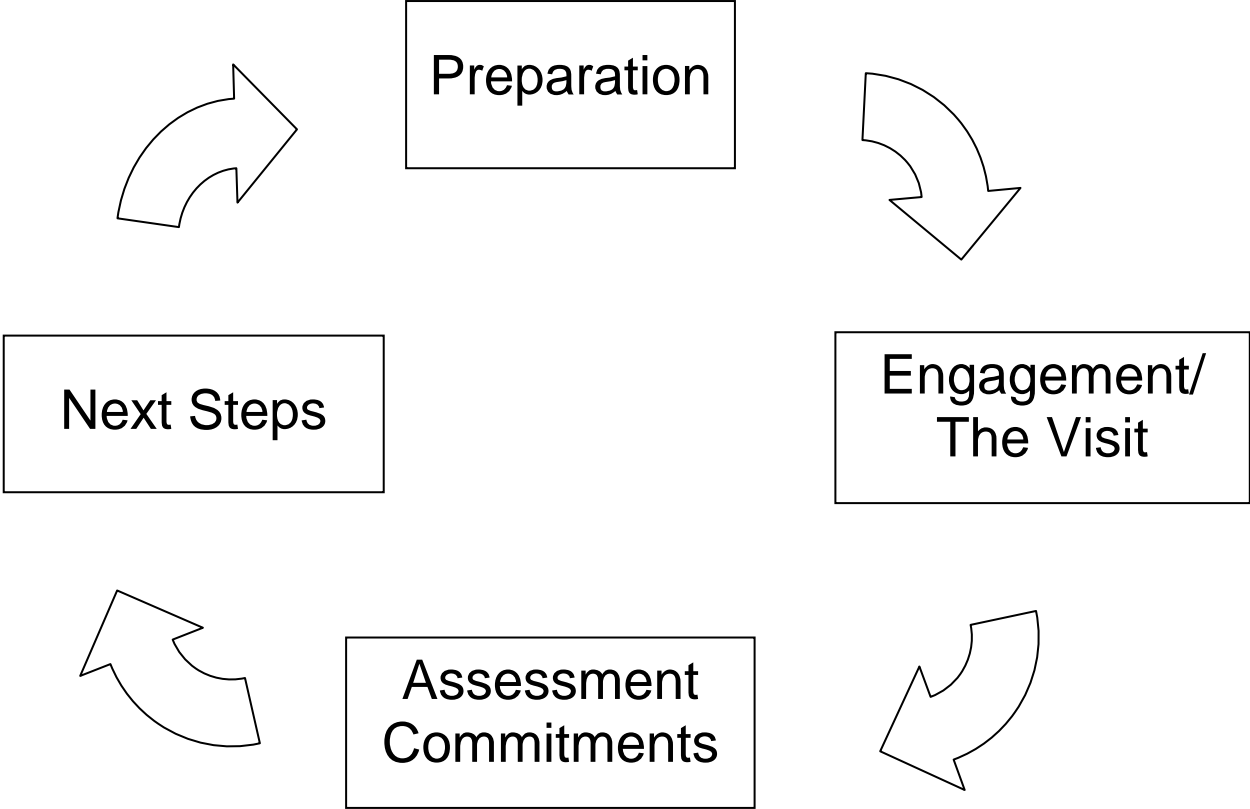
I don't know when I realized that I was different from other kids. It feels like something I always knew—like I was born with it. That there was something bad about me. I don't hate my parents, but I don't think they should have been parents. One of my foster moms told me I was a drug baby. This may be true. I know they put me in foster care because no one was taking care of me, and I wasn't growing. I can't remember a lot. But I felt an emptiness or a hurt for many years. I couldn't be filled up. I needed my mom. I needed for the confusion to end. I needed to feel like someone cared about me. When I was little and would see my mom, I didn't know what to do. I don't remember a lot about my foster parents. All of that is sort of a blur. What did I need? I needed for the hurt deep inside of me to go away. That's all I could think about.

Worksheet #8: Jennifer's Needs

Statement	What does this indicate about what Jennifer may have needed to support positive attachment?
<ol style="list-style-type: none"> 1. <i>I don't know when I realized I was different from other kids. It feels like something I always knew—like I was born different.</i> 2. <i>That there was something bad about me.</i> 3. <i>Told me I was a drug baby.</i> 4. <i>They put me in foster care because no one was taking care of me, and I wasn't growing.</i> 5. <i>I needed my mom.</i> 6. <i>When I was little and would see my Mom, I didn't know what to do.</i> 7. <i>I don't remember a lot about my foster parents.</i> 8. <i>I needed for the hurt deep inside of me to go away. That's all I could think about.</i> 	

Adapted from: Foster PRIDE/Adopt PRIDE Training Program. CWLA, Washington, D.C., 2003.

Handout #9: The Cycle of Conducting Purposeful and Meaningful Caseworker/Child Visits: The Four-Step Process



MODULE THREE

Step One: Preparation

- Schedule visit. (CM can do unannounced visits.)
- Review case information.
- Identify issues related to safety, permanency and well-being.
- Prepare an agenda – prepare questions.
- Inform the child and caregiver about the agenda.
- Prepare yourself.

Practicing Your Approach

Practicing the right way to approach a child or youth can mean the difference between a meaningful visit and mutual frustration.

Focus On Your Interpersonal Skills!

Encourage children to participate in their case planning by showing genuineness, empathy, and respect.

Interpersonal Building Blocks of Case Manager/Client Relationship

Genuineness – The 4 Bs

- Be real.
- Be yourself.
- Be sure your verbal and non-verbal behaviors match.
- Be spontaneous and non-defensive.

Interpersonal Building Blocks of Case Manager/Client Relationship

Empathy

- Communicate understanding.
- Connect with feelings.
- Recognize non-verbal cues.
- Discuss what is important to the child.

Interpersonal Building Blocks of Case Manager/Client Relationship

Respect

- Show commitment.
- Communicate warmth.
- Suspend critical judgment.
- Applaud the child's resiliency.

Practicing Your Approach

Genuineness, empathy, and respect are essential to every worker/child interaction.

However, each child is different. Practice using interpersonal skills in ways appropriate to each child's unique needs and level of development.



Child Development – Infants

Trust vs. Mistrust Stage

- Do not understand change
- Attachment is critical
- Communication is limited
- Interfere with development
- Adults must cope for child
- Do not understand permanency
- Experience separation loss immediately



Child Development – Toddlers

Autonomy vs. Shame/Doubt Stage

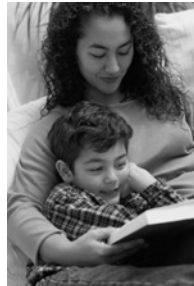
- Regression and fear
- Believe they control the world
- Form attachments to others
- Adults must cope for the child
- May see foster care as punishment
- Must be helped to learn new home
- Days = permanency is impacted



Child Development – Preschoolers

Identity vs. Power Stage

- Magical thinking
- Do not understand cause and effect
- Form attachments to adults and other children
- Need help coping
- Self blame – Acting Out Fears
- Weeks = permanency is impacted



Child Development – School Age

Industry vs. Inferiority Stage

- A concrete world
- Self-esteem tied to family
- Feel foster child is “different”
- Compare parents
- Friends are important
- Need to know “rules”
- Have long-term memory, but it can become fuzzy if separation is too long
- Months = permanency is impacted



Child Development – Adolescent

Identity vs. Role Confusion Stage

- Adult understanding
- Decision making
- Adults as role models
- Emotional and body changes
- Moral development
- Thinking about future, emancipation
- Ambivalence about family
- Help with conflicts
- Have adult level of memory and permanency



Step One: Preparation – Review

Case Manager/child visits are to ensure:

- **Safety**
- **Permanency**
- **Well-being**

– not only in relationship to their birth parents and the future, but also in regards to the child’s current situation.

Activity: "Interpersonal Skills with Children"



Think about a child who is of the age assigned your group.

How can you demonstrate genuineness, empathy and respect in your work with him/her?

Write one question to assess safety, permanency OR well-being that would be appropriate for this age child.

Safety Checklists

- Here are examples of a set of safety, permanency and well-being questions that workers can use to plan their visits.
- Each table has only the set related to the table's assigned age group, but a complete set of all seven developmental ages is on the PSSF intranet website, www.PSSFnet.com/content/page.cfm/178.
- OR visit www.PSSFnet.com and click on ECEM Training 2008 under WHAT'S NEW.

Handout #10: Step One: Preparation

Activities

1. Scheduling, including talking with caregiver and older children to make sure the visit will occur at a time that works for everyone.
2. Reading records or other methods of getting to know the child and family history.
3. Identifying concerns or priorities related to child safety, permanency or well-being to be addressed during the visit.
4. Preparing an agenda: including planning questions based on the child's developmental age and how to develop a professional relationship with the child.
 - a. Genuineness
 - i. Be real.
 - ii. Be yourself.
 - iii. Be sure verbal and non-verbal behaviors match.
 - iv. Be spontaneous and non-defensive.
 - b. Empathy
 - i. Communicate understanding.
 - ii. Connect with feelings.
 - iii. Recognize non-verbal cues.
 - iv. Discuss what is important to the client.
 - v. Show a desire to understand client's feelings.
 - c. Respect
 - i. Show commitment.
 - ii. Communicate warmth.
 - iii. Suspend critical judgment.
 - iv. Applaud the client's resiliency.
5. Informing the child and caregiver of the agenda so they can prepare for the visit.
6. Preparing yourself (self or supervisory assessment and enhancement of skills if needed).

Handout #11: Seven Ages – Developmental Milestones

Infants: (0-18 months)

TRUST VS. MISTRUST STAGE

- Does not understand change
- Attachment is critical
- Communication limited
- Placement change interferes with development
- Adults must cope for child
- Separation is almost immediate

Developmental Milestones

Physical:

0-3 months

- Sucking, grasping reflexes.
- Lifts head when held at shoulder.
- Moves arms actively.
- Is able to follow objects and to focus.

3-6 months

- Rolls over.
- Holds head up when held in sitting position.
- Lifts up knees, crawling motions.
- Reaches for objects.

6-9 months

- Sits unaided, spends more time in upright position.
- Learns to crawl.
- Climbs stairs.
- Develops eye-hand coordination.

9-18 months

- Achieves mobility, strong urge to climb, crawl.
- Stands and walks.
- Learns to walk on his or her own.
- Learns to grasp with thumb and finger.
- Feeds self.
- Transfers small objects from one hand to another.

Emotional/Social:

- Wants to have needs met.
- Develops a sense of security.
- Smiles spontaneously and responsively.
- Likes movement, to be held and rocked.
- Laughs aloud.
- Socializes with anyone, but knows mother or primary caregiver.
- Responds to tickling.
- Prefers primary caregiver.
- May cry when strangers approach.
- Commonly exhibits anxiety.
- Extends attachments for primary caregivers to the world.
- Demonstrates object permanence; knows parents exist and will return (helps child deal with anxiety).
- Tests limits.

Intellectual/Cognitive:

- Vocalizes sounds (coos).
- Smiles and expresses pleasure.
- Recognizes primary caregiver.
- Uses both hands to grasp objects.
- Has extensive visual interests.
- Puts everything in mouth.
- Solves simple problems, e.g., will move obstacles aside to reach objects.
- Transfers objects from hand to hand.
- Responds to changes in environment and can repeat action that caused it.
- Begins to respond selectively to words.
- Demonstrates intentional behavior, initiates actions.
- Realizes objects exist when out of sight and will look for them (object permanence).
- Is interested and understands words.
- Says words like “mama”, “dada.”

Toddlers: (18-36 months)

AUTONOMY VS. SHAME/DOUBT STAGE

- **Regression and Fear**
- **Believe they control the world**
- **Form attachments to others**
- **Adults must cope for the child**
- **May see foster care as punishment**
- **Must be helped to learn new home**
- **Days = permanency**

Developmental Milestones

Physical:

- Enjoys physical activities such as running, kicking, climbing, jumping, etc.
- Beginnings of bladder and bowel control towards latter part of this stage.
- Is increasingly able to manipulate small objects with hands.

Emotional/Social:

- Becoming aware of limits; says “no” often.
- Establishing a positive, distinct sense of self through continuous exploration of the world.
- Continuing to develop communication skills and experiencing the responsiveness of others.
- Needs to develop a sense of self and to do some things for him/herself.
- Making simple choices such as what to eat, what to wear and what activity to do.

Intellectual/Cognitive:

- Toddlers have a limited vocabulary of 500-3,000 words and are only able to form three- to four-word sentences.
- They have no understanding of pronouns (he, she) and only a basic grasp of prepositions (in, on, off, out, away).
- Most toddlers can count, but they do so from memory, without a true understanding of what the numbers represent.
- Cognitively, children in this age range are very egocentric and concrete in their thinking, and believe that adults know everything. This means that they look at everything from their own perspective.
- They assume that everyone else sees, acts, and feels the same way they do, and believe that adults already know everything. This results in their feeling that they don't need to explain an event in detail.
- Toddlers might have a very clear picture of events as they relate to themselves but may have difficulty expressing thoughts or providing detail. Because of this, most of the questions will need to be asked of their caregivers.
- Toddlers are able to relate their experiences, in detail, when specifically and appropriately questioned.
- Learning to use memory and acquiring the basics of self-control.

Pre-School: (3-6 years old)

IDENTITY VS. POWER STAGE

- **Magical thinking**
- **Does not understand cause and effect**
- **Forms attachments to adults and other children**
- **Needs help coping**
- **Self blame – Acting Out Fears**
- **Weeks = permanency**

Developmental Milestones

Physical:

- Is able to dress and undress self.
- Has refined coordination and is learning many new skills.
- Is very active and likes to do things like climb, hop, skip, and do stunts.

Emotional/Social:

- Develops capacity to share and take turns.
- Plays cooperatively with peers.
- Is developing some independence and self-reliance.
- Is developing ethnic and gender identities.
- Learning to distinguish between reality and fantasy.
- Learning to make connections and distinctions between feelings, thoughts, and actions.

Intellectual/Cognitive:

- Preschoolers' ability to understand language usually develops ahead of their speech.
- By age six, their vocabulary will have increased to between 8,000 and 14,000 words, but it is important to remember that children in this age group often repeat words without fully understanding their meaning.
- They have learned the use of most prepositions (up/down, ahead/behind, beside) and some basic possessive pronouns (mine, his, ours), and have started to master adjectives.
- Pre-school children continue to be egocentric and concrete in their thinking. They are still unable to see things from another's perspective, and they reason based on specifics that they can visualize and that have importance to them (i.e. "Mom and Dad" instead of "family").
- When questioned, they can generally express who, what, where, and sometimes how, but not when or how many. They are also able to provide a fair amount of detail about a situation.
- It is important to keep in mind that children in this age range continue to have trouble with the concepts of sequence and time. As a result, they may seem inconsistent when telling a story simply because they rarely follow a beginning-middle-end approach.

Grade School Age Children (7-9 years old)

INDUSTRY VERSUS INFERIORITY STAGE

- **A concrete world**
- **Self-esteem tied to family**
- **Foster child is “different”**
- **Compare parents**
- **Friends are important**
- **Needs to know “rules”**
- **Has long term memory but it can become fuzzy if separation is too long**
- **Months = permanency**

Developmental Milestones

Physical:

- Has increased coordination and strength.
- Enjoys using new skills, both gross and fine motor.
- Is increasing in height and weight at steady rates.

Emotional/Social:

- Increased ability to interact with peers.
- Has more same-sex friends.
- Increased ability to engage in competition.
- Developing and testing values and beliefs that will guide present and future behaviors.
- Has a strong group identity; increasingly defines self through peers.
- Needs to develop a sense of mastery and accomplishment based upon physical strength, self-control and school performance.

Intellectual/Cognitive:

- By early elementary age, children start logical thinking, which means that rather than accepting what they see as true, they begin to apply their personal knowledge and experience to a particular situation to determine whether it makes sense or not.
- Temporal concepts greatly improve in this age range, as early elementary children start to understand the idea of the passage of time, as well as day, date and time as a concept as opposed to a number.
- Most early elementary-aged children have acquired the basic cognitive and linguistic concepts necessary to sufficiently communicate an abusive event.
- They can also copy adult speech patterns. As a result, it is easy to forget that children in this age range are still not fully developed cognitively, emotionally, or linguistically.

Early Adolescence (10-12 years old)

IDENTITY VS. ROLE CONFUSION STAGE

- **Adult understanding**
- **Decision making**
- **Adults as role models**
- **Emotional and body changes**
- **Moral development**
- **Future, emancipation**
- **Ambivalence about family**
- **Helps with conflicts**
- **Has adult level of memory**

Developmental Milestones:

Physical:

- Has increased coordination and strength.
- Is developing body proportions similar to those of an adult.
- May begin puberty—evident sexual development, voice changes, and increased body odor are common.

Emotional/Social:

- Increased ability to interact with peers.
- Increased ability to engage in competition.
- Developing and testing values and beliefs that will guide present and future behaviors.
- Has a strong group identity; increasingly defines self through peers.
- Acquiring a sense of accomplishment based upon the achievement of greater physical strength and self-control.
- Defines self-concept in part by success in school.

Intellectual/Cognitive:

- Early adolescents have an increased ability to learn and apply skills.
- The early adolescent years mark the beginning of abstract thinking but revert to concrete thought under stress.
- Even though abstract thinking generally starts during this age period, preteens are still developing this method of reasoning and are not able to make all intellectual leaps, such as inferring a motive or reasoning hypothetically.
- Youth in this age range learn to extend their way of thinking beyond their personal experiences and knowledge and start to view the world outside of an absolute black-white/right-wrong perspective.
- Interpretative ability develops during the years of early adolescence, as does the ability to recognize cause and affect sequences.
- Early adolescents are able to answer who, what, where, and when questions, but still may have problems with why questions.

Middle Adolescence (13-17 years old)

IDENTITY VS. ROLE CONFUSION STAGE

- **Adult understanding**
- **Decision making**
- **Adults as role models**
- **Emotional and body changes**
- **Moral development**
- **Future, emancipation**
- **Ambivalence about family**
- **Helps with conflicts**
- **Has adult level of memory**

Developmental Milestones

Physical:

- 95% of adult height reached.
- Less concern about physical changes but increased interest in personal attractiveness.
- Excessive physical activity alternating with lethargy.
- Secondary sexual characteristics.

Emotional/Social:

- Conflict with family predominates due to ambivalence about emerging independence.
- Strong peer allegiances – fad behavior.
- Experimentation – sex, drugs, friends, jobs, risk-taking behavior.
- Struggles with sense of identity.
- Moodiness.
- Rejection of adult values and ideas.
- Risk Taking – “it can’t happen to me”.
- Experiment with adult roles.
- Testing new values and ideas.
- Importance of relationships – may have strongly invested in a single romantic relationship.

Intellectual/Cognition:

- Growth in abstract thought reverts to concrete thought under stress.
- Cause-effect relationships better understood.
- Very self absorbed.

Late Adolescence (18-21 years old)

IDENTITY VS. ROLE CONFUSION STAGE

- **Adult understanding**
- **Decision making**
- **Adults as role models**
- **Emotional and body changes**
- **Moral development**
- **Future, emancipation**
- **Ambivalence about family**
- **Helps with conflicts**
- **Has adult level of memory**

Developmental Milestones

Physical:

- Physical maturity and reproductive growth leveling off and ending.
- Firmer sense of sexual identity.

Emotional/Social:

- Separation from caregivers.
- More comfortable seeking adult advice.
- Peers are important but young person can now evaluate his/her influence and opinions rather than wholeheartedly embracing them without question.
- Intimate relationships are important.
- Acceptance of adult responsibilities.

Intellectual/Cognition:

- Abstract thought established – future oriented; able to understand, plan and pursue long range goals.
- Philosophical and idealistic.
- What do I want to do with my life? – increased concern for the future.
- Greater capacity to use insight.

Source: National Resource Center for Family-Centered Practice and Permanency *Planning, Promoting Placement Stability and Permanency through Caseworker/Child Visits*, May 2008.

Handout #12: Talking with Children

Think about a child who is the developmental age assigned to your group.

How can you demonstrate to a child of this age:

Genuineness:

Empathy:

Respect:

Write out at least one question you could ask a child this age to assess the child's

Safety:

Permanency:

Well-Being:

MODULE FOUR

Step Two: Engagement/The Visit

- Warming up
- Establishing the purpose of the visit
- Making the connection with the child
 - Alone time
- Gathering the information

Interviewing Techniques

Projecting genuineness, empathy, and respect helps build a connection during case manager visits.

Once the connection is established, encourage children and youths to share information by asking the right kinds of questions.

Interviewing Strategies



Is the child/youth feeling:

- Overwhelmed?
- Distraught?
- Upset?

This Might Be a Good Time For
Coping Questions

Strategy: Coping Questions

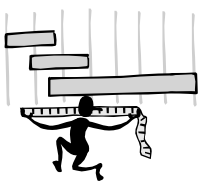
- Ask questions in a way that demonstrates empathy and compassion.
- Acknowledge the pain, fear, or frustration that the child may be experiencing.
- Point out that the child/youth is doing the best job s/he can.
- Point out his/her success in coping.



Coping Questions

- I imagine that living with a new family is hard. – *Show empathy and compassion*
- Many of the children I have worked with tell me they are frightened, nervous, confused, or have other emotions. How are you feeling? – *Acknowledge feelings*
- I understand you have some questions for me? Asking questions is a good way of learning how to handle the changes in your life. – *Point out that the child is doing well given the circumstances*

Strategy: Scaling Questions



- Offer an assessment tool.
- Help assess the issue in a concrete way.
- Lead to solutions – help plan the next steps, one step at a time.

Scaling Questions

- On a scale of 1 to 10, where 10 means “I feel very safe with my parents” and 1 means “I feel very unsafe with my parents,” where are you right now? –

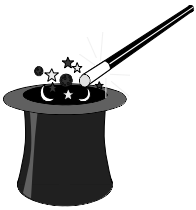
The scaling question

- On the same scale, where 10 equals “I trust my mother to keep me safe” and 1 equals “I do not trust my mother to keep me safe,” what score would you give? –

Getting different perspectives

- What would make you feel one point safer? –
What could change the situation?

Strategy: The Miracle Question



- Help them remember positive experiences and hopes for the future.
- What would it look like, be like, feel like?
- They need to see it.
- Once they see the vision, they can go there.

The Miracle Question

- What if you woke up tomorrow and your family was the best one ever? Tell me what would be happening to make your family the best. –
Assume that a positive outcome is possible for the family.
- If you had a magic wand and could fix the biggest problem in your family, what would you change? –
Assume that problems can be fixed.


Preparing Questions for a Visit

1. Read Jennifer Update on **Handout #15**.
2. What do you know about Jennifer's cultural background and any unique factors that should be considered when planning the interview?
3. What do you want to accomplish on the next visit with Jennifer?
4. What safety, permanency or well-being needs should be addressed?
5. What kinds of questions will help focus the interview on gathering information and building solutions?

Activity: "Preparing Questions for a Visit"

- Read information for Jennifer at the developmental age for your table. **Handout #16**
- Identify Jennifer's cultural background and any unique factors that should be considered when planning the interview.
- Choose one case goal as the purpose of the visit you are planning.
- Develop questions that will help focus the interview on gathering information related to the purpose.
 - Use checklists, child development information, the suggestions developed earlier today by the groups and useful interviewing strategies introduced in this module.
- Write your Jennifer's age, the purpose of interview and your questions on easel paper and post on wall.

Demonstration Interview

- Watch the demonstration. 
- Using **Worksheet #17**, document what you observe and answer these questions:
 - What questions and strategies were used?
 - How did Jennifer respond?
 - What are the strengths on this interview?

Interview Feedback

- Case Manager **Handout #18**
 - What did you do well?
 - Identify one thing you might improve.
- Child/Youth
 - Identify one thing the worker did that helped you feel safe or cared about.
 - What did it feel like to be interviewed?
- Participant as observers
 - Make a strengths-based observation.
 - Give one idea on how to improve.

Activity: “Practice Interviews”

- Using the list of questions you developed as a group, practice interviewing Jennifer/Jeff.



- *Case Manager:* State facts about the Jennifer you will interview. Use the questions your team developed to talk to the child/youth about one case goal.
- *Jennifer/Jeff:* Act the age but do not overact.
- *Observer:* Use **Worksheet #17** to make notes on the interview.

Activity: “Practice Interviews”

- Offer feedback using the model interview and **Handout #18**.
- Rotate roles and repeat the interview. Give feedback.
- Rotate roles again and repeat. During the exercise, each participant should have a chance to act out all three parts.

Remember to keep feedback positive and build on suggestions in the group.

Interview Feedback

- Case Manager **Handout #18**
 - What did you do well?
 - Identify one thing you might improve.
- Child/Youth
 - Identify one thing the worker did that helped you feel safe or cared about.
 - What did it feel like to be interviewed?
- Observer
 - Make a strengths-based observation.
 - Give one idea on how to improve.

Activity: “Practice Interviews”

- Debrief
 - What were some of the strengths of the case manager?
 - What questions or strategies worked to help the child feel comfortable in sharing?
 - What modifications did you make to accommodate the child’s development level?

Handout #13: Step Two: Engagement/The Visit

The warm up:

- Caseworker, child/youth, and caregiver meet and greet each other.
- Discuss immediate needs and concerns.
- Allow enough time for everyone to feel comfortable.

Establishing the purpose of the visit:

- Review the agenda with everyone; specify the purpose of the visit, and the need for time alone with the child, and make any changes or additions.
- Confirm the time frame for the visit.
- Ask for information on the child's progress and any challenges since last visit.

Making a connection with the child/youth:

- Some of the interview must be done without anyone else present. This includes having separate interviews if siblings are in the same placement.
This is a policy requirement.
- May need a person to help at the beginning of alone time, a location comfortable for the child, or transitional object to help the child feel safe.

Gathering the information:

- Ask planned questions.
- Listen to child.
- Ask follow-up questions.

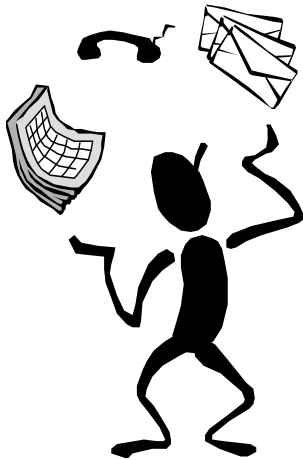
Handout #14: Useful Interview Strategies

Coping Questions:

When dealing with difficult behaviors or situations, you can ask questions in a way that demonstrates empathy and compassion. These questions acknowledge your understanding of the pain, fear, or frustration that the family member may be experiencing. It also helps point out that they are, in fact, doing the best job they can, given the circumstances right now.

Examples:

- I imagine that living with a new family is hard. – *Empathy and compassion*
- Many of the children I have worked with tell me they are frightened, nervous, confused, or have other negative emotions. How are you feeling? – *Acknowledgement of feelings*
- I understand you have some questions for me? That is a good way of learning how to handle the changes in your life. – *Point out that the child is doing well given the circumstances.*



“I imagine living with a new family is hard. How do you handle all the changes? What seems to help? How did you come up with the idea of making lists of questions to ask the foster mother? That’s very clever!”

“How do you do it? It must have been very tough just to get through the week. Who do you turn to when you feel you need help?”

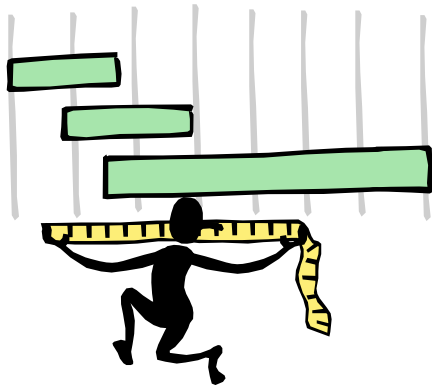
“How did you manage to go to school when you are so sad and want to just sleep? What have you figured out helps when you get up in the morning?”

Scaling Questions:

These questions are used to rate or rank the level of importance, motivation, or confidence in a specific situation. They help you and the person gauge where a situation is and how one might change that situation.

Examples:

- On a scale of 1 to 10, where 10 means "I feel very safe with my parents" and 1 means "I feel very unsafe with my parents," where are you right now? – *The scaling question.*
- On the same scale, where 10 equals "I trust my mother to keep me safe" and 1 equals "I do not trust my mother to keep me safe," what score would you give?" – *Getting different perspectives.*
- "What would make you feel one point safer?" – *What could change the situation?*



"Let me ask you, on a scale of 1 to 10, where 'I feel very safe' is 10 and 'I feel very unsafe' is 1 – how close would you say you are to 10 right now, today?"

"Okay, now this time I'm going to ask you a slightly different question. This time, 10 stands for 'I believe that my mother will keep me safe at all times' and 1 stands for 'I don't believe my mother will keep me safe.' Where would you put yourself on the scale?"

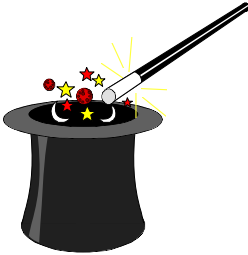
"Now, on the same scale of 1 to 10, how determined would you say you are that you will get to 10? What would it take to move one point higher? If you could move one point higher, how would it be better for you?"

Miracle Questions:

These questions are inspirational because they help to remove hopelessness. When asking these questions, attempt to get realistic answers versus a pie in the sky dream, such as “Things will be better for my family if one of us wins a lot of money at the casino.” Help them to see what they want, and how their life can be, and to remember the dreams they have forgotten. Encourage them to give details—to really visualize what a better situation would be like.

Examples:

- What if you woke up tomorrow and your family was the best one ever? Tell me what would be happening to make you family the best. – *Assumes that a positive outcome is possible for the family.*
- If you had a magic wand and could fix the biggest problem in your family, what would you fix? – *Assumes that problems can be fixed.*



“If you could change your family to make it perfect, what would you change?”

“If someone gave you a magic wand and you could create a “do-over” for the past few years/months/weeks of your life, describe yourself and your family.”

Adapted from: Insoo Kim Berg and Susan Kelly in their book *Building Solutions in Child Protective Services*, W. W. Norton & Company, 2000. And California Core Training Curriculum, 2006.

Handout #15: Jennifer: Case Update

Earlier you heard from a sixteen year old girl named Jennifer. You may recall that Jennifer went into care as a baby and since then has lived with her mother, grandmother, several foster families, an adoptive family, and a group care home. Her mother's rights were terminated four years ago, and Jennifer has not seen her mother but claims to talk with her on a regular basis.

Jennifer left the group care home nine months ago and is living with a foster family experienced with adolescents. Jennifer did not want to go to another foster family, stating that she was sick and tired of going to live with different people. She threatened to run away and told the previous worker she would stay with the Martin family until she "got sick of it," or until it got warm enough for her to go live on the streets again. The Martins have reported that Jennifer has been very cooperative since arriving. She is attending school and has been following the household rules. But Mrs. Martin also said that Jennifer seemed to alternate between depressed and angry. She won't allow anyone to say anything nice to her. She continues to display a tough attitude and keeps telling Mrs. Martin how she's going to get the hell out of there as soon as she can.

You are going to visit with Jennifer today. There is a lot you are concerned about. You want to do what you can to support Jennifer's current placement. You also want to get a permanency plan in place for Jennifer. You want to talk with her about her service plan. You and your supervisor have discussed the options for Jennifer's permanency plan. You both feel that despite the number of placements and the failed adoption in the past, you would like to consider adoption.

Let's first prepare for your visit with Jennifer.

- What do you want to accomplish on the next visit with Jennifer? (Purpose of Visit)

- What safety, permanency, or well-being needs should be addressed?

- What questions might you plan to ask her that would encourage her to share information and provide solutions that would work for her?

Adapted from: Foster PRIDE/Adopt PRIDE Training Program. CWLA, Washington, D.C., 2003.

Handout #16: Jennifer at Different Ages

Jennifer as a Toddler

My name is Jennifer. I am two and half years old. I have lived in this foster home for over a year. I really like my foster mommy and daddy. There is this other person who is also my mommy who I see every week. She is a nice person and always brings me candy or toys when I see her. Sometimes, I see my other daddy also. I really like my daddy as he always plays with me and makes me laugh.

I really like to play with my toys, and I never want to go anywhere without my baby doll. She gets very sad and cries if I leave her alone. Sometimes the adults do not remember this and make me go places without my baby.

I feel safe and loved in my home, and this is the only home that I remember. Some people say I used to live with my other mommy, but I do not remember anything about that.

I am healthy and developing normally. I love to run, play, read books, sing songs, and many other things.

I would like my world to stay the same.

Case Plan Goals for Jennifer at 2 years old:

- Her parents are attending drug treatment and doing well.
- There have been regular visits between mother and Jennifer.
- It appears likely that reunification will occur.
- Increase visits including overnight visits in the mother's home.

Jennifer as a Preschooler

I am four years old. I have been in the same foster home since I was one. About 18 months ago the caseworker and my mommy (the foster mother) said I would go to live with my other mother.

Do you know that some kids have more than one mommy? I love my foster mother. I really want to call her mommy but that makes my other mommy sad. So they tell me to call the mommy I live with Mrs. Smith.

I am in pre-school and will be starting kindergarten next year. I have a lot of friends in my pre-school.

They tell me that I am to go home to my mommy next month. I am not sure what that means. I cannot remember ever living with that mommy. I do remember one time staying with her for a longgggggg time. Something bad happened. I am not sure what it was, but the police came late at night and brought me back to Mrs. Smith's.

I get a little afraid and confused when people say I will move to another home. Why can't things stay the same? I like both mommies. Can't I have two mommies? I kind of remember my daddy, but it has been so long since I saw him.

Case Plan for Jennifer at 4 years old:

Jennifer was to be returned home 18 months ago. She had progressed to have weekend visits. There was an incident on one visit where her mother relapsed. The neighbor called the police and Jennifer was removed. She was replaced with Mrs. Smith but ever since Jennifer has been more withdrawn and clings to adults.

- Jennifer's mother was allowed additional reunification services.
- She has now completed drug treatment.
- There have been progressively longer and more frequent visits that have been successful.
- Jennifer's grandmother is involved with the family and will be an active part of the safety plan when Jennifer is returned home.
- It is expected she will return home within a few weeks.
- Jennifer's dad has not been involved in her life for over a year. He has not responded to agency requests to contact us.

Jennifer at 9 years old (School Age)

I have been living with my grandmother for two years. Finally, things seemed normal for me. I'm going to a nice school and have friends. I can count on my grandmother to always be there for me. I really love my grandmother.

Last month my grandmother died. I am so sad. I cannot sleep. I keep crying every time I think about my grandmother. For the first days, I got to stay at my best friend's house. Then, a person called a caseworker showed up and said I had to move into a foster home.

I remember living in a foster home until I was five. This foster family is not as nice. I have to share a room with other foster girls. No one seems to care what I do. I have to go to a new school. I have not had a chance to talk to any of my old friends. My toys, games, and clothes that my grandmother bought me have gotten lost; and I have nothing that is mine—not even a picture of my grandmother.

They say my mom does not want me. That's fine with me; I don't want her either.

Case Plan for Jennifer at 9 years old:

- Jennifer's mother is involved in alcohol and meth. She says she is very sorry but really it would be best if she does not take care of her daughter. She is willing to do a voluntary relinquishment and allow Jennifer to be adopted. She would like to visit with Jennifer, if that is OK with Jennifer.
- The agency has found an adoptive family who is very interested in meeting Jennifer. They would like to begin visits.
- Jennifer's father had his legal right terminated when he did not respond to notification.

Jennifer as a Young Teenager

Life sucks. Don't get me started but things are really bad right now.

After I went back into foster care at 9 years old, things just have not worked. First, I had a foster home that did not care. Then, I lived with an adoptive family for several months but they decided I was not good enough for them.

I think I saw my dad on the street the other day. It has been so long since I saw him I am not sure. I was too shy to go and ask him if he was my dad. I know my mom is still in town. I hear she is still a druggie. I do love her. I think that maybe it would be better to live with her than to stay in this current foster home.

I just started high school. It is a new school. The kids make fun of me. So what – I know that I am different. I would like to have the right clothes, iPod, and cell phone, but foster parents won't buy you anything like that.

I asked my foster mom for money to get my hair cut. She told me that the state does not pay her enough to pay for haircuts. She handed me a pair of scissors. So I tried to cut my hair. It looks terrible. The kids at school really laughed at me today. I don't think I will go to school tomorrow.

No one really cares about me. I am so scared and tired of being alone. I still miss my grandmother. She was the only person I could count on. I used to have family when grandmother was alive. I remember family holidays where lots of people showed up. I wish I could go back in time and live those years again.

Case plan for Jennifer at 14 years old:

- Work with Jennifer to identify possible families who may want to adopt her.
- Get Jennifer into treatment to help her with her emotions, self esteem, and possible depression.
- Reconnect Jennifer with her parents or other extended family members.

Worksheet #17: Observation Form

Relationship Builder	How well did the worker use the relationship builder (or not) – give examples:	How did Jennifer respond – give examples:
COPING QUESTIONS		
SCALING QUESTIONS		

MIRACLE QUESTIONS

OTHER TYPES OF QUESTIONS

BODY LANGUAGE

TONE OF VOICE

LEVEL OF LANGUAGE WAS APPROPRIATE

OTHER COMMENTS

Worksheet #17: Observation Form (Copy 2)

Relationship Builder	How well did the worker use the relationship builder (or not) – give examples:	How did Jennifer respond – give examples:
COPING QUESTIONS		
SCALING QUESTIONS		
MIRACLE QUESTIONS		
OTHER TYPES OF QUESTIONS		
BODY LANGUAGE		
TONE OF VOICE		
LEVEL OF LANGUAGE WAS APPROPRIATE		
OTHER COMMENTS		

Handout #18: Interview Feedback

To see ourselves as others see us.

To hear how others hear us.

And to be touched as we touch others ...

These are the goals of effective feedback.

Here are some guidelines for effective feedback:

- The person receiving the feedback should be in charge.
- Feedback should focus on strengths.
- Feedback should be concrete and specific.
- Feedback should be relatively nonjudgmental. Avoid the words "good" and "bad" and their variations.
- Feedback should be lean and precise.

Complete the feedback in the following order.

1. *Caseworker:*

- Share something you did well.
- Share **one** thing you might improve.

2. *Child/Youth:*

- Share one thing the worker did that helped you feel safe or cared about.
- What did it feel like to be interviewed?

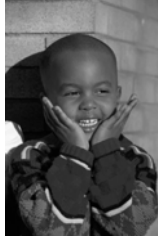
3. *Observer:*

- Give a strength-based observation – be specific as possible.
- Give **one** idea on how to improve.

MODULE FIVE

**Step Three:
Assessment and Commitments**

1. Assessing information gathered during visit.
2. Making commitments and plans with the child.
3. Sharing information with the caregiver.



Elements of Assessment

Information Gathering:

Consider the child's responses in the interview as well as:

- underlying conditions
- contributing factors



Handout #19

Elements of Assessment

Analysis:

Based on case manager knowledge and the information gathered through direct contact, determine:

- The individual's **strengths**
- The individual's **needs**
- How these should **impact** the strategy or intervention chosen



Elements of Assessment

Decision Making:

Decisions should be based on information about:

- The child's current unmet **needs**
- The **child's view** and feelings about her/his issue or situation



Involving the Child

- How can a worker include children of different ages in the assessment, permanency planning, and case planning process?

- Very young children
- School-age children
- Youth



Activity: "Practice Assessing and Giving Commitments"

- Look at **Worksheet #17** for your notes on the trainers' demonstration interview with Jennifer.
 - What was the critical information gathered?
 - What is your analysis? What does that information mean?
 - What commitments do you need to make **BEFORE** you leave the interview?
 - with Jennifer/Jeff
 - with the foster parent(s)

Activity: “Triad – Assessing Your Jennifer Interview”

- Return to the triads where you practiced your interviews.
- Choose one of the interviews from your triad for this activity.
- Choose one critical piece of information gathered in that interview.
- Discuss your analysis of that information.
- Practice what you would say to the child and/or the foster parent at the end of the visit.

Finishing the Visit

1. Summarize the information discussed with child/youth.
2. Summarize the strengths and challenges in achieving the goals addressed in the service plan agreement and any new strategies discussed during the visit.
3. Create a “to-do” list of points to follow up on for the next visit.
4. Make specific arrangements for the next visit.

Handout #19: Step Three: Assessment and Commitments

Activities:

- a. Elements of Assessment
 1. Information gathering
 2. Analysis
 3. Decision Making
- b. Making commitment/plans with the child
- c. Sharing information with the caregiver
 - i. Caseworker summarizes the information discussed with child/youth.
 - ii. Caseworker summarizes the strengths and challenges towards achieving the goals addressed in the service plan agreement and any new strategies discussed during the visit.
 - iii. A “to do list” of things to follow up on is created.
 - iv. Caseworker makes specific arrangement for the next visit.

Elements of Assessment:

Information Gathering considers:

- **Underlying conditions:** perceptions, beliefs, values, emotions, capability, self concept, experience, development, family system, and culture
- **Contributing factors:** mental illness, substance abuse, domestic violence, developmental disabilities, physical impairment, inadequate housing, environment which includes inadequate income and social isolation

Analysis:

- an individual's strengths
- an individual's needs
- how these should impact the strategy or intervention chosen

Decision Making:

The strategy of choice is dependent upon:

- determining which needs must be addressed
- the client's view and feelings about her/his issue or situation

Source: National Resource Center for Family-Centered Practice and Permanency Planning, *Promoting Placement Stability and Permanency through Caseworker/Child Visits*, May 2008.

MODULE SIX

Step Four: Next Steps

1. Consulting with supervisors and other experts.
2. Documenting the visit.
3. Implementing case plan decision/services.
4. Beginning the preparation step for the next visit.

Documenting the Visit



- Date:
- Type of Contact:
- Where it occurred (if not in the least restrictive setting, explain):
- Who was there?
- Who conducted the visit?
- Did some of the interview occur in private? How? If not, why?

Be very clear in your documentation as to what part of the visit occurred in private.

Documenting the Visit

- Summary of information – What happened (purpose)?:
 - Child’s Developmental Progress
 - Child’s Involvement in Case Planning
 - Safety, Well-being or Permanency Issues
- Any concerns or red flags that need follow-up

Consult **Handout #21** for more documentation tips.

Activity: "Documenting a Visit"

- Return to your notes from the *trainers'* demonstration interview with Jennifer.
- As a table complete **Worksheet #22**, summarizing the information you heard and noting any concerns or red flags you identified.

Remember that your documentation should lead back to **Step One: Preparation**.

Documentation Debrief

- Please read the narrative section of your documentation.
- What strengths did you hear in the documentation?
- What ideas for improvement did you have?

Policy Questions

- What is the required number of visits each month given Jennifer's case?
- How frequently must private visits occur?
- How frequently must the visit occur in the residence of the child?
- If Jennifer lived in a group home, would any of these rules change?
- Would any of these answers change if Jennifer were a Kenny A case?


Annual State Targets

Percent of children who are seen every month they are in care	
2010 – 2011	90 %
2009 – 2010	85%
2008 – 2009	71%
2007 – 2008	56%
Baseline	51 %

PENALTY BOX

Failure to meet target by:	*Penalty:
<10%	1%
10% to 19%	3%
20% or more	5%

*Failure to meet the target will result in a reduction of the federal match for title IV-B subpart 1 funds by this amount


 Division of Family and Children Services Produced On: 06/25/2008
Case Worker Child Visit
 County: COFFEE
 Month: 05/2008

Case #	Case Name	Client Type	Contact Date	Contact Type	Location	Method
Unit # and Supervisor: 21 Fletcher, Clarissa						
Case Worker: 882488 Gilbert, Kimberly M						
8810335	Sellers, Angelina		05/15/2008	TCM	Foster Home	Unannounced Face to Face
8810338	Sellers, Carl	DFH				
8810335	Sellers, Christopher	DFH	05/15/2008	TCM	Foster Home	Unannounced Face to Face
8810335	Sellers, Kayla	DFH	05/15/2008	TCM	Foster Home	Unannounced Face to Face
8810338	Sellers, Nikolas	DFH	05/15/2008	TCM	Foster Home	Unannounced Face to Face
8811203	Johnson, Leon	DFH	05/26/2008	TCM	Foster Home	Announced Face to Face

1 of 7



2011

Going the Extra Mile

Here We Come!

Closing

- Turn to your learning objectives and identify what you learned today.
- Please complete the evaluation.
- There are additional resources in your binder:
 - Articles and legislation
 - Websites
 - Interviewing tools

Handout #20: Step Four: Next Steps

1. Consulting with supervisors and other experts.
2. Documenting visit.
3. Implementing case plan decision/services.
4. Beginning the preparation step for the next visit.

What should I do if..... (ideas on how to handle next steps)

Handout #21: Documentation Checklist

This checklist can be used to review documentation of all types (not everything in this list applies to worker/child visit documentation) to ensure it meets policy standards. A given county may require the inclusion of items not listed here.

- What type of contact occurred, i.e. home visit, office visit, telephone contact, collateral contact?
- Location where visit took place?
- Who was contacted? Relationship of contact to child.
- Purpose of visit clearly stated? Is this a TCM contact?
- References to previous entries made for repeated information.
- All abbreviations used are from the official Chapter 80 Glossary of Abbreviations or from your county list.
- Relationship titles are preceded by stating the first and last name at least once in the entry.
- All facts are straightforward descriptions of circumstances.
- Interpretations are identified as interpretations and evidence to support them is recorded.
- Decisions are based on program policy and good practice principles, supported by documented facts, observations and interpretations, and supervisor's consultation is recorded.
- Included diligent search efforts in the case record? Established paternity?
- Verified Native American heritage?
- Included copies of letters and other materials from collateral contacts in the case record? Included medical records, birth certificates, and school records in the case record?
- Collected all important case information about family background, interaction patterns, visitations, diligent searches?
- Documented missed contacts or visits that were not the family's fault?

- Fairly and accurately documented parts of the family plan that the family is not in agreement with, but with which they are expected to comply?
- Included accurate information that supports the activities outlined in the most recent Family Plan.
- Described observations and visits in factual and behavioral terms? Judgmental terms not used?
- Documented the quality of parent-child visits in behavioral terms?
- Included specific information about family strengths?
- Vague or subjective terms clarified by clear descriptions?
- Avoided use of “appeared”, “seems to be,” and “apparently”?
- Avoided using labels that are not diagnosed by a certified professional? (EX. alcoholic, schizophrenic, and mentally retarded) Professional titles are used when known?
- Checked spelling, grammar, and punctuation? Checked that the narrative notes are written in clear, concise and understandable language? Checked that the narrative is jargon-free?
- Assured that someone other than you could pick up the case record and readily understand the decisions about Family Plans/Safety Plans, and progress based on the plans and narratives for this particular case?**

Source: GA DHR Core Training

Worksheet #22: Documenting a Visit

Given the interview you just observed, document the following:

- **Date:** _____
- **Type of Contact:** _____
- **Where it occurred (if not in the least restrictive setting, explain):** _____

- **Who was there?** _____

- **Who conducted the visit?** _____

- **Did some of the interview occur in private?** _____

- **Summary of information:**
 - **Child's developmental progress**
 - **Child's involvement in case planning**
 - **Safety, permanency and well-being issues**

Any concerns or red flags that need follow up:

Handout #23: SAMPLE Documentation of a Visit with Jennifer

- **Date:** 4 days ago
- **Type of Contact:** Face-to-face
- **Where it occurred (if not in the least restrictive setting, explain):** At the foster home
- **Who was there?** The foster mother and Jennifer
- **Who conducted the visit?** Caseworker Smith
- **Did some of the interview occurred in private? How? If not, why?** Yes, I took Jennifer to the local park and we talked for 30 minutes.
- **Summary of information – What happened (purpose)?**
 - Based on the most recent contacts with Jennifer, she has stated that she is upset with living in this foster home. She recently told the foster mother that "wants to get the hell out of this home." The purpose of this visit was to talk to Jennifer about her permanent plan to determine what she wants.
 - At the beginning of the interview, the foster mother gave a positive review of Jennifer's behaviors: attends the local high school, has followed all the house rules, and does her chores at the house. Jennifer made faces while the foster mother said that. When I asked her what the faces meant Jennifer said, "She just does not really know me. Once I am here for awhile and act normal, she will get rid of me like the other homes." The foster mother said, "No, I will not."
 - I asked Jennifer how she was doing at school. She stated that it was OK, but she did not like the other kids at school. "They are too much into their groups and there really are not kids like me at this school." When asked to describe a perfect family that she would like to live with she stated that there was no such family. She said she did not want to be adopted and soon she was thinking about living on her own so getting involved with a family did not make sense. When asked more questions, she either did not respond or shrugged her shoulders and finally started swearing at the caseworker. "Who are you, X#@%!, to ask me so many questions. I have had so many workers I cannot even count them all. Get the \$%#@, out of my face." I told her that I do understand that she might not trust me, but I did want to help her.

- We agreed to meet again in two weeks to continue the discussion. I gave her my card and told her to call or email me if she wanted to talk about anything. I told her I hoped she would stay in this home for awhile so I can find a family that would meet her needs.
- I told the foster mother about my concerns that Jennifer may be thinking of running away. I asked her to contact me if she had any signs that Jennifer might be getting ready to run.
- **Any concerns or red flags that need follow up**
 - At this time, Jennifer does not want to be adopted and was not willing to provide any information about what type of permanent family she would like to have. She may be thinking about running away.
 - I plan to reread Jennifer's records to determine if there is any family, foster families, friends, or others who Jennifer may be willing to trust and/or consider as a permanent family.

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Handout #24: References

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National Resource Center for Family-Centered Practice and Permanency Planning
www.nrcfcppp.org

Child Welfare Information Gateway
www.Childwelfare.gov