

EDUCATION & TRAINING *Services Section*

GEORGIA DEPARTMENT OF HUMAN RESOURCES

DIVISION OF FAMILY & CHILDREN SERVICES



Promoting Permanency through Foster Care Services

Developed for:

**Georgia Division of Family and Children
Services**

By:

**The DFCS Education and Training
Section**

**Curriculum Developer:
Sabrina J Studstill-Ward**

March 2009



AGENDA

Week One

Module 1- Introduction to Promoting Permanency

- Section A- Introduction to Class
- Section B – Purpose of Foster Care

Module 2- Legal Basis of Foster Care

- Section A – Federal Laws
- Section B – Permanency Options
- Section C – Placement Authority
- Section D - Juvenile Court Process

Module 3- Placement

- Section A – Foster Care Intake
- Section B – Placement
- Section C – Impact of Placement
- Section D – Meeting the Family

Module 4- Funding Sources, IV-E & Medicaid

- Section A – Funding Sources
- Section B – IV-E
- Section C – Medicaid Application Process

AGENDA

Module 5- Comprehensive Child and Family Assessment

- Section A – Requesting the CCFA
- Section B – Reviewing the Culhane Assessment

Module 6– Case Planning

- Section A – Why Plan?
- Section B - What is a Case Plan?
- Section C - Planned, Purposeful and Progressive Visits
- Section D - How do you Plan?
- Section E - Where is the Plan recorded?

Module 7 - Case Management

- Section A- Now who am I?
- Section B – Case Manager Child Visitation
- Section C – Activities of Case Management
- Section D - Reevaluating the Case Plan

Module 8 - Foster Care Reunification

- Section A - Phases of Family Reunification
- Section B - Preparing for Reunification
- Section C – After Reunification

Module 9 - Georgia Shines Application

Module 10 – Course Closure

Evaluation / Post Test

EDUCATION AND TRAINING SERVICES SECTION

DIVISION OF FAMILY AND CHILDREN SERVICES TRAINING PROGRAMS

CLASSROOM STANDARDS, EXPECTATIONS AND ATTENDANCE POLICY

As professional employees with the Department of Human Resources (DHR), Division of Family and Children Services (DFCS), all participants in any DFCS training programs must abide by the DHR Standards of Conduct, which set forth acceptable and unacceptable conduct toward peers, supervisors, managers, and parents. Trainees are encouraged to review the DHR Standards of Conduct found at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Policies/1201.pdf>

The standards and expectations for the professional behavior of trainees in the classroom are as follows:

When Division employees are in training, their conduct must reflect their commitment and service to DHR and DFCS. Time spent in the classroom and in field practice is a normal workday.

Trainers serve in a supervisory role in the classroom. Responding to the trainer in accordance with the DHR Standards of Conduct is standard operating procedure.

Trainees are expected to complete written tests that cover material presented in class.

Trainees are expected to behave in a respectful manner. Examples of behaviors that are unacceptable and will not be tolerated include the following:

- inattentiveness during classroom time as exhibited by holding side conversations, conducting personal business, reading outside material or sleeping
- personal attacks, use of offensive language, argumentativeness, or excessive talking
- use of the Internet for reasons other than classroom activity
- eating food while in the computer lab
- use of cell phones, radios or beepers during class. All such devices must be turned off during class and replies to calls must be made during official breaks.

Engaging in these behaviors or in any behavior deemed disruptive or inappropriate by the trainer may result in an immediate conference with the trainer, notification to the trainee's immediate supervisor, administrator or director, or expulsion from class. The trainer will confer with the appropriate authority prior to expelling a trainee from class.

Trainees are expected to dress in accordance with Personal Appearance During Work Hours per section IV of the DHR Employee Handbook as follows:

While the Department does not specify a Department-wide dress code, employees are expected to be clean and neat in appearance during work hours. As representatives of the State, employees should present a business-like professional image. Dress code policies may be established by DHR organizational units. In certain types of jobs, employees may be required to wear uniforms.

DHR organizations units may designate specific days as "casual days". Dress on casual days may be less formal, but should always be clean, neat and suitable for the work place.

If lettered or illustrated clothing is worn, it should not promote a particular political, moral, religious, personal or other opinion. Clothing which is obscene, vulgar, offensive or inflammatory is prohibited. Employees may be required to change inappropriate dress or instructed not to wear the same or similar clothing in the future. Employees who do not comply with established dress code standards may be subject to disciplinary action, up to and including separation.

Trainees are encouraged to review the DHR Employees Handbook at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Publications/index.html>

In addition to adhering to the Classroom Standards and Expectations, the following attendance policies apply to all staff while engaged in any training:

Trainees are expected to arrive on time and adhere to the time allotted for breaks and lunch. If an emergency arises that warrants arriving late or leaving early, the trainee must address the emergency with the trainer in concert with approval from the supervisor.

Annual leave should not be requested and cannot be approved during training. Any exceptions must be discussed with the appropriate authority prior to training. The only acceptable excuses for being absent from classroom training are the following:

Sick leave (e.g. emergency illness or medical appointments for acute illnesses). In the case of sick leave, trainees must notify their immediate supervisor in the county office as soon as possible to report their absence from classroom training.

OR

Court leave (e.g. subpoena to court, unexcused jury duty). In the case of court leave, trainees must obtain prior approval from their immediate supervisor in the county office as soon as possible in order to be absent from classroom training.

The county supervisor or administrator is the only employee who can approve a trainee's leave request. For Centralized Hire trainees, the administrative supervisor is the only employee authorized to approve a trainee's leave request. The trainer/facilitator **will NOT** approve any leave.

The county supervisor must notify the appropriate authority as soon as possible that a trainee will be absent from class due to sick or court leave. The appropriate authority will notify the trainer of the absence.

Trainees absent from class due to approved sick or court leave may be required to make up all or part of the course depending on the length of the absence and the length of the course. This may affect time frames for their completion of training. The appropriate authority will determine with the trainer whether a trainee will continue a course, after consultation with the trainee's supervisor.

For the purposes of determining expulsion from a class, notification regarding leave or continuation in a class, the appropriate contact via an e-mail is:

- For attendance at any Office of Financial Independence training e-mail: OFItraining@dhr.state.ga.us
- For attendance at any Social Services training e-mail: SStraining@dhr.state.ga.us

I _____ have read and understand the Classroom Standards, Expectations and Attendance Policy for DFCS training programs.

Signature _____ Date _____

Department of Family and Children Services Training Trainer Feedback Form

Course Name:
Trainer's Name:
Trainer's Name:
Participant's Name:

Dates of Training:
Training Location:
County:
Supervisor's Name:

Mark the box that indicates to what extent you agree with the statement. Please respond to all items.

The Trainee:	Agree Strongly	Agree	Disagree	Disagree Strongly	Comments
Arrived to class on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brought required manual/materials to class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintained focus and attention in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was courteous and non-disruptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participated in group/class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Worked productively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completed classroom activities and assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrated openness to new information/ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrated basic ability to use and correctly complete forms for this subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COMMENTS (Strengths/Areas for Improvement):

Access to Georgia SHINES Information

Logon to Georgia SHINES

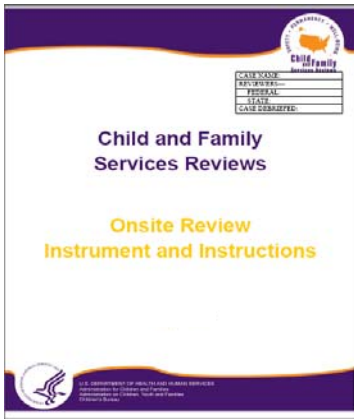


* User Name:

* Password:

Logon As (UserID):

- Case Manager
- Supervisor
- Financial Specialist
- Resource Developer
- Eligibility Specialist
- Regional MES Program Assistant
- County Administrator



What is CFSR?

The 1994 Amendments to the Social Security Act (SSA) authorized the U.S. Department of Health and Human Services (DHHS) to review State child and family service programs to ensure conformance with the requirements in Titles IV-B and IV-E of the SSA. Traditionally, reviews have focused primarily on assessing state agencies' compliance with procedural requirements rather than on the results of services and states' capacity to create positive outcomes for children and families. The DHHS published a final rule in the Federal Register to establish a new approach to monitoring state child welfare programs. Under the rule, which became effective March 25, 2000, states are assessed for substantial conformity with certain federal requirements for child protective, foster care, adoption, family preservation and family support, and independent living services. The Children's Bureau, part of DHHS, administers the review system.

Purpose of the CFSR

The goal of the review is to help states improve child welfare services and achieve outcomes for families and children in the areas of safety, permanency and wellbeing. The Federal Standard to Substantially Achieve for each outcome is 95% or better.

Are there consequences?

- \$4.2 million in penalties from the 2001 PIP
- Families continue to be at risk
- Decrease in services available and frontline positions
- Elevated caseloads
- Children's permanency continues to be delayed

The Federal Standard to Substantially Achieve for each outcome is 95% or better

Median & Range for the Percentage of Cases Rated as Having Substantially Achieved a CFSR Outcome					
Outcome	Median Percentage of Cases Rated as Substantially Achieved Across States 2001-2004	Range of Percentage of Cases Rated as Substantially Achieved Across States 2001-2004	Georgia Percentage of Cases – Substantially Achieved – 2001	Georgia PRELIMINARY Percentage of Cases – Substantially Achieved - 2007	
Safety Outcome 1: Children are first and foremost, protected from abuse and neglect	85.8	62.0-100	90	72	↓
Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate	80.8	48.0-93.5	77.5	67	↓
Permanency Outcome 1: Children have permanency and stability in their living situations	50.9	7.1-92.0	71.42	38	↓
Permanency Outcome 2: The continuity of family relationships and connections is preserved	77.3	37.9-94.3	75	44	↓
Well-Being Outcome 1: Families have enhanced capacity to provide for children's needs	60.0	18.0-86.0	72	35	↓
Well-Being Outcome 2: Children received services to meet their educational needs	83.0	64.7-100	75.7	78	↑
Well-Being Outcome 3: Children receive services to meet their physical and mental health needs	69.9	51.2-92.1	63.2	68	↑

Child and Family Services Reviews

Performances Items and Outcomes

Safety Outcome 1	Children are, first and foremost, protected from abuse and neglect.
Performance Item 1	Timeliness of initiating investigations of reports of child maltreatment.
Performance Item 2	Repeat maltreatment
Safety Outcome 2	Children are safely maintained in their homes whenever possible and appropriated.
Performance Item 3	Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care
Performance Item 4	Risk assessment and safety management
Permanency Outcome 1	Children have permanency and stability in their living situations.
Performance Item 5	Foster care re-entries
Performance Item 6	Stability of foster care placement
Performance Item 7	Permanency goal for child
Performance Item 8	Reunification, guardianship, or permanent placement with relatives
Performance Item 9	Adoption
Performance Item 10	Other planned permanent living arrangements
Permanency Outcome 2	The continuity of family relationships and connections is preserved for children.
Performance Item 11	Proximity of foster care placement
Performance Item 12	Placement with siblings
Performance Item 13	Visiting with parents and siblings in foster care
Performance Item 14	Preserving connections
Performance Item 15	Relative placement
Performance Item 16	Relationship with child in care with parents
Well-Being Outcome 1	Families have enhanced capacity to provide for their children's needs.

Performance Item 17	Needs and services of child, parents, and foster parents
Performance Item 18	Child and family involvement in case planning
Performance Item 19	Case Manager visits with child
Performance Item 20	Case Manager visits with parents
Well-Being Outcome 2	Children receive appropriate services to meet their educational needs.
Performance Item 21	Educational needs of the child.
Well-Being Outcome 3	Children receive adequate services to meet their physical and mental health needs.
Performance Item 22	Physical health of the child
Performance Item 23	Mental/behavioral health of the child

You may use this worksheet to record the answers to the questions as they are discussed. This is not a mandatory worksheet but it may help with your review for the test at the end of this course.

Online Training Review

1. What is the mission of Foster Care?

2. What are the goals of foster care?

3. Define permanency.

4. Seven major task associated with permanency.

Responsibilities Matching

Use your pen to move each phrase under the correct heading. If it is a joint responsibility place it under the together column.

Parents

Together

Permanency Promoter

Inform the county department about major life changes

Arrange regular visits between the parent and child at places and times agreed upon with the parent

Return the child to the parent when the risk factors which made foster care placement necessary are sufficiently resolved for the child to be safe

Share information with the parent about the child's experiences during placement

Assist the parent in planning for the child by having regularly scheduled meetings

Inform the parent of any major illnesses of the child

Participate in developing the case plan

Alleviating the risk factors which necessitated foster care placement

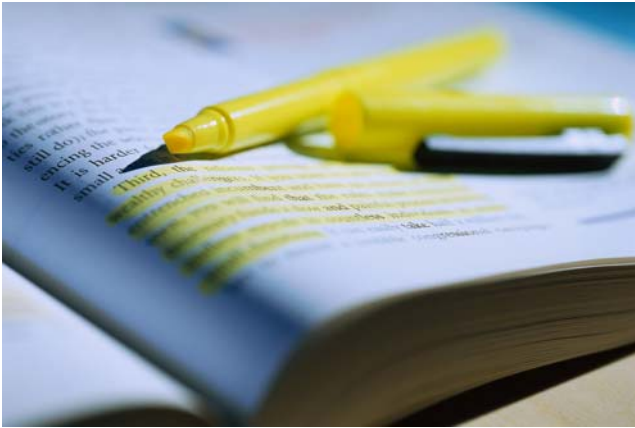
Assist the parent in understanding the seriousness of foster care placement and the child's need for a permanency decision to be finalized within 12 months.

Visit the child with regularity

Enter and update the information needed for data management to assure effective tracking of all children in foster care

Participate actively in planning for the child by attending court hearings, periodic reviews and meetings with county department staff

Pay child support on behalf of their child in care



MODULE TWO LEGAL BASIS OF FOSTER CARE

The Case Managers will be able to:

Section A: Federal Laws

- Explain the primary focus of the Adoption and Safe Families Act and the Adoption Assistance and Child Welfare Act.
- Relate the CFSR to the ASFA.

Section B: Permanency Options

- Explain the different Permanency Options and list in order of preference.
- Select the appropriate Permanency Option for a given scenario
- Explain the four Voluntary Placement Authorities and give an example of each.

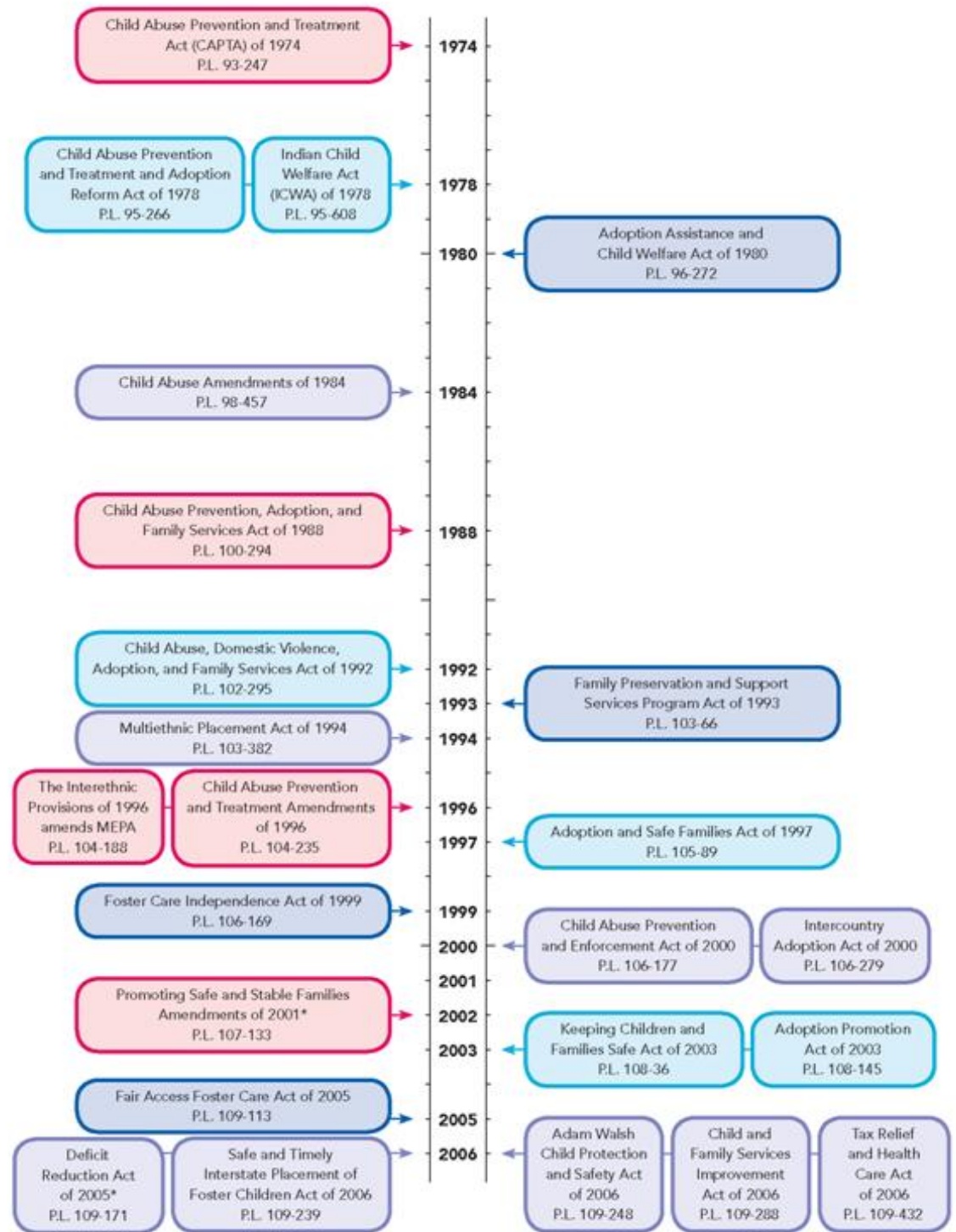
Section C: Placement Authority

- Explain the three Court Ordered Placement Authorities and give an example of each.
- Explain the Non-court Ordered Placement Authority and give an example of each

Section D: Juvenile Court Process

- Explain the process by which children enter the Foster Care system through Juvenile Court.
- Select the appropriate type of Juvenile Court hearing given a case scenario,
- List and explain the seven types of Juvenile Court hearing.

FOSTER CARE POLICY 1001.3 LEGAL BASIS



25 Things

A Permanent Connection Can Mean

- 1. LIFELONG RELATIONSHIP**
- 2. FAMILY**
- 3. FRIENDSHIP**
- 4. UNCONDITIONAL LOVE**
- 5. ONGOING SUPPORT**
- 6. EXTENDED FAMILY-LIKE RELATIONSHIP**
- 7. KNOWING THAT SOMEONE CARES**
- 8. CONTINUITY**
- 9. SOMEONE TO GO HOME TO**
- 10. SHARING LIFE'S UPS AND DOWNS**
- 11. SOMEONE TO CALL ON IN TIMES OF CRISIS**
- 12. SOMEONE TO CALL 'JUST BECAUSE'**
- 13. BEING THERE**
- 14. DEFINING FAMILY TOGETHER**
- 15. SHARING HOLIDAYS**
- 16. CELEBRATING SPECIAL TIMES TOGETHER**
- 17. SOMEONE TO CHECK-IN WITH REGULARLY**
- 18. SHARED HISTORY**
- 19. ASSISTANCE AROUND MAJOR DECISIONS**
- 20. GROWING AND CHANGING TOGETHER**
- 21. BEING ACCEPTED NO MATTER WHAT**
- 22. SOMEONE TO TRUST**
- 23. HAVING SOMEONE TO STAND BY YOU**
- 24. KNOWING SOMEONE IS PROUD OF YOUR ACCOMPLISHMENTS**
- 25. KNOWING THAT YOU ARE NOT ALONE**

FACTORS THAT PROMOTE PERMANENCY OUTCOMES CHART A

RETURN HOME	ADOPTION	GUARDIANSHIP	ANOTHER PLANNED LIVING ARRANGEMENT
Younger Age	Younger Age		Older Age at Entry
Substance Recovery	Substance Exposed	Substantial Risk of Harm	
Shorter Length of Stay	Longer Length of Stay	Longer Length of Stay	Longer Length of Stay
No previous Reports	Fewer Founded Reports		
	Fewer Placements	Fewer Placements	
Parents want child returned		Home of Relative PREFERRED	

FACTORS THAT PROMOTE PERMANENCY OUTCOMES CHART B

Reunification	Adoption	Guardianship	Permanent Placement with Fit and willing relative	Another planned living arrangement
Younger Age	Younger Age		Older Age at Entry	Older Age at Entry
Shorter Length of Stay	Longer Length of Stay	Shorter Length of Stay	Shorter Length of Stay	Longer Length of Stay
No/fewer founded reports	Previous Founded Reports	Previous Founded Reports	Previous Founded Reports	Previous Founded Reports
Parents/child desire reunification	Parents unable/unwilling to care for child	Parents unable/unwilling to care for child	Parents unable/unwilling to care for child	Parents unable/unwilling to care for child
Adjustments made to resolve removal issues	No adjustments made or not made within 12 months	No adjustments made or not made within 12 months	Court ordered non reunification	Court ordered non reunification
Parents have support	No viable family support found		No viable family support found	No viable family support found

Permanency Options Worksheet

- 1. A former foster child gives birth to a sibling group of 3 in the course of 3 years. She left care as a runaway and then aged out. She has never established permanent employment or housing. She has not completed her case plan. The oldest child has been in care all of his life. The last child has been in care for 6 months. There are no relative homes that passed the evaluations. Mom has some diagnosed mental disabilities that she refuses to accept or receive treatment for. The children are currently placed in a foster/adopt home together.**

Best Permanency Option:

- 2. At the age of 15 a child was brought into care who had been adopted from a another state. No previous information could be located to help with searching for biological relatives. Her adoptive parents were no longer able to meet her mental health needs. She has become violent towards her adoptive mother and her adoptive brother. Her adoptive parents has expended all their medical resources providing mental health care. She has become a chronic runaway. She has been picked up by the police numerous times for prostitution. She stated to the case manager that she made more money in one night than she did all month long. The parents made no effort to work the case plan or to visit with her. In the home of one of her foster parents, she stopped running away. She began to attend school regularly and she took her prescribed medication. She requested to remain in the home of this foster parent. The foster parent expressed the desire to have her stay. At the last court hearing the case manager informed the court of her wishes and a non reunification order was granted.**

Best Permanency Option:

- 3. Mom left her 8 year old special needs child in a hot car and the child died. Mom is stood trial for her negligence and was placed on probation. A year after the incident mom gives birth to another child which is taken into custody at birth pending the outcome of the trail. Mom began immediately working her case plan and has met all the goals of the plan except has been unable to find a job due to her past history. The father's whereabouts are unknown. Mom wants her child returned to her. Maternal grandmother lives in another state but is willing to take the child into her home permanently but does not want to legally adopt the child citing she feels this would not be fair to her daughter.**

Best Permanency Option:

4. An 3 year old whose biological mother was arrested for DUI was placed in custody overnight. The biological father is on active duty in the military currently serving in Iraq. He cannot get home for at least 10 days. There are no previous reports of abuse in the system. The mother admitted herself in a drug and alcohol treatment center on the day of her release. The maternal and paternal grandparents have also made contact regarding the child but they both live out of state and are unable to travel due to their advanced age and some health issues.

Best Permanency Option:

5. A 16 year old has been in and out of care since she was 9 years old. Her older brother aged out and is not incarcerated. Her younger brother is in a group home setting. Her mom works on her case plan sporadically but never keeps in contact with the agency or the children. At the last court hearing a non reunification order was granted. Her maternal grandmother is in poor health. Her father's identity is unknown. The child continually runs away and usually ends up at the home of a former friend of her mother. The friend has know the child since she was 8 and while the child is in care has provided for her needs and visits with her regularly.

Best Permanency Option:

SO HOW CAN I INFLUENCE THIS CFSR OUTCOME AS A WORKER?

PERFORMANCE ITEM 7: PERMANENCY GOAL FOR CHILD GOAL

- To determine whether appropriate permanency goals were established for the child in a timely manner.
- Thoroughly document **concurrent** planning with parent and child as well as the basis for the chosen concurrent plan.
- On a regular basis discuss with parent and child progress made toward achieving their goals and any changes which may result based on their progress or lack of progress
- Clearly document age appropriate children's involvement and desires regarding their permanency plan.
- Clearly document purposeful contact with parents regarding the permanency outcomes for their children and actions required to influence those goals
- Reunification is not always a guarantee for the first 12 months. If case actions warrant document their basis and pursue other permanency options as soon as they become available

Placement Authority

Voluntary Agreements:

- Voluntary Consent to Place Child in Foster Care
- Consent to Remain in Care
- Voluntary surrender of parental rights;
- Request for short-term emergency care



Court Order:

- Juvenile Court
 - Temporary Custody
 - Termination of Parental Rights
- Superior Court

ASFA Grounds for Termination

Child Case Plan Topics

ASFA Regs

Last Update

If any of the following conditions exist, this is a red flag case. Please contact your SAAG.

Indicate if any of the following conditions exist:

- Parent has aided or abetted, attempted, conspired, or solicited the murder or voluntary manslaughter of another child of the parent
- Parent has committed felony assault resulting in serious bodily injury to the child or another child of the parent
- Child has been in foster care for 15 of the most recent 22 months
- Parent has committed murder or voluntary manslaughter of another child of the parent
- Child is an abandoned infant as set forth in O.C.G.A. Section 15-11-81(b)

If any of the above were indicated Georgia law requires that DFCS file a petition to terminate parental rights unless:

- A compelling reason is documented why termination of parental rights is not on the child's best interest
- DFCS has not provided services necessary for the child's safe return home within the time frames specified in the case plan, those cases where reasonable efforts must be made
- A relative is caring for the child

A child may be considered “deprived”

- 1. When the child is without proper parental care or control**
- 2. When the child has been placed for care or adoption in violation of the law;**
- 3. When the child has been abandoned by his parents or other legal custodian; or**
- 4. When the child is without a parent, guardian or custodian.**

Foster Care 1002



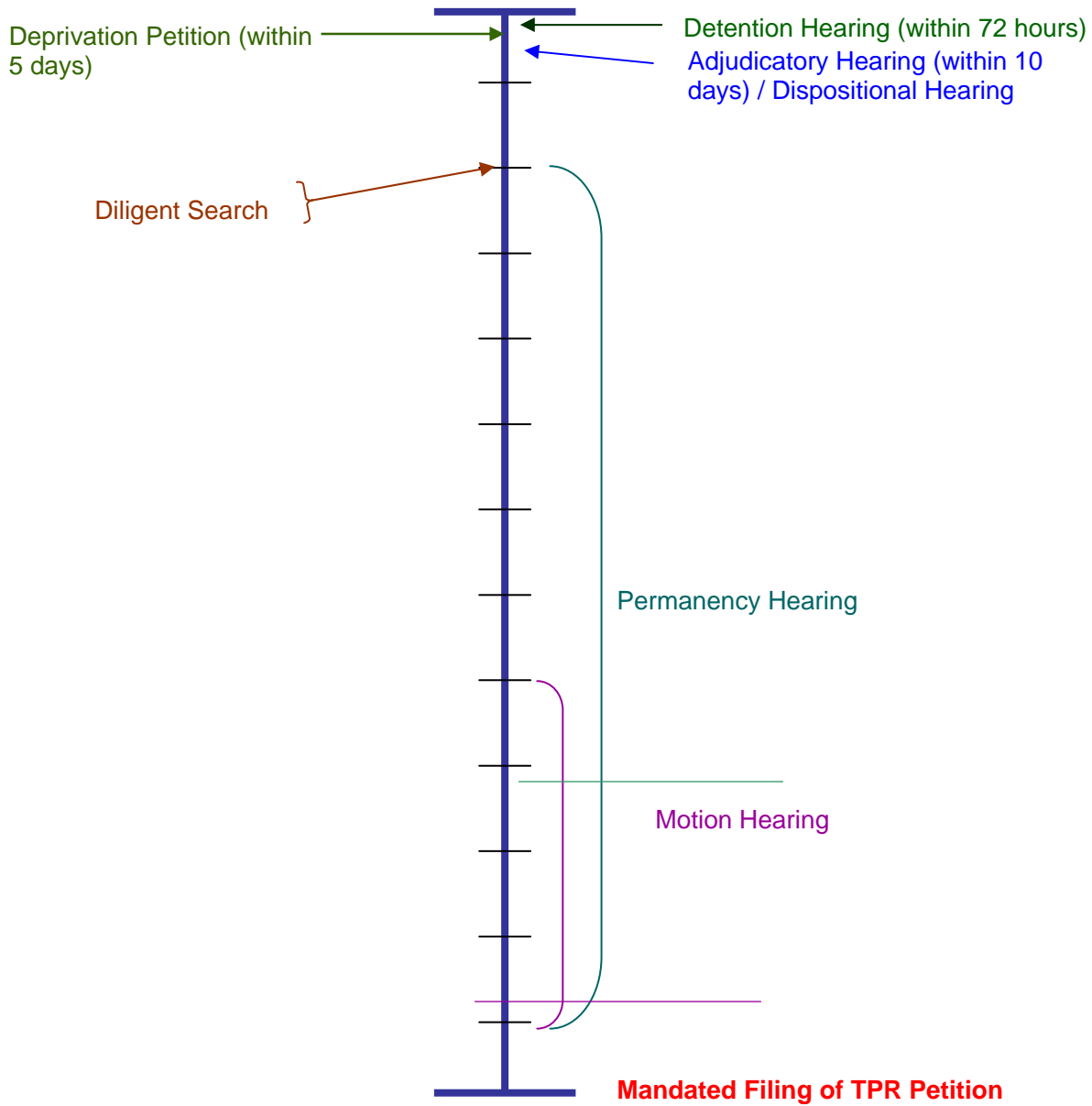
PLACEMENT AUTHORITY Foster Care 1002

JUVENILE COURT PROCESS

Action	How Accomplished (Process)	Outcome
Child removed from home for his safety and protection and is placed in care	<ul style="list-style-type: none"> DFCS files a deprivation complaint or petition; or Court issues an ex parte order or other such order granting authority; or Law enforcement or officer of the court removes and obtains approval from the court or a designated intake officer authorizing DFCS to take placement responsibility; or A verbal order is issued by a juvenile court judge (only if followed by a written order which is obtained the first work day after the issuance of a verbal order). 	Child considered in protective custody until an informal detention hearing within 72 hours is held. A written order signed by the judge (or designated court personnel) should be obtained for the case record as the documented legal authority to hold a child.
72-Hour Hearing (Detention Hearing)	<ul style="list-style-type: none"> Scheduled as a result of the filing of a deprivation complaint or petition. Purpose is to allow the court to determine whether there is probable cause to believe that the allegations of the complaint are true. 	<p>If probable cause found, the judge may order that the child remains in shelter care. A petition must be presented to the court within five calendar days of the 72-hour hearing. The order issued as a result of the 72-hour hearing must contain <i>the “contrary to the welfare of the child”</i> * or <i>“placement is in the best interest of the child.”</i> * Additionally, any order issued up to 60 days from removal must contain the <i>“reasonable efforts to prevent removal”</i> * finding. See Appendix E for “Model Order for Shelter Care.”</p> <p style="text-align: right;"><i>* IV-E requirement</i></p>
Adjudicatory (10-Day) Hearing	<ul style="list-style-type: none"> Held within ten calendar days (unless continued by the court) of filing the deprivation petition. Purpose is to determine whether the allegations in the petition are true and if the child is “deprived” for purposes of the Juvenile Court Code. A dispositional hearing may be held immediately following the adjudicatory hearing or continued until another date. 	<p>After hearing the evidence, the court will make and file findings regarding the child’s deprivation, including whether such deprivation is found as a result of alcohol or other drug abuse. Such findings become the basis of the initial Case Plan for Reunification. Judicial determination may be made at this time (or in a later order) as to whether DFCS is making <i>“reasonable efforts to preserve and reunify families.”</i></p>

Action	How Accomplished (Process)	Outcome
Dispositional Hearing	<ul style="list-style-type: none"> • Purpose is to determine what actions and recommendations are in the best interest of the child now that he/she has been found "deprived." • If available, DFCS should share the results of the Comprehensive Assessment with the court to assist decision-making re: the placement and needed service activities. • The initial Case Plan may be incorporated into the dispositional order of the court (or in a later supplemental order). 	<p>The possible dispositional alternatives are:</p> <ul style="list-style-type: none"> -Permit the child to remain with parent or other custodian, possibly with supervision; -Transfer temporary legal custody to DFCS, another agency or any individual (including a putative father) who has been studied and approved for the care of the child.
Motion Hearing (Extension of Custody)	<ul style="list-style-type: none"> • Held within 12 months from the date the child is removed from the home for purposes of extending custody. It is recommended that DFCS files for a motion hearing within 90 to 120 days of the expiration of the temporary custody order. A permanency hearing may be held at the time of the extension hearing. 	<p>If granted, this single extension of custody is for a period not to exceed 12 months.</p>
(Case Plan) Review Hearing	<ul style="list-style-type: none"> • Held if the parent disagrees with Case Plan and exercises his/her right to request a hearing before the court within 5 days of receipt of the Plan. 	<p>Upon reviewing the Case Plan and hearing evidence, the court may issue a supplemental order to incorporate any changes/revisions.</p>
Permanency Hearing	<ul style="list-style-type: none"> • Held whenever a Non-Reunification Case Plan is submitted to the court, then a hearing shall be scheduled within 30 days from the filing of the Plan; or held within 12 months of removal of the child (whichever comes first) to determine the permanency plan and set the future course of the case. • Thereafter, held every 12 months as long as the child remains in care. (Can be held in conjunction with the Motion Hearing to extend custody.) 	<p>A permanency plan finding is made as well as a judicial determination to the effect that "reasonable efforts to finalize the permanency plan."** Other findings, if applicable, are made with respect to the child in out-of-state placement or for the youth age 14 and over. An order is entered (usually within 30 days of the permanency hearing documenting the court's findings).</p> <p>*IV-E requirement</p>
Review Hearings	<ul style="list-style-type: none"> • May be held at any time by the court to determine the continued appropriateness of the Case Plan goals / services and the progress to date; overall case outcome for permanency is the focus. 	<p>At the time of every review, DFCS will be expected to indicate whether and when the agency intends to file a petition for termination of parental rights. A supplemental order may be entered if there are Case Plan revisions.</p>

Critical Dates



MODULE 2 LEGAL BASIS FOR FOSTER CARE REVIEW

QUESTION	ANSWER
Name the federal law that defined the national child welfare goals as safety, permanency and well-being	
Name the federal law that established the periodic case reviews and required the agency to make “reasonable efforts” to facilitate reunification.	
Define a Permanency Option	
List in order of preference the five Permanency Options	
Name the four voluntary placement authorities and define the duration for each.	
Name the three court ordered placement authorities and define the duration for each.	
List the seven different Juvenile Court types and the purpose of each.	



Module 3 Funding Sources, IV- E & Medicaid

Learning Objectives:

At the completion of this module the Case Managers will be able to:

Section A – Funding Sources

- Explain the funding sources: Initial, IV-E, IV-B, SSI and Medicaid
- Indicate the correct funding source using the UAS codes

Section B – IV-E Application Process

- Process applications for Medicaid, IV-E and Level of Care

Section C - Medicaid

- Process applications for Medicaid

Key Federal Child Welfare Funding Sources

Funding Source	Eligible Population	Eligible Services	Funding Level
Title IV-B			
Subpart 1 (Child Welfare Services)	No eligibility criteria.	Services to prevent abuse and neglect, reduce foster care placements, reunite families, arrange adoption, and ensure adequate foster care.	Nonentitlement capped at \$292 million in 2002. States are required to provide a 25% non-Federal match. Expenditures in 2002 totaled \$265 million.
Subpart 2 (Promoting Safe and Stable Families)	No eligibility criteria.	Services to support families and avert foster care and time-limited services to reunify families and promote adoption.	State entitlement capped at \$375 million in 2002. States are required to provide a 25% non-Federal match. Expenditures in 2002 totaled \$283 million.
Title IV-E Foster Care			
Maintenance Payments	Certain Aid to Families with Dependent Children (AFDC)-eligible children. ^a	Payments to foster care providers to cover a child's basic maintenance, including food, shelter, and parental visits. Funds may not be used for direct services.	Open-ended entitlement with Federal match equal to State Medicaid matching rate. Expenditures in 2002 totaled \$1.7 billion.
Administration	Expenses associated with title IV-E-eligible children in foster care and proportional administrative expenses for the ongoing protective services population.	Placement services, case management, eligibility determinations, licensing, foster care recruitment, and other administrative activities.	Open-ended entitlement with 50% Federal match. Expenditures in 2002 totaled \$1.7 billion.
Training	Cost of training proportional to children eligible for title IV-E.	Training of agency staff and foster parents.	Open-ended entitlement with 75% Federal match. Expenditures in 2002 totaled \$154 million.
Title IV-E Adoption Assistance			
Adoption Payments	Children with special needs who are eligible for AFDC or Supplemental Security Income (SSI).	Payments to adoptive parents—not to exceed comparable foster care amounts—to cover basic maintenance costs, including food, shelter, daily supervision, school supplies, insurance, and incidentals.	Open-ended entitlement with Federal match equal to State Medicaid matching rate. Expenditures in 2002 totaled \$978 million.
Administration	Expenses associated with children eligible for title IV-E adoption assistance.	Child placement and other administrative activities.	Open-ended entitlement with 50% Federal match. Expenditures in 2002 totaled \$239 million.
Training	Cost of training proportional	Training of agency staff and	Open-ended entitlement with

Funding Source	Eligible Population	Eligible Services	Funding Level
	to children eligible for title IV-E.	adoptive parents.	75% Federal match. Expenditures in 2002 totaled \$39 million.
Nonrecurring Expenses	Children with special needs.	Reasonable and necessary adoption fees, court costs, attorney fees, and related expenses.	Open-ended entitlement with 50% Federal match up to \$2,000 per placement. Expenditures are included in adoption payments above.
Title IV-E Chafee Foster Care Independence Program			
	Youth (no minimum age) who are likely to remain in care until age 18 and youth ages 18 to 21 who aged out of foster care.	Services include basic living skills training, education, employment initiatives, substance abuse prevention, and preventive health activities. No more than 30% of the funds may be used for housing for youth ages 18 to 20.	A State entitlement capped at \$140 million in 2002. States are required to provide a 20% non-Federal match. Expenditures in 2002 totaled \$132 million.
Title IV-E Statewide Automated Child Welfare Information System (SACWIS)			
	Not applicable.	Funds support State efforts to develop automated child welfare information systems, including costs associated with planning, design, development, and installation.	Open-ended entitlement with ongoing operational costs matched at 50%. Expenditures in 2002 totaled \$130 million.
Temporary Assistance for Needy Families (TANF)			
	Needy families with children (as defined by the State). For those services that meet one of the last two purposes of the program, there is no requirement that families be needy.	Child welfare-related services must meet one of the four purposes of the program <i>or</i> have been in the State's AFDC plan on September 30, 1995, or August 21, 1996.	A State entitlement (no individual entitlements) capped at \$16.5 billion through 2002. No required State match, but States must spend 75% of what they spent in 1994. Expenditures in 2002 for child welfare services totaled \$2.7 billion (including transfers to SSBG).
Social Services Block Grant (SSBG)			
	Varies by State.	States are given wide discretion in using funds for direct social services, as well as administration, training, and case management.	Of the \$1.7 billion that was appropriated in 2002, approximately \$875 million (excluding TANF transfers) was spent on child welfare services.
Medicaid			

Funding Source	Eligible Population	Eligible Services	Funding Level
	Varies by State. Title IV-E-eligible children are categorically eligible. Non-title IV-E-eligible foster and adopted children are eligible at State option. At State option, eligibility may be extended to former foster youth ages 18 to 21.	For child welfare purposes, targeted case management and rehabilitative services.	Open-ended entitlement with a variable Federal matching rate inversely related to a State's per capita income; can range from 50 to 83%. Expenditures in 2002 for child welfare clients totaled \$1.1 billion.
Supplemental Security Income (SSI)			
	Low-income children and adults who are 65 and over, blind, or disabled.	Payments are to cover food, clothing, and shelter, and some nonmedical, disability-related costs.	Federally funded program with no required State match. Expenditures in 2002 for children in out-of-home placements totaled \$72 million.

Source: Expenditure data from the 2003 Urban Institute Child Welfare Survey.

^a Under welfare reform, eligibility for Title IV-E is based on 1996 AFDC income-eligibility standards.

IV-E ELIGIBILITY

A child shall meet two eligibility requirements for Title IV-E foster care:

1. The child entered care (a) by a voluntary commitment agreement or (b) as the result of a court order with judicial determinations (1) (in the removal order) that it is in the best interest of the child to be removed or that it is contrary to the welfare of the child to remain in the home and (2) (within 60 days of placement) that reasonable efforts to prevent the child's removal from the home were made or were not required. If a removal order is obtained and the child is not removed within 30 days of that order, it is necessary to obtain a new order (not necessarily commitment) authorizing removal of the child from the home which contains both contrary to welfare or best interest language and the reasonable efforts language.
2. The child shall have lived with a parent or other specified relative within six months prior to the month of removal and shall have had a relationship to the AFDC program (per State AFDC rules as in force on July 16, 1996) in the month the agency worker signed the petition which led to the child's removal from the home, or during the month the voluntary commitment was signed by the parent(s).

Title IV-E eligibility starts on the date the child is removed, when all other eligibility factors are present, or the month the voluntary commitment was signed. There are only two instances where a child in continuous care shall lose eligibility for IV-E:

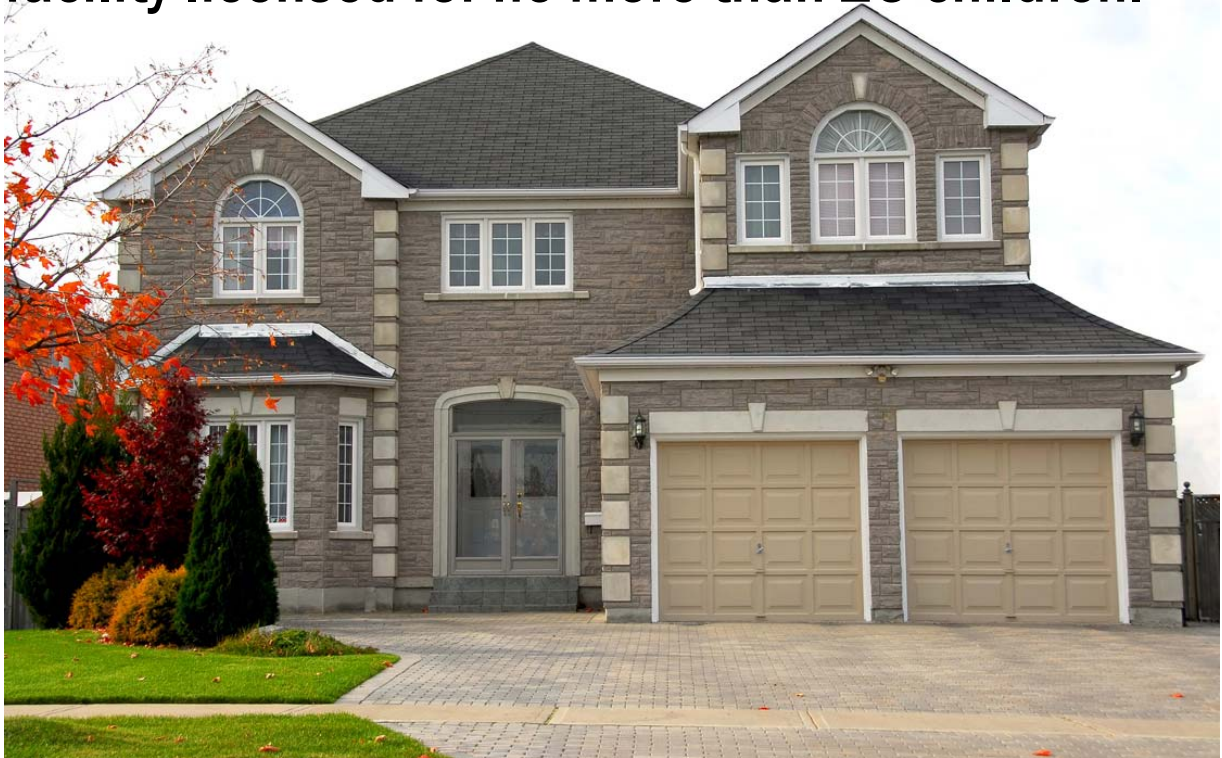
1. When the child reaches the age limit for the program; or,
2. When the child came into care as the result of a voluntary commitment agreement and the Cabinet fails to acquire a court order with best interest granting custody of the child to the Cabinet within 180 days of the date of the agreement.

Social Service Worker responsibilities are:

1. Assisting the MES in determining eligibility.
2. Notifying the MES on the day the agency assumes legal responsibility for the supervision and care of the child.
3. Within ten working days submit the IV-E Application via GA SHINES, all petitions and court orders relating to custody and/or child support, and various other documents relating to the child's legal and placement status.
4. Notifying the MES of all changes in placement status, custody status and AFDC relatedness.

Approved * IV-E reimbursable placements

- A licensed or approved relative foster home;
- A licensed or approved foster family home;
- A private, non-profit or for profit group home or child care facility licensed by the state (including most MATCH placements); and
- A public child care group home or child care facility licensed for no more than 25 children.



Placement

Module 4a

Learning Objectives:

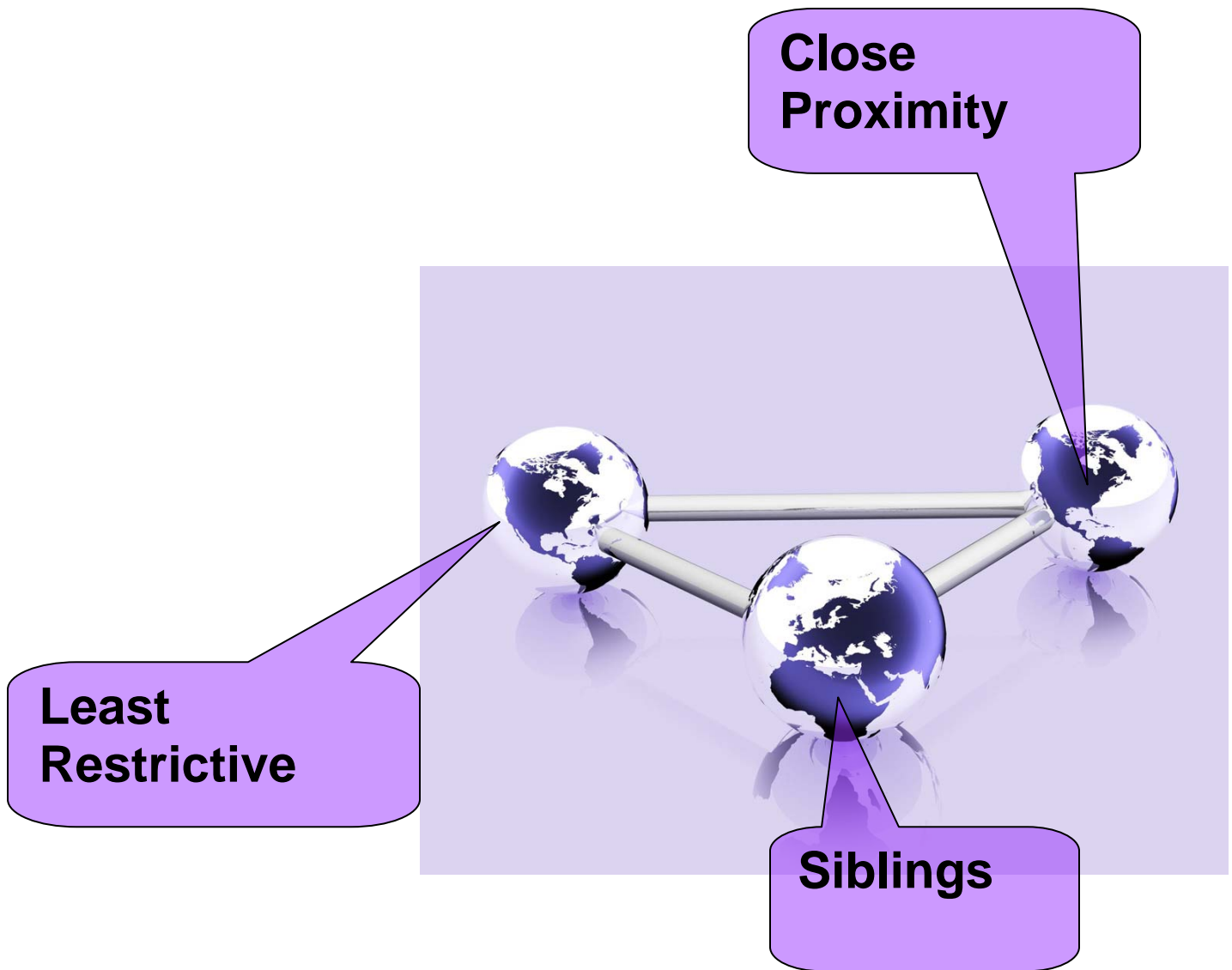
At the completion of this module Case Managers will be able to:

- Locate specific policy in the Social Services Foster Care section regarding Placement Resources and Payment of services
- Explain how the CFSR Performance Items 11, 12 and 14 support the selection of a child's out-of-home placement
- Explain what placement considerations are made in determining the best interest of the child and family
- Explain what placement considerations are made and documented to maintain the child's connections with his/her family and community
- Explain the three categories of placement types and the subcategories under each
- Explain the four Child Characteristics in determining RBWO: School Adjustment; Performance in Home Environment; Social and Community Activities; and Health and Developmental Factors
- Explain the two components considered when determining the payment type for a child's out-of-home placement



Culhane Notes Page

Maintain Connections



Foster Care 1004

So how can I influence this outcome as a worker?

Performance Item 11: Proximity of foster care placement

- Document efforts to place children within a 50 mile radius of the child's family home.
- Document the basis for children placed outside of that 50 mile radius and note the reasons why this is in the best interest of the child (relative placement, needs of the child, and permanency options)



So how can I influence this outcome as a worker?

Performance Item 14: Preserving connections

- Document efforts made to place the child in their community.
- Document efforts made to keep child in their home school or school system.
- Document efforts to assist children in maintaining their friendships.
- Document efforts to keep children linked to the family's religious affiliation
- Document efforts to maintain family relationships outside of visitation.
- Document efforts to involve parents in school activities, holiday activities, important events in the child's life and in decision making.
- Document efforts to maintain the child in community programs.



If the child is Native American, is there documentation in the case file that the agency took appropriate steps to identify the child's Native American heritage?

Placement Considerations

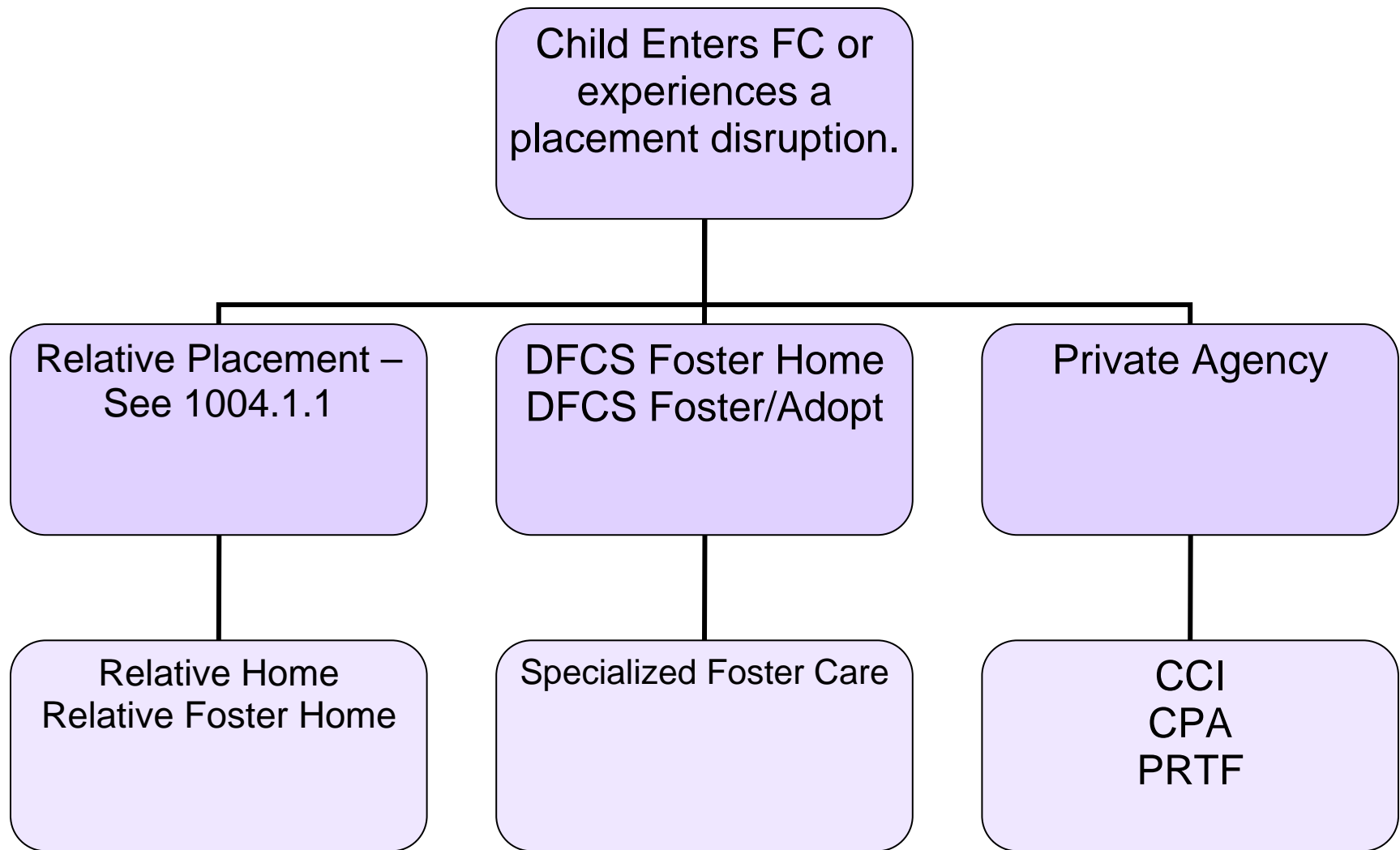
Foster Care 1009

According to policy, what factors should be taken into consideration when making a foster care placement?

What are the needs of the children?

List the order of preference the type of placement resources that should be considered for Ashley

Placement Types



DFCS Foster Home

Determine if specialized Foster Care Per Diem is needed. If an increased in Regular Foster Care Per Diem is needed utilize the existing process.

If Specialized FC Per Diem is needed send a Specialized FC Application packet to: Provider Relations Unit
Attn: Lauren Blanchard
2 PT, Suite 18-407
Atlanta, GA 30303

PRU Representative will communicate with county case management staff directly. A determination letter will be issued by PRU to the County DFCS.

What is Room, Board, & Watchful Oversight (R.B.W.O.)?

R.B.W.O. is the provision of lodging, food, & attentive and responsible care to children.

Providers shall be responsible for the provision or acquisition of services to ensure that each child's physical, social, emotional, educational/vocational, nutritional, spiritual/cultural and permanency needs are met.

Bottom Line

- DFCS is responsible for providing for the child's basic needs**
- MHDDAD is responsible for mental health, developmental disability and addiction service**

LOC Transition

Level Of Care	RBWO
<ul style="list-style-type: none"> ➤ Level 1,2,3 	<ul style="list-style-type: none"> ➤ Watchful Oversight ➤ can be approved on the county level
<ul style="list-style-type: none"> ➤ Level 4,5 	<ul style="list-style-type: none"> ➤ Maximum Watchful Oversight ➤ require pre-approval from the Providers Relations Until
<ul style="list-style-type: none"> ➤ Level 6 	<ul style="list-style-type: none"> ➤ Psychiatric Residential Treatment Facility (PRTF) ➤ require pre-approval from the Providers Relations Until

PRU must be notified of all Placement

Child Characteristics/Difficulty of Care Factors

- ☉ School Adjustment
- ☉ Performance in Home Environment
- ☉ Social and Community Activities
- ☉ Health and Developmental Factors



www.kidstarga.com

with links to:

- The Application Process
- RBWO Child Characteristics
- Approved Provider
- Lists for CCI's & CPA's

Placement Type Match

	Description of Placement		Placement Type
1	Refers to the home of a relative, which meets the same requirements as a regular foster home and to which a foster care per diem reimbursement is made.	A	Child Placing Agency
2	Non-relative foster homes that are approved for the temporary placement of children and youth that can benefit from placement in a family-like setting.	B	Specialized Foster Homes
3	A facility which provides intensive child and adolescent behavioral health services.	C	Foster/Adopt Homes
4	Any child welfare agency which places children in foster homes for temporary care or in prospective adoptive homes for adoption	D	Relative Foster Home
5	Any child-welfare facility which either primarily or incidentally provides full-time room, board and watchful oversight to six or more children through 18 years of age outside of their own homes.	E	Child Caring Institutions
6	Refers to placement in the home of a relative who does not receive a foster care per diem	F	Regular Foster Homes
7	When placing children whose needs require specialized foster care services, consideration is given to the complexity of the child's needs; the level of services required; and the skills, experience and support networks of the foster family.	G	Psychiatric Residential Treatment Facility
8	Relative or non-relative homes that are approved for the foster care placement of a specific child for whom the established goal is adoption.	H	Relative Home

Uniform Accounting System (UAS) Codes

<http://167.193.156.254/FFS/>

Click GA Shines Financial Information

Click Cheat Sheets

Select 2. Services Program and Codes (Relative Subsidy)

Select 8. Foster Care – RBWO Programs and Entitlement Codes

Note other areas:

1. Service Authorization Program and Codes
2. Services Program and Codes (*Relative Subsidies*)
3. Reversed Program and Codes
4. ILP Program and Codes
5. Shines New Provider Request
6. Relative Contract Request Form
7. RBWO Shines SMILE IDs
8. RBWO Programs and Entitlement Codes (*Other payment types*)

Foster Care Per Diem



[Foster Care 1016](#)

DFCS Family Foster Home:

- **Birth-age 5: \$14.60**
- **Age 6-12: \$16.50**
- **13 and over: \$18.80**

Relative Care Reference Guide

Enhance Relative Rate	Relative Care Subsidy	Subsidized Guardianship
<p><u>Prior to an Immediate Placement with Relative:</u> Document relationship by (blood, legitimate, marriage, or adoption) Satisfactory screens in Master index (all sites), Satisfactory local criminal check Relative agrees to: Criminal History check (all HH members 18-older) Home Safety Assessment Discipline policy <u>Enhanced Relative Rate</u> Satisfactory Relative Care Assessment Payment is 80% of the basic family foster care rates Payment begins first month after SSCM authorizes UAS Codes 542</p>	<p>Relative Care Subsidy application and Agreement is signed prior to Juvenile Court transfers/modified temporary custody order from DFCS to the permanent custody of relative until child reaches age 18 and requires a non-reunification order <u>Relative Care Subsidy</u> Relative resources with incomes above \$150,000 are eligible to receive the \$10 per day subsidy. <u>Enhanced Relative Care Subsidy</u> The Enhanced Relative Care Subsidy is effective the first full month after SSCM has authorizes payment Relative families that provide income verification less than \$150,000 per year may be approved to receive ERCS. ERCS is 80% of the current family foster care basic rates, based on the age of the child: Children 0-5 years of age, \$355.25 /mo Children 6-12 years of age, \$401.50/mo Children ages 13 and over, \$457.47/mo</p>	<p>Child must have been in DFCS custody immediately PRIOR to relative acquiring guardianship status A relative family income eligibility limit applies: <u>Subsidized Guardianship \$10.00 subsidy</u> Relative families with incomes above \$150,000 are still eligible to receive the \$10 subsidy. <u>Enhanced Subsidized Guardianship Subsidy supplement</u> Relative families that provide income documentation that family income is under \$150,000 per year to the DFCS SSCM may be approved to receive a subsidy supplement. ESG is at 80% of the current family foster care basic rates, based on the age of the child.</p>

Relative Care Supports

	DFCS Custody		Post DFCS Custody			
Description	Relative Home	Relative Foster Care	Relative Care Subsidy		Subsidized Guardianship	
			RCS 1	RCS2	SGS 1	SGS 2
DFCS Custody	Yes	Yes	No	No	No	No
DFCS Casework reviews/renewals	Ongoing, monthly	Ongoing, monthly	Yearly		Yearly	
Time in Care	Till transfer to another option or permanency		To age 18 or until high school graduation up to age 19			
Biological Parents Per Diem	No	No	No		No	
IV-E Eligible Program	No	Yes	No		No	
New Per Diem	Yes	No	No	Yes	Yes	Yes
Per Diem	80 % of FFC	Family Foster Care; \$14.60, \$16.50, \$18.80	\$10.00	80 % of FFC: \$355.25, \$401.50 and \$457.47 monthly	\$10.00	80 % of FFC: \$355.26, \$401.50 and \$457.46 monthly
Means Test: Child	No	No	\$400 in benefits		\$400 in benefits	
Means Test: Relative	No	No	No	\$150,000	No	\$150,000
Clothing Allowance	Yes, new	Yes	Yes, new		Yes, new	
Child Care, Supp. Supervision	Yes, new, limited funding	Yes	Yes, new, limited funding		Yes, new, limited funding	
Respite Care	No	Yes	No		No	
Medicaid	Yes, eligibility	Yes, eligibility	Yes, eligibility		Yes, eligibility	
Interstate Placement	Yes, new	Yes	Yes, new		Yes, new	
Non-reunification requirement	No	No	Yes		No	
Wrap-Around Services	Yes, new	Yes	Yes, new		Yes, new	

SO HOW CAN I INFLUENCE THIS CFSR OUTCOME AS A WORKER?

PERFORMANCE ITEM 12: PLACEMENT WITH SIBLINGS

- Explain the Sib-Incentive to prospective placement resources
- Document that the placement resource has been offered the Sib-Incentive
- The Sib-I is available only to DFCS regular and relative foster homes
- Document all efforts to originally place siblings together.
- If siblings can not be placed together, document all efforts made to place siblings together.
- If it is inappropriate to place children together document the basis along with obtaining professional support for the separation.



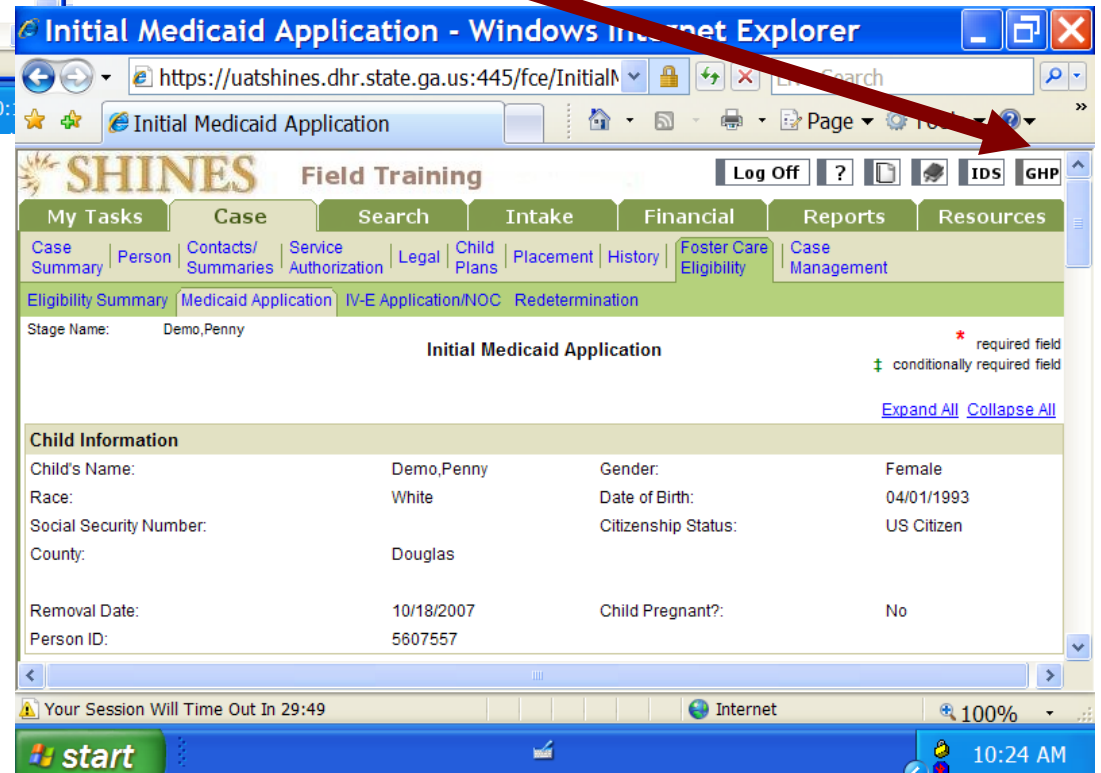
INCREASED FOSTER HOME PER DIEM

A special per diem (or add-on) ranging \$0.50 to \$1.75
Applied to the Basic Service Rate for a child in FFC whose care demands additional time and skills of the foster parent



SPECIALIZED FOSTER CARE PER DIEM

When placing children whose needs require specialized foster care services, consideration is given to the complexity of the child's needs; the level of services required; and the skills, experience and support networks of the foster family.



CLIENT ACCESS TO RECORDS

[Foster Care 1013](#)

The right of a parent to have access to information in the case record is one of the provisions outlined in a Federal consent order signed as a result of the **J.J. v. Ledbetter** class action suit. If any conflict exists between this Manual section and the Federal consent order, the provisions contained in Appendix P shall control.



Placement

Module 4b

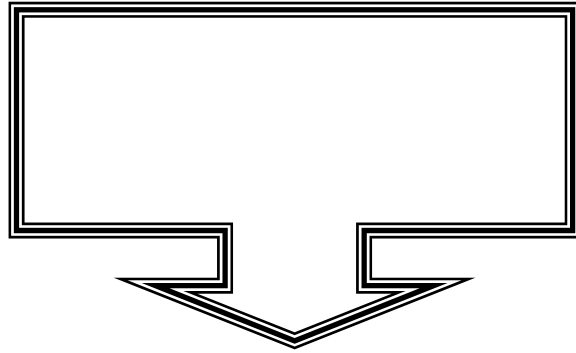
Learning Objectives:

At the completion of this module Case Managers will be able to:

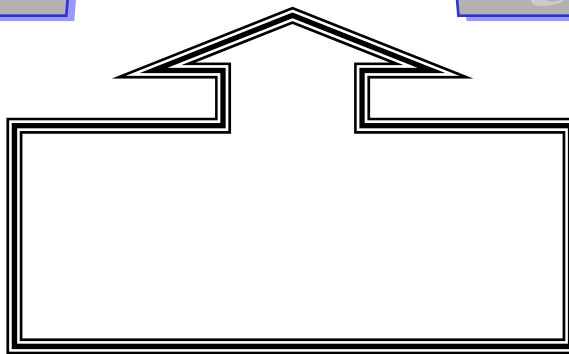
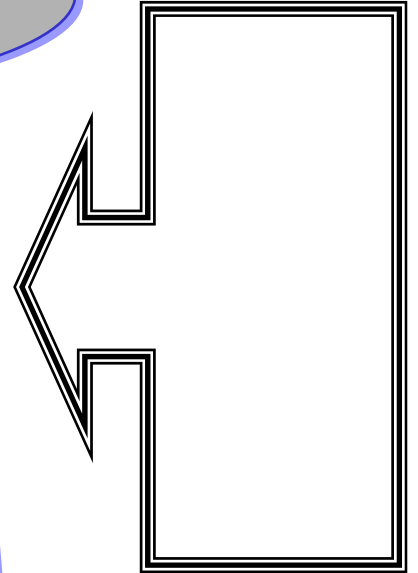
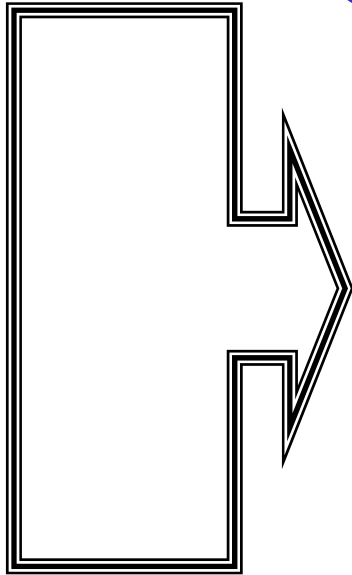
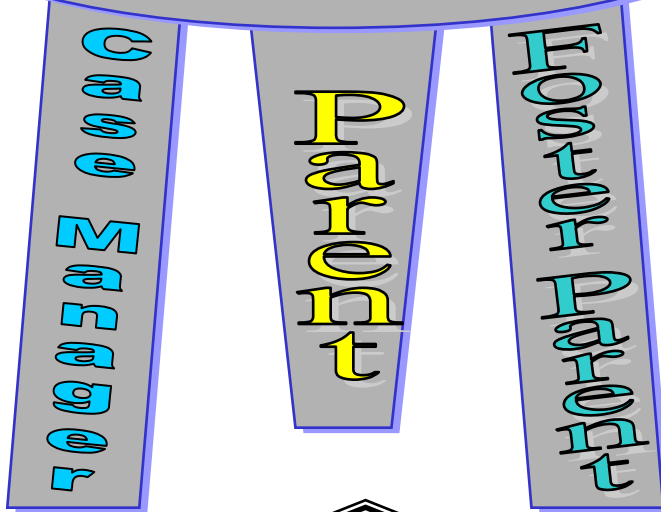
- Locate specific policy in the Social Services Foster Care section regarding Placement Resources and Payment of services
- Explain how the CFSR Performance Items 11, 12 and 14 support the selection of a child's out-of-home placement
- Explain what placement considerations are made in determining the best interest of the child and family
- Explain what placement considerations are made and documented to maintain the child's connections with his/her family and community
- Explain the three categories of placement types and the subcategories under each
- Explain the four Child Characteristics in determining RBWO: School Adjustment; Performance in Home Environment; Social and Community Activities; and Health and Developmental Factors
- Explain the two components considered when determining the payment type for a child's out-of-home placement



TRIAD



Child



Can you help me?



“Imagine if you will that you are 8 years old. The only home you have ever known is with your grandparents. Your grandfather became very ill and you were so afraid he was going to die. Then your grandmother told you, you had to leave the only home your have ever known. Your mother is a stranger to you; you only know she is your Mother. You have never understood why your mother sent you away. Now you are back and she does not seem too happy. You worry about your grandparents. You do not know your grandfather is doing.

You came to live with the person called “Your Mother”. She works all the time. He boyfriend drinks all the time and has been mean to you. He hits you if you drop his beer. Everyone yells all the time. The best time of your day is at school. The kids make fun of you because of your accent, but you are just glad to be at school. Your teacher is nice and soft spoken.

You watched your baby sister get hurt by your Mother’s boyfriend. You sat by her crib and touched her, but there was nothing you could do to comfort her. You were afraid she would die and leave you.

Now you have been told that you can not go home with your Mother. Part of you is OK with that, but part of you wonders what is going to happen now. “

1. How would you imagine Ashley is feeling right now?
2. What does Ashley need from you right now?
3. What can you do to help Ashley feel comfortable in the foster home?

YOU WANT ME TO DO WHAT?

PART ONE

The following telephone call takes place at 1:15 am.

After Hours CM: May I speak with Ms. DeSantiago please.

Foster Mother: This is she.

After Hours CM: Hi Ms. DeSantiago. This is Sandy Wilson with DFCS. I am so sorry to call you at this time. I have a situation and need your help.

Foster Mother: How can I help you?

After Hours CM: I have a seven year old girl that needs your special touch. Her mother was arrested for drugs and had this poor child has been taking care of herself for weeks. You would not believe the condition of the house. I am not sure what this child has been eating. The mother is so strung out and has men in and out of the house. There is no telling what this child has seen or experienced.

Foster Mother: Sure, bring her on. How long will it take you to get here?

After Hours CM: It should take me about 45 minutes. Thank you so much.

Foster Mother: OK, I will see you then.

The following exchange took place at the foster home at 2:08 am.

Door bell rings. Foster Mother answers the door and greets the After Hours CM and child.

After Hours CM: Hello Ms. DeSantiago. This is Marsha Long. Marsha this is Ms. DeSantiago. She is the foster mother I told you about. You are going to stay here with her while we try to work things out with your mother. She will take good care of you. Thank you Ms. DeSantiago. The Foster Care Case Manager will call you in the morning.

Foster Mother: Hello Marsha. Please come in. *To the After hour CM* Do you know who the Foster Care Case Manager will be?

After Hours CM: No, but I am sure someone will call you in the morning. Thank you again. I need to run. Thank you so much.

After hour CM hurriedly says goodbye to Marsha and the Foster Mother and leaves.

Foster Mother: Marsha, are you hungry? Would you like something to eat.

Marsha: Yes.

Foster Mother prepares a night time snack for Marsha and after she has eaten, shows her to her bedroom. Marsha will be sharing the bedroom with the Foster Mother's 9 year old daughter, Lynda.

Next Morning – Foster Mother gets Lynda off to school without waking Marsha. Foster Mother calls DFCS at 8:00 a.m. but was told someone would get back with her.

Marsha wakes at 8:05 am. The following conversation takes place over the breakfast table.

Foster Mother: Marsha is there something special you would like to eat for breakfast? What is your favorite thing to eat?

Marsha: Can I have ice cream?

Foster Mother: Is that what you eat for breakfast at home.

Marsha: Yes. Mommy lets me eat what ever I get for myself.

Foster Mother: We don't eat ice cream here, but I could fix you a waffle with syrup. Does that sound good?

Marsha: Sure.

Foster Mother continues to talk with Marsha as she prepares breakfast.

Marsha: My mommy fixes waffles too. Do you put beer in your waffles?

Foster Mother: No, I don't think so. Do you go to school Marsha?

Marsha: Sometimes. I am in the 1st grade.

Foster Mother: Do you know the name of your school?

Marsha: No. *Child continues to scratch her head.* Do you have a Daddy?

Foster Mother: Yes, Mr. DeSantiago works as a Fireman. He will be home later today.

Marsha: We had a fireman to come to our house.

Foster Mother: You did? Tell me what happened.

Marsha: Mommy fell asleep and let a cigarette burning. It feel out of the ash tray into the couch. I tried to put it out but I couldn't so I called 911. I was really scared because I couldn't wake up Mommy. The fireman came and got Mommy and me out of the house.

Child continues to scratch her head

Foster Mother: Calling 911 was a very good thing for you to do. Do the police ever come to your house?

Marsha: Yeah, They come a lot when Mommy and her boyfriend get into fights. They came last night too. The police arrested Mommy. Will I get to see Mommy again?

Child continues to scratch her head

Foster Mother: I don't know Marsha. I will try and call the Case Manager and see if we can find out how your Mommy is doing.

Marsha: Do you know where I live?

Foster Mother: No Marsha, I don't know but the Case Manager knows.

Marsha: When will I see her?

Foster Mother: See who, Marsha?

Marsha: That lady that came to my house last night?

Foster Mother: The Case Manager. Her name is Ms. Wilson. I am not sure when she is coming back here.

Marsha: How will my Mommy know where I am?

Foster Mother: The Case Manager will be talking with your Mommy. So tell me, what is your favorite dinner besides ice cream?

Marsha: I don't know. Do you know how to make fried chicken?

Foster Mother: I do. Would you like some fried chicken for dinner?

Marsha: Sure, but I can't eat fish. Fish makes me sick.

Foster Mother: Is there anything else you can't eat?

Marsha: I can't eat vegetables.

Foster Mother: You can't eat any vegetables?

Marsha: No, they all make me sick.

Child continues to scratch her head.

Foster Mother: What happens when you get sick?

Marsha: I have to take my medicine.

Foster Mother: Do you know what kind of medicine you take?

Marsha: No, but my Mommy says that I have to take it or I could die.

Foster Mother: Do you have any medicine at your house?

Marsha: No. I don't think so. Where did the girl go?

Foster Mother: Her name is Lynda. She went to school.

Marsha: Can I go to school?

Foster Mother: You won't be going to school today, but we will try to get you registered today so you can go tomorrow. You keep scratching your head. Does your head itch.

Marsha: Yeah

Foster Mother: May I look at your hair to see why your head is itching?

Marsha: I guess so.

Foster Mother determines that Marsha has a bad case of head lice.

9:00 a.m. the Foster Mother called DFCS. She was told again that no one had the paperwork yet. After several telephone calls to DFCS, a Foster Care Case Manager was identified for the Foster Mother around 3 p.m. The Case Manager was unable to talk with the CPS Case Manager until late that afternoon.

Small group discussion:

1. What does the Foster Mother need from DFCS?
2. Why is it important for the Foster Mother to have this information?
3. What does the child need from DFCS?

PART TWO

Fast Forward:

In the past three weeks the Foster Mother has done the following:

1. Treated Marsha for head lice (twice)
2. Determined Marsha does not have a food allergies
3. Taken Marsha to the dentist twice
4. Enrolled Marsha in school and determined that she is functioning way below grade level
5. Purchase clothing for Marsha
6. Spends a minimum of 30 minutes everyday on helping Marsha with her school work
7. Consoled Marsha at night when she cried for her Mommy
8. Marsha is finally starting to settle into the family routine

There have been no visits with Mommy as she has been incarcerated.

The Foster Care Case Manager has been to the foster home once in the past 3 weeks.

At that visit the Case Manager shared negative information on the Mother (whom the CM had not actually met face-to-face)

The Foster Mother is invited to attend the 30 Day Case Planning session. Mommy is present at the planning session. The mother has enrolled herself into a treatment program.

Small group discussion:

1. As the Foster Mother, how do you view the mother?
2. The case plan permanency goal is reunification. How do you feel about this plan?
3. The treatment program has housing that will allow Marsha to live with her mother while she is in treatment. How do you feel about this plan?
4. Two days ago the Case Manager was sitting in the Foster Home making negative comments about the mother. Now the Case Manager is agreeing with the recommendation being made by the treatment program. How do you feel about this plan?
5. What should have been done differently to have developed an effective TRIAD?



a.

Planning for the First Meeting

Worksheet

1. Child's Placement

2. Child Information

3. Update Person Detail page



4. Visitation

5. Legal Issues

GEORGIA DEPARTMENT OF HUMAN RESOURCES
FOSTER CHILD INFORMATION SHEET

Birthdate _____

Name child likes to be called _____

Social Security Number _____

Medical history (disorders, allergies, dental history) _____

Psychological and social history _____

School history (last school attended, achievement level, school adjustment) _____

Why child is in foster care _____

History of foster care (other families: where (City or part of town), and why child was moved) _____

Does child have special toy or object? _____ Is it in his possession now? _____

Sleep patterns and rituals _____

Food preferences and dislikes _____

Are pictures of natural family available? _____ Does child have them with him now? _____

Where is his natural family? _____

Who are the members? _____

Are siblings in foster care? Where? _____

What are the plans for this child? _____

Religious preferences (if any) _____

Clothing preferences (colors and style) _____

Fears _____

Special skills or achievements _____

Module 6a Case Planning

Learning Objectives:

At the completion of this module the Case Managers will be able to:

Section A: Why Plan?

- Explain the function of the case plan as the roadmap for permanency

Section B: What is a Case Plan

- To recognize and explain the major components of a Foster Care Case Plan
- Demonstrate the ability to analyze a case and identify the appropriate permanency option
- To explain the difference in a Reunification and Non-reunification Case Plan
- To recognize and explain critical policy references regarding the Needs of the Child
- To recognize and explain the barriers the youth in foster care experience as he/she face “aging out” in foster care as his/her future rather than reunification
- To recognize and explain the WTLP and ILP services
- Demonstrates an understanding of the criteria for well written goals and steps

Section C: How do you plan?

- To recognize and explain the importance of the family involvement in the case plan development
- To recognize and explain critical policy references regarding planning with the family
- Demonstrate an understanding of the importance of making a realistic plan with the family and collaborative partners
- Recognize and explain the Family Team Meeting process and the MDT process
- To recognize and explain Concurrent Case Planning as a strategy for achieving Permanency for the child

Why plan?

What is a Case Plan?

How do you plan?

Where is the plan recorded?

Permanency Options

1. Reunification
2. Adoption
3. Guardianship
4. Permanent Placement with a Fit and Willing Relative
5. Another Planned Permanent Living Arrangement

HINT: If it is mentioned twice, it must be important!

THE CULHANE PERMANENCY OPTION

	Permanency Option	Reason
1st Choice		
2 nd Choice		
Not Recommended		
Not Recommended		
Not Recommended		

And the answer is..

1. The Case Plan is the primary tool for _____ intervention with families.
2. The Case Plan is based on having a thorough understanding of _____ and _____ which resulted in the removal of the child.
3. The _____ provides valuable information to the court, DFCS, service providers and others who are significant in planning with and for the family.
4. Georgia _____ is an Internet application that promotes the development of successful court plans.
5. Since permanency must be finalized within the first _____ months after a child enters care, it is especially critical for the initial Case Plan to be well executed.
6. The Plan must be mutually developed _____ and involve the input of other significant parties. The use of family conferencing strategies enhances case plan development, placement planning and decision-making.
7. Goals must address only those _____ or conditions that must be corrected for the child to be returned.
8. Goals must be specific, behavioral, positively stated, _____ and written in clear and simple language.
9. The steps are those activities which outline _____, when, how often and where. Steps are the “stepping stones” toward the achievement of a specific goal.
10. _____ for achievement help to direct and motivate; however, the time needed by the parent to make the necessary changes must be balanced with the child’s developmental needs and his/her needs for permanency

Case Plan Types

Reunification

The department either has to meet “Reasonable Efforts to reunify”

OR

Non-reunification

The department does NOT have to meet “Reasonable Efforts to reunify”

Efforts to reunify the child and family and NOT required when:

1. aggravated circumstances exist
2. parent has been convicted
3. parental rights to a sibling of this child have been terminated involuntarily

Must have a Permanency Hearing

Culhane Family Plan Information

PRIMARY CARETAKER:

CHILDREN:

REASON FOR PLACEMENT:

REASONABLE EFFORTS:

CASE PLAN TYPE:

PERMANENCY OPTION:

TIME FRAMES

DATE CHILDREN REMOVED FROM HOME:

DATE OF INITIAL AUTHORIZATION FOR PLACEMENT:

DATE OF SHELTER CARE ORDER:

DATE OF DETENTION ORDER:

DATE OF ADJUDICATORY ORDER:

DATE OF DISPOSITIONAL ORDER:

Needs of the Child

1011.1	Comprehensive Assessment of Needs	2
1011.2	Medical Needs	4
1011.3	HIV Antibody Testing	7
1011.4	Dental Needs	9
1011.5	Psychological and Mental Health Needs	10
1011.6	Developmental Needs	11
1011.7	Educational Needs	13
1011.8	Spiritual Development Needs	22
1011.9	Social and Recreational Needs	23
1011.11	Supplemental Supervision Needs	24
1011.13	Safety Needs: Child Restraint Devices	27
1011.14	Safety Needs: Helmet	28
1011.15	Contacts Standards for Monitoring the Child	29
1011.16	Service Needs When Child on Runaway	33
1011.17	Service Needs When Child Seriously Injured or Dies	35
1011.18	Record Retention	36
1011.19	Consular Notification Procedures	37
1011.21	Service Needs of the Immigrant Child	39

Foster Care 1011

QUESTIONS TO ENSURE THAT THE EDUCATIONAL NEEDS OF CHILDREN AND YOUTH IN FOSTER CARE ARE BEING ADDRESSED

Enrollment

- Is the child or youth enrolled in school?
- At which school is the child or youth enrolled?
- In what type of school setting is the child or youth enrolled (e.g. specialized school?)
- How long has the child or youth been attending his/her current school?
- Where is this school located in relation to the child's or youth's foster care placement?
- Were efforts made to continue school placement, where feasible?
- If currently not in a school setting, what educational services is the child or youth receiving and from whom?
- Is the child or youth receiving homebound or home-schooled educational services?
 - If Yes:
 - ◆ Who is responsible for providing educational materials and what information is available about their quality?
 - ◆ How frequently are educational sessions taking place?
 - What is the duration of each session? (e.g., how many hours?)

Provision of Supplies

- Does the child or youth have appropriate clothing to attend school?
- Does the child or youth have the necessary supplies and equipment (e.g., pens, notebooks, musical instrument) to be successful in school?

Transportation

- How is the child or youth getting to and from school?
- What entity (e.g., school, child welfare agency) is responsible for providing transportation?

Attendance

- Is the child or youth regularly attending school?
- Has the child or youth been expelled, suspended, or excluded from school this year/ever?
 - ◆ If Yes: How many times?
- Have proper due process procedures been followed for the expulsions, suspensions, or exclusions from school?
- What was the nature/reason for the child's or youth's most recent expulsion, suspension, or exclusion from school?
- How many days of school will the child or youth miss as a result of being expelled, suspended, or excluded from school?

- If currently not attending school, what educational services is the child or youth receiving and from whom?
- How many days of school has the child or youth missed this year?
- What is the reason for these absences?
- What steps have been taken to address these absences?
- Has the child or youth received any truancies, and if so, for how many days?
- Has the child or youth been tardy, and if so, how many times?

Performance Level

- When did the child or youth last receive an educational evaluation or assessment?
- How current is this educational evaluation or assessment?
- How comprehensive is this assessment?
- At which grade level is this child or youth currently performing? [Is the child or youth academically on target?]
- Is this the appropriate grade level at which the child or youth should be functioning?
 - ◆ If No: What is the appropriate grade level for this child or youth?
- Is there a specified plan in place to help this child or youth reach that level?
- What is this child's or youth's current grade point average?
 - ◆ If below average, what efforts are being made to address this issue?
- Is the child or youth receiving any tutoring or other academic supportive services?
 - ◆ If Yes: In which subjects?

Tracking Education Information

- Does this child or youth have a responsible adult serving as an education advocate?
 - ◆ If Yes: Who is this adult?
- How long has this adult been advocating for the child's or youth's educational needs?
- How often does this adult meet with the child or youth?
- Does this adult attend scheduled meetings on behalf of the child or youth?
- Is this adult effective as an advocate?
- If there is no designated educational advocate, who ensures the child's or youth's educational needs are being met?
- Who is making sure that the child or youth is attending school?
- Who gathers and communicates information about the child's or youth's educational history and needs?
- Who is responsible for educational decision making for the child or youth?

- Who monitors the child's or youth's educational progress on an ongoing basis?
- Who is notified by the school if the child or youth is absent (i.e., foster parent, social worker)?
- Who could be appointed to advocate on behalf of the child or youth if his or her educational needs are not met?

Change in placement/ Change of school

- Has the child or youth experienced a change in schools as a result of a change in his or her foster care placement?
 - ◆ If Yes: How many times has this occurred?
- What information, if any, has been provided to the child's or youth's new school about his or her needs?
- Did this change in foster care placement result in the child or youth missing any school?
 - ◆ If Yes: How many days of school did the child or youth miss?
- Have any of these absences resulted in a truancy petition?
- Were efforts made to maintain the child or youth in his or her original school despite foster care placement change?

HEALTH FACTORS IMPACTING EDUCATION

Physical Health

- Does the child or youth have any physical issues that impair his or her ability to learn, interact appropriately, or attend school regularly (e.g., hearing impairment, visual impairment)?
 - ◆ If Yes: What is this physical issue?
- How is this physical issue impacting the child's or youth's education?
- How is this need being addressed?

Mental Health

- Does the child or youth have any mental health issues that impair his or her ability to learn, interact appropriately, or attend school regularly?
 - ◆ If Yes: What is this mental health issue?
- How is this mental health issue impacting the child's or youth's education?
- How is this need being addressed?
- Is the child or youth currently being prescribed any psychotropic medications?
 - ◆ If Yes: Which medications have been prescribed?
- Has the need for the child or youth to be taking this medication been directly explained to him or her?
- How will this medication affect the child's or youth's educational experience?

Emotional Issues

- Does the child or youth have any emotional issues that impair his or her ability to learn, interact appropriately, or attend school regularly?
 - ◆ If Yes: What is this emotional issue?
- How is this emotional issue impacting the child's or youth's education?

- How is this need being addressed?
- Is the child or youth experiencing any difficulty interacting with other children or youth at school (e.g., Does the child or youth have a network of friends? Has he or she experienced any difficulty with bullying?)
 - ◆ If Yes, What is being done to address this issue?

Special Education and Related Services under IDEA and Section 504

- If the child or youth has a physical, mental health or emotional disability that impacts learning, has this child or youth (birth to age 21) been evaluated for Special Education/Section 504 eligibility and services?
 - ◆ If No: Who will make a referral for evaluation or assessment?
 - ◆ If Yes: What are the results of such an assessment?
- Have the assessment results been shared with the appropriate individuals at the school?
- Does the child or youth have an appointed surrogate pursuant to IDEA (e.g., child's or youth's birth parent, someone else meeting the IDEA definition of parent, or an appointed surrogate parent)?
 - ◆ If No: Who is the person that can best speak on behalf of the educational needs of the child or youth?
- Has the court used its authority to appoint a surrogate for the child or youth?
- Has the child's or youth's educational decision maker been informed of all information in the assessment and does that individual understand the results?
- Does this child or youth have an Individualized Education Plan (IEP)?
 - ◆ If Yes: Is the child's or youth's parent or caretaker cooperating in giving IEP information to the appropriate stakeholders or signing releases?
- Is this plan meeting the child's or youth's needs?
- Is the child's or youth's educational decision maker fully participating in developing the IEP and do they agree with the plan?
- Does this child or youth have a Section 504 Plan?
 - ◆ If Yes: Is this plan meeting his or her needs?
- Is there an advocate for the child or youth participating in meetings and development of this plan?

EXTRACURRICULAR ACTIVITIES AND TALENTS

- What are some identifiable areas in which the child or youth is excelling at school?
- Is this child or youth involved in any extracurricular activities?
- If Yes: Which activities is the child or youth involved in?
- Are efforts being made to allow this child or youth to continue in his or her extracurricular activities (e.g., provision of transportation, additional equipment, etc.)?
- Have any of the child's or youth's talents been identified?
- If Yes: What are these talents?

- What efforts are being made to encourage the child or youth to pursue these talents?

TRANSITIONING

- Does the youth have an independent living plan?
- If Yes: Did the youth participate in developing this plan?
- Does this plan reflect the youth's goals?
- If Yes: Does the plan include participation in Chafee independent living services?
- Does this plan include vocational or post-secondary educational goals and preparation for the youth?
- Is the youth receiving assistance in applying for post-secondary schooling or vocational training?
- Is the youth being provided with information and assistance in applying for financial aid, including federally funded Education and Training Vouchers (see Chafee Foster Care Independence Program)?
- If the youth has an IEP, does it address transition issues?
- If Yes: What does this transition plan entail?
- Did the youth participate in developing the transition plan?
- Is this transition plan coordinated with the youth's independent living plan?

Practice Tip: When appropriate, consider addressing these questions directly to the children and youth.

Module 6b Case Planning

Learning Objectives:

At the completion of this module the Case Managers will be able to:

Section A: Why Plan?

- Explain the function of the case plan as the roadmap for permanency

Section B: What is a Case Plan

- To recognize and explain the major components of a Foster Care Case Plan
- Demonstrate the ability to analyze a case and identify the appropriate permanency option
- To explain the difference in a Reunification and Non-reunification Case Plan
- To recognize and explain critical policy references regarding the Needs of the Child
- To recognize and explain the barriers the youth in foster care experience as he/she face “aging out” in foster care as his/her future rather than reunification
- To recognize and explain the WTLP and ILP services
- Demonstrates an understanding of the criteria for well written goals and steps

Section C: How do you plan?

- To recognize and explain the importance of the family involvement in the case plan development
- To recognize and explain critical policy references regarding planning with the family
- Demonstrate an understanding of the importance of making a realistic plan with the family and collaborative partners
- Recognize and explain the Family Team Meeting process and the MDT process
- To recognize and explain Concurrent Case Planning as a strategy for achieving Permanency for the child

Why plan?

What is a Case Plan?

How do you plan?

Where is the plan recorded?



What would you do?

- a. Where will you spend tonight?
- b. How will you spend the \$20 in your pocket?
- c. Where will you try to find a job?
- d. How do you get a picture ID?
- e. How will you get from one place to another?
- f. How will you get medical treatment even if it is just over the counter drugs?

How prepared were you (the Case Manager) to be self sufficient when you turned 18 years old?

Criteria for Well-Developed Goals

- Behaviorally specific** - The goal states required actions or the required circumstances. They state what the family and the case manager believe need to be in place for the child to be safe.

- Realistic and within parent's capacity**
 - The goal focuses on what must happen or has to change and is reasonable. Family members need more successes, not failures.

- Measurable** - There is a way to know when the goal is achieved. There is something to observe, or conditions to see changing.

Criteria for Well-Developed Goals

- Related to agency intervention** - Goals are related to the Areas of Concern identified must change to reduce risk and make the child safe.

- Positively stated**- The goal states what actions should happen rather than what actions should stop happening. Positive rather than negative words are used.

- Written in simple, clear language** - The words in the goal statement are understandable, and do not have vague or multiple meanings.

Identifying Goals

1. Jackie Smith will not hit the child

2. Mr. Russet will stop drinking and doing drugs

3. Jackie Smith will exhibit age-appropriate parenting skills toward her son, Jason

4. Jackie Smith will attend Alcoholic Anonymous.

5. Jackie Smith needs to make the yard safe for Jason to play in.

Identifying Goals

6. Mrs. Holmes must develop a monthly budget to meet household expenses.

7. Parent will not leave the child home alone

8. Parent must demonstrate ability to care for child/rens medical needs

9. Child/ren must be safe from physical harm

10. Parent must demonstrate the ability to care for, supervise, and meet the medical needs of her children.

Criteria for well-developed steps

- ✓ Identify the specific tasks, activities and services that must be accomplished to achieve the goals
- ✓ Build on each other, are small and incremental
- ✓ Like goals, are written in positive, concrete, behavioral terms
- ✓ Support the family in making change a little at a time

SPECIFIC
MEAASURABLE
ACHIEVALBE
RELATED
TIME LIMITED

SMART Steps

MY GOAL:

MY STEPS:

1.

2.

3.

4.

Area of Concern: _____

The Culhane Family Case Plan Worksheet

Goal Statement: _____

Strengths: _____

Needs: _____

Steps (Strategies and services) _____

Important Facts about Visitation

- ◆ **More frequent parent-child visitation is associated with shorter placements in foster care.**
- ◆ **Children who are visited frequently by their parents are more likely to be returned to their parents' care and have less behavior problems.**
- ◆ **Increased case manager contact with parents of children in care is associated with more frequent parental visitation and ultimately with shorter time in placement.**
- ◆ **When Permanency Case Managers do not encourage contact with parents to visit or when they only use the agency office for the visit, or do not engage in problem-solving with parents; children tend to remain in foster care 20 months or more.**
- ◆ **Parents who are given regularly scheduled visits have a better attendance rate than parents who are told to request visits.**
The psychological well being and developmental progress of most children who experience separation from a parent is enhanced by frequent contact with both parents.

Policy 1009.3

- ◆ **Visits must be planned.**
- ◆ **Visits must be purposeful.**
- ◆ **Visit must be progressive.**

Characteristics of a Good Visitation Plan

- ◆ ensure the safety of the child;
- ◆ be sensitive to the needs and goals of all parties, including the child in placement; parents, siblings, and other family members; and the substitute caretaker;
- ◆ to be a thoughtful and integrated tool to assist in the family's service plan and the child's move toward a permanent home;
- ◆ be continuously evaluated and responsive to changes needed based on an evaluation of the visits;
- ◆ develop and change as the case progresses;
- ◆ appropriately respond to the logistical and resource constraints without unduly restricting parents' and children's right to visit;
- ◆ explain and justify the components of the plan.

Components of a visitation plan

The written plan for parent-child and/or sibling visits should identify at least the following and should contain the rationale for the choice or decision made:

- ◆ who attends
- ◆ dates or frequency of visits,
- ◆ time and length of visits,
- ◆ location of visits,
- ◆ supervision required, who is to provide, reason for supervision, and role of supervisor,
- ◆ transportation arrangements for parent and child,
- ◆ contact allowed other than visits,

- ◆ **others involved in the visits,**
- ◆ **visit cancellation and rescheduling instructions,**
- ◆ **role of foster parent**

Levels of Visit Supervision

A continuum to ensure safety while allowing the most normal family interactions possible

Visit supervision is based on a continuum. Below are four points along that continuum. To determine the correct level, the case planning team must consider several factors:

- Age of child (ability of the child to report what occurred in visit and to self protect)
- Type of maltreatment that the child experienced
- Parent's history of family violence
- Potential for abduction of the child
- Emotional reactions of the child
- Where the visit will occur
- Who will be at the visit
- Progress parent is making to improve parenting skills
- Parental issues such as addiction and mental illness

The *Developing a Visiting Plan Matrix* will help the team balance all these issues. Below is a description of different types of supervision. It is critical that within the child welfare and legal systems there is agreement to the terms. The judge, attorneys, parents, caregivers, child welfare workers, and people who supervise visits must all know and consistently implement a correct level of supervision based upon the *community agreed upon terms*.

Therapeutic: Highest level of supervision

Definition

A visit that requires a professional who has clinical or therapeutic skills to supervise the visit. The visit usually has a clinical purpose such as play therapy, parent/child counseling sessions, or monitoring a parent with severe mental illness.

Activities during the visit

- Role modeling, therapy, and teaching occur to improve the parenting skills or parent/child relationships
- Therapy, medical care, or treatment needed to meet the child's needs

Type of cases

- Sexual abuse and extreme forms of other types of abuse

- Parent who is rejecting the child
- Child who has extreme fear of parent
- Teaching medical or therapeutic care of child

Guidelines

- Child welfare worker or person developing visiting plan should work closely with treatment professional to determine what is needed.
- The treatment professional is directly involved in the visit: conducting counseling, therapy, providing guidance, modeling, or teaching.
- This type of visit may be used in combination with visits with another level of supervision. Example: Monthly therapeutic visits to work on parent/child relationship and weekly visits with parents and siblings that are supervised in the family home.
- Clear definition of roles and responsibilities should be established between the professionals. Example: Who determines level of supervision and type of visits and evaluates the parent's progress.
- Develop confidentiality agreement among the parties.
- A third party may need to be involved to document the visit if the professional requests this help.

Supervised: Second highest level of supervision

Definition

Parent and child are in sight and sound distance of an objective person who can ensure the safety of the child and that the visiting plan is followed. The family is not allowed alone time unless specifically approved.

Activities during the visit

- Almost any parent and child activity can occur during this type of visit.
- Limits would be determined by the child's developmental needs and type of abuse.

Types of cases

- *If the parent is. . .*
 - Abusive during visits
 - Using inappropriate behaviors
 - Not yet involved in treatment
- *When child is afraid of parent*

Guidelines

- **Supervisor of the visit must meet all the requirements on the next page.**
- **Supervisor of the visit may be asked to teach parenting skills, role model, or provide guidance.**
- **Unless the supervisor of the visit is asked to teach or coach, s/he maintains a low profile during the visit to enable the focus to be on the parent and child interactions.**
- **Supervisor of visit will complete any required documentation forms.**

Observed/Monitored: Lowest level of supervision

Definition

An objective party is involved by having some level of contact during the visit to ensure that the visiting plan is followed. This level of observation will vary depending on the plan. The higher level of observed visit is done by having a relative or caregiver close by the parent and child during the visit. This person does not have to be in sight and sound distance at all times. The lowest level of this type of visit can occur in a public setting without a designated observer: school events, child's sports or other activities, medical appointments, parks, restaurants, pro sport games, etc.

Activities during the visit

- **Almost any parent and child activity can occur during this type of visit.**
- **Limits would be determined by the child's developmental needs and type of abuse**

Types of cases

- **Parent is in treatment but has not completed his/her program and made necessary behavioral changes**
- **Child is expressing *discomfort* about being left alone with parent**
- **Parent has consistently met standards during supervised visits**

Guidelines

- **Expectations of the observer's role and responsibilities should be made clear. These will vary as the case moves closer to unsupervised visits.**
- **Observer may be asked to teach parenting skills, role model, or provide guidance.**
- **Observer usually maintains a very low profile during the visit to enable the focus to be on the parent and child interactions.**

- **Child welfare worker should inform teachers, medical professionals, and others that the parent is allowed this type of visit. These people are not usually required to complete any type of report, unless they observe problems during the visit.**

Unsupervised: No supervision is provided

Definition

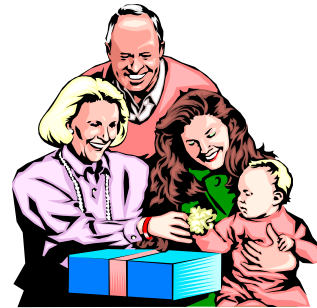
Parent and child are allowed time alone from one hour to overnight. Child and family have resources available during visit to call for help. There is a safety plan that is known by all the parties.

Activities during the visit

- **Almost any parent and child activity can occur during this type of visit.**
- **Visits should occur in the family home prior to reunification.**

Types of cases

- **Parent has consistently met standards during observed visits**
- **Parent has made demonstrated behavioral changes and progress in treatment program and/or has a safety plan**
- **Child has a safety plan**
- **Unplanned drop-ins might occur**



Guidelines

- **This type of visit occurs after the parent has consistently demonstrated safe parenting skills in supervised and then observed visits.**

Highlights of Visitation Policy

- ✓ **Contact with parents can occur through visitation, telephone contact and letters.**
- ✓ **Visitation is a right of the parents, not a privilege. It is the right and responsibility of the parent to maintain contact with the child (1009.4)**
- ✓ **Upon Placement, a visit between the child and family should occur within the first week following the placement unless rights are terminated or relinquished (1009.3)**
- ✓ **The parental visitation schedule shall be contained in every case plan with a copy provided to the parent (1009.4). The visitation schedule contained in the plan must be carefully followed.**
- ✓ **When agency resources allow, visits should be at two-week intervals unless directed otherwise by the court (1009.5).**
- ✓ **Visits are the most significant means of developing, maintaining or enhancing parent child attachment.**
- ✓ **The frequency of visits is the greatest predictor of reunification.**
- ✓ **The child who is visited by a parent makes a more successful adjustment to Foster Care and has a greater sense of well being.**
- ✓ **The county must obtain prior, written consent of the court for unsupervised, overnight visits with the parent, relative, or person who previously had custody and/or was involved in the maltreatment of the child. Written court consent is also required to re-transfer custody of a child to his parent or relative (1009.6)**
- ✓ **When the case manager and supervisor determine that parental visits are detrimental to the child, the reasons for ceasing visitation must be well documented in the case record and be supported by professional opinion or court order. The reasons are explained to the parents verbally and in writing. A copy of the JJ letter must be sent reflecting changes in visitation, unless decision was court-ordered. (1009.4, 1013.3, App. P)**

Principles of Good Visitation Practice

- ◆ The primary purpose of visitation in most cases is to allow children to maintain relationships with their parents, siblings, and others who cared for them prior to placement. The younger the child, the more frequent the contact must be in order to maintain relationships. Especially for young children, frequency is much more important than length.
- ◆ Visitation plans should change over time dependent on progress toward reunification, with visits typically moving from being supervised to unsupervised, increasing in length, and requiring more responsibility on the part of parents.
- ◆ Family members and foster care providers should be actively involved in developing visitation plans. This not only increases the probability that all participants understand and will comply with the plans but also assures that plans take into account all participants' needs, resources, and concerns.
- ◆ Agency efforts should be directed toward determining optimal visitation plans, that is, plans that will best meet individual children's and parents' needs, and that will complement other aspects of the case plan.
- ◆ Visitation plans should be written and copies provided to everyone who is involved in carrying out the plan.
- ◆ Visitation should never be used as a reward or punishment. Changes in visitation arrangements should reflect assessment of risk to the child and progress toward achieving the permanency goal, not attempts to reward or punish either the child's or the parents' behavior.
- ◆ Visitation should occur in settings that encourage the most natural interaction between family members while minimizing any risk to the child that may exist. It can and should include parental and family participation in normally occurring events in the child's life, for example, school conferences, medical appointments, church programs, and athletic activities.
- ◆ Reunification should not occur until the family has safely completed unsupervised visits of gradually increasing length in the child's home. Without extensive visits, the actual change achieved and risk to the child cannot be adequately assessed.
- ◆ When reunification is not the plan, consideration should be given to continuing connections between parent and child and significant others.
- ◆ When parental rights are terminated and there is to be no continuing contact between parents and child, consideration should be given to a good-bye visit between parents and child, and a determination must be made concerning continuing visits between the child and siblings placed elsewhere.

Questions to Guide Planning and Evaluating Visitation

Presented below are some questions case managers can ask themselves as they plan and evaluate visits. Answers to these questions will help determine how frequently visits should occur, when and where they should be held, who should be involved in them. Whether supervision is necessary, and whether changes in the visitation are needed.

The questions below are organized around children, parents, and foster parents. They should be adapted as needed to reflect the particular case situation, for example, placement in kinship care or the need for visits with persons other than parents.

Children

- **Child's significant relationships:**
 - Who does the child define as family?
 - What relationships are important to maintain or build through visitation, including both those that existed before placement and those that might be created as a result of diligent search?
- **Child's chronological and developmental age:**
 - How frequently does the child need to have contact with parents and siblings in order to sustain relationships?
 - How able is the child to care for self?
 - How vulnerable is the child to potentially harmful situations?
 - How able is the child to structure his or her own activities?
- **Child's requests:**
 - For a child who is older, what is the child asking for in terms of visits, and what does this mean?
- **Child's reaction to visits:**
 - What reactions—positive or negative—does the child have to visits, and what is the meaning of these reactions?
 - If the reaction appears to be negative, is it a normal response to separation or does it suggest problems in the visiting situation or the parent-child relationship?
- **Child's developmental tasks:**
 - How can visit activities enhance the child's developmental progress?
- **Child's therapeutic needs:**
 - If applicable, how can visits help achieve therapeutic goals?
- **Child's schedule:**
 - How can visits encourage parents to be involved in the child's daily routines and in special events?
 - How can visits ease separation reactions by beginning and ending at natural transition points, such as at the beginning and ending of the school day?

Parents

- **Parents' behaviors and abilities related to reason for placement:**
 - How can visits promote and support the changes necessary for the child to be safe in the parents' home?
 - How can visits enable assessment of the child's safety in the home?
- **Parents' compliance with visiting plans:**
 - To what extent have parents complied with visiting plans to date?
 - If parents have failed to comply with the plan, what is the meaning of this failure? Are there barriers to visiting that must be eliminated?
- **Parents' requests:**
 - What do the parents want in terms of visits, and what does this mean?
- **Parent's past endangering behaviors:**
 - Is there a history of attempted abduction; threatened or attempted harm to the child or other family members; leaving the child unsupervised or in harmful situations; or other endangering behaviors, such as use of illegal drugs in the child's presence?
- **Parents' reaction to visits:**
 - What reactions—positive and negative—do the parents have to visits, and what is the meaning of these reactions?
 - Are the parents able to refrain from expressing their reactions inappropriately or in a manner hurtful to their child?
- **Parents' schedule:**
 - How can parents' schedules be reasonable accommodated?
 - How important is visiting in relation to other expectations imposed by the agency?

Family Relationships and Interactions

- How do family members interact during visits? Are the interactions healthy for the child?
- What arrangements can minimize stress or conflict among family members during visits?
- What arrangements will encourage parents to interact with their children rather than with other people during visits?
- How can visit arrangements tap into and build upon the family's social support network?

Foster Parents

- **Agency support of foster parent involvement in visiting:**
 - **Based on agency training and the recruitment and screening process, what do foster parents expect regarding their role in visiting?**
 - **What concrete help does the agency provide to foster parents involved in visiting? Examples include reimbursement for transportation and care of other children while assisting with one child's visit.**

- **Foster parent's willingness and ability to assist with visiting:**
 - **Are the foster parents willing and able to allow visits in their home; to supervise visits in their home or elsewhere and, as requested, to document what occurs; and to teach a parent how to care for the child?**
 - **Are the foster parents willing and able to provide transportation?**
 - **If unwilling or unable to assist with visiting, will the foster parents support other agency efforts? If so, in what ways?**

- **Foster parents' capacity to support visiting:**
 - **What are the foster parents' attitudes toward the child's parents?**
 - **Do the foster parents value the child/parent relationship?**
 - **Can the foster parents appropriately limit their relationships with the child's parents?**
 - **Can the foster parents objectively record visit interactions?**
 - **Will the foster parents intervene in a visit as necessary?**
 - **Will the foster parents maintain confidentiality?**
 - **What are the foster parents' resources in terms of physical and emotional energy and time?**
 - **Can the foster parents be flexible and tolerate stress?**
 - **Can the foster parents recognize their need for assistance, and are they comfortable in asking for help?**

- **Foster family's schedule:**
 - **How can visit arrangements minimize disruption of the foster family's schedule?**

- **Impact of visiting on other children in the foster home:**
 - **How distressing are one child's visits to other children in the foster home?**
 - **Does the foster parents' support of one child's visits result in neglect of other children in the home?**

Developmentally Related Activities to Use During Visits

Age	Developmental Tasks	Developmentally Related Visitation Activities
Infancy (0-2)	<p>Develop primary attachment</p> <p>Developed object permanence</p> <p>Basic motor development (sit, reach, stand, crawl, walk)</p> <p>Word recognition</p> <p>Begin exploration and mastery of the environment</p>	<p>Meet basic needs (feeding, changing, holding, cuddling)</p> <p>Play Peek-a boo games</p> <p>Help with standing, walking, etc., by holding hand, play “come to me” games</p> <p>Name objects, repeat name games, read picture books</p> <p>Encourage exploration; take walks; play together with colorful, noisy, moving items.</p>
Toddler (2-4)	<p>Develop impulse control</p> <p>Language development</p> <p>Imitation, fantasy play</p> <p>Small motor coordination</p> <p>Develop sense of time</p>	<p>Make and consistently enforce rules</p> <p>Read simple stories; play word games</p> <p>Play “let’s pretend” games; encourage imitative play by doing things together such as “clean house”, “go to the store”</p>

Age	Developmental Tasks	Developmentally Related Visitation Activities
	<p>Identify and assert preferences</p>	<p>Play together at park; assist in learning to ride tricycle; dance together to music</p> <p>Draw together; string beads together</p> <p>Discuss visits and visit activities in terms of “after breakfast”, “after lunch”, “before supper”, etc.</p> <p>Allow choices in activities, clothes worn, food eaten</p>
<p>Preschool/ Early School (5-7)</p>	<p>Gender identification</p> <p>Continuing development of conscience</p> <p>Develop ability to solve problems</p> <p>Learning cause-effect relationships</p> <p>Task completion and order</p> <p>School entry and adjustment</p>	<p>Be open to discussing boy-girl physical differences</p> <p>Be open to discussing child’s perception of gender roles; read books about heroes and heroines together</p> <p>Make and enforce consistent rules; discuss consequences of behavior</p> <p>Encourage choices in activities</p> <p>Point out cause-effect and logical consequences of actions</p>

Age	Developmental Tasks	Developmentally Related Visitation Activities
		<p>Plan activities with beginning, middle, end (as prepare, make cake, clean up)</p> <p>Play simple games such as Candyland, Go Fish</p> <p>Shop for school clothes together; provide birth certificate, medical record required for school entry; go with child to visit school and playground prior to first day; accompany child to school</p>
<p>School-age (8-12)</p>	<p>Skill development (school, sports, special interests)</p> <p>Peer group development and team play</p> <p>Development of self-awareness</p> <p>Preparation for puberty</p>	<p>Help with homework; practice sports together; demonstrate supports of special interests, such as help with collections; attend school conferences and activities; work together on household tasks</p> <p>Involve peers in visit activities</p> <p>Attend team activities with child (child's team or observe team together)</p> <p>Be open to talking with child</p> <p>Discuss physical changes expected; answer questions openly</p>
<p>Adolescence</p>	<p>Autonomy</p>	<p>Express what characteristics</p>

Age	Developmental Tasks	Developmentally Related Visitation Activities
	<p>Individuation/Separation from family</p> <p>Remaining connected to the family</p> <p>Skill development (school, sports, special interests, jobs)</p>	<p>you like and admire about the youth.</p> <p>Separate the youth's attitude, Don't take things personally. Keep "the child" separate from his/her behaviors</p> <p>Overlook antagonistic behavior/attitudes. Don't be afraid to discuss consequences</p> <p>Avoid power struggles. Give choices.</p> <p>Ask for youth's opinions and reasons for opinions</p> <p>Discuss mutual respect and how best to show that to one another</p> <p>Communicate desire to spend time with the youth</p> <p>Help with/ask about homework.</p> <p>Develop mutually enjoyable activities (i.e. movies, shared mealtimes, books music, hiking & school activities)</p>

DFCS Standard Goals

Stage Name: Mcdaniel, Sara
 Stage ID: 5604469

Foster Care Goal/Step Detail

‡ conditionally required field

Goal

Goal Type: DFCS

* Change/Goal: DFCS will ensure that the medical, dental, educational, and psychological needs of the child are met.

Steps

Selected Priority: ‡ Responsibility:

‡ Step: (Indicate responsible person) will provide transportation to medical, psychological, and dental appointments.

Comment:

‡ Status: ‡ Anticipated Completion: Actual Completion:

Selected Priority: ‡ Responsibility:

‡ Step: At a minimum, DFCS will visit with the child on a (indicate frequency) basis to monitor the safety, well-being, and other needs of the child. Visits will be meaningful and in the least restrictive environment.

Comment:

‡ Status: ‡ Anticipated Completion: Actual Completion:

Reset

Selected Priority: ‡ Responsibility:

‡ Step: DFCS will contact child's school on a (indicate frequency) basis to ensure child's educational needs are being met. DFCS will ensure information about the child is shared between the child's school and the placement resource.

Comment:

‡ Status: ‡ Anticipated Completion: Actual Completion:

Reset

Module 6c Case Planning

Learning Objectives:

At the completion of this module the Case Managers will be able to:

Section A: Why Plan?

- Explain the function of the case plan as the roadmap for permanency

Section B: What is a Case Plan

- To recognize and explain the major components of a Foster Care Case Plan
- Demonstrate the ability to analyze a case and identify the appropriate permanency option
- To explain the difference in a Reunification and Non-reunification Case Plan
- To recognize and explain critical policy references regarding the Needs of the Child
- To recognize and explain the barriers the youth in foster care experience as he/she face “aging out” in foster care as his/her future rather than reunification
- To recognize and explain the WTLP and ILP services
- Demonstrates an understanding of the criteria for well written goals and steps

Section C: How do you plan?

- To recognize and explain the importance of the family involvement in the case plan development
- To recognize and explain critical policy references regarding planning with the family
- Demonstrate an understanding of the importance of making a realistic plan with the family and collaborative partners
- Recognize and explain the Family Team Meeting process and the MDT process
- To recognize and explain Concurrent Case Planning as a strategy for achieving Permanency for the child

FTM Core Values

- All families have strengths
- Families are experts on themselves
- Families deserve to be treated with dignity and respect
- Most families can make well-informed decisions when supported
- Involving families in decision making improves outcomes
- Team decision making/planning is usually more effective than individual decision making/planning.

Benefits of the Family Team Meeting

FAMILY

- **Get to the basic issues faster**
- **Positive, respectful process that supports the family**
- **Case plan are individualized**
- **Team holds the system accountable for meeting the family needs**
- **The meeting is the family's meeting**
- **Models functional problem solving skills**

IMPROVED ASSESSMENTS

- **Gets at causes not just symptoms**
- **The team shares an honest view of the family's strengths and needs and**
- **Previously undisclosed information comes out at the meeting**
- **You get to know the family much better**
- **Family members are less likely to exaggerate the faults of other members when they are in attendance.**

Benefits of the Family Team Meeting

CASE MANAGER

- **Shared responsibility**
- **Impacts the relationship between the worker and the family in a positive way**
- **Support for the family is volunteered and more readily available [visits, transportation, etc.]**
- **Less time is spent in contested hearings in Juvenile Court**
- **The length of services has decreased as families are able to meet their treatment goals more quickly**
- **Fewer crisis; less time handling emergency issues with a case**

STAKEHOLDERS

- **Communication is enhanced; family meetings save time on communication with the parties to the case**
- **The team holds the family accountable**
- **The whole team understands information about the family**

Team Meeting Basics

- **Start by acknowledging that you and others have identified many of their strengths.**
- **Ask what they see as their strengths.**
- **Move to needs by asking them what they have identified as needing to change before the child(ren) comes home**
- **Add to their list some that they don't list**
- **Use the court order to point out what the court identified as issues.**
- **Begin to discuss ideas for how to meet the goals.**
- **Utilize brainstorming to help formulate ideas.**

TEAM DECISION MAKING VALUES

**A GROUP CAN OFTEN BE MORE
EFFECTIVE IN MAKING GOOD
DECISIONS THAN AN INDIVIDUAL**

**FAMILIES ARE THE EXPERTS ON
THEMSELVES**

**WHEN FAMILIES ARE INCLUDED IN
DECISION MAKING, THEY ARE
CAPABLE OF IDENTIFYING THEIR
OWN NEEDS AND STRENGTHS**

**MEMBERS OF THE FAMILY'S OWN
COMMUNITY ADD VALUE TO THE
PROCESS BY SERVING AS NATURAL
ALLIES TO THE FAMILY AND AS
EXPERTS ON THE COMMUNITY'S
RESOURCES**

TEN TIPS FOR CASEWORKERS FOR EFFECTIVE TDM MEETINGS

1. Be on time. Assist parent(s) with transportation if needed. If you are going to be delayed for any reason, let the facilitator know so attendees can be informed
2. Invite the right people. Give as much notice as possible. Don't "forget" to invite someone because they may be difficult or you don't want to hear what they have to say
3. Explain the purpose of the meeting in advance to non-agency attendees
4. Be sensitive and respectful of the serious nature of the staffing. Parents and others are watching, not just during the meeting but also before the meeting begins and after it ends
5. Schedule adequate time for yourself. While it is important to adhere to timeframes for the meeting, remember we are dealing with critical and emotional decisions in the lives of families and whatever time is needed to make a quality decision should be expended. Turn off your cell phone and/or pager to avoid interruptions and give this situation your full attention
6. Be clear on the goal of developing a decision, with the assistance of the child's family and others, that keeps the child safe in the least restrictive placement/least intrusive manner
7. Come organized to present a summary of the situation and prepared with ideas and a recommendation while receptive to the opinions and ideas of the other participants
8. Be honest and fair in what you say. Discussion should be strength-based and straight-forward
9. Assist in keeping the group focused and productive. Invite others to share their perspective, information and opinion
10. If consensus among the participating agency staff is not reached during the meeting, you will be asked to consider all of the information and ideas shared during the staffing and make the final decision/recommendation. However, if an agency participant feels that the decision will put the child at risk or violates a law or policy, it is their responsibility to appeal. This is about making decisions that protect the child, not winning or losing

SO HOW CAN I INFLUENCE THIS CFSR OUTCOME AS A WORKER?

Performance Item 18:

Child and family involvement in the case plan To determine whether concerted efforts were made or are being made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis. *Not just signatures.*

- Document all notifications to the participants (inclusive of paternal families) to case planning activities (family team meetings, citizen planning reviews, case plan meetings, etc).
- Clearly document conversations with all parties, including children, related to case plan goals and activities.
- Clearly communicate case plan goals and permanency goals to all participants and the consequences of not meeting the goals.

2007 Review rated this item as a strength in 26% of the cases reviewed....only 17% for CPS ongoing

DIFFERENTIAL ASSESSMENT TOOL

FAMILY STRENGTHS/EARLY REUNIFICATION INDICATORS –

These are some of the strengths and resources which can be called upon to help the family plan for timely reunification and improve children's well-being.

(Adapted by NRCFCPP from Concurrent Planning Materials from Lutheran Social Services of Washington and Idaho and the Colorado Concurrent Planning Guide)

Parent – Child Relationship

- Parent shows empathy and concern for child
- Parent responds positively and supportively to the child's verbal and non-verbal signals
- Parent shows the ability to put the child's needs ahead of his/her own
- When they are together, child shows comfort in parent's presence
- The parent has raised the child for a significant period of time
- In the past, the parent has met the child's basic physical and emotional needs
- Parent accepts some responsibility for the problems that brought the child into care or the attention of the authorities

Parent Support System

- Parent has positive, significant relationships with other adults who seem not to have overt problems (spouse, parents, friends, relatives)
- Parent has a meaningful support system that can help him/her now (church, job, counselor)
- Extended family is nearby and capable of providing support

Past Support System

- Extended family history shows family members able to help out/provide support when one member is not functioning well
- Relatives came forward to offer help when child needed placement
- Relatives have followed through on commitments in the past
- There are significant other adults, not blood relatives, who have helped in the past
- Significant other adults have followed through on commitments in the past

Family History

- Family's ethnic, cultural, or religious heritage includes an emphasis on mutual caretaking and shared parenting in times of crisis
- Parent's own history shows consistency of parent caretaker
- Parent's history shows evidence of his/her childhood needs being met adequately

Child's Overall Development

- Child shows age-appropriate cognitive abilities
- Child is able to attend to tasks at an age appropriate level
- Child shows evidence of conscience development
- Child has age-appropriate social skills
- Child's behavioral problems are managed/redirected positively
- Child's health care needs have been met routinely

INDICATORS OF CONCERN ABOUT REUNIFICATION – PERMANENCY PLANNING RED FLAGS –

These are conditions, which might make timely reunification difficult or unlikely and indicate a need for more intensive casework services with the parents as well as a concurrent plan for placement with a permanency planning resource family. Conditions with an () are associated with a very low probability for family reunification and for the most part have been incorporated in ASFA's "aggravated circumstances" when Reasonable Efforts to reunify may not be required.*

(Adapted by NRCFCPP from Concurrent Planning Materials from Lutheran Social Services of Washington and Idaho and the Colorado Concurrent Planning Guide)

Factors Related to Abuse or Neglect

- Parent has killed or seriously harmed another child through abuse or neglect and no significant change has occurred in the interim (*)
- Parent has repeatedly and with premeditation harmed or tortured this child (*)
- Child has experienced physical or sexual abuse in infancy
- Diagnosed failure to thrive infants
- Child has been a victim of drug-exposure at time of birth
- Significant neglect
- In addition to emotional trauma the child has suffered more than one form of abuse, neglect or sexual abuse
- There have been three or more CPS interventions for serious incidents, indicating a chronic pattern of abuse, or severe neglect.
- CPS preventive measures have failed to keep the child safe with the parent.
- This child has been abandoned with friends, relatives, hospital or in foster care; or once the child is placed in subsequent care, the parent does not visit on his or her own accord

Factors Related to Ambivalence

- Previous placement of this child or other children
- Parent has asked to relinquish child on more than one occasion following initial intervention; previous relinquishment of a child
- Repeated pattern of uncertainty as to desire to parent
- Inconsistent contacts with the child
- Lack of emotional commitment to the child; parent dislikes child due to child's paternity
- Parent(s) consistently acknowledge ongoing problems with parenting

Factors Related to Parental History and Functioning

- Parental rights to another child have been terminated following a period of service delivery to the parent and no significant change has occurred in the interim (*)
- Siblings have been placed in foster care or with relatives for periods of time or have had placements by CPS
- Parent is under the age of 16 with no parenting support systems, and placement of the child and parent together has failed due to parent's behavior
- Parent is addicted to debilitating illegal drugs or alcohol
- Mother abused drugs/alcohol during pregnancy, despite medical advice to the contrary
- Pattern of documented domestic violence and refusal to separate
- Parent has a recent history of serious criminal activity and jail

Factors Related to Parental History and Functioning (continued)

- Parent grew up in care with multiple placements or in a family of intergenerational abuse
- Parent has degenerative or terminal illness
- Visible means of support derived from prostitution, drugs or other crimes
- Parent diagnosed with severe mental illness which has not responded to previous mental health services
- Parent diagnosed with a severe mental illness that responds slowly or not at all to current treatment modalities
- Parent is developmentally disabled, has shown significant problems in self-care, had has no kinship support system able to share parenting.

Benefits of Concurrent Case Plans

- **Back-up contingency plan**
- **Options counseling for the parent**
- **Absent fathers & immediate and extended family; early Indian heritage identification**
- **Completion of an early home study for resource family**
- **Foster parents as permanency**
- **Partnerships between biological parents, agency workers and foster parents**

Plan A consist of:

- **Short-term immediate goals and long-term permanency goals – Who will do what, when and how?**
- **Service linkages are key - drug treatment, domestic violence, mental health, family support**

The permanency option Plan B is usually adoption or permanent custody to a fit and willing relative. It includes:

- **Early search for and involvement of absent fathers & immediate and extended family; early Indian heritage identification**
- **Foster parents as permanency resources if reunification doesn't work out**
- **Completion of an early home study for resource family**
- **Partnerships between biological parents, agency workers and foster parents**

Plan B is what the department going to do to ensure permanency for this child in a timely manner if reunification with the birth parent does not happen within 12 months from the child's removal date.

Key Components of Concurrent Planning

Individualized assessment and intensive, time-limited work with birth families targeting the problems that necessitated foster care placement.

- **Role of the Case Manager is to assess, motivate and empower family in order to facilitate change.**
- **Plan for change must be focused, outcome based, and aimed at removing barriers to reunification.**

Full disclosure with birth parents about problems, changes, time frames and possible consequences.

- **Case Managers must learn to have the hard conversations with parents and openly and honestly discuss the options.**

Decrease length of stay in foster homes.

- **The longer a child is in transitional living, the more damage is done to the developmental process.**

Early identification and consideration of all permanency options.

- **We need to redefine success as permanency within a specified time frame-whether that is reunification or adoption.**
- **Identifying and considering all permanency options in creation of a case plan must begin very early in the process.**

Early, aggressive search for birth family resources to achieve permanency.

- **Case Managers need to look at placing a child within the family network by doing a diligent search for kin. Even if the mom says dad is a 'deadbeat', Case Managers need to pursue that relationship for the sake of the child. Many times the issues for why fathers are not involved with their children has more to do with the mother than the children.**

Frequent, constructive use of parent-child visitation as a part of reunification efforts.

- **Frequent visitation means at least 1 times per week.**

Early use of foster/adoptive or kinship placements.

- **Case Managers need to have a concurrent planning mindset as children go into placement. Early on we must look at who the children are who are least likely to go home and begin to look at families they can go to.**
- **Not all kinship families are willing to be short or long-term caregivers. Find out the commitment level early on in the process.**

Involvement of foster/adoptive and kinship caregivers in teaching and skill-building with birthparents.

- **Case Managers must be committed to the partnership between foster parents and birth parents and enable them to develop the ability and comfort level with each other to call and visit at unscheduled times.**
FTM can help set the stage for this type of relationship to develop.

Module 7a

CASE MANAGEMENT

LEARNING OBJECTIVES:

At the conclusion of this training the Case Manager will be able to:

Section A

- To identify and explain the impact of the stages of grief on placement.
- Demonstrate the strategies to support a stable placement during the Stages of Grief.
- Explain the importance of identity and self concept for a child in an out of home placement.
- Demonstrate and articulate how to help the child find his/her identity and develop a healthy Self-Concept and Self-Esteem with creating the Life Book.
- Explain contact standards for children in out of home placements.
- Demonstrate an understanding of a meaningful contact and the role of the Case Manager in ensuring the child's safety and well-being.

Section B:

- Explain the case management process of assessing and monitoring the case plan.
- Explain requirements for; completing a diligent search, children with American Indian heritage, Supplemental Supervision for children in placement, contact standards for children in care, and what to do when a child runs away from the placement.

Section C:

- Explain visitation requirements for children in placement with parents and siblings.
- Explain the benefits of frequent visitation from the TRIAD point of view.
- Demonstrate skills in building an effective TRIAD when there is resistance.

Section D:

- Identify ways to evaluate progress on the case plan goals.
- Explain the types of Case Plan Review

Stage: Shock Denial

<p>Behavioral Expression</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Indifference in effect and behavior <input type="checkbox"/> Lack of emotional reaction <input type="checkbox"/> Appearance of good adjustment for period of time <input type="checkbox"/> Performance of normal daily activities robot-like, lacking commitment or conviction <input type="checkbox"/> Emotional numbness; compliant, easy to please <input type="checkbox"/> Denial of loss
<p>Casework Implication (Children)</p>	<p>Compliant, unemotional behavior may be misinterpreted and the placement judged “an easy move.”</p> <p>When a child is thought to have handled the move without distress, later behavioral signs are often not recognized as part of the grieving process.</p> <p>A few children who have not developed strong attachments to his/her caregivers may not react at all when moved; this lack of response may indicate that the child’s ability to form relationships has been damaged, resulting in a lack of emotional response by the child in a placement that extends beyond the “shock.”</p> <p>The stage of grief process should be of considerable concern to Case Manager and Foster Parent.</p> <p>PHASE WHERE THE CHILD IS MOST LIKELY DESCRIBED AS BEING IN THE AN “EASY PLACEMENT”.</p> <p>HONEY MOON PHASE</p>

Stage: Anger or Protest

Behavioral Expression	<ul style="list-style-type: none"> <input type="checkbox"/> Oppositional and hypersensitive <input type="checkbox"/> Exhibiting angry outburst <input type="checkbox"/> Over-reacting to minor events <input type="checkbox"/> Blaming others <input type="checkbox"/> Verbal and physical aggression <input type="checkbox"/> In younger children: <ul style="list-style-type: none"> ○ physical symptoms ○ emotional outburst ○ tantrums <input type="checkbox"/> In older children: <ul style="list-style-type: none"> ○ destructive and aggressive behaviors ○ more complex behaviors such as lying and stealing
Casework Implication (Children)	<p>The child's behavior may be disruptive to the Foster Parent.</p> <p>Confrontations between the Foster Parent and the child may lead to a struggle for control resulting in the request to move the child.</p> <p>Many foster children undergo the psychological examination during this phase which may result in the child being inappropriately diagnosed as "severely behaviorally handicapped" or "emotionally disturbed" and may be punished for misbehavior</p> <p>The Foster Parent can be more supportive and helpful in redirecting the child's feelings if the behavior can be properly identified as part of the grief.</p> <p>PHASE WHERE THE CHILD IS MOST LIKELY TO BE MOVED.</p>

Stage: Bargaining

<p>Behavioral Expression</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Child may be eager to please and will make promises to be good <input type="checkbox"/> Child may try to undo what he/she feels he/she has done to cause placement <input type="checkbox"/> Child may believe that behaving or thinking in a certain way will bring about reconciliation and may develop ritualized behaviors <input type="checkbox"/> Child may try to negotiate agreements with Foster Parents or Case Manager <input type="checkbox"/> Child may appear moralistic in beliefs and behavior. <input type="checkbox"/> Child may bargain with God
<p>Casework Implication (Children)</p>	<p>The child's behavior represents a desperate attempt to control the environment and to defend against feelings of emotional turmoil.</p> <p>The child who believes he/she can reverse the placement by changing his/her behavior will experience a sense of failure when in reality, there is little chance of the child's behaviors producing the desired results of reunification.</p> <p>The Case Manager who understands this stage can provide needed support when the child realizes the ineffectiveness of the bargaining strategy and begins to experience the full emotional impact of loss.</p> <p>PHASE WHERE THE CHILD IS MOST LIKELY TO FEEL GUILT AND PERSONALLY RESPONSIBLE.</p>

Stage: Depression

Behavioral Expression	<ul style="list-style-type: none"> <input type="checkbox"/> Appears to have lost hope <input type="checkbox"/> May have decreased school performance <input type="checkbox"/> Social and emotional withdrawal <input type="checkbox"/> May be touchy, out of sorts, may cry easily <input type="checkbox"/> Anxious, easily frightened, listless <input type="checkbox"/> Activities are mechanical <input type="checkbox"/> Distractible, short attention span, unable to concentrate <input type="checkbox"/> Regressive behaviors <input type="checkbox"/> Generalized emotional distress
Casework Implication (Children)	<p>This is a critical period in the child's relationship with the parent; once the child has completed the grieving, it will be extremely difficult to re-establish the parent/child relationship.</p> <p>There may be a lapse of time between the separation and the onset of depression.</p> <p>Foster Parents may feel frustrated and helpless by their inability to comfort or help the child.</p> <p>The Case Manager who recognizes the child's depression as part of grief process will be more able to provide support or to increase visitation to prevent the child from emotionally detaching from the parent.</p> <p>PHASE WHERE THE CHILD IS MOST LIKELY TO FEEL SUICIDAL.</p>

Stage: Resolution

Behavioral Expression	<ul style="list-style-type: none"><input type="checkbox"/> Stronger attachments in the new home – finds place in family structure<input type="checkbox"/> Begins to identify as part of the new family/environment<input type="checkbox"/> Emotional distress decreases<input type="checkbox"/> Goal-directed activities recur<input type="checkbox"/> Emotional reaction to stress diminish
Casework Implication (Children)	<p>If the case plan includes permanent separation of the child from his/her family, behaviors suggesting resolution are generally positive signs.</p> <p>It is inappropriate and harmful for the child to resolve the loss of his/her family, however, if the case plan includes reunification.</p> <p>PHASE WHERE THE CHILD IS MOST LIKELY TO SUCCESSFULLY TRANSITION TO ADOPTION.</p>

Planning the Life Book

Planning the Life Book		Who has the information?
Content		
Where did I come from?	<p>My Birth</p> <p>*Date and time of Birth*Where I was born (picture if available)*Birth weight and length What I looked like (picture if available)</p> <p>Description i.e.: bald, lots of black hair, skinny arms and legs How I did i.e.: Came out crying, sucked thumb, wet on the doctor</p> <p>Medical Information</p> <p>Copy of Birth Certificate and/or foot prints</p>	
	<p>My Birth Family</p> <p>Mother</p> <p style="padding-left: 20px;">Physical Description</p> <p style="padding-left: 20px;">Age</p> <p style="padding-left: 20px;">Education</p> <p style="padding-left: 20px;">Skills and/or interest</p> <p style="padding-left: 20px;">Health and/or Mental Health Issues</p> <p style="padding-left: 20px;">Where she lived</p> <p style="padding-left: 20px;">Where she was born</p> <p>Father</p> <p style="padding-left: 20px;">Physical Description</p> <p style="padding-left: 20px;">Age</p> <p style="padding-left: 20px;">Education</p> <p style="padding-left: 20px;">Skills and/or interest</p> <p style="padding-left: 20px;">Health and/or Mental Health Issues</p> <p style="padding-left: 20px;">Where he lived</p> <p style="padding-left: 20px;">Where he was born</p> <p>Siblings</p> <p style="padding-left: 20px;">Physical Description</p> <p style="padding-left: 20px;">Age</p> <p style="padding-left: 20px;">Education</p> <p style="padding-left: 20px;">Skills and/or interest</p> <p style="padding-left: 20px;">Health and/or Mental Health Issues</p> <p style="padding-left: 20px;">Where she/he lived</p> <p style="padding-left: 20px;">Where she/he was born</p> <p>Extended Family (Grandparents/Aunts/ Uncles)</p> <p style="padding-left: 20px;">Physical Description</p> <p style="padding-left: 20px;">Age</p> <p style="padding-left: 20px;">Education</p> <p style="padding-left: 20px;">Skills and/or interest</p> <p style="padding-left: 20px;">Health and/or Mental Health Issues</p> <p style="padding-left: 20px;">Where she/he lived</p> <p style="padding-left: 20px;">Where she/he was born</p> <p style="padding-left: 20px;">Family rituals and traditions</p>	
	<p>Genogram</p>	

Who Am I?	Content	Who has the information?
	Early Milestones in My Life My 1st Word My 1st Step My trips to the Doctor Heights and Weights Immunizations Illnesses Funny things I did Not so funny things I did How I felt	
	School-age Milestones My 1st Day of School (pictures if available) The school (pictures if available) My teacher (pictures if available) What I wore What I did How I felt Other Schools I attended The school/grade The teacher What I liked best What I liked the least	
	Things I like Favorite foods Favorite toys Favorite story/book Favorite music Best friends Pets Favorite TV show	
	What I am good at Cooking Climbing trees Making people laugh Riding a bike Swimming	
My Culture		

How did I get here?	Content	Who has the information?
	Places I lived with my birth family Who I lived with (pictures if available) What the house looked like (pictures if available) Where I slept (pictures if available) Pets we had (pictures if available) Where I played (pictures if available) My Favorite thing about living here	
	My 1 st Foster Home Who I lived with (pictures if available) What the house looked like (pictures if available) Where I slept (pictures if available) Pets we had (pictures if available) Where I played (pictures if available) My Favorite thing about living here	
	Other places I've lived	
	Reason for separation from birth family	
Child's Ecomap		

How am I doing?	Content	Who has the information?
	What I do Sports I played Art work Report card and/or special report/test Activities i.e. scouts, gymnastics Hobbies	
	Daily Routines Mornings How I got up i.e. happy, didn't want to get up, set my own clock What I ate Evenings My night time routine Slept through the night for the first time What I liked to wear to bed What I want to be when I grow-up My Journal	
	Special Times Holidays Trips we took Awards Graduations Visitation with my birth family Special Presents	
	Special People (picture if available) Fun things we did together Why they are so special to me How we meet What I would like to say to them My Caseworker School teacher Religious influences Doctor CASA volunteer Foster Parent/Sibling Lawyer Judge Mentor	

	Content	Who has the information?
What's next?	What is the permanency plan	

Contact Standards for Monitoring the Child in Care



Foster Care 1011.15

Core Contact Standards

POLICY	PRACTICE – EVERYONE	PRACTICE – KENNY A
<p>Every child in care must have a monthly face-to-face visit by assigned CM</p>	<ul style="list-style-type: none"> ▪ Each child in care must have a face-to-face visit by a DFCS-assigned SSCM/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)

Core Contact Standards

POLICY	PRACTICE – EVERYONE	PRACTICE – KENNY A
<p>Visits must be purposeful</p>	<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
<p>A child who has a change in placement must be visited in their home/facility by the SSCM within one week of the change in placement</p>	<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

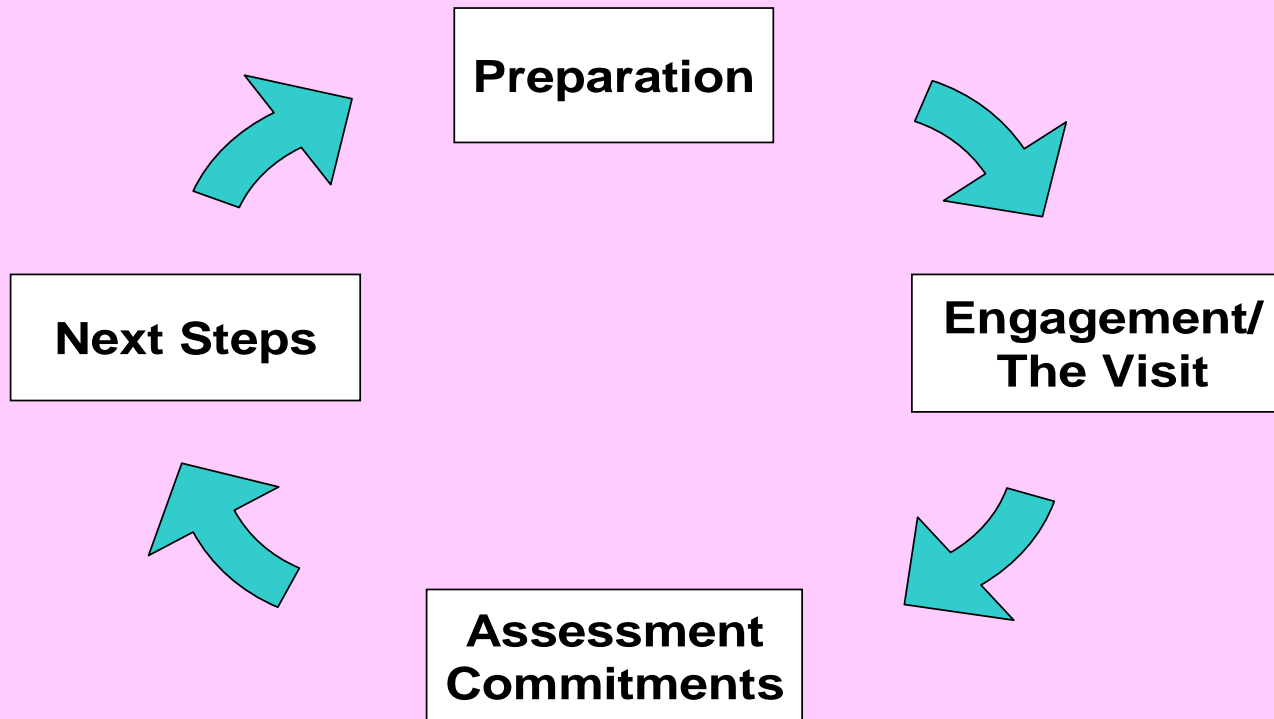
Out of County Placements

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)

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

The Four Step Process



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).

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.

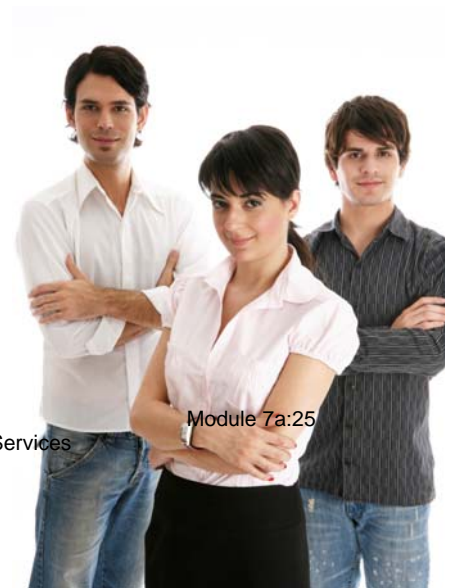
Intellectual/Cognition:

- ◆ 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

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.

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 “doover” 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.

Step Three: Assessment and Commitments

Activities:

- a. Elements of Assessment
 1. Information gathering
 2. Analysis
 3. Drawing Conclusions
 4. 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

Drawing Conclusions:

- ◆ determine which of the child’s needs are being met
- ◆ determine which needs are not being met

Decision Making:

- ◆ Create a strategy to address identified needs
- ◆ Consider 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.

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)

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?**

SO HOW CAN I INFLUENCE THIS CFSR OUTCOME AS A WORKER?

Performance Item 19: Case Manager visits with child

- Document contacts with the child and their caregiver pertaining to the placement (safety concerns, placement needs, identified needs of the child and or caregiver)
- Document individual contacts with the child which addresses the placement of the child including the treatment of the child, services being provided to the child, relationship with caregiver, education, etc.)
- Clearly document information gleaned from the child regarding unsupervised visitation with parents and the assessment of any safety issues identified



OPEN BOOK – OTHER POLICY

INSTRUCTIONS: WORKING INDIVIDUALLY, REVIEW THE POLICY REFERRANCE INDICATED IN YOUR POLICY MANUAL AND COMPLETE EACH QUESTION. YOU WILL HAVE 30 MINUTES TO COMPLETE THIS EXERCISE.

1002.3.1- 1002.3.5 “A reasonably diligent search is required by law (O.C.G.A.§ 15-11-55) to identify those individuals who may be considered a resource for placement or custody of the child. The search includes the parents or relatives of the child, as well as other persons who have demonstrated an ongoing commitment to the child.”

1. Which case manager is responsible for obtaining relevant information and documenting the search efforts? _____

2. At a minimum, the SSCM conducts the search by identifying who?
 - a. _____
 - b. _____
 - c. _____

3. What policy reference sets the requirements for children with American Indian Heritage? _____

4. Indicate 5 different sources that may be consulted in conducting the search.
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____

5. The search is completed, the results summarized via the CPRS, and a hard copy printed and filed with the court not later than _____ days of the child’s removal.

1011.11 “The county department may arrange for Supplemental Supervision (*child care less than 24 hours*) for a child placed in a relative or regular foster home when:

- (1) The foster parents work outside of the home; and/or
- (2) The foster parent (s) attends foster parent training”.

1011.12 “The Social Services Case Manager is responsible for the evaluation and monitoring of In-Home/Out-of-Home providers in accordance with DFCS criteria for approval. Such providers can care for no more than two children for payment and must have completed a Supplemental Supervision Evaluation before children can be served”.

6. What are the age requirements to receive Supplemental Supervision?

7. Do we reimburse foster parents for the cost of baby sitters to have a “date night?” _____

1011.15 “The SSCM maintains a relationship with the child in care and monitors the child’s safety and well-being. 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)”.

8. How often is the SSCM required to see the child placed in the home of a parent? _____

9. How often is the SSCM required to see the child in a relative placement?

10. How often is the SSCM required to see the child placed in a private agency foster home? _____

11. How often is the SSCM required to see the child in a group home placement?

12. How often is the SSCM required to see the child placed in an out-of-state placement? _____

13. How often is the SSCM required to see the child placed in RYDC?

14. How often is the SSCM required to see the child and parent in a long term foster care with agreement? _____

15. At what age is the SSCM required to meet with the child privately?

Chapter 1011.16 Requirement: “When a child runs away, the county department is to conduct a diligent search and make a missing person report to the appropriate law enforcement agency.”

16. Who must you notify as soon as possible?

17. You must report the child missing to the National Center for Missing and Exploited Children. What information must be provided at the time of the report?

Module 7b

CASE MANAGEMENT

LEARNING OBJECTIVES:

At the conclusion of this training the Case Manager will be able to:

Section A

- To identify and explain the impact of the stages of grief on placement.
- Demonstrate the strategies to support a stable placement during the Stages of Grief.
- Explain the importance of identity and self concept for a child in an out of home placement.
- Demonstrate and articulate how to help the child find his/her identity and develop a healthy Self-Concept and Self-Esteem with creating the Life Book.
- Explain contact standards for children in out of home placements.
- Demonstrate an understanding of a meaningful contact and the role of the Case Manager in ensuring the child's safety and well-being.

Section B:

- Explain the case management process of assessing and monitoring the case plan.
- Explain requirements for; completing a diligent search, children with American Indian heritage, Supplemental Supervision for children in placement, contact standards for children in care, and what to do when a child runs away from the placement.

Section C:

- Explain visitation requirements for children in placement with parents and siblings.
- Explain the benefits of frequent visitation from the TRIAD point of view.
- Demonstrate skills in building an effective TRIAD when there is resistance.

Section D:

- Identify ways to evaluate progress on the case plan goals.
- Explain the types of Case Plan Review

SO HOW CAN I INFLUENCE THIS CFSR OUTCOME AS A WORKER?

PERFORMANCE ITEM 20: CASE MANAGER VISITS WITH PARENT(S)

- Document contacts with parents inclusive of discussions related to all identified risk factors, case plan goals and identified safety areas.
- Document discussion with parent(s) regarding the services provided (inclusive of progress toward goals, value of services provided, frequency of services provided, permanency planning and resources available to provide support).
- Document all contacts with paternal families and the inclusion of paternal families in the case management process

PERFORMANCE ITEM 17: NEEDS AND SERVICES OF THE CHILD, PARENTS, FOSTER PARENTS

- Assessment is an ongoing component, clearly document assessed needs of the child and family throughout the life of the case.
- Document involvement of safety resources in the case planning processes including identifying any needs to support the placement.
- Document additional Family Team Meetings when new safety issues are identified.
- Document services provided from private providers including the appropriateness of the service, the identified area of risk the service should resolve, the effectiveness of the services and the quality of the service.
- If services are adjusted clearly document the reason for changes/closure and any new services provided.

Guidelines for Evaluating the Case Plan

- Pay attention to new information**

- Don't assume that the parent has been deliberately evasive**

when new information comes to light.

- Some new information is useful, some is not.**

- Be flexible and willing to change your mind.**

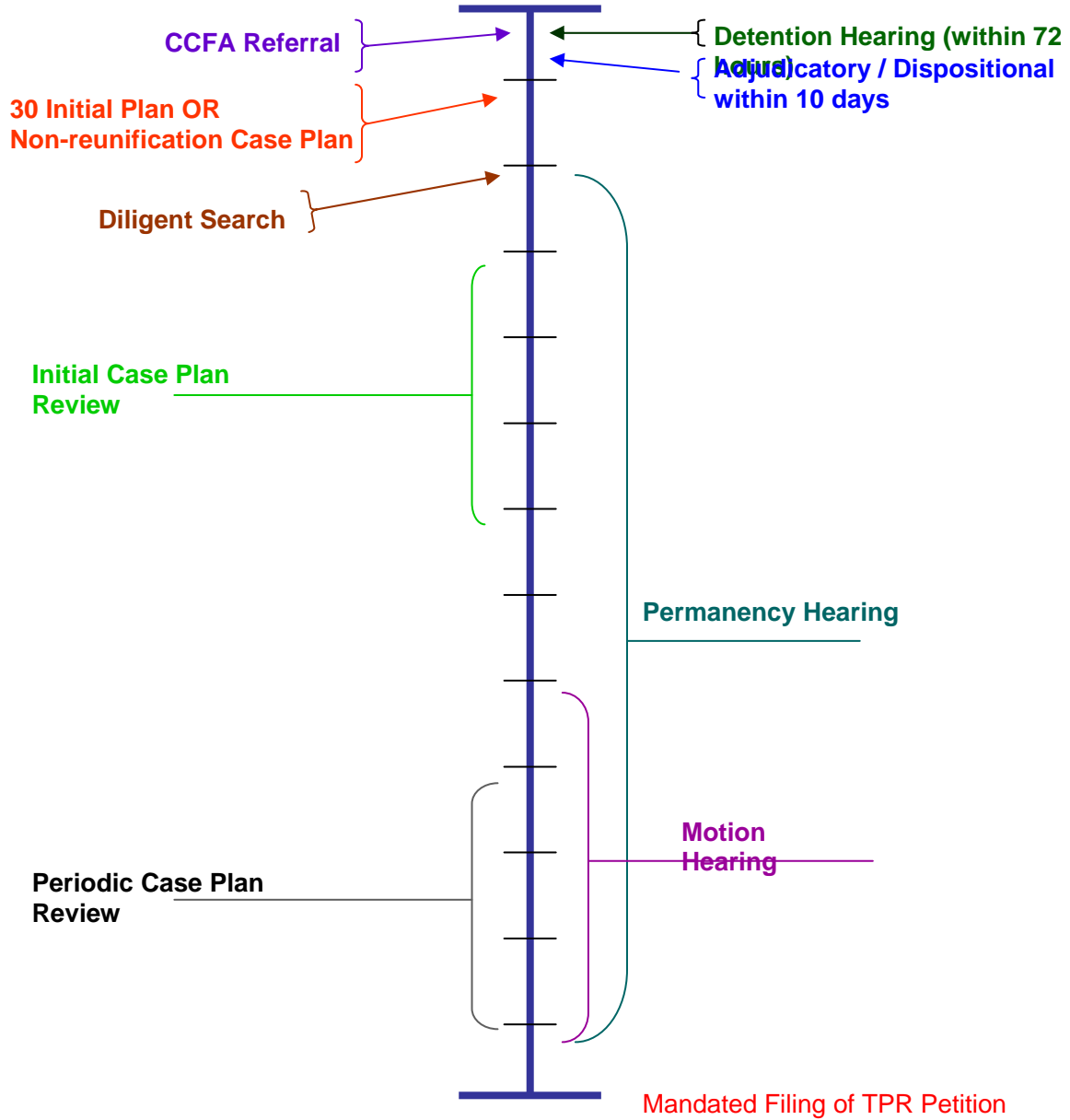
- Keep asking questions.**

- Is there progress?**

PERFORMANCE ITEM 8: REUNIFICATION, GUARDIANSHIP, OR PERMANENT PLACEMENT WITH RELATIVES

- Document all efforts to provide services to parents (including fathers) to enable them to provide a safe and stable home for their child(ren)
- Document contacts with family and attempts to assist them in obtaining access to services (transportation, funding, in-home providers, etc.).
- Document efforts to assist relatives with support services to create a permanent home for children.
- Document legal support for relatives to obtain legal custody of children still in their home prior to closing a CPS Family Preservation case.
- Document the efforts parents are making toward achieving their goals and any systemic barriers preventing them from obtaining services.

Critical Dates



Module Eight

Foster Care Reunification

Learning Objectives:

At the completion of this module case managers will be able to:



Section A: Phases of Family Reunification

To learn the steps in the reunification process and practice reunification skills.

Section B: Preparing for Reunification

To plan for closure

Section C: Closing the Case

Upon completion of this section, the case manager will be able to::

To review the processes that needs to be in place to close the case plan.

Reunification

“Family reunification is the planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families, and their foster parents or other service providers. It aims to help children and families achieve and maintain, at anytime, their optimal level of reconnection—from full reentry of the child into the family system to other forms of contact, such as visiting, that affirm the child’s membership in the family.”

The Reunification Process

Phase I

Bridging: creating a connection between the child’s home and the foster family

Goals:

- Preserving the child’s history
- Informing the child of family events
- Transferring strategies
- Modeling cooperation

Strategies and Tasks:

- Meeting with the foster parents
- Establishing the biological parent-foster parent relationship

Phase II

Opening: re-fitting a child into a family that has adapted to his/her absence and re-shifted his/her roles within the family—takes place on a physical and psychological level; finding tasks for all the members to participate in also helps reunite the family successfully.

- Physical space
- Family image
- Social/educational environment

Phase III

Building: there is usually a honeymoon phase of about two weeks following reunification, and family members need to be encouraged to think about and feel positively about what will happen when the honeymoon is over; the case manager is looking for opportunities to highlight the sense of family that is forming and praise parents and other family members for using new strategies and applying new skills

Tasks:

- Family meetings
- Recreation
- Traditions and rituals
- Others:

Source: Maluccio, A., Warsh R., & Pine,B. (1993). Together again. Washington, DC: Child Welfare League of America.

Reunification Practice Worksheet

Using the Culhane family, answer the following questions:

Bridging group

- What specific steps would you take to maintain the connection between family members during the placement?

- What are the “red flags” you should be looking for?

Opening group

- How exactly will you go through the reunification process?

- What needs to be said to each of the participants?

Building group

- How will you know if reunification is going well?

- What type of post-reunification supports might be needed?

Reunification Strategies

Define roles and relationships early in the casework process.

Help the family utilize their own strengths and resources and learn new ways to help themselves. Involvement with DFCS will end when this has been achieved.

Talk to each member of the family and make sure that everyone feels heard.

Ask family members individually about the progress they think they have made.

Plan for final closure.

Involve the family in planning for closure through case plan discussion and review. Set time frames for case closure.

Gradually decrease the case manager's direct involvement during this period.

Encourage and support the family in learning to manage problems for which they previously turned to the case manager.

Manage conflicted feelings about case closure.

Recognize that when a positive casework relationship has been developed, case closure may be experienced by the family as a loss.

The ending of this relationship may serve to reinforce the family's perception that people "come and go" from their lives at whim, that people are not to be trusted and that there are no permanent relationships. Closure may be viewed as abandonment and may precipitate a regression to previous ways of behaving and relating. Utilizing the approaches to discussing closure identified above can prevent or mitigate this regression.

Help the family carefully examine the impending closure and what has been gained in the casework process.

Recognize, though, that families may be glad and grateful that their involvement with DFCS is ending. Conflicted feelings about case closure are quite natural.

Acknowledge feelings of ambivalence toward case closure by both the case manager and family. Conflicted feelings can be resolved through acknowledgment of and talking about them.

Use self-examination during the closure process to help manage the intense feelings and reactions from the family. For both the family and case manager, impending case closure can trigger deep memories and feelings associated with separation. The case manager's ability to be aware and manage these personal reactions will facilitate a more positive case closure process.

Link the family to natural support systems.

Help the family to use their own inherent strengths, supports and resources that “naturally” exist within their environment.

Recognize that many families view the case manager as a source of support, even though they may never verbalize these feelings. As a result, there may be an increase in family problems and dysfunction when case closure is imminent.

Try to teach the family to rely with confidence on their own strengths and resources, and to access and utilize supports and resources in their families and communities. Such supports can include:

- linkage with family and extended family
- development of friendships
- membership in a church and a relationship with a pastor or minister
- the development of relationships with staff of community centers
- access to other community services

Identify those sources of support that are present within the family's own cultural and reference group. The “natural” sources of support may vary between cultural groups and communities. An eco-map can be drawn with the family to identify these natural support systems.

Encourage attachments to other relationships within the community.

Help family members to establish or strengthen relationships in their own family or community. Linkage with naturally occurring support systems can provide the family with relationships which can exist over long periods of time. Encourage and promote the development of these relationships as part of the case plan.

Help the family to identify potential supports and to develop skills to access them. Participation in groups (including therapy or support groups, education groups, or recreational groups), linkage to programs such as Alcoholics Anonymous, involvement in a church, or family counseling with immediate or extended family members are appropriate.

Remember that each closure is unique and should be addressed with sensitivity for whatever are the needs of the family. Often, the ending of the relationship means that the family has successfully achieved case plan goals and like all successes, it should be celebrated.

Contact all collaterals and other community agencies that have participated in the case, as a matter of courtesy and good practice, to inform them that the case is closing.

Used with permission by American Humane Association.

Reunification Strategies for the Culhane's

Define roles and relationships early in the casework process.

Plan for final closure.

Manage conflicted feelings about case closure.

Link the family to natural support systems.

Encourage attachments to other relationships within the community.

SO HOW CAN I INFLUENCE THIS CFSR OUTCOME AS A WORKER?

PERFORMANCE ITEM 5: FOSTER CARE RE-ENTRIES

- Prevent closing cases pre-maturely by negotiating for time limited after care services. Document the purpose for the after care as well as assessment of the family during the after care supervision.
- Document and assess safety for each child victim and ensure they are seen on a regular basis
- When having difficulty making contact, seek supervisory assistance.
- Develop discharge plans with the age appropriate child and safety nets for possible future concerns.
- Ensure and document child has connections to other supports prior to case closure.
- Utilize OFI resources to provide support for the reunification.
- Involve the child in discharge planning and Family Team Meetings when age appropriate (school age).

Reunification Case Considerations

- ? Have the issues that caused the removal been addressed and resolved?
- ? Have the parents made changes in their behavior and circumstances that were making the child unsafe and placing the child at risk?
- ? Have other issues that affect safety and risk been observed and documented?
- ? Has a reduction in risk and an increase in safety to the child been observed and documented?
- ? Have the visits with the child demonstrated the parent's ability to now care for the child?
- ? Has a trial placement been considered as a way to observe changes in the parent's ability to care for the child? Has the court approved this plan?
- ? Is there some confidence that the family will not relapse? Are appropriate supports in place to prevent relapse?
- ? Have reasonable efforts been made to identify, locate, and involve all the parents in the planning process, including both legal and biological fathers?
- ? Has the child's grief and need to reconnect to the family been recognized?
- ? Would this child be removed today?

Key Policies: [Foster Care 1009](#)

- 1009.17 – Trial Home Placement
- 1009.18 – Aftercare & Placement Supervision
- 1009.19 – Aftercare Time Limits
- 1009.20 – Aftercare Case Plan



How to Write a Closing Summary



1. Reason case was opened for services
2. Case Plan goals achieved to reduce risk
3. Services initiated or put in place to help achieve goals of case plan.
4. Any problems that came up during the life of the case
5. Current status of the family that resulted in risk reduction and completion of goals of case plan (reason why you feel as if the case should be closed)
6. Date and Your Signature
7. Supervisor's signature of approval

Thoughts on Termination of Parental Rights

“...defining family reunification as the successful outcome of placement appears to undermine both (1) the essential process of assessing with parents their interests in parenting, and (2) the practitioner’s ability to achieve permanency for children”

Hess, P. & Folaron, G (1991, July/August). Ambivalences: A challenge to permanency for children, *Child Welfare* (Vol LXX n. 4). P. 421

Home life is the highest and finest product of civilization. It is the greatest molding force of mind and character. Children should not be deprived of it except for urgent and compelling reasons”

“Some judges require an overwhelming amount of evidence before they will separate a child from his natural mother, so strong is the assumption that the child must be best off with his mother.”

Geiser, R. (1973). *The illusion of caring: children in foster care*. Boston: Beacon Press.

“...I have come to the conclusion that termination of parental rights is not a wise option unless there is a prospective adoptive parent available for the child. Otherwise, many children will be in the legal and psychological limbo of having no person they can identify as a parent.”

The Honorable Patricia R. Tamilya. (1992). A response to elimination of the reasonable efforts required prior to termination of parental rights status, *University of Pittsburgh Law Review* (Vol. 54:139), PP. 217-218.

Website References:

Education and Training: <http://dfcs.dhr.georgia.gov/portal/site/DHR-DFCS>

- Training and Field Practice Guide

- Training Resource Library
 - Placement Central and AFCARS

 - IDS

Online Policy Manual: www.odis.dhr.state.ga.us

Forms Online: <http://dfcs.dhr.georgia.gov/formsonline>

Public Health: <http://ph.dhr.state.ga.us>

Georgia Health Partnership: www.ghp.georgia.gov