



Strengthening Families

A Practice Guide to Purposeful Visitation

*State of Connecticut
Department of Children
and Families
2012*



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Purposeful Visitation

Introduction

All children and families for whom the Department is involved should be visited based on the case goal and the needs of the family [keeping in mind the minimum visitations standards outlined in policy which should be met]. The specific definition of “family;” who the household members are that need to be visited; and the type of visitation that should occur; should be discussed and decided during supervision; and should be documented in a Supervisory Conference Note. Every interaction with a child/youth and family should be purposeful and derive from the case plan. This includes visitation and service delivery within child welfare, intervention and case coordination within behavioral health; and supervision and case planning that occurs within the juvenile justice system. In child welfare and parole services, effective visitation is a primary vehicle for achieving case goals and meeting children's and families' needs.

The goals of visits with children/youth and families are: (1) to establish a mechanism for ongoing engagement and assessment between the social worker/parole officer and the family; (2) to give focus to the case plan and discuss progress of service interventions toward meeting the goals; and (3) to create accountability for both the Department and the family in assuring the safety, permanency, and well-being of the children/youth. Another primary goal of visitation is to facilitate parent/child/youth attachments and improve family communication.

Visits should be scheduled to meet the Department's standards for frequency and the needs of children/youth and families. They should primarily be held where the child/youth resides (e.g. biological, foster, non-custodial, guardian, caretaker, residential, group home, safe home, etc.) by the assigned social worker/parole officer and at times convenient for children/youth and both biological and foster parents. Visits should be planned in advance, with issues noted for exploration and goals established for the time spent together. Social workers and parole officers should individualize their visits by providing separate time for discussions with children/youth and parents. This provides the opportunity to privately share their experiences and concerns and to ensure that domestic violence or other issues that might not be disclosed when other family members are present are identified and addressed, as needed.

Connecticut's Strengthening Families Practice Model firmly links social worker home visits to effective family engagement, safety and risk assessment and management, and case planning. There is no substitute for face-to-face contact when engaging, and collaboratively working with families (DCF Practice Model, A Guide to Meaningful Visits, 2009). Further, the Child and Families Services Improvement Act of 2006 suggest that "the majority of visits should occur in the home where the child resides." Federal Child and Family Service Review (CFSR) standards measure agency efforts and effectiveness by examining both the quality and frequency of visits both with and between the social worker and key case participants such as parents, child(ren)/youth, and siblings.

Note: This document contains information gathered from a variety of sources including: DCF Policy and the Child and Family Services Review Federal Guidelines.



CFSR Standards

Child and Family Services Review (CFSR) Standards

All communication verbal and written should be presented to the family in the language and level they can all comprehend. As stated earlier, all of this information, as it relates to engagement, should be documented in LINK. The CFSR reviewers/ACR are reviewing the case record to determine if ongoing concerted efforts are made to engage and involve families and children/youth (when appropriate) in the case planning process on an ongoing basis. The CFSR process examines documentation of how children and families were involved in case planning, for example:

- Adequate documentation of family participation and identifying the needs of all children and families;
- Culturally appropriate services;
- Individual goals for all children/youth and parents involved in the case; and
- Provider contact and feedback as it relates to evaluating each child and families individual progress, etc.

Engagement is vital to the planning and achievement of case goals and is a requirement of the Federal government. The CFSR standard definitions include the following:

"Actively Involved" means that the Department involved the parents in (1) identifying strengths and needs; (2) identifying services and service providers; (3) establishing goals in case plans; (4) evaluating progress towards goals; and (5) discussing the case plan in case planning meetings.

"Concerted efforts" can be defined as conducting a safety assessment to identify the services that are necessary to ensure the child/youth's safety in the home, working to engage families in services, and facilitating a family's access to those services.

- "Concerted efforts" in service delivery (e.g. how did we assess needs, address barriers and involve the family in case planning?) Document discussion of identified services, the purpose and goals of the services; and families progress as it relates to those goals. Document discussions with the child(ren)/youth instead of a detailed discussion of what the child was wearing and looked like. For children who are non-verbal, document your observations of the child (Refer to Addendum 2- Assessing Development: Infants and Toddlers).

"Appropriate services" are those services that enhance the parents' ability to provide care and supervision to their children; ensure the child(ren)'s safety and well-being; and that meet the specific needs or circumstances of the family (e.g. substance abuse treatment, parenting skills classes, homemaking services, family preservation services, anger management classes).

"Assessment" of needs may take different forms. For example needs may be assessed through a formal evaluation (e.g. SDM, court-ordered psychological evaluation) conducted by another agency or by a contracted provider or through a more informal case planning process involving intensive interviews with child, family, service providers, etc.

When assessing **"Quality of visits"** consideration should be given to the length of the visit; the location of the visit; whether the child/youth was seen alone (i.e. if the child was older than an infant); and topics that were discussed during the visits (e.g. issues pertaining to the child's needs, services delivery, goal achievement and case planning).



Engagement

Engagement

Engagement is a vital component of family centered practice; is an ongoing process; and should occur with **both parents** (i.e. biological, adoptive, foster, guardian). It should take place every time contact is made with families, children/youth, collateral contacts, and community providers. During the course of engagement with families, the safety and well being of the children/youth cannot be compromised, and we cannot lose sight of the importance of assessing these. In order to engage families at an optimal level, it is important for staff to see themselves in partnership with the family and not just dictating to the family what needs to be done.

Documenting our efforts at partnership and our informal assessments are critical to case planning. All successful and unsuccessful attempts at engagement should be documented and entered in the appropriate LINK note category within 3 - 5 business days. Documenting engagement is important and shows all efforts that were taken into consideration (i.e. language, cultural, gender, flexibility of visitation or other factors) when creating case goals to ensure the family's needs are being addressed and subsequently met. Documenting the engagement allows anyone with access to the case record (i.e. newly assigned social workers, supervisors, managers, ACR staff, CCOR and CFSR Reviewers) to see what was done and what the next steps are. Documenting engagement shows what the agency offered to assist the family. It also shows what did and did not work with the family for future planning if necessary.

There will be families who will not respond to our attempts to engage them, but showing that the Department made a concerted effort to respect their wishes and continue to attempt engagement goes a long way in court and when the case is being reviewed. The worker needs to DOCUMENT every effort in LINK and send letters confirming these efforts to the parents and their attorneys. It is equally important to remember that although we may not be providing services to parents and reunification efforts may no longer be appropriate, parents (i.e. mother and father) should be involved in their child's case planning; and should be kept informed of their child's safety, permanency and well-being.

Parents who are incarcerated should not be forgotten and need to be engaged in their child/youth's case planning. Documentation of efforts made towards engagement should include phone contact and attempted phone contact with the parent's counselor. Voicemail contacts should indicate a time the worker can be reached if the worker was unable to physically contact the parents' counselor. A copy of the case plan should be mailed as it keeps the parent informed about their child/youth's safety, permanency and well being, as well as what is expected of them. There should also be documentation indicating the incarcerated parent was invited to participate in the ACR via teleconference; and was sent a copy of the finalized case plan.

Engaging fathers may be a single intervention by the Department to greatly impact case planning (i.e. needs assessment; visitation; involvement in case planning). Fathers, often forgotten or thought of as an afterthought, bring a unique aspect to child rearing; and can and should play a vital role in their child's life. Fathers should be invited to all case planning meetings and should be kept informed of their child's safety, permanency and well-being. Efforts to locate fathers who may be whereabouts unknown should be documented in the case record and should be done throughout the life of the case, not just once. Exploring father's side of the family for resources is an important element to finding family supports and permanency resources; the lack of father engagement may actually delay permanency for a child.

Contact is defined as Telephone calls, Home visits and Meetings with providers, and all of these interactions should connect to or relate back to our case plans or court ordered specific steps. Social workers and supervisors should never lose sight of the reasons why we are involved, and should continue working with the family to achieve identified goals and permanency.



Purposeful Visitation

Three Steps to a Purposeful Visit

Note: The information outlined in the following pages is intended to be a **guide** (i.e. useful tools, best practice considerations) for staff to utilize when preparing and conducting purposeful visits.

Three Steps to a Purposeful Visit

- Preparation
- Assessment
- Action Steps

Best Practice Considerations:

- Each visit builds from the previous visit. Issues discussed at one visit are not forgotten with subsequent visits.
- The family understands the process. There is a routine for each visit.
- The home visit allows time to discuss the concerns of the family and of DCF.
- Because of the respect shown to the family and the consistency in the visit, family members begin to trust the DCF process.
- All family members are included in each visit.
- All children/youth should to be interviewed separate from parents and alone.
- All children/youth are visited in the place where they reside.



Preparation

Step One: Preparation

Schedule visits with the family in advance.



- Include a beginning and ending time.
- Discuss with the family the best time to visit when everyone will be present.
- The decision to make unannounced visits should be determined in supervision.

Review the case, including the case plan and documentation from the last visit.



- Carry the case plan in your field notebook, so you can refer to it during your meeting with the family.
- Be sure that you have covered all areas of the case plan and the family is moving toward case goal achievement.
- Does a last meeting "to do list" match the case plan?
- Assess whether or not the case plan is meeting the needs of the family, are there new issues to address?

Prior to visit review any provider feedback, reports, evaluations, assessments of the child & family.



- Read any documents you have received.
- Are there things you need to discuss with the family?
- Do you need an ARG consult prior to the visit?
- Does an ARG consultant need to accompany you on the visit?
- Check to assure that all releases have been signed and are completed accurately.



Preparation

Step One: Preparation

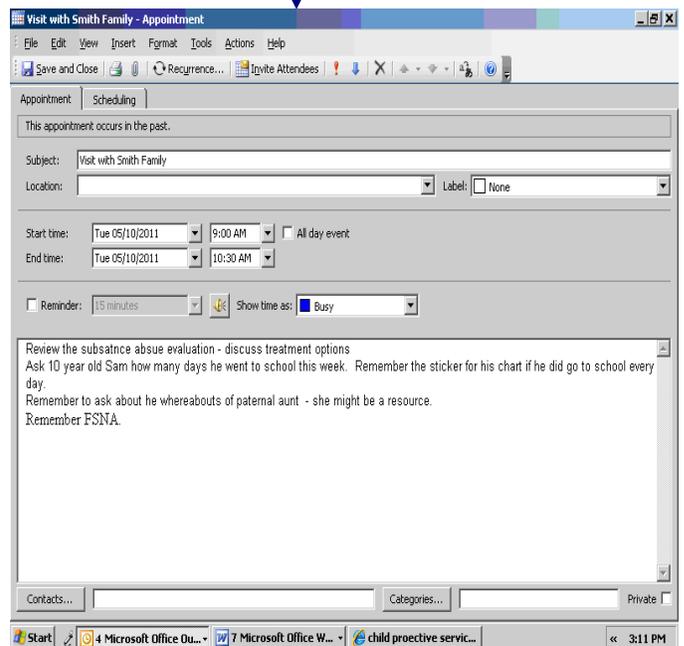
Identify the areas of concerns/barriers to progress.

- Discuss challenges or concerns in supervision.
- Review previous Supervisory Conference Notes.
- Go over "To Do list"
- What worked well during the last home visit and how can you expand on that?
- What types of challenges did you experience during the last home visit and how might you have addressed that better? Are there specific areas where you may need additional guidance or training?
- How did the family react to the visit? What might you do differently?

Prepare for a Case Planning Discussion:

- Clarify your purpose - understand why we are involved and why you are visiting today.
- Preparation ensures that all important topics are addressed during the visit.
- When you call the family prior to the visit, review the agenda to make any additions, deletions, and/or changes.
- The topics for discussion are not a secret and should be shared with the family.
- Cultural considerations - do you need an interpreter?
- Decide on the order of interviews. Remember to make time to speak to the children and include them in the topics of/for discussion.
- Develop a clear description of the program and services you can provide to the family by helping them navigate the system, access resources in their community and meet most family needs they identify.

Use Outlook Calendar to schedule and focus your meetings. Set up an appointment on outlook and keep notes on what you need to remember to do during the visit in your calendar. On the day of the visit, review your notes, print it out to use during the meeting.





Assessment

Step Two: Assessment

Arrive to the visit fully prepared and on time; confirm the purpose of the visit; review topics for discussion; and make any changes or additions.



- Be sensitive to the family's time and yours.
- Review all progress and any challenges since the last visit.
- Review content of the visit with a focus on Safety, Permanency, and Well-being.
- Add family's concerns/needs as topics of discussion.
- Ask the parents' permission to speak with their child(ren)/youth alone.
- Interview all household members; as well as non-custodial parents.
- If the child(ren)/youth spend time in both households, visit both households.

Use the case plan as a basis of case discussion.



- Remember the case plan is developed with the family, for the family. Allow the family to set the goals and steps. Goals that are set by the family are more likely to be met.
- Discuss the family's strength and needs related to promoting permanency, meeting protective and nurturing needs, and meeting developmental needs.
- Identify the supports and services needed to help the family meet their needs.
- Remember to use the Structured Decision Making Tools to guide you in assessing and addressing the strengths and needs of the family.



Assessment

Step Two: Assessment

What improvements have been made since the last visit (Have the families protective factors increased)?



- Many times after DCF has become involved, the family will make some changes. What progress has been made/has there been a lack of progress?
- It is important to find out what has changed, who thought of the change, how it was decided the change should occur and how has the change worked.
- Give positive feedback to the family regarding the changes they have made.

Social worker and family utilize the case plan to focus on case planning which includes a review of the goals and action steps. Social Worker also to discuss immediate needs and risk factors.



- Does the family have immediate needs that require attention (heating, food, etc)? Address or attend to those needs first.
- Ask the parents their understanding of the agency's involvement and clarify any misconceptions.
- Be clear about what needs to happen to achieve case goal; and what could happen if case goals are not achieved (e.g. filing neglect petitions, child/youth's removal).

Use a series of developmentally appropriate questions to assess how the family will provide for the children or youth's safety and well-being.



- Remember to interview children/youth privately, alone.
- Refer to Addendums 1, 2 & 3 for a list of possible questions.



Wrap Up & Action Steps

Step Three: Wrap Up & Action Steps

Review the information discussed with the family during the home visit.

- Validate that you have listened to their concerns and opinions.
- Allow time for questions.
- Good time to make sure that everyone understands the purpose of our involvement, shared goals, and requirements for case closing.

Summarize the strengths and challenges toward achieving the case planning goals.

- Recognize the work the family has done.
- Acknowledge any achievements, no matter how small they may seem.
- Build from achievements to address other needs.
- Discuss barriers and develop supports to enhance protective factors (i.e. nurturing and attachment; parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need & social and emotional competence of children) .

Create action steps that require follow-up on your part and the part of the family; and schedule next home visit.

- At the end of the meeting everyone has written action steps that are clearly defined and easy to understand.
- Children/youth can have age appropriate action steps as well.
- Be sure to review the steps prior to leaving the home.
- Keep a copy of the case plan so that you track progress at each visit; and use it to facilitate discussion at your next visit to the home.
- The case plan (and the action steps developed with the family) should be used during supervision.



Purposeful Visitation & Policy Expectations

Purposeful Visitation & Policy Expectations

Social Worker Visitation with Children & Families

- Children/youth need to be interviewed in the environment in which they reside (biological, foster, non-custodial, guardian, caretaker, residential, SAFE home, group home, etc); and SW shall ensure that child /youth is seen alone (DCF 36-15-1).
- Children/youth need to be seen within two working days of placement (DCF Policy 36-15-1.1).
- Social worker shall maintain ongoing contact with parents via visits and telephone calls; and engage parents in their child/youth's case planning and in the parents case planning (DCF Policy 36-15-1.1).
- For In-Home cases, the minimum visitation standard is twice per month; for children/youth in placement, the minimum visitation standard is once per month. (See DCF Policy 36-15-1.1 for further details regarding contact standards).
- In-home visits for high risk newborns shall occur at least twice a week for at least four weeks (DCF Policy 34-12-2).

Provider Contacts (DCF Policy 36-15-1.1)

- This includes any professional who is assisting with assessment services.
- Be clear in the reason you are referring this client to the provider.
- Speak to the assigned provider; be sure to review the Action Plan with the provider.
- Establish realistic timeframes with the provider on when objectives need to be achieved.
- You should be receiving regular information as to service progress.
- You should be sharing information with the provider as to what you are observing during your visits to the home and discussions with the family.

An accepted report of abuse or neglect requires an in-person contact between the family and the family's Assigned Worker within three days of the acceptance of a report. (DCF Policy 36.15.1).

The visit by the family's assigned Social Worker is in addition to contact made by the agency intake or FAR personnel relevant to the accepted report.



Documentation

Quality Visitation & Documentation

The frequency and quality of social worker visits are strongly associated with the following: (1) adequately assessing risk of harm to children/youth; (2) identifying needs and provision of services for children/youth, parents and foster parents; and (3) effectively involving children/youth and parents in their case planning.

- Documentation should reflect thorough discussions which include:
 - The identification of child/youth and families strengths and needs;
 - Identifying services and service providers;
 - Establishment of goals in case plan;
 - Evaluation of progress towards those goals; and
 - A discussion of the case plan in case planning meetings (Did you include your family feedback and family engagement narratives?)

- Documentation should also reflect the following:
 - Who was present during the visit;
 - What was the purpose of the visit;
 - Where and when the visit took place.

- Questions to consider:
 - Were conversations related to the child/youth's safety, permanency and well-being?
 - Were concerns identified, discussed and documented?
 - Does your documentation include an assessment of safety and risk factors?
 - Does your documentation include family feedback? Family feedback is the family's perception regarding the case plan, DCF involvement and required/recommended services [as it pertains to the case plan and only the case plan]. Feedback should be documented even if it is contrary to the Department's perception.
 - Does your documentation include family engagement- including the non-custodial parent?
 - Does your documentation include contact with service providers?
 - What are your observations of parent/child/youth visitation?
 - Are all key case decisions (e.g. reasons for child/youth's removal; other placement changes; court intervention; critical incidents, etc.) documented?

- Documentation of visits should be entered in LINK within 5 working days of the occurrence of the visit. The narrative should be case specific and record the type, purpose, and outcome of the visit; person(s) involved and related observations. (DCF Policy 31-8-8). They should be clear, concise and factual.

Note: Please refer to Policy 31-8-6 (Delivery of Services Using a Client's Preferred Method of Communication) for more information on providing services (including visits and translation of case plans) to clients in their preferred language.



Purposeful Visitation

Assessment Questions for Parents & Caretakers

Out-of Home questions for Parents:

- What was it like for you to care for your child/youth at home? What has been the effect on your family of having your child/youth placed?
- Thinking of the problems that led to your child/youth's placement, on a scale of 1-10 with 10 meaning you have confidence these problems can be solved and 1 means no confidence at all, where would you put yourself today? What would be different in your life when you make a change?
- Discuss the permanency goal for the child/youth. What do you think/feel about this?
- What services do you need in order to care for your child/youth?
- How have your visits been with your child/youth? What types of things do you do together during the visits? What could be done by you or others to improve visits?
- What is your greatest fear about your child/youth returning home? What is your greatest fear if your child/youth does not return home?
- If your child/youth cannot return home where would you want him/her to grow up? Who are the maternal and paternal relatives or other adults that could be a resource for your child/youth?
- What was your child's feeding and sleeping pattern at home? How is your child developing? Do you feel he/she is on target? If not, in what area is he/she not developing?
- What services do you need in order to care for your child/youth?

Out-of-home questions for the Caregiver:

- Discuss developmental milestones of child/youth.
- Discuss medical appointments, any medical concerns, weight gain; do you know how to care for special medical needs?
- Describe child/youth. What are his/her strengths?
- When child/youth visits his/her family what happens? How does he/she behave before or after the visit?
- Discuss permanency goal for child/youth and how the caregiver feels about goal.
- If child/youth goes home how do you imagine you might still be involved with the child/youth and his/her family? If the child/youth cannot go home how do you imagine being involved with the child/youth? Are you willing to adopt? Explain adoption.
- On a scale of one to ten with one being the most difficult to ten being the easiest -how easy is it to parent this child/youth?
- How do you handle stress?
- What are your concerns right now? How can I help you? What things do you need to support your continued care of this child/youth?
Do you have pictures to add to child/youth's Life Book?
- If the child/youth does not follow rules what do you do? How does the child/youth respond to this?
- Describe a typical time when the child/youth did not follow the rules. What did you do?
- If child/youth is in school discuss how he/she is doing? Consider social as well as academic issues. Do you go to school conference or receive any reports from school? Make copies for the record.
- How has child transitioned to new school? 14
- What kinds of things does this child/youth like to do?



Purposeful Visitation

Assessing Development: Infants and Toddlers

Infants (0-18 months)

Basic safety: Observe the child's personal things (toys, comfort items) and bedroom.



Questions for the Caregiver:

- What is child's daily routine?
- How does this child seek comfort?
- Is the child easy to soothe?
- How does this child show warmth and affection?
- What does he/she do when happy? How does the child show that he/she is upset, hurt, sad, etc?
- Discuss temperament, does baby cry/tantrum a lot?
- Who does baby seek comfort from? Does the child show a preference to a particular adult or child?
- Discuss medical appointments, any medical concerns, weight gain; do you know how to care for special medical needs?
- Who takes the child to medical appointments?

Toddlers (18-36 months)

Basic safety: Observe the windows, sleeping arrangements, is the home "child safe, how the caretaker provides supervision.



Questions for Caregiver:

- What is child's daily routine?
- How does this child seek comfort? Is the child easy to soothe?
- How does this child show warmth and affection?
- What does he/she do when happy?
- How does the child show that he/she is upset, hurt, sad, etc?
- Is this child able to seek you out and accept your help when needed?
- How does this child comply with your requests and demands?
- Is this child developmentally on track?
- What types of toys are available for the bay/toddler?

Question for Toddlers:

- What is your favorite toy?
- What are some of the rules in your house?
What happens if you do something you are not supposed to?



Purposeful Visitation

Assessing Development: School Age and Adolescents

Schools Aged Children (7-12)

Questions for child:

- Who takes care of you when _____ isn't home?
- How do you get to and from school?
- When you play outside is there anyone watching you or close by?
- What are the rules in this house? What happens if you do not follow a rule? How often does this happen?
- How do you like living here? Tell me about that.
- How is school going? What are you learning about? What do you like best about school? What do you like the least? Do you get any extra help?
- Tell me what a typical day is like for you.

Question for caregiver:

- Describe a typical day for this child/youth.
- If the child/youth does not follow rules what do you do? How does the child/youth respond to this?
- Describe a typical time when the child/youth did not follow the rules. What did you do?
- What kinds of things does this child/youth like to do? What are his/her strengths and needs?
- How does the child/youth get to and from school?
- How is child/youth doing in school? Consider social as well as academic issues. Is child on grade level? Is he/she receiving any services? Do you go to school conference or receive any reports from school? Make copies for the record.

Adolescents (age 13 - 21)

Questions for teen:

- Who are your friends? What do you like to do with your friends? What do you like to do?
- What do you do after school?
- Have you ever tried alcohol, smoking, illegal drugs, prescription drugs etc? What do you think about that? Discuss risks about drugs, alcohol, and tobacco.
- Have you ever thought about hurting yourself in any way? Tell me more about that.
- What are your future plans?

Questions for caregivers:

- What kinds of things does this teen like to do? What are his/her strengths?
- Have you discussed the health risks of drugs, alcohol, tobacco and unsafe sex with the child?
- Does the child participate in any religious or cultural activities? What are they?
- Have you noticed any physical or emotional changes in your child/youth? How has that changed your relationship with your child/youth?