



**National Resource Center for
Family-Centered Practice and Permanency Planning**
at the Hunter College School of Social Work

Promoting Placement Stability and Permanency through Caseworker/Child Visits

A One Day Training Program

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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 curriculums 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.
- Name how and where to document a 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.

Promoting Placement Stability and Permanency through Caseworker/Child Visits

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.

Activity Name	Time	Materials Needed
Activity One: Welcome and Expectations	10 minutes 9:00 – 9:10	FOR THE ENTIRE DAY Easel stand, paper chart and markers Computer, screen and LCD projector PowerPoint file Optional: Learning posters
Activity Two: Reviewing Current Federal and State Child Welfare Mandates	20 minutes 9:10-9:30	Handout: Federal and State Regulations Handout: Attachment and Bonding ASFA goals and outcomes poster
Activity Three: The Importance of Safety, Permanency, and Well-Being from the Child's Perspective	30 minutes 9:30-10:00	Handout: My Name is Jennifer Handout: My Name is Jennifer Worksheet: <i>Jennifer's Needs</i>

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.

Activity Name	Time	Materials Needed
COFFEE BREAK	15 minutes 10:00 – 10:15	
Activity One: An Empowering Approach – The Three Phases	45 minutes 10:15 – 11:00	Handout: Empowering Approach to Practice Handout: Elements of Assessment Handout: The Evolving Service Plan Agreement Pictures of children at different ages

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.
- Practice how to engage with children of various ages
- Define the three areas of assessment; safety, well being and permanency for caseworker/child visits.
- Describe how trauma, grief and loss impact a child at each developmental stage.
- Practice determine what unique factors must be considered when interviewing a child, i.e. culture, ethnicity, life experiences

Activity Name	Time	Materials Needed
Activity One: The Caseworker's Role in Assessing and Promoting Safety, Permanency, and Well-being	60 minutes 11:00 – 12:00	Handout: 7 Developmental Ages Milestones Handout: Safety Checklist and Well Being Questions for Infants Handout: Safety Checklist and Well Being Questions for Toddlers Handout: Safety Checklist and Well Being Questions for Pre-school Handout: Safety Checklist and Well Being Questions for School Age Handout: Safety Checklist and Well Being Questions for Early Adolescence Handout: Safety Checklist and Well Being Questions for Middle Adolescence

		Handout: Safety Checklist and Well Being Questions for Late Adolescence
LUNCH	60 minutes 12:00 – 1:00	
Activity Two: Using the Helping Relationship and Service Plan to Promote Permanency	45 minutes 1:00 – 1:45	Handout: Useful Interview Strategies
COFFEE Break	15 minutes 1:45 – 2:00	
Activity Three: Impact of Trauma, Separation and Loss	60 minutes 2:00 – 3:00	Worksheet: Observation Form

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.
- Name how and where to document a visit.
- Practice documenting a visit.

Activity Name	Time	Materials Needed
Activity One: The Four Step Planning Process	25 minutes 3:00 – 3:25	Handout: The Four Step Planning Process Handout: Jennifer Case Update
Activity Two: Documenting the Visit	25 minutes 3:25 – 3:50	Handout: Documentation of a Visit
Activity Three: The Visit Plan Promise and Session Evaluation	10 minutes 3:50 – 4:00	Handout: Resources Postcards



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:

- Computer, LCD projector and screen
- Flip chart
- Markers
- Handout: Federal and State Regulations
- Handout: Attachment and Bonding
- Handout: My Name is Jennifer
- Worksheet: *Jennifer's Needs*
- Optional: Learning posters
- ASFA goals and outcomes poster

Estimated Time:

- 60 minutes



Activity One: Welcome and Expectations (10 minutes)

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. Refer participants to **Handout: Agenda and Learning Outcome**.

Examples of Ground Rules:

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

EXERCISE

Ask participants to introduce themselves to several other participants. Each participant should share one strength they have when conducting worker/child visits and one challenge they face when they conduct these visits. After a few minutes ask the participants to seat down. Ask for volunteers to share strengths and challenges and list those on easel paper. Ask the participants how it felt to share personal information with others. Was it hard to think of strengths or challenges? Did you try to avoid doing the exercise because of how you felt? If it was comfortable to do this exercise, why?

State that in our work with children, youth and families it is essential to develop helping relationships in a very short time. 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 this training program will focus attention on our work with children and youth who are in placement though most of the knowledge and skills can also be used when having contact with children who are living with their birth parent. We will pay special attention to structuring our in person visits and providing strategic questions that help assess safety and well being. This is not a session on how to conduct child investigation interviews. We will use the service plan as a working document to assess progress towards permanency.

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

(20 minutes)

State that the Adoption and Safe Families Act clearly established the primary goals and outcomes of the child welfare profession. That though worker/child contact is not mentioned in the actual law that the profession knew this to be a key activity to achieving the goals thereby the Federal Children's Bureau has been measuring and analyzing the impact of worker/child contact as it conducts the Children and Family Services Reviews.

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).

State that the *Child and Family Services Improvement Act of 2006 (P.L. 109-288)* used the data gathered from the first Children and Family Services Reviews to determine that worker/child visits was one of the most critical activities we can do to reach the goal established in ASFA. This act helped the Federal Government and our profession to renew an emphasis on child well-being and to specific requirements related to caseworker visits to children in care.

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

*The Child and Family Services Improvement Act of 2006 (CFSIA) P.L. 109-288 Section 7 (a) and (b)
Social Security Act, Title IV-B, Section 424 (e)(1) and (2)*

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

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Direct the participants to read the three goals and primary outcomes that our profession is working to improve. **Handout:** Federal and State Regulations

SAFETY

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

PERMANENCY

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

WELL BEING

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

EXERCISE

Ask the participants in small groups to discuss how having effective and frequent worker/child visits would help use achieve these goals and outcomes. Assign each small group to just discuss one of the goals – safety, permanency and well-being.

After 3-5 minutes ask each group to share ideas on how visits can help us reach these goals and outcomes. Place answers on easel paper. Ask the group what are the consequences when visits either do not occur or are not done correctly?

Through the Children and Family Service Review (CFSR) process, it was validated 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: (These are the answers to reinforce for this exercise)

- 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

As of January 2008 all states have had their first Child and Family Service Review and some have had their second review. Use information from the state where this training is occurring to give the participants data on how well the state did in meeting ASFA/CFSR standards especially as it relates to worker/child visits. Using the state's Program Improvement Plan (PIP) provide a summary of action items related to worker/child visits.

The most specific CFSR item is #19.

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)

As the reviews showed a relationship with other items (listed above) the trainer may want to include data and PIP action plan from those items. The trainer may also want to include information on the rate of abuse and neglect in foster care as reduction in this area is another purpose of conducting these visits.

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.

Review key data from the state's first CFSR data related to worker/child contact.

Handout: *Federal and State Regulations*

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 CFPS 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, permanency, and well-being from the child's perspective.

Activity Three: The Importance of Safety, Permanency, and Well-Being from the Child's Perspective

(30 minutes)

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.

Children will develop bonds and become attached to their caregivers (foster parents, relatives and others). Children should not be expected to only be physically cared for by foster parents. This can lead to the child having attachment problems. Birth parents must be reassured that it is a good sign that their child is able to attach to others. We must ensure that a child does not receive a message that s/he should only love one person.

Review the definitions of Attachment and Bonding. **Handout:** *Attachment and Bonding*



The organization of behaviors in the child that are designed to achieve physical proximity to a preferred caregiver at times when the child seeks comfort, support, nurturance or protections. (AAP, 2005)

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

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

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

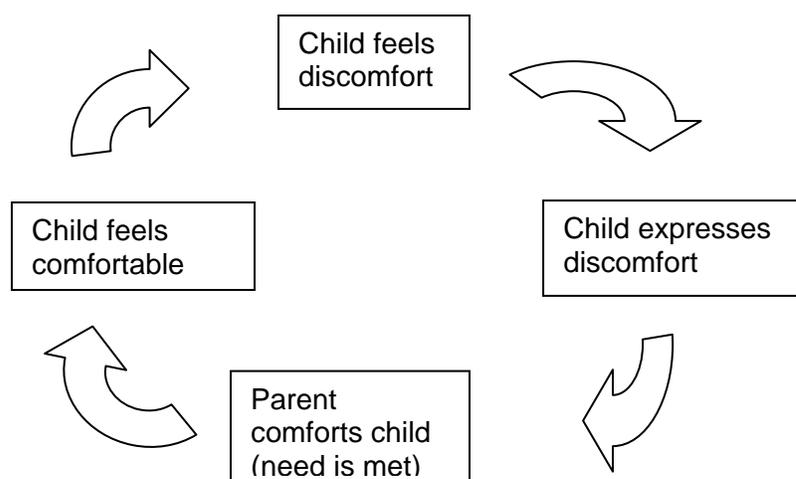
Ask participants what babies and children need to promote positive attachment.

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 need a review on how attachment develops.



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

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

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.

EXERCISE

Ask the participants to name different types of activities that can be done by birth parents, caregivers and other to encourage bonding and attachment. The trainer can divide the participants into small groups and assign each group a child developmental age. This will ensure that attachment activities that can be done with older children are included in the list of ideas.

Examples of bonding activities that lead to attachment are:

- Responding to Arousal/Relaxation Cycle
 - Providing daily care for the child
 - Using child's tantrum to encourage attachment
 - Responding to child when he is physically ill
 - Helping child express and cope with feelings
 - Share child's excitement about her achievement
- Initiating Positive Interaction
 - Making affectionate overtures; hugs, kisses, physical closeness
 - Reading and playing games with the child
 - Helping child with homework
 - Going to fun events together
 - Saying, "I love you"
 - Teaching the child about extended family and culture
- Claiming Behaviors
 - Encouraging the child to call parents "mom" and "dad"
 - Hanging pictures of child in the house
 - Including child in family rituals
 - Buying clothes
 - Involving in religious or rite of passage events

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.



EXERCISE

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:

Statement	What does this indicate about what Jennifer may have needed to support positive attachment?
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.	Better self esteem and more connection to others; consistent care would have provided her with a better sense of self-worth.
That there was something bad about me.	To know she was important and cared for.
Told me I was a drug baby.	To know she was lovable.
They put me in foster care because no one was taking of me and I wasn't growing.	She needed to have her basic needs met.
I needed my mom.	She needed a primary nurturing figure to meet her needs.
I needed for the confusion to end.	She needed the stability that develops when one's needs are met.
When I was little and would see my Mom, I didn't know what to do.	She needed to see her mother enough to know her and know how to respond.



I don't remember a lot about my parents.

She needed more care and attention and more consistent care by her parents.

I needed for the hurt deep inside of me to go away. That's all I could think about.

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.

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:

- Computer, LCD projector and screen
- Easel and paper
- Markers
- Pictures of children of different ages
- Handout: Empowering Approach to Practice
- Handout: Elements of Assessment
- Worksheet: 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.

EXERCISE

Divide participants into small groups and assign them one developmental age of children. Give them a picture of a child that age; preferably a child doing something with an adult or other children. Distribute easel paper and markers to each group. Ask them to think about a child who is of that age and how they can demonstrate genuineness, empathy and respect in their work with him/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 children of different ages.

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.

EXERCISE

In the same small groups as the last exercise and using the same pictures of children. 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 3-5 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. Encourage participants to write down answers on their worksheet page *The Evolving Service Plan Agreement*.

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.

Ask each group to identify how they could include the children of different ages in the assessment and case planning process.

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.

Ask the participants how a worker can conclude a relationship with children of different ages whether that is because the case is successfully completed or the child will be assigned a new worker.



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. Continue to encourage the participants to write out idea on “What to Do” column in the **Worksheet: The Evolving Service Plan Agreement** as it follows the three phases of empowering practice.

Phase	Type of Agreement	Description	What to Do
Dialogue	Relationship Agreement	Agreement to form a working relationship and define direction.	
	Conducting Strengths Based Assessments	Agreement to explore the situation, assess strengths/needs, and resources available.	
Discovery	Assessment Process continues	Agreement on service plan.	
	Identify services		
	Agreement for Change – Develop Service Plan		
Development	Operationalize Service Plan	Agreement on whether progress is being made.	
	Conclude the Relationship	Agreement to conclude the caseworker-client relationship as plan has been achieved.	

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.
- Practice how to engage with children of various ages
- Define the three areas of assessment; safety, well being and permanency for caseworker/child visits.
- Describe how trauma, grief and loss impact a child at each developmental stage.
- Practice determine what unique factors must be considered when interviewing a child, i.e. culture, ethnicity, life experiences

Materials Needed:

- Computer, LCD projector and screen
- Easel and paper
- Markers
- Handout: Seven Developmental Milestones
- Loose Handout: Safety Checklists and Well Being Questions for Infants
- Loose Handout: Safety Checklists and Well Being Questions for Toddlers
- Loose Handout: Safety Checklists and Well Being Questions for Pre-school
- Loose Handout: Safety Checklists and Well Being Questions for School Age
- Loose Handout: Safety Checklists and Well Being Questions for Early Adolescence
- Loose Handout: Safety Checklists and Well Being Questions for Middle Adolescence
- Loose Handout: Safety Checklists and Well Being Questions for Late Adolescence
- Handout: Useful Interview Strategies
- Worksheet: Observation Form
- Handout: Children's Reaction to Separation

Estimated Time:

- 120 minutes (60 minutes before lunch and 60 minutes after lunch)



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

(60 minutes)

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 by 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.

Briefly review developmental milestones for children and how they can be impacted by trauma, abuse, grief and loss. Remind participants that up to 50% of the children in out of home care have one or more developmental delays or a diagnosable condition that impacts development. Workers must determine the developmental age of a child and not rely on the chronological age.

The goal of child welfare is not to just have children who are safe TODAY but to help children who become healthy adults. This requires the worker to "think developmentally" in how we develop our relationship with the child, how we assess a child's needs and behaviors, in developing service planning and when making permanency decisions.



Infancy

Trust vs. Mistrust Stage (Erik Erickson's names for this stage)

- Do not understand change
- Attachment is critical
- Communication limited
- Interferes with development
- Adults must cope for child
- Separation is immediate and permanent

Toddlers

Autonomy vs. Shame/Doubt Stage

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

Pre-Schoolers

Identify versus 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

Grade School

Initiative versus Guilt Stage

- A concrete world
- Self esteem tied to family
- Foster child is “different”
- Compare parents
- Friends are important
- Perception may be distorted
- Needs to know “rules”
- Months = permanent

Adolescence

Identify versus Role Confusion Stage

- Adult understanding
- Decision making
- Adults as role models
- Emotional and body changes



- Moral development
- Future, emancipation
- Ambivalence about family
- Help with conflicts
- Adult understanding of time and has long term memory

EXERCISE

Divide participants into five groups:

- Infants (0-18 months),
- Toddlers (18-36 months),
- Preschoolers (3-6 years old),
- School Age Children (7-9 years old),
- Adolescence (10-18 years old),

Assign each group an age range. Distribute easel paper, markers and **Handout: Developmental Milestones** to each group. Ask each group to take fifteen minutes to develop a list of questions that would focus on well being issues and permanency needs (attachment/relationships) questions and/or things to check for safety. For the children who are preverbal the participants should develop activities that can be done with the infant/toddler to assess the child's safety and well-being. Each group can also develop questions they could ask caregivers of the child (foster parents, birth parents, relatives) that would also help to assess the child's safety, permanency and well-being. 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 and permanency 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

(45 minutes)

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.

Trainer Note: For participants who have had interviewing classes the trainer may want to skip the review of the above techniques and instead provide information on the techniques below.

Review these other interview strategies. Refer participants to the **Handout Useful Interviews Strategies**.

“When...” Rather Than “If...” Questions: **When implies trust that the person is going to do something. If implies that they may or may not. When presumes a desire for and the possibility of a positive outcome**

Examples:

“When... (you go to school and everything is great what is that like)

“When you are in control of your temper...”

“When you go to visit your father what happens...”

Questions That Begin With “How” **These questions tend to be more solution-oriented, and less likely to call for blame or defensive responses than “why” questions.**

Examples:

“How can you tell? How do you know this?”

“How did you do it before?”

“How would that be helpful to you/ your family?”

“How long have you felt this way?”



Questions That Begin With “Wh...” are also solution-oriented

Examples:

“Where is the best place for this to happen?”

“What would (your children/mother/friend) say to you about this?”

“Who helped you when...?”

“What difference would this make to you?”

“What would it take...?”

“What are your thoughts about this?”

“What part of this do you agree with, and disagree with?”

“Who can you call when you are feeling that way?”

“Where can you go when you decide you want to get help for that?”

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 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 a going in the morning?”

Exception-Seeking Questions: Elicit information that addresses how a problematic situation might have been different. These questions allow the receiver to talk about their successes (strengths). Exceptions are the building blocks of success. They shrink the problem. Exceptions focus on the possibilities.

Examples:

“Tell me about the times, in recent days, when you could have hit your brother (screamed at him, called him names, etc.), but somehow managed to handle it differently?”

“When you are... (sad, mad, upset...), what is different at home?”



“Let’s talk about the days when you do feel safe and hopeful. What is different on those days?”

“Tell me about the most recent time when you could have gotten stoned, but you didn’t. How did you manage not to?”

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:

“Let me ask you, on a scale of 1 to 10, with 10 standing for ‘I feel very safe’ stands for 10 and ‘I feel very unsafe stands for 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 know that my parents will keep me safe at all time’ and 1 stands for, ‘I do believe my parents will keep me safe’ where would you put yourself on the same 1 to 10 scale?”

“Now, on the same scale of 1 to 10, how determined would you say you are that you will get there?” 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 see what they want, how their life can be, and remember the dreams they have forgotten. Encourage them to give details – to really visualize it when it is better.

Examples:

A worker speaking with a child, “What if you woke up tomorrow and your family was the best one ever. Tell me what that would be like.”

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

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



Conduct a demonstration interview to show how these strategies can be used with a child to do an in foster care safety assessment.

The trainer will be the caseworker. Choose one person to be the child. If there is a second trainer that is preferable as to be sure the person is comfortable being the child and will be cooperative during the demonstration.

Case Situation: (Trainer reads to participants)

Malcolm is a 10 year old boy who was placed in the Johnson foster home one month ago. His parents had used excessive physical discipline that resulted in bruising on his legs and back. There has been a long history of both parents being addicted to alcohol and expecting Malcolm to take care of his younger siblings (ages 2 and 4). The siblings, Cassandra and Tina were placed in another foster home. A new worker has just been assigned to the case and is going to meet Malcolm for the first time. At this time there are no indications of any problems at the foster home or during visits with his parents and sisters. The purpose of the interview is to have a “dialogue” to develop the relationship with this child.

Malcolm (information to only be shared with the person who will be Malcolm)

You are doing OK in the Johnson home but really wish you could go home. You are especially concerned about your sisters and how they are doing at the foster home. Sure you get to see them every week but that is not enough. Who is making sure Tina has her special blanket when she goes to sleep. How is Cassandra doing? She stops eating much when she is upset.

The visits with your parents are OK and you really do not understand why you cannot go home. Yeah your parents hit you sometimes but you can handle that.

The Johnsons are nice people but they have so many rules. When to eat, what to eat, when to study, when to go to bed and more. You have been taking care of yourself and your sisters for so long why do they have to treat you like a baby. You are starting to feel really mad at all the adults who are making your life so hard. You do not like your new school and would like to be going to your old school and seeing your friends.

During the interview respond to the questions of the caseworker. It is OK to make up information that is consistent with the information above. You do want to let the caseworker know what you are thinking so do not act to reluctant to respond to the questions.

After 5-10 minutes of demonstration stop the interview. It does not have to show a complete interview.

Ask the participants to give feedback on the interview.

What questions and strategies were used?

How did that help the worker establish a relationship with Malcolm?



What other questions or strategies would recommend for this interview?

ACTIVITY THREE: IMPACT OF SEPARATION, TRAUMA AND LOSS

(60 minutes)

State to the participants that workers need to understand children not just by their developmental age but in the context of many other factors.

Ask them what other factors should they consider when planning to interview a child. Be sure to cover at least this list of other factors.

- Developmental delays or special needs
- Culture and ethnicity of the child (including things such as involvement in a gang, sexual orientation of the child, involvement in criminal activities)
- What type of trauma the child has experienced
- What stage of grief or loss the child maybe experiencing
- Prior experience of being in the foster care system
- Type of abuse or neglect the child has experienced

Review the stages of Grief and Loss and how that impacts a child who has been placed in care.

- Separation is always traumatic for children
- A child's reaction to separation is partly dependent on the quality of attachments he has before the separation (secure and insecure attachment can look the same at the time of separation)
- Children's responses to separation will vary according to their developmental age
- Uncertainty hampers a child's ability to cope
- Trauma diverts children from developmental tasks
- Children's reaction will vary over time

The Grief and Loss stages based on the work of Elizabeth Kubler-Ross

1. Shock and Denial
2. Anger or Protest
3. Bargaining
4. Depression
5. Resolution



SHOCK and DENIAL

- Child seems indifferent or in shell shock
- May not show emotions or appear to be emotionally unattached
- May try to please the adults – honeymoon period
- Is in denial – mom will come and get me
- Be careful not to misinterpret the child's initial response to placement

ANGER OR PROTEST

- Loss can no longer be denied
- First emotional response occurs
- Anger may be directionless or directed at the person the child believes is responsible
- Guilt and blame – child may blame himself
- May hurt self, others, property
- Oppositional behaviors

BARGAINING

- Trying to regain control of their life
- Promises to be better if...
- Bargaining with person in power
- Eager to please
- Try to undue what the child believes caused the abuse or placement
- Trying to prevent final loss

DEPRESSION

- Expression of despair and futility
- Fear, panic and hopelessness
- Touchy and out of sorts
- Listless, without energy
- Regression in behaviors and skills
- Emotional or physical symptoms
- Even young child think of suicide or try to harm themselves

RESOLUTION

- Child believes the loss is final
- Younger children may believe other family is dead
- Child tries to attach to caregiving family
- Child may feel loyalty bonds
- Child behaviors become normal
- If child detaches from birth family and reunification is still the plan Resolution can be a problem
- The younger the child the quicker this stage is usually reached.
- All time lines MUST be on the child's developmental clock.



Ask the participants if you were planning an interview with Malcolm what things must you consider besides his developmental age?

- His family's culture –
 - His reality is that he must take care of his siblings and to be hit by his parents is a normal family behavior.
 - He may react to the new rules or culture of the Johnson family.
- His developmental age
 - He is very advanced in some areas due to his need to take care of his sisters.
 - He does not want to be seen as different than other children.
 - Friends are important to him and he should have contact with them.
- Grief and Loss
 - He is probably in the anger and protest stage so he will begin to show emotions.
 - Due to his age he probably needs help on how to handle his emotions.
- Attachment
 - He may feel disloyal to his family if he says he likes the Johnson family.
 - Being separated from his sisters may be even harder than being separated from his parents.
 - He may begin to show stress by having problems with his health, sleeping, school or general behaviors.

Ask the participants if you were planning an interview with Malcolm what questions or strategies would you use to assess how well he is really doing?

EXERCISE

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:

1. Our goal is to practice using both any of the interviewing strategies that will help you as the worker to continue to deepen your relationship with Jennifer and review her progress towards permanency.
2. The observer uses the **Handout: *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.
3. Decide the age of Jennifer (or Jeff if the person who will be the child would like to be a boy). Decide what is Jennifer's cultural background.
4. Choose ONE case goal that would be appropriate for the age of the Jennifer/Jeff your group choose.
5. Develop a list of questions that could be used to help Jennifer share information related to the interview goal.
6. Practice interviews: 5 minute for each interview with five minutes for debrief.
7. Repeat interview 2 more times so each person in the triad has one practice interview.

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?
- As the caseworker what interview strategies or types of questions worked best for you?
- 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?
- How did the caseworker use different interview strategies?



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.
- Name how and where to document a visit.
- Practice documenting a visit.

Materials Needed:

- Computer, LCD projector and screen
- Easel chart and paper
- Markers
- Handout: The Four Step Planning Process
- Handout: Jennifer Case Update
- Handout: Documentation of a Visit
- Postcards
- Handout: References

Estimated Time:

- 60 minutes



Activity One: The Four Step Planning Process

(25 minutes)

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.

Review specifics from the agency's policy as you go over each planning step.

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. Remind the participants to include the factors they identified in the last exercise.

- 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 of the meeting; make any changes or additions.
- Confirm 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: Documenting the Visit

(25 minutes)

Review the agency's policy for documenting the visit. If possible show screen shots of the agency's case documentation and where the information is stored.

Ask the participants what should be documented about a worker/child visit?

- Date:
- Type of Contact:
- Where it occurred (if not in the least restrictive setting explain):
- Who was there:
- Who conducted the visit:
- Did some of the interview occurred in private? How? If not, why?:
- Summary of information – What happened (purpose):
 - Child's Developmental Progress
 - Child's Involvement in Case Planning
 - Safety, Well-being or Permanency Issues
- Any concerns or red flags that need follow up

EXERCISE:

Ask the participants to complete a documentation of the Malcolm interview. Have them use the **Handout: Documentation of a Visit**. State that you have just returned from your office from interviewing Malcolm that you did earlier today. Now you need to document what occurred. Please complete the documentation by yourself.

After a few minutes ask for volunteers to read their documentation. Provide strength based feedback on what they did correctly. Have more than one person share to demonstrate how variations on good recording and to be sure all the critical information from the interview was included.



Activity Three: The Visit Plan Promise

(10 minutes)

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.

Have the participants complete the session evaluation form.

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.



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