Promoting Placement Stability and Permanency through Caseworker/Child Visits

A One Day Training Program
Promoting Placement Stability and Permanency through Caseworker/Child Visits

Acknowledgements:

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We are grateful to our colleagues at the Children’s Bureau/ACF/DHHS for their insight into the need for such a curriculum. Patsy Buida, National Foster Care Program Specialist at the Children’s Bureau and our Federal project officer for the National Resource Center for Family-Centered Practice and Permanency Planning has spearheaded this process and provided guidance and direction in making this curriculum a reality.

Our colleague’s at CWLA, Maureen Leighton and Joanne Matthews provided us with assistance in creating the direction for the curriculum’s structure. They were instrumental in helping us adapt the four step planning process from the Foster PRIDE/Adopt PRIDE Curriculum as well as the focus and curriculum content on attachment.

We want to recognize the amazing job done by Allison Hurwitz, MA-ATR who was the research assistant on this project. She is responsible for the creating the seven developmental checklists which are a corner-stone of this curriculum.

Introduction:

Promoting Placement Stability and Permanency through Caseworker/Child Visits is a one day competency-based curriculum.

The curriculum addresses the following caseworker competency and learning objectives:

Competency:

Caseworker knows how to structure and conduct caseworker/child visits to promote placement stability, well being, and permanency.
Learning Objectives:

- Recognize the relationship between caseworker/child visits and placement stability and permanency.
- Explain the impact of foster care placement on attachment.
- Explain the three elements of an empowering approach to child welfare practice to achieve placement stability and permanency.
- Describe three interpersonal helping skills.
- Explain three elements of assessment.
- Explain the difference between open and close-ended questions.
- Describe how encouraging, paraphrasing, and summarizing skills can promote effective helping relationships.
- Define the three areas of assessment; safety, well being and permanency for caseworker/child visits.
- Describe the four steps of a caseworker/child, youth and foster family visit.
- Demonstrate planning for a caseworker/child, youth and foster family visit.

This curriculum is intended to be part of either pre-service or ongoing training within a child welfare organization. It builds on the concepts of attachment, strengths-based assessment and planning, child and youth development, effective interviewing and organizing contacts. It allows caseworker’s to practice some of the skills through role plays and preparatory activities. The seven developmental checklists are tools for caseworker’s to use as they begin to more intentionally structure their visits to focus on safety, permanence, and well being.
Modules At-A-Glance

Module One: Setting the Stage – Reviewing the Current Federal and State Child Welfare Mandates

Learning Objectives:

- Recognize the relationship between caseworker/child visits and placement stability and permanency.
- Explain the impact of foster care placement on attachment.

<table>
<thead>
<tr>
<th>Activity Name</th>
<th>Time</th>
<th>Materials Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity One: Welcome and Expectations</td>
<td>10 minutes</td>
<td>Flip chart and markers</td>
</tr>
<tr>
<td>Activity Two: Reviewing Current Federal and State Child Welfare Mandates</td>
<td>20 minutes</td>
<td>Handout: Important Provisions of the Adoption and Safe Families Act Handout: CFSR Table</td>
</tr>
<tr>
<td>Activity Three: The Importance of Safety, Permanency, and Well-Being from the Child’s Perspective</td>
<td>15 minutes</td>
<td>Handout: My Name is Jennifer Worksheet: Jennifer’s Needs</td>
</tr>
</tbody>
</table>

Module Two: An Empowering Approach to Child Welfare Practice

Learning Objectives:

- Explain the three elements of an empowering approach to child welfare practice to achieve placement stability and permanency.
- Describe three interpersonal helping skills.
- Explain three elements of assessment.
### Module Three: Developmental Approach to Assessing Safety, Permanency and Well Being

**Learning Objectives:**

- Explain the difference between open and close-ended questions.
- Describe how encouraging, paraphrasing, and summarizing skills can promote effective helping relationships.
- Define the three areas of assessment; safety, well being and permanency for caseworker/child visits.

<table>
<thead>
<tr>
<th>Activity Name</th>
<th>Time</th>
<th>Materials Needed</th>
</tr>
</thead>
</table>
Module Four: Planning for the Visit with the Child, Youth and their Foster Family

Learning Objectives:

- Describe the four steps of a caseworker/child, youth and foster family visit.
- Demonstrate planning for a caseworker/child, youth and foster family visit.

<table>
<thead>
<tr>
<th>Activity Name</th>
<th>Time</th>
<th>Materials Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity One: The Four Step Planning Process</td>
<td>40 minutes</td>
<td>Flip chart and markers Handout: The Four Step Planning Process Handout: Jennifer Case Update</td>
</tr>
<tr>
<td>Activity Two: The Visit Plan Promise</td>
<td>5 minutes</td>
<td>Postcards</td>
</tr>
</tbody>
</table>
Module One: Setting the Stage – Reviewing the Current Federal and State Child Welfare Mandates

Learning Objectives:
- Recognize the relationship between caseworker/child visit and placement stability and permanency.
- Explain the impact of foster care placement on attachment.

Materials Needed:
- Flip chart
- Markers
- Handout: Important Provisions of the Adoption and Safe Families Act
- Handout: CFSR Table
- Handout: My Name is Jennifer
- Worksheet: Jennifer’s Needs

Estimated Time:
- 45 minutes
Activity One: Welcome and Expectations

Facilitator welcomes the participants and introduces self and colleagues. Facilitator should provide background information and share professional experience related to working with children and families in the foster care system. Facilitator explains the objectives of this training program, reviews the agenda and sets ground rules for the session.

Examples of Ground Rules:

- Only one conversation at a time
- Respect one another’s opinion
- Participants should tell presenters when they feel lost

Ask participants to introduce themselves, giving their name, agency and one expectation for our time together. Record expectations on the flip chart. State that during our time together there will be further opportunities for additional questions and assistance during the breaks.

State that this training program will focus attention on our work with children and youth who are in placement. We will pay special attention to structuring our in person visits and providing strategic questions that help assess safety and well being. We will use the service plan as a working document to assess progress towards permanency.

State that we are now going to get to know each other. Ask participants to choose a partner that they do not know very well. Instruct them to find out two things that they have in common that are not apparent and one success they have had in promoting permanency with children, youth and families in the last few months. Give them 90 seconds to do so and then ask the pairs to freeze. Ask for volunteers to share the results of their interviews. Ask the groups to repeat the process again by finding another person to interview.

State that in our work with children, youth and families it is essential to develop helping partnerships. This activity gives us a chance to think about how we ask questions and engage with people. It is also important to build on our successes and share them with others.

State that now we will examine the recent changes and research in child welfare practice and how can use this information in our practice.
Activity Two: Reviewing Current Federal and State Child Welfare Mandates

Introduce the Adoption and Safe Families Act.

The Adoption and Safe Families Act (ASFA) was passed in November of 1997. It was designed to promote safety and permanency for children through its emphasis on adoption. ASFA also identified circumstances under which reasonable efforts to reunify are not required and shortened the timeframe for initiating proceedings for the termination of parental rights. In addition, ASFA provided incentive payments to states to encourage adoption of children out of foster care. (U.S. Department of Health and Human Services, 2003).

Refer to the Handout: Important Provisions of the Adoption and Safe Families Act and briefly review. While you are probably familiar with ASFA let’s briefly look at some of the provisions of the law that impact permanency planning for children in foster care are:

- Reasonable efforts must be made to preserve families before children can be placed in foster care and to reunify families and make it possible for children to return home safely. Children’s health and safety must be the paramount concern throughout this process.

- Agencies do not have to make reasonable efforts to reunify families under certain specific circumstances when the child or a sibling has been severely abused or the parent has previously had parental rights terminated. In these cases, a permanency hearing must be held within 30 days and the state must make reasonable efforts to place children permanently in families.

- Permanency planning hearings must be held within 12 months of children’s entry into care. At the hearing, a permanent plan must be determined. The plan may be reunification, adoption, guardianship or other planned permanent living arrangement.

- A petition to terminate parental rights must be filed on behalf of any child, regardless of age, who has been in foster care 15 out of the last 22 months. Exceptions can be made if the child is cared for by a relative or there is a compelling reason why filing is not in the best interest of the child.

- States are permitted to place children in a home willing to adopt or in other permanent placements concurrently with the efforts to reunify the child with his or her family.
Foster parents, pre-adoptive parents, or relatives caring for children must be given notice of and opportunity to testify at any review or hearings involving those children.

Promote a discussion of the outlined provisions by asking any of the following questions:

- To what degree do you see the provisions being implemented?
- Have you seen a change over the past seven years in how permanency planning is done?
- To what degree do you feel the provisions are resulting in improved outcomes?
- What do the provisions NOT cover that you feel could result in improved outcomes?

**NOTE:** You may list on a flip chart any identified barriers to positive outcomes and any identified strategies toward positive outcomes that arise during this discussion. Use this discussion to move into a presentation of the national statistics related to ASFA.

State that ASFA has resulted in some progress toward positive outcomes for children in care.

Studies show that the passage of ASFA has promoted increased adoption of children in foster care. A report by the US General Accounting office in December of 1999 cites that over the four year period from Fiscal Year (FY) 1995 to FY 1998, adoptions increased by 38 percent.

According to the Children’s Services Report (1999), 36,000 children were moved from foster care to permanent homes in 1998, an increase of about 5,000 over 1997 statistics. According to AFCARS estimates (ACF, 2004), in FY 1998 there were 559,000 kids in foster care and 37,000 kids who were adopted while in FY 2002, there were 532,000 kids in foster care and 53,000 who were adopted.

These statistics suggest that since the passage of ASFA in 1997, there have been modest reductions in the number of children in foster care (5%) and more substantial increases in the number of children who have been adopted (30.2%).

Note that despite this progress the plight of children in foster care continues to be of great concern.

While progress has been made since the passage of ASFA seven years ago, the statistics are still grim concerning the plight of children in foster
care. According to a recent study by the Pew Commission (2004), half a million children and adolescents are in foster care in our country on any given day and live in an average of three different placements during their time in foster care.

Almost half of these children spend at least two years in out of home placements, with nearly twenty percent of this population spending five or more years in foster care. In addition, this study also found that many children do not receive the appropriate educational, medical and mental health services that they needed while in care.

Though we have made impressive gains in promoting permanency for children and youth we still have work to do. The recent findings by the Pew Commission (2004) highlight the need for strategies to promote placement stability and focus on child and youth well being while in foster care.

Explain the use of the Child and Family Service Review to improve outcomes for children in care.

In 2001, the Department of Health and Human Services’ (HHS) Administration for Children and Families (ACF) implemented the Child and Family Services Reviews (CFSR) in order to increase states’ accountability and improve existing means of monitoring compliance (U.S. General Accounting Office, 2004). The CFSR uses states’ data profiles and statewide assessments, as well as interviews and on-site case review, in order to measure state performance on 7 outcomes and 7 systemic factors (U.S. General Accounting Office, 2004).

State that an important focus of the CFSR review is to monitor progress toward safety, permanency, and well being.

The CFSR process reviews the statewide data indicators and qualitative measures to determine state achievement in the following areas:

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

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

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

Explain that the CFSR also focuses on the systemic factors that directly impact the state’s capacity to deliver services that support improved outcomes.

The CFSR also focuses on the systemic factors that directly impact the state’s capacity to deliver services that support improved outcomes.

The systemic factors under review for each state include:

- the statewide information system
- the case review system
- the quality assurance system
- staff training and development
- array of services
- agency responsiveness to the community
- foster and adoptive parent licensing, recruitment and retention rates

Explain that states develop a Program Improvement Plan (PIP) that is designed to address the issues found in the CFSR.

For each of the outcomes and systemic factors, a number of performance indicators will be evaluated. Performance on these indicators will be used to determine whether states are in substantial conformity on each outcome and systemic factor. ACF will then work with states that do not achieve a rating of ‘substantial conformity’ to develop a PIP (National Child Welfare Resource Center for Organizational Improvement Newsletter, 2001).

The review process provides states with the opportunity to develop plans to address systemic barriers to positive outcomes. These plans in turn are monitored for progress toward the state’s goals. Program improvement plans must describe the steps that will be taken to correct identified weaknesses. In addition, program improvement plans must also set up standards to measure the State’s progress in putting the steps in the plan into practice. PIPs are also a good way to evaluate the effectiveness of these plans.

Note that one interesting result of the review process is that we are gaining significant information about what works and does not work.
Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs which is measured by looking at the following four indicators:

- Providing services to children, parents, foster parents (Item 17)
- Involving children and parents in case planning (Item 18)
- Caseworker visits with child (Item 19)
- Caseworker visits with parents (Item 20)

State that while no states achieved a rating of ‘substantial conformity’ on all four measures of Well-Being Outcome 1, ten states did show a strength rating in the area of caseworker visits with child (item 19): Arizona, Delaware, Kansas, Massachusetts, New York, North Carolina, California, Connecticut, Ohio & Tennessee.

Through the review process, it was found that there is a significant positive relationship between caseworker visits with children and a number of other indicators for safety, permanency and well-being. These indicators include:

- Providing services to protect children in the home and prevent removal
- Managing the risk of harm to children
- Establishing permanency goals
- Achieving reunification, guardianship and permanent placement with relatives
- Achieving the goal of other planned living arrangements
- Placement with siblings
- Preserving children’s connections while in foster care
- Maintaining the child’s relationship with parents
- Assessing needs and providing services to children and families
- Involving children and parents in case planning
- Caseworker visits with parents
- Meeting the educational needs of the child
- Meeting the physical health needs of the child
- Meeting the mental health needs of the child

For further clarification, **Handout: CFSR Table** shows a complete listing of the safety, permanency and well-being outcomes and indicators that were assessed by the CFSR in fiscal years 2001 & 2002 as well as states’ level of compliance with these measures. Those indicators that were found to be significantly correlated with caseworker visits with children (item 19) have an asterisk (*) next to them.
Note that one of the most important things we have learned through the review process is the importance of caseworker visits to the child in foster care.

Certainly we have always known that a caseworker’s relationship with a child is important. But the CFSR process has demonstrated that completion of caseworker-child visits has a positive correlation with most of the outcomes being measured. Caseworker-child visits help assure safety, permanency, and well-being. This makes sense. We have always known that the relationship provides the foundation and context for our work in child welfare.

**NOTE:** Review specific policies on child/caseworker and caseworker/foster family visits for your state and insert this information here.

State that the research linking child visits with positive outcomes presents both an opportunity and a challenge.

It is encouraging to know that we are making progress toward achieving positive outcomes for children in care. Research linking caseworker visitation with the child to more positive outcomes presents us with an opportunity and a challenge. It is now more critical than ever to promote positive relationships with children and with their foster families.

This is particularly important when you consider what happens to children who experience poor outcomes. The CFSR process certainly has shown us where we are and are not achieving. But it is the real lives of children—not just research and statistics-- that can truly speak to us of the importance of safety, permanence, and well-being from the child’s perspective.
Activity Three:  The Importance of Safety, Permanency, and Well-Being from the Child’s Perspective

Note that when children do not experience safety, permanency, and well-being their over-all development will be affected.

One of our greatest concerns for children is that they develop strong and healthy attachments. Attachment is the most fundamental developmental task that provides the foundation for basic growth and development. The child who is not kept safe, is abused or neglected, and experiences separations and losses will find it difficult to trust and develop positive relationships.

Ask participants what babies and children need to promote positive attachment.

State that we are going to briefly review how attachment develops. What do children need in order for attachment to develop?

Ensure that the following is covered:

*Attachment develops when the child’s needs are met. This starts at birth when the child experiences hunger and is then fed. The meeting of needs over time provides consistency and predictability, and leads to trust.*

**NOTE:** The trainer may diagram the circle of attachment (below) if it appears that the groups needs a review on how attachment develops.
Explain that one of our biggest concerns is to help ensure that the child needs are met so that attachment develops.

One of our biggest concerns is to help ensure that the child needs are met so that attachment develops. Strengthening the child’s ability to form healthy attachments is a goal that we can consider for each and every child in care. This does not mean that all children have attachment disorders or even problems. But we know that the circumstances that bring a child into care—trauma, abuse, neglect—make it more difficult for that child to form healthy attachments. The nature of placement, with its inherent separation and loss, makes the task even more challenging. And finally, the child welfare system itself—often unable to assure stability or timely permanence—may increase the risk of children developing attachment problems. Thus all children in care are at risk in the area of attachment. Our assessment and intervention with children in care must always consider how to strengthen attachment.

Note the importance of understanding the child’s needs—especially what may be unique needs of a child who is in placement.

It is important that we work to understand the child’s needs. Children in family foster care may have needs that are not necessarily like those of other children in their age group.

Let’s listen to the voice of a teen who tells us about her experiences in placement. Think about all that you know about attachment and its impact on the child’s development. Listen to Jennifer’s story and consider what we can learn about what children need.

Refer to Handout: My Name is Jennifer and read aloud to the group.

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

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

Ask participants how Jennifer described what she needed as a child.

Jennifer did not state “My needs were not consistently met over time.” Nor did she state “I needed consistency and predictability.” However, in her own words she does describe these needs. How does Jennifer remember and describe her needs?

Ensure that the following is covered:

Jennifer states that she needed her mom, that she wasn’t being taken care of, and that she felt a great emptiness. She also stated that she needed for the confusion to end.

Summarize the discussion.

Indeed a teen is not going to discuss their experiences like a textbook case. We have to listen closely for the clues to begin to understand what the child experienced. Jennifer actually has a very good memory and provides us with many clues about her attachment history. Let’s look at some of her statements and what they may help us to understand about Jennifer.

Refer participants to back to Worksheet: Jennifer’s Needs and conduct an activity.

Divide participants into pairs or groups.

Ask them to take each of the identified statements in the left column and discuss what they think the statement indicates about what Jennifer may have needed as a child in order to develop stronger and better attachments.

Explain that they need to move quickly as they only have 10 minutes. Let the groups know when two minutes remain.
Process the activity by having the different groups report their responses.

The following may assist you in processing the activity:

<table>
<thead>
<tr>
<th>Statement</th>
<th>What does this indicate about what Jennifer may have needed to support positive attachment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t know when I realized that I was different from other kids. It feels like something I always knew. Like I was born with it.</td>
<td>Better self esteem and more connection to others; consistent care would have provided her with a better sense of self-worth.</td>
</tr>
<tr>
<td>That there was something bad about me.</td>
<td>To know she was important and cared for.</td>
</tr>
<tr>
<td>Told me I was a drug baby.</td>
<td>To know she was lovable.</td>
</tr>
<tr>
<td>They put me in foster care because no one was taking of me and I wasn’t growing.</td>
<td>She needed to have her basic needs met.</td>
</tr>
<tr>
<td>I needed my mom.</td>
<td>She needed a primary nurturing figure to meet her needs.</td>
</tr>
<tr>
<td>I needed for the confusion to end.</td>
<td>She needed the stability that develops when one’s needs are met.</td>
</tr>
<tr>
<td>When I was little and would see my Mom, I didn’t know what to do.</td>
<td>She needed to see her mother enough to know her and know how to respond.</td>
</tr>
<tr>
<td>I don’t remember a lot about my parents.</td>
<td>She needed more care and attention and more consistent care by her parents.</td>
</tr>
<tr>
<td>I needed for the hurt deep inside of me to go away. That’s all I could think about.</td>
<td>Children who are not attached have difficulty thinking about anything except themselves and their own needs – making it even more difficult to build attachment. Jennifer needed help to deal with this hurt so she could attend to other developmental tasks.</td>
</tr>
</tbody>
</table>
Summarize the activity.

This activity provided us with an opportunity to review what we know about early attachment.

It is clear that Jennifer had a lot of needs that were not met. Even at a young age her basic needs were not met. While we don’t have a clear picture of her moves in and out of foster care, we know that she experienced multiple separations. We already have the indications that Jennifer will have difficulty with self-esteem, relationships, and being able to see beyond her own needs.

The more we understand about what children need, the more we can work with the child to help ensure that those needs are met.

State that now we are going to discuss an empowering approach to practice and how it can help us promote placement stability and permanency.
Module Two: An Empowering Approach to Child Welfare Practice

Learning Objectives:

- Explain the three elements of an empowering approach to child welfare practice to achieve placement stability and permanency.
- Describe three interpersonal helping skills.
- Explain three elements of assessment.

Materials Needed:

- Flip chart
- Markers
- Handout: Empowering Approach to Practice
- Handout: Elements of Assessment
- Handout: The Evolving Service Plan Agreement

Estimated Time:

- 45 minutes
Activity One: An Empowering Approach – The Three Phases

State that in order for caseworkers to achieve placement stability and permanency it is important to create a framework for strengths-based, child centered, family focused services. This curriculum introduces caseworkers to the phases and processes of empowering practice developed by B. DuBois, K. Miley, and M. O’Melia in their book Generalist Social Work Practice – An Empowering Approach.

State that the empowering approach guides caseworkers through three phases:

- Dialogue,
- Discovery,
- Development.

These phases are important in achieving permanency by developing relationships with the child, family and caregiver, assessing strengths and needs, constructing achievable service plans, and implementation through activating resources, creating alliances and expanding opportunities.

State that during the dialogue phase child, family and caregivers discuss their situation, goals, and strengths. Through this exchange caseworkers define their relationship with child, families, and caregivers as a collaborative partnership to which all contribute. In this phase, they define the purpose of the relationship and the focus of their work together.

Explain the importance of developing a helping relationship with children, youth, families and caregivers. (CWLA, The Caseworker Client Relationship Module V, Session 1)

> Developing a helping relationship with children, youth and their families is critical to helping them change the conditions or the patterns of behavior that caused the agency intervention. The relationship begins with the very first contact with the child, youth and their families and continues to develop with ongoing caseworker and client communication and interaction. By definition, relationships have a strong emotional component. Good relationships don’t just happen they must be built and nurtured. The caseworker-client relationship does not result from a caseworker’s charismatic personality or a mystical connection between people. It is not essential, in fact, that the client personally like the caseworker for an effective relationship to be developed. Rather, it is a product of the caseworker’s commitment to helping the client, an ability to relate effectively to the client on an interpersonal level, and the client’s willingness to be open and risk “relating” to the caseworker. Obviously, you cannot control the client’s behavior, but you can control your own. Your behavior toward children, youth, families and caregivers can significantly increase the chances that a positive relationship will develop.
State the **genuineness, empathy** and **respect** are the interpersonal building blocks for the caseworker/client relationship.

Divide participants into small groups. Distribute flip chart paper and markers to each group. Ask them to think about Jennifer and how they can demonstrate genuineness, empathy and respect in their work with her. Ask each group to appoint a recorder and reporter. Allow ten minutes to complete this activity. Reconvene in the large group and ask each reporter to share the top two discussion points about demonstrating genuineness, empathy and respect in your work with Jennifer.

Make sure the following points are identified:

**Genuineness:** Being real, being yourself; verbal and non-verbal behaviors match; being spontaneous and non-defensive.

**Empathy:** Communicating understanding; connecting with feelings; recognizing non-verbal cues; discussing what is important to the client; showing a desire to understand their feelings.

**Respect:** Showing commitment; communicating warmth and suspending critical judgment; applauding the client’s resiliency.

During the dialogue phase, collaboration centers on:
- Building partnerships based on respect, genuineness, acceptance, trust, and an appreciation of cultural differences and similarities within and amongst groups:
- Defining their respective roles:
- Discuss child, families and caregivers experiences with challenging situations:
- Defining the purpose of the work;
- Activating child, families and caregivers motivation for change;
- Addressing crisis needs.

State that during the discovery phase, caseworkers continue to assess, and systematically explore resources on which to build solutions. Together they organize the information gathered during the assessment and develop a service plan agreement. During this phase, collaboration centers on:
- Exploring the child, youth, family and caregivers strengths;
- Exploring the resources in the child’s, youth’s, families and caregivers environment;
• Collecting relevant information from all collateral sources;
• Assessing capabilities of available resource systems;
• Developing a service plan with specific goals and concrete objectives.

State that in the dialogue phase we begin assessment through building the caseworker/client relationship but as we move into the discovery phase assessment and planning are our major intentional activities.

Ask the group what guides their assessments. Record their responses on the flip chart.

Divide participants into groups of approximately 5 people. Distribute a photograph to each group. Ask the group to answer the following questions about their photo.

• What are the people in the photograph doing?
• Why are the people doing what they are doing?
• What can you infer from what you see about the people in the photograph?

Give groups 5 minutes to answer the questions and ask each to report to the group their findings.

State that this is an unfair activity because one cannot answer the last two questions. We can guess – but how accurate can we truly be. This is the danger with an assessment. Assessments can be used to infer all kinds of information about the children, youth and families. The best assessments can only be like a photograph – a moment captured in time.

Ask participants to share ideas on how to keep ourselves from falling into this trap. Write responses on the flip chart.

State that when we think about conducting assessments with children, youth, and families our process must be multi-dimensional – assessing safety, well being and permanency.

Highlight that an assessment is both a process as well as a product. This assessment process is a dynamic one by which information is being collected by various sources and coordinated into a plan driven by the client with the support of caregivers and staff. The product of the assessment is the service plan agreement.

Review that assessment is a continuous process of information gathering and analysis for the purpose of maximizing the strengths of an individual, while minimizing their challenges. A good assessment will assist in making decisions about the need for change and the actions that will promote it. The
nature of the decision to be made informs the types of information to be gathered, the methods used to gather it, and the process used to analyze it.

Briefly review the elements of assessment:

**Information Gathering**: The element of assessment considers underlying conditions (perceptions, beliefs, values, emotions, capability, self-concept, experience, development, family system, and culture) and contributing factors (mental illness, substance abuse, domestic violence, developmental disabilities, physical impairment, inadequate housing, environment which includes inadequate income and social isolation) that influence an individual’s strengths and needs.

**Analysis**: The essential review of underlying conditions and contributing factors provides the general framework. These two elements influence an individual’s strengths and needs and impact upon the strategy or intervention chosen.

**Decision Making**: The strategy of choice is dependent upon ascertaining what needs are being met by the present state of functioning as well as the individual’s view and feelings of her/his issue or situation.

State that finally we come to the development phase, all parties work together to activate interpersonal and institutional resources, create alliance with other systems, and expand opportunities through resource development. During this phase, collaboration centers on:

- Operationalizing the service plan;
- Accessing resources necessary to achieve the goals in the service plan;
- Creating alliances among persons and organizations to accomplish the service plan;
- Enhancing opportunities and choices by creating additional resources;
- Evaluating ongoing progress and outcomes.

Review with the group that creating and implementing a service plan is an evolving process. Summarize that the service plan changes as the professional relationship and the focus of the work progresses over time. Distribute and review the **Handout: The Evolving Service Plan Agreement** as it follows the three phases of empowering practice.
<table>
<thead>
<tr>
<th>Phase</th>
<th>Type of Agreement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialogue</td>
<td>Relationship Agreement</td>
<td>Agreement to form a working relationship and define direction</td>
</tr>
<tr>
<td></td>
<td>Conducting Strengths Based Assessments</td>
<td>Agreement to explore the situation, assess strengths/needs, and resources available</td>
</tr>
<tr>
<td>Discovery</td>
<td>Agreement for Change – Develop Service Plan</td>
<td>Agreement on service plan.</td>
</tr>
<tr>
<td>Development</td>
<td>Conclude the Relationship</td>
<td>Agreement to conclude the caseworker-client relationship as plan has been achieved.</td>
</tr>
</tbody>
</table>

State that now that we have a framework for our work. We are going to focus on how to use face to face visits to focus on safety, permanency and well being. We will also discuss the types of questions that promote the helping relationship and develop effective caseworker-client partnerships.
Module Three: Developmental Approach to Assessing Safety, Permanency and Well Being

Learning Objectives:

- Explain the difference between open and close-ended questions.
- Describe how encouraging, paraphrasing, and summarizing skills can promote effective helping relationships.
- Define the three areas of assessment; safety, well being and permanency for caseworker/child visits.

Materials Needed:

- Flip chart
- Markers
- Handouts: Seven Developmental Milestones
- Handout: Safety Checklists and Well Being Questions for Infants
- Handout: Safety Checklists and Well Being Questions for Toddlers
- Handout: Safety Checklists and Well Being Questions for Pre-school
- Handout: Safety Checklists and Well Being Questions for School Age
- Handout: Safety Checklists and Well Being Questions for Early Adolescence
- Handout: Safety Checklists and Well Being Questions for Middle Adolescence
- Handout: Safety Checklists and Well Being Questions for Late Adolescence
- Worksheet: Observation Form

Estimated Time:

- 120 minutes
Activity One: The Caseworker’s Role in Assessing and Promoting Safety, Permanency, and Well-being

State that visitation with children and youth enables a case to assess how well a child’s placement is meeting his/her needs for safety, permanency and well-being. State that safe, stable, nurturing placements require that the caseworker work together with caregivers to collect as much information about the child as possible.

When working with youth it is important to include them as active members of the team. Youth should be included in all decisions that affect their lives. This will help to make it more likely that the youth’s needs will be met and that s/he will be able to establish positive relationships.

Briefly review what is meant be safety, permanency, and well being and how these concepts can be used to structure visits with the child, youth and their foster family.

- Safety means protecting children from harm, including physical, sexual, and emotional abuse, as well as neglect; ensuring that when children and youth leave foster care, they remain safe with a permanent family; providing housing and other services to young people who leave care to live on their own as adults as 18.

- Permanency means that a child has stability and permanency in their living situations and the continuity of family relationships and connections are preserved.

- Well being includes a child’s physical, emotional health, developmental and educational needs, and cultural identity must be addressed.

Divide participants into seven groups:
- Infants (0-18 months),
- Toddlers (18-36 months),
- Preschoolers (3-6 years old),
- School Age Children (7-9 years old),
- Early Adolescence (10-12 years old)
- Middle Adolescence (Ages 13-16 year old).
- Late Adolescence (Ages 17-21)

Assign each group an age range. Distribute flip chart paper, markers and Handout: Developmental Milestones to each group. Ask each group to take twenty minutes to develop a list of questions that would focus on well being issues and questions and/or things to check for safety. Encourage them to use...
the Handout: Developmental Milestones to help design their well being questions and safety checklist.

Review with the group that the age of the child and their unique conditions and characteristics will determine how to use the developmental information. Since every child develops at a different rate, chronological age alone is not the only determinant of a child’s developmental level. As a result, it is important to remember that other factors also need to be considered in determining a child’s developmental level, such as: prior exposure to trauma, the nature and duration of the abuse or neglect that led to their placement in foster care, socio-economic status, cultural issues, learning disabilities and emotional disturbances (Massengale, 2001).

First ask each group to share their safety questions and checklists with the groups. Encourage participants to ask questions for clarity. Ask the groups if they noticed any similarities and difference in the safety checklists and questions. Record the participant responses on the flip chart. Remind the group that when assessing safety and well being for children who are infants, intentional questions need to be asked of caregivers. However, it will be important to observe the interaction between the child and his/her caregiver.

Second ask each group to share their well being questions starting with infants. Encourage participants to ask questions for clarity. Ask the groups how paying attention to developmental milestones helped them develop their well being questions. Record the participant responses on the flip chart.

State that in order to more accurately assess how well a child’s safety, permanency and well-being needs are being addressed in foster care, we have created a series of developmentally appropriate checklists and questions that caseworkers can use with both children, youth and caregivers during their contacts. Since the age range of children and youth in foster care can be anywhere from several days to twenty-one years old, we have divided the population into seven age groups and created different sets of questionnaires for each group. Due to the considerable differences in developmental stages that are encompassed by this broad age range, we have varied not only the way in which questions about safety are being asked but also who is being questioned.

Distribute and review the Handouts: Safety Checklists and Well Being Questions for Infants, Toddlers, Pre-school, School-age, Early Adolescence, Middle Adolescence, and Late Adolescence.
Activity Two: Using the Helping Relationship and Service Plan to Promote Permanency

State that in our last module we discussed the importance of developing helping relationships in the dialogue and discovery phases. Using our face to face visits with children, youth, and caregivers gives us an opportunity to deepen the helping relationship and use the service plan to work towards permanency.

Explain that the types of questions we use can form the basis of intentional helping. They can facilitate the child, youth, and families’ ability to talk, allowing the sharing of concerns and issues. Just talking is not enough; the child, youth and foster family needs to know that they have been heard by the caseworker. The more accurately we listen the more likely our clients will continue to partner with us in exploring their issues in greater depth. (Ivey and Ivy, 1999)

Briefly review the types of questions we use during our visits that can help us with our ongoing assessment of safety, permanency and well-being. State that open-ended question are those that can’t be answered in a few short words. They encourage others to talk and provide the caseworker with maximum information. Open-ended questions begin with what, how, or could. A helpful open ended questions is, *Could you give me a specific example of this..?* (Ivey and Ivy, 1999) Using questions that begin with why often put people on the defensive and communicate blame.

Review that close-ended questions are those that can be answered in a few words or sentences. They have the advantage of focusing the visit and bringing out the specifics, but they place primary responsibility for talking on the caseworker. Closed-ended questions often begin with is, are, or do. (Ivey and Ivy, 1999)

State that encouraging helps clients explore their feelings and thoughts more completely. Paraphrasing and summarizing communicates to clients that they have been listened to.

Write the words encouraging, paraphrasing and summarizing on the flip chart. State that these three listening skills all communicate to our clients that they have really been heard.

Ask the group for some examples of encouragers. Record their responses on the flip chart. Make sure the following key points are covered:

- Head nods, open gestures, and positive facial expressions.
- Minimal verbal utterances - “Ummm” or “Uh-huh”.
- Restatement and repetition of key words.
Ask the group to define paraphrasing and give an example. Record their responses on the flip chart. Make sure the following key points are covered:

- Feedback to the client regarding the essence of what has just been said by shortening and clarifying their comments.
- Paraphrasing is not parroting; it is using some of your own words plus the important main words of the client.
- Tone of voice and body language of caseworker congruence.
- Check out with the client for accuracy - Am I hearing you correctly?

Ask the group to define summarizing. Record their responses on the flip chart. Make sure the following key points are covered:

- Summarization is similar to paraphrasing except that a longer time and more information is involved.
- Summarization may be used to begin or end an interview, for transition to a new topic, or to provide clarity in lengthy and complex stories.

Conduct an exercise to help participants practice deepening their relationship with Jennifer using the planning conference as a vehicle to practice using effective questions.

Ask the group to think about Jennifer again. She has now moved from her group home to a foster family who are experienced in working with older youth. She has been living with them for nine months. The permanency goal for Jennifer continues to be adoption. Her service plan lists the following goals:

- Jennifer will attain passing grades in all school subjects for the semester.
- Jennifer will participate in agency independent living program to improve her life skills e.g., money management, interpersonal skills and daily living skills.
- Jennifer will continue to participate in family counseling sessions to help her adjust to her new home.

List the goals on the flip chart. Divide participants into groups of three. Advise the group that there are three roles; Jennifer, the caseworker, and observer.

Explain the following to the group:

Our goal is to practice using both open and closed questions, encouragers, paraphrasing and summarizing as you continue to deepen your relationship with Jennifer and review her progress towards permanency. The observer uses the Observation Worksheet. Advise the group that they have ten minutes to conduct their role plays. At the end of ten minutes, ask the observer to share their worksheet in their groups.
Process the role play in the large group using the following debrief questions:

- For those of you that played the role of Jennifer, what did the caseworker do to put you at ease? Were there any things that made you uncomfortable?
- How did the caseworker review the service plan in the interview?
- What were some examples of open-ended questions used during the interview with Jennifer?
- What were some examples of close-ended questions used during the interview with Jennifer?
- How did the caseworker use encouragers?
- How did the caseworker use paraphrasing?
- How did the caseworker use summarization?

State in our last activity we focused on deepening our relationship with Jennifer through our face to face visit. We used the service plan as the basis of that visit.

Since we can all agree that preparation and planning are important elements to promoting placement stability and ensuring permanency, we are now going to discuss intentional planning and preparation for our face to face visits.
Module Four: Planning for Visit with the Child, Youth and Their Foster Family

Learning Objectives:

- Describe the four steps of a caseworker/child, youth and foster family visit.
- Demonstrate planning for a caseworker/child, youth and foster family visit.

Materials Needed:

- Flip chart
- Markers
- Handout: The Four Step Planning Process
- Handout: Jennifer Case Update
- Postcards

Estimated Time:

- 45 minutes
Activity One: The Four Step Planning Process

State that we now have a series of checklists and questions to help us assess safety, permanency and well being during our face to face visits. Now we are going to discuss a four step planning and preparation process.

Remember Jennifer’s story? Jennifer has a lot of needs as a youth in family foster care. These needs can sometimes become overwhelming. We must continually assess safety, permanence, and well-being. We are trying to maintain and stabilize the youth’s placement and work towards permanency. We are trying to meet the youth’s developmental needs—which usually means focusing on attachment. There is a lot to consider. That is why it is important to plan. You need to gain as much as possible from the visit with the child/youth and the foster family.

Consider the following as you start to prepare for the visit with the child/youth and their foster family.

Step One: Preparation:

- Schedule visits with the child/youth and their foster family in advance.

  Be sure you include a beginning and end time, as this will help you adhere to your agenda. Try to plan for success. Discuss with the foster parent when the child is most receptive to interaction—perhaps after nap time or once the child has had an after school snack. If you are working with an older youth consider their schedules as they may be juggling school and work. Likewise consider the foster parent’s schedule and do your best to set up a time that is convenient.

- Review the case, including the service plan.

  Using the service plan as the basis, review the case and its progress related to safety, permanency, and well-being. Consider timeframes and ASFA requirements.

- Identify your areas of concern/barriers to progress.

  You need to have in your mind a sense of how the case is progressing and what your concerns are.
• Prepare an agenda.

You need an agenda to ensure that all important topics are addressed during the visit. Call the foster family prior to the visit to review the agenda and to make any additions. Both you and the foster family need to know what is to be discussed prior to the meeting. If you are working with an older youth, make sure that they have input into the agenda with their foster parents.

Discuss conducting the visit.

The child, youth and family visit is a professional consultation between yourself and the foster family. It is not a friendly visit or an opportunity to chat about "how the kids are doing." If you have done appropriate planning, you will be able to use your time wisely and toward helping meet the child's/youth's needs.

To conduct the child, youth and foster family visit:

Step Two: Exploration

• Caseworker, child/youth, and caregiver focus and discuss immediate needs and concerns.
• Review the agenda to establish the purpose or the meeting; make any changes or additions.
• Establish the time frame for the visit.
• Caseworker reviews all progress and any challenges since last visit.
• Caseworker reviews the content of visit with the focus on assessing safety, well being and permanency.

Step Three: Direction

• Caseworker uses a series of developmentally appropriate questions to assess child’s or youth’s well being and safety.
• Use the service plan as a basis for the case discussions:
  Identify progress toward the identified permanency goal.
  Indicate completion of tasks identified for foster family, child/youth, and caseworker.
  Identify problems and develop solutions.
  Make needed changes and modifications. The service plan is a working document which is developed in partnership.
• Discuss the foster family's strengths and needs related to:
  Promoting permanence
  Meeting protective and nurturing needs
Meeting developmental needs

- Identify supports/services needed to help foster family to meet needs.

**Step Four: Wrapping Up**

- Caseworker reviews the information discussed with child/youth and caregiver.
- Caseworker summarizes the strengths and challenges towards achieving the goals addressed in the service plan agreement and any new strategies discussed during the visit.
- Caseworker makes specific arrangement for the next visit.

Conduct an exercise to help participants plan for their face to face visits.

Tell participants that the purpose of the exercise is to help them to start thinking in a planful way about what they can accomplish through face to face visits.

Explain that participants are being asked to develop a draft agenda for a face to face visit with Jennifer and her foster family. Distribute **Handout: Jennifer: Case Update.**

Tell them to work with a partner on this exercise for 10 minutes.

Ask for three to four volunteers to write their agendas on flip chart paper and present to the group. Compare the agendas and discuss as a large group. Summarize following the discussion.

This activity was intended to demonstrate how preparing for your face to face visit will help you in making sure that the important case issues are covered. As in any type of meeting, if the purpose is not clearly set forth, the work may not be accomplished. Remember that, in your real work, this agenda would be your starting point. You would then speak with the child, youth and foster family to finalize the agenda.

**Optional Activity: Role Play**

This activity gives participants a chance to practice implementing their agendas. Divide the participants into groups of three. Identify someone to play Jennifer, the caseworker, and an observer. Remind participants to consider what they have been learning about effective questioning. Allow participants ten minutes to conduct their role plays. Ask observers to give feedback to their group member’s focusing on how the use of the agenda as a tool and using effective interview and questioning techniques that we have discussed earlier.
Summarize the activity.

The face to face visit is a valuable tool to help the team in meeting the child's/youth's needs. But it must be planned for and conducted in a professional, collaborative, and directed manner.
Activity Two: The Visit Plan Promise

State that we have covered a lot of ground today. Ask the group to look over their materials and notes for the day. Ask them to identify a “key learning or concept” that they are going to implement in their practice in the next two the three weeks.

Distribute a postcard to each participant. Ask them to write a “visit plan promise” to themselves. Have them address the postcard to where they feel most comfortable receiving this mail. Indicate that you will mail this postcard to them as a reminder. Give participants five minutes to write their “visit plan promises” and advise them that they are going to have to share them with the group.

Ask the group, how many people have ever made promises to themselves and never told anyone. Ask for a show of hands. State that sometimes when make our promises public by telling others we are often more invested in carrying them out. Therefore we are going to share our promises. Ask for a volunteer and then more around the room.

Collect all postcards and mail them to participants in two to three weeks. Thank the group for their participation and distribute training evaluations.
REFERENCES:


Clackamas Education Service District. Early Intervention and Early Childhood Special Education www.clackesd.k12.or.us/earlychildhood/eiecse.htm


