

# Promoting Placements Stability and Permanency Through Caseworker/Child Visits Agenda

## **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.

## **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.
- 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

## **Lunch (During Module Three)**

## **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.

# Handout: Federal and State Regulations

## Federal Requirements

### 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).*

### The Goals and Outcomes of Child Welfare

#### **SAFETY**

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

#### **PERMANENCY**

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

#### **WELL BEING**

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

Worker/Child contact is considered a key activity towards achieving these goals and outcomes and is measured when the Children and Family Services Reviews are conducted.

### **Child and Family Services Improvement Act**

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

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

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

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

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**Insert your agency’s CFSR Report - Case Review Findings**

**Insert your agency’s policy and procedures**

# Handout: Attachment and Bonding

## Attachment Defined

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.

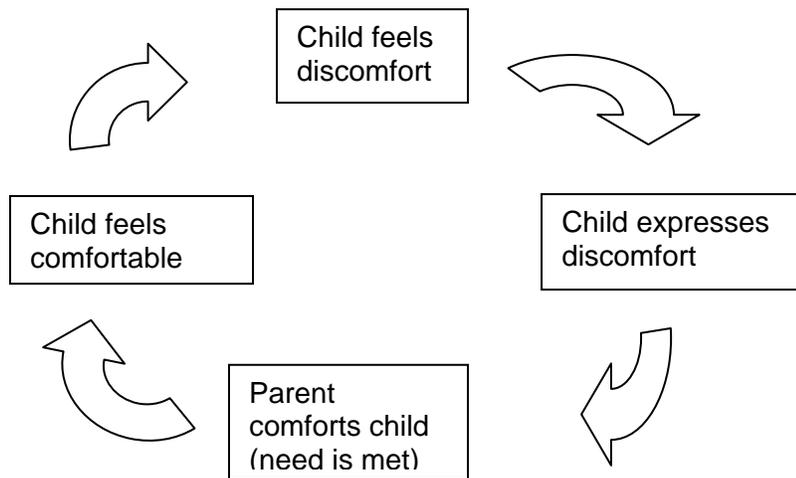
(Gray, 2007)

A primary method for attachment to develop is when the child's needs are met. This starts at birth when the child experiences hunger and is then fed. These bonding activities when done over time provide consistency and predictability, and lead the child to trust and attach.

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

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

## Arousal Relaxation Cycle



The 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.

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

## 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
  -

# Handout: My Name is Jennifer

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

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

# Worksheet: Jennifer's Needs

Statement	What does this indicate about what Jennifer may have needed to support positive attachment?
<p>I don't know when I realized I was different from other kids. It feels like something I always knew. Like I was born different.</p> <p>That there was something bad about me.</p> <p>Told me I was a drug baby.</p> <p>They put me in foster care because no one was taking care of me and I wasn't growing.</p> <p>I needed my mom.</p> <p>When I was little and would see my Mom, I didn't know what to do.</p> <p>I don't remember a lot about my parents.</p> <p>I needed for the hurt deep inside of me to go away. That's all I could think about.</p>	

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