

SOP MODULE 8

PARTICIPANT GUIDE

ARKANSAS DIVISION OF CHILDREN AND FAMILY SERVICES

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CONTENTS

- Assumptions About Family Time 1
- Family Time Preparation Tips..... 2
- Family Time Planning and Reflection..... 7
- Adoption Family Time Planning and Reflection..... 10
- Family Time Planning and Reflection—Example 13
- Arkansas Family Time Practice Support Guide 17
- Safety-Organized Practice and Family Finding 21
- Deep Dive Module 8: Things to Try..... 24
- Deep Dive Module 8: Coaching and Supervision Tips 27

ASSUMPTIONS ABOUT FAMILY TIME

Formerly referred to as visitation

1. Family time is directly tied to reunification rates. It is thought that visitation between parents and their children is a motivating factor for the parents to progress through their safety/case plan and treatment plan.
2. Family time can be comfortable and enjoyable.
3. Parents will have worries about family time if it is in an artificial setting and monitored by someone they don't know. It would be helpful to know about those worries ahead of time.
4. Children will have questions and worries about their parents' welfare and progress, or fears about what might happen when they see their parents. It would be helpful to know about those worries ahead of time.
5. There are no other vehicles by which parents can demonstrate their increasing safety (more actions of protection over longer periods of time) than their *contact with their children*. Services do not equal safety!
6. The network must participate in family time. The more the merrier. Parents need to become less isolated and reconnected with their supports. This will increase their likelihood of asking for help when they feel overwhelmed.
7. As the parents increase the amount of demonstrated safety with their children (related to the reasons for removal or newer safety threats), their family time or other forms of contact should increase. This "safe progression of visitation" should be directly tied to immediate safety plan adherence and goal statement achievement.
8. For the most part, when goals statements and the three research-based reunification standards are met (reduced risk, acceptable family time, and increased safety), consideration of the children's return home should be in full swing.

FAMILY TIME PREPARATION TIPS

PREPARATION STEPS	PREPARATION OF PARENTS	PREPARATION OF CHILDREN	PREPARATION OF WORKERS	PREPARATION OF CAREGIVERS
<p>Co-create/ Share Worry Statements and Goal Statements</p>	<p>Co-create with parents the worry statement (what we are worried about and impact to the child) and the goal statement (what parents would need to demonstrate and for how long so that we know the child could safely transition home). Use the family's language and be sure to maintain the agency's bottom lines when creating the statements. Share with the parents any worries other parties to the case may have.</p> <p>Ask the parents for permission to share the worry and goal statements with the resource family and other parties involved in the case.</p>	<p>Share with the child (if appropriate) the worry and goal statements and listen to the input of the child about any worries about family time. Address any worries that the child might have, and incorporate this input into the team family time planning dialogue (initially and throughout the process).</p>	<p>Use the three-column map to gather information about worries and what is working well.</p> <p>Share with the child's guardian ad litem, the parent's attorney, and CASA if applicable the worry and goal statements, and listen to their input about any worries about family time related to safety. Address any worries that they might have and incorporate this input in the team family time planning dialogue (initially and throughout the process).</p> <p>Write down any worries you have about family time and share with the family. Prepare to talk about your worries in the family team meeting while discussing family time planning.</p> <p>Remember to keep everyone focused on Caregiver, Behavior, and Impact on Child. The conversations should revolve around child safety and avoid getting hung up on complicating factors.</p>	<p>With permission from the child's parents share with the caregivers about the family's "story," including the positive aspects.</p> <p>Share the worry and goal statements for the family as soon as it is possible.</p>

PREPARATION STEPS	PREPARATION OF PARENTS	PREPARATION OF CHILDREN	PREPARATION OF WORKERS	PREPARATION OF CAREGIVERS
<p>Identify Relationship Barriers</p>	<p>Ask the parents if they have any worries about meeting the child’s resource family and working with them. If the resource family is a relative or friend, discuss the dynamics of the relationship and whether there will be any barriers to working with the relative/friend.</p> <p>Discuss at a family team meeting to address and plan around.</p>	<p>Talk with the child about any worries or things they may be excited about with their parents and resource family working together.</p> <p>Talk with the child about their relationship with their parents. If they are hesitant to attend family time, dig deeper to understand the dynamic of their relationship with their parents to better understand their hesitation.</p>	<p>Partner with the family and resource family to help them overcome worries about working together. Help the families work toward consensus on what needs to happen during family time for the parents to move from the worry statement to the goal statement.</p>	<p>Ask the caregiver if they have any worries about meeting the parents and working with the family. This should be at least discussed prior to a team meeting. Any worries would be brought into the team meeting to be addressed and planned around. Partner to remove barriers to the relationship by addressing them early on (and thereafter).</p>
<p>Who Is Included</p>	<p>Ask parents who are the people they lean on so that we can involve them with family time.</p> <p>Use circles of safety and support, genogram, or ecomap to identify people who could possibly help with family time or whom the family may want to attend.</p>	<p>Assure the child that it’s not their fault, since many children have hidden guilt about their family being involved with the system.</p> <p>Ask the child what important people in their life other than their parents they may want to include in their family time.</p>	<p>We need to restructure the way we work now because we alone cannot sufficiently facilitate effective family time without working as a team. One contact a month is not enough to have strong insight on family dynamics and family time effectiveness.</p>	<p>Explain that the role of the caregiver is to (if possible) be a supportive participant on the family’s team, and the worker will facilitate the initial development of this relationship. Explain that caregivers can be a wonderful support during family time by coaching and providing positive feedback if the caregiver is a designated third-party monitor.</p>

PREPARATION STEPS	PREPARATION OF PARENTS	PREPARATION OF CHILDREN	PREPARATION OF WORKERS	PREPARATION OF CAREGIVERS
Expectations	<p>Create shared agreements about family time: how often, length of time, any rules during family time (e.g., limited cell phone use, what happens if someone is sick, when family time needs to be canceled etc.)</p> <p>Decide with parents ahead of time what parents should try to demonstrate during family time (related to safety) that will help move them toward the goal statement.</p> <p>Let parents know what to expect during family time (e.g., setting, who is observing, what they are looking for)</p> <p>Explain how their children might be feeling before, during, and after family time.</p>	<p>Be able to listen to and understand the child’s expectations for the family time. When age appropriate, include them in the creation of shared agreements. Carefully plan family time’s length of time, activities, etc. accordingly. Prepare children so that they understand what to expect when they see (or don’t see due to a “no show”) their family.</p> <p>For a child who is not as willing to open up, attempt the Three Houses or Three Column Map with them to get an idea of what their expectations are and what they need from family time.</p> <p>Ask the child about their hopes for family time and what they need during family time to feel like it is successful. If the child has worries about safety during family time, talk with them about what they would want to see their parents demonstrate during family time that would help them feel safe and move the family toward the goal statement.</p>	<p>Create shared agreements about family time, including what your role will be as the worker: facilitator and coach versus solely an observer.</p> <p>Supervisors can prepare and support workers by asking solution-focused questions, keeping family time planning on the minds of workers, and preparing them to see this situation through the eyes of the parents and children. How can we consistently encourage the development of the parents’ protective capacities and their relationship with the kids?</p> <p>Gather their thoughts on what the parents would need to demonstrate during family time to show them the parents are making progress toward the goal statement. Have the worker share with the family and the family’s team what the agency needs to see demonstrated during family time.</p>	<p>Include the caregiver in the creation of shared agreements about family time.</p> <p>Talk with the caregivers about the possible trauma reactions the child may experience before and after family time. Help them create a plan on how they will help the child work through these emotions and provide empathy for the child.</p>

PREPARATION STEPS	PREPARATION OF PARENTS	PREPARATION OF CHILDREN	PREPARATION OF WORKERS	PREPARATION OF CAREGIVERS
<p>Planning the Family Time</p>	<p>Let parents know how their child is doing. What do parents need to know about their child right now? Special medical needs/care? Prep parents to be able to meet child's needs during family time. (For example: positive tox baby or premature baby with special care needs). Help parents feel comfortable/knowledgeable/competent as they care for their child during family time.</p> <p>Ask the parents about their culture and any activities they may want to do during family time to help ensure they remain connected to their culture.</p> <p>Help parents carefully plan family time activities, length of visit, planned conversations, as much as possible so that family time is part of the healing process for all, as opposed to the family time being further traumatic experiences for the parents and children.</p>	<p>Look for opportunities to learn what the child wants to do/say/talk about during family time, and pass along this insight to parents so that both parents and child have maximum opportunity for good family time.</p> <p>Look for opportunities to check in with the child on their thoughts/feelings. Knowing and understanding this is helpful as we pass along this info to parents, and we can better facilitate a strong and healing relationship for our families. Learn the child's perspective on the family's story.</p> <p>Ask the child about their culture and any activities they may want to do during family time to help ensure they remain connected to their culture.</p>	<p>Look for opportunities to check in with our families: check in on thoughts/feelings/questions. We must understand that there is trauma all around a family involved with foster care system.</p> <p>Talk with the parents and child about they want to do during their family time. If possible, avoid planning to have family time in the office. Plan family time to be at the family's home, a park, and so forth.</p> <p>Plan family time so the parents can care for their children (like feeding/bathing them/doing homework, etc.) (As opposed to bringing clean, fed, ready to nap baby to family time if possible).</p> <p>Maintain a culturally responsive lens while planning family time.</p> <p>Complete the planning section of the Family Time Planning and Reflection worksheet with the family, caregiver, and child.</p>	<p>Ask about the child's immediate care routine. Any special needs? What is the child's schedule? Use this information in planning the family time schedule.</p>

PREPARATION STEPS	PREPARATION OF PARENTS	PREPARATION OF CHILDREN	PREPARATION OF WORKERS	PREPARATION OF CAREGIVERS
<p>During and After Family Time</p>	<p>Encourage parent–normalize the child’s behavior (according to age and development) and help parents relate to their child in a way that feels normal to them as much as possible.</p>	<p>Be ready to listen to the child. Understand that there will be deep feelings most of the time: feelings of fear, anger, grief, overwhelming sadness, shame, humiliation, and perhaps even a numbness due to complex and prolonged trauma or exposure to trauma/traumatic events.</p>	<p>We are in a role to facilitate and support the relationship between parents and children while the children are in out-of-home care.</p> <p>When appropriate, offer the parent feedback or modeling to support positive family interactions, attunement to child needs, and parenting skill development.</p> <p>Complete the reflection section of the Family Time Planning and Reflection worksheet with the family, caregiver, and child.</p> <p>When worries about family time arise or the family has been demonstrating protective factors during family time, bring the family and their team back together and assess how to move forward with the family time (perhaps it is time to move to unsupervised, or maybe we need to restrict family time).</p>	<p>Talk about how the child might feel or what the child’s behaviors are after the family time so that these can be viewed through a trauma lens, as opposed to because the family time was “harmful” to the child.</p>

FAMILY TIME PLANNING AND REFLECTION

Family Name: [Click or tap here to enter text.](#)

Worker Name: [Click or tap here to enter text.](#)

Date and Location of Upcoming Contacts: [Click or tap here to enter text.](#)

Key Agreements:

Click or tap here to enter text.

Network Members Participating in Family Time:

Click or tap here to enter text.

WORRY STATEMENT(S)	GOAL STATEMENT(S)
Click or tap here to enter text.	Click or tap here to enter text.

FAMILY TIME PLANNING

When completing this exercise, keep in mind where each person’s rating is on the safety scale of 0–10. On this scale, 0 means the worry statement is happening all the time, and 10 means the goal statement is happening all the time. What are you looking for to happen next that would demonstrate movement toward the goal statement and away from the worry statement? In other words, what would take us one step closer to a 10?

In order to include everyone’s ideas, also consider: Who needs to be involved in the family time? (Network members? Other professionals?)

- 1. What could happen during family time that would move you up the safety scale by 1 (or leave you in the same place on the scale)?

CAREGIVER/CHILD/FAMILY/NETWORK IDEAS	DCFS/PROFESSIONAL IDEAS
Click or tap here to enter text.	Click or tap here to enter text.

- 2. What will adults do during family time to make sure the safety threat will not take place and that the children will be safe? How will adults respond if the children are frightened or need help? What steps will adults take if the unsafe behavior begins?

CAREGIVER/CHILD/FAMILY/NETWORK IDEAS	DCFS/PROFESSIONAL IDEAS
Click or tap here to enter text.	Click or tap here to enter text.

3. What are we worried about happening during family time that would demonstrate no movement away from the worry statement? (This would not move you up the safety scale and might move you down the safety scale, depending on severity.)

CAREGIVER/CHILD/FAMILY/NETWORK IDEAS	DCFS/PROFESSIONAL IDEAS
Click or tap here to enter text.	Click or tap here to enter text.

REFLECTING AFTER FAMILY TIME

On a scale of 0–10, how would each person involved rate this family time session?

Parent(s)

0 1 2 3 4 5 6 7 8 9 10

Child(ren)

0 1 2 3 4 5 6 7 8 9 10

Network

0 1 2 3 4 5 6 7 8 9 10

DCFS

0 1 2 3 4 5 6 7 8 9 10

Why did you give it this rating? What would move you up by 1 for the next session? (Be behaviorally descriptive.)

Click or tap here to enter text.

ADOPTION FAMILY TIME PLANNING AND REFLECTION

Family Name: [Click or tap here to enter text.](#)

Worker Name: [Click or tap here to enter text.](#)

Date and Location of Upcoming Contacts: [Click or tap here to enter text.](#)

Key Agreements:

[Click or tap here to enter text.](#)

Adoptive Family Members and Friends Participating in Family Time:

[Click or tap here to enter text.](#)

WORRY STATEMENT(S)	GOAL STATEMENT(S)
Click or tap here to enter text.	Click or tap here to enter text.

FAMILY TIME PLANNING

When completing this exercise, keep in mind where each person’s rating is on the connection scale of 0–10. On this scale, 0 means the worry statement is likely to lead to low connection, and 10 means the goal statement where a strong connection will occur. What are you looking for to happen next that would demonstrate movement toward the goal statement and away from the worry statement? In other words, what would take us one step closer to a 10?

In order to include everyone’s ideas, also consider: Who else needs to be involved in the family time? (Network members? Other professionals?)

1. What could happen during family time that would move you up the connection scale by 1 (or leave you in the same place on the scale)?

PRE-ADOPTIVE/CHILD/RESOURCE FAMILY/NETWORK IDEAS	DCFS/PROFESSIONAL IDEAS
Click or tap here to enter text.	Click or tap here to enter text.

2. What will adults do during family time to make sure the avoidance of contact will not take place and that the children will feel welcome and engaged? How will adults respond if the children are frightened or need help? What steps will adults take if any trauma response begins?

PRE-ADOPTIVE/CHILD/RESOURCE FAMILY/NETWORK IDEAS	DCFS/PROFESSIONAL IDEAS
Click or tap here to enter text.	Click or tap here to enter text.

3. What are we worried about happening during family time that would demonstrate no movement away from the worry statement? (This would not move you up the connection scale and might move you down the connection scale, depending on severity.)

PRE-ADOPTIVE/CHILD/RESOURCE FAMILY/NETWORK IDEAS	DCFS/PROFESSIONAL IDEAS
Click or tap here to enter text.	Click or tap here to enter text.

REFLECTING AFTER FAMILY TIME

On a scale of 0–10, how would each person involved rate this family time session?

Pre-adoptive parent(s)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Child(ren)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Network

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

DCFS

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Why did you give it this rating? What would move you up by 1 for the next session? (Be behaviorally descriptive.)

Click or tap here to enter text.

FAMILY TIME PLANNING AND REFLECTION—EXAMPLE

Family Name: Kim and Paula

Worker Name: Sherita

Date and Location of Upcoming Contacts: 8/3/21 at Donna and Anne’s

Key Agreements:

If anyone needs to cancel a family time session for any reason, they will notify all parties 24 hours ahead of time, if possible. No cell phones during family time. Family time will take place at Donna and Anne’s home. Family time will be centered on Paula and on Paula’s needs and will not be a time to get updates on the case. Kim can bring food, activities, or gifts for Paula. Kim will talk with family service worker (FSW) Sherita and with Donna before bringing additional people to family time.

Network Members Participating in Family Time:

Donna and Anne

WORRY STATEMENT(S)	GOAL STATEMENT(S)
<p>Paula may get sick when Kim is using methamphetamine and Paula has contact with drugs or drug paraphernalia.</p> <p>Paula may be scared, confused, or emotionally harmed when Kim is using methamphetamine and becomes distracted and unavailable.</p> <p>Paula may be physically harmed (by leaving the home unsupervised, or by fires in the home) when Kim is using methamphetamine and becomes distracted and unavailable.</p>	<p>Paula will be cared for by Kim, who will always reach out for help if she is tempted to use methamphetamine or other illegal substances and will find a safe place for Paula to go.</p> <p>Paula will be cared for by Kim, who will ensure that Paula has no contact with drugs or drug paraphernalia.</p> <p>Paula will be cared for by Kim, who will manage her depression in other ways than using illegal substances or alcohol.</p>

FAMILY TIME PLANNING

When completing this exercise, keep in mind where each person’s rating is on the safety scale of 0–10. On this scale, 0 means the worry statement is happening all the time, and 10 means the goal statement is happening all the time. What are you looking for to happen next that would demonstrate movement toward the goal statement and away from the worry statement? In other words, what would take us one step closer to a 10?

In order to include everyone’s ideas, also consider: Who needs to be involved in the family time? (Network members? Other professionals?)

1. What could happen during family time that would move you up the safety scale by 1 (or leave you in the same place on the scale)?

CAREGIVER/CHILD/FAMILY/NETWORK IDEAS	DCFS/PROFESSIONAL IDEAS
<p>Kim (10 on scale) says she can’t be moved up by one because she is already at a 10. Kim said the only thing that needs to happen now is for Donna and Anne to not be involved in her family time.</p> <p>Donna (6 on scale) would be moved up by one if Kim is more attentive to Paula’s needs by doing activities with her rather than just watching TV or movies with Paula.</p> <p>Anne (5 on scale) would be moved up by one if Kim would talk to Paula more about what Paula wants to do and who Paula wants involved in her life. Anne stated Kim frequently talks to Paula about her ex-boyfriend and doesn’t listen to Paula’s feelings about Kim’s ex-boyfriend, Chewie.</p>	<p>FSW Sherita (5 on scale) would be moved up by one if Kim would interact with Paula in a way that really allows Paula to express her emotions and needs instead of Kim trying to distract Paula by having Paula play games on her phone or iPad or turning on a movie when Paula begins to get upset.</p>

2. What will adults do during family time to make sure the safety threat will not take place and that the children will be safe? How will adults respond if the children are frightened or need help? What steps will adults take if the unsafe behavior begins?

CAREGIVER/CHILD/FAMILY/NETWORK IDEAS	DCFS/PROFESSIONAL IDEAS
<p>Donna and Anne will be present for the family time to monitor Paula’s safety. If Paula becomes frightened or needs help, Donna and Anne will have Paula go to her room, and they will pull Kim to the side and talk with her. If they are not able to calm Kim down or if Kim is acting erratic, Anne will contact the police and FSW Sherita. Donna and Anne will also contact Kim and Paula’s therapist if Kim’s behavior becomes unsafe and/or Paula becomes frightened during family time.</p>	<p>If Kim were to regularly start showing up to family time under the influence of illegal substances, FSW Sherita would call an emergency family team meeting to reevaluate how family time is being monitored and determine if DCFS needs to take over supervision of family time.</p>

3. What are we worried about happening during family time that would demonstrate no movement away from the worry statement? (This would not move you up the safety scale and might move you down the safety scale, depending on severity.)

CAREGIVER/CHILD/FAMILY/NETWORK IDEAS	DCFS/PROFESSIONAL IDEAS
<p>Kim stated that Paula not wanting to visit with her is what she is most worried about.</p> <p>Donna and Anne stated that Kim showing up to family time high or not being attentive to Paula’s needs would move them down on the safety scale.</p>	<p>FSW Sherita stated that she is most worried about Kim showing up to family time under the influence of illegal substances.</p>

REFLECTING AFTER FAMILY TIME

On a scale of 0–10, how would you rate this family time session?

0 1 2 3 4 5 6 7 8 9 10

Why did you give it this rating? What would move you up by 1 for the next session? (Be behaviorally descriptive.)

Kim rated the family time a 10. She stated that she and Paula had a great time together. They got to cook dinner together. (Kim showed Paula how to make spaghetti.) After dinner, they went outside, and Paula showed Kim some of the things she was learning in gymnastics. Kim stated that even though she was a 10, the family time could be better if she could take Paula somewhere, because she and Paula have not been able to go anywhere together in a long time. Kim stated that because she lost her job before Paula came into care, she wasn't able to take Paula to do fun things out of the house.

Donna rated the family time an 8. Donna stated that Kim was very responsive to Paula's needs and was patient with her when they were making spaghetti. Donna stated that Kim was not distracted during the family time. Donna stated that she would be moved up by one if Kim and the team could come up with a plan for what Kim should do when she begins to feel overwhelmed with Paula's emotional needs. Donna stated that Paula does really well for the most part and has adjusted well; however, sometimes during family time, Paula can be very emotional because she misses living with her mom. Donna said that Kim does not always know how to respond to this and tries to reassure Paula, but Kim tends to get overwhelmed and emotional also.

Anne rated the family time a 7. Anne agreed with what Donna said and added that Kim was not on her phone and did not talk about Chewie to Paula. Anne stated that Kim kept the conversations with Paula about what Paula wanted to talk about and really focused on trying to understand her daughter's interests better. Anne agreed with Donna on how she could be moved up by one.

ARKANSAS FAMILY TIME PRACTICE SUPPORT GUIDE

DCFS POLICY & PROCEDURE MANUAL: APPLICABLE POLICY

- IV-C: Maintaining Family Ties in Out-of-Home Placements
- VI-C3: Other Relative and Fictive Kin-Child Contact in Out-of-Home Placement
- VI-A6: Concurrent Planning

HOW SPECIALTIES ARE AFFECTED

INVESTIGATIONS, DIFFERENTIAL RESPONSE, SUPPORTIVE SERVICE, AND PROTECTIVE SERVICE:

- Begin concurrent planning and provision of preventative services by identifying and enhancing the family's network during initial and ongoing family engagement.
- Documented in the agency database and on CFS-305: Relative and Fictive Kin Efforts Log to support any subsequent concurrent planning efforts by the Division of Children and Family Services (DCFS).
Ask yourself:
 - » What am I doing to develop a natural support system for this family?
 - » Am I using the circles of safety and support in assessment and planning with the family?
 - » Have I articulated the importance and benefits of family time with caregivers?

FOSTER CARE

- Resource parents and biological parents or caregivers should participate in co-parenting meetings, potentially during initial Team Decision Making® (TDM™) meetings to discuss the mutual needs of co-parenting the children.
- The first family time after the removal should be scheduled and occur within two business days of the removal. Consider use of phone calls or video chat (such as FaceTime) as options for adhering to this timeline.
- Always know and follow court orders related to family time.
- Supervised family time should occur only when there is a direct threat to the child's safety; and, as such, if family time must be supervised, there should be a DCFS staff member within sight and sound (in the room with the family) at all times. Family time should be held in the least restrictive and most natural setting so that parents have the opportunity to demonstrate actions of protection that address child safety. Staff should be providing direction about expectations for family time prior to family time beginning; redirecting parental behavior that threatens child safety and providing prompts when necessary during family time; and debriefing with the parent after family

time about what went well, what they were worried about, and what needs to happen during the next family time.

Practice Considerations

- » How many caregivers on my caseload are having unsupervised family time?
- » How many are being supervised because “that’s what we do” rather than because a safety issue exists?
- Monitored family time can occur as a transition between supervised and unsupervised family time. “Monitored” means someone is watching from afar or is using a monitoring device such as a camera or baby monitor to observe family time. Monitored family time is used when there is no longer a threat to the child’s safety (otherwise, family time would need to be supervised). Therefore, monitored family time should not occur for a long duration; it should be used as a transition to unsupervised family time.

Practice Considerations

- » Which families’ family time on my caseload are actually monitored (rather than supervised with someone in the room at all times)?
- » How many monitored family time sessions should transition to being unsupervised based on the thought that they have been monitored for an appropriate amount of time already?
- Caregivers should be invited to all appropriate medical appointments for their children. Caregivers having monitored and unsupervised family time should be attending medical appointments, including Project for Adolescent and Child Evaluations (PACE). Accompanying their child to medical appointments should be in addition to, not replacing, the normally scheduled family time for that week.
- Caregivers should be invited to attend school and social functions and religious services with their children (which often requires coordination with resource parents). This should occur when families are having supervised and unsupervised family time, as appropriate. The exception should be when a parent poses a threat to the child’s safety that cannot be managed in the public setting. Many people are around when family time is in a public setting. However, all children should have an individual directly responsible for observing the child and parent in the public setting when child safety is a concern.

Practice Considerations

- » How many families on my caseload are attending religious services together?
- » How many families on my caseload are attending school and other social functions together?
- » If there is a threat to the child’s safety, what is the potential impact on the child, and can the impact be mitigated by the additional opportunities to interact in a natural setting with the caregiver?

- Siblings not placed together should have contact with each other at least biweekly. This can be done via sleepovers, FaceTime, face-to-face visits, at a visiting resource, during routine family time, and so forth.
- Relatives and fictive kin can become volunteers for their own family and can be reimbursed through the Travel Reimbursement (TR-1) system to provide transportation for appointments and family time (but only for their kin, not for other cases). Kin may assist with supervising and monitoring family time if, after a balanced assessment, they are considered appropriate to do so. Kin may be included in assessment, immediate safety planning, family time, and aftercare planning, as appropriate.

Practice Considerations

- » What am I doing to develop a natural support system for this family?
- » Am I using the circles of safety and support in assessment and planning with the family?
- » Can everyone (caregivers/relatives/kin) express their understanding of the reason for family time?
- » How many visiting resources does the child in care have available?
- » How many lifelong connections have routine contact with the children?
- The office should be a *last* resort as a location for family time as it is the least conducive to family interaction. All family time should occur in the family home whenever possible. (Sometimes, environmental factors affect this.) This supports family comfort and enhances interaction.

Practice Considerations

- » How many families on my caseload are having family time in their own home?
- » What have I done to develop community resources as a location for conducting family time such as:
 - Detention facilities for incarcerated parents;
 - Community centers;
 - Community parks when the weather is nice;
 - CALL House;
 - Kinship homes; or
 - Resource homes?
- The person supervising family time should also be the person who provides the report about family time.

Practice Considerations

- » Should I make recommendations for a family if I have never observed family interactions?
- » Should I observe family interactions on a routine basis?

- » Who do I need to gather information and observations from prior to documenting family time, completing a court report, or providing testimony?

RESOURCE

- Routinely discuss with resource parents the benefits of formal co-parenting with caregivers.
- Promote resource parent teamwork with families.
- Promote quality family time by encouraging resource parents to allow family time to occur in the resource home as an option, when appropriate.

ADOPTION

- Ensure selection of an adoptive home for a sibling group and when this is not possible, communicate with adoptive families about continued contact with siblings and lifelong connections after finalization.
- Request completed CFS-305: Relative and Fictive Kin Efforts Log. Review the log prior to selecting a pre-adoptive home and ensure all potential lifelong connections are maintained as a support system for the child and adoptive family, as appropriate.

SAFETY-ORGANIZED PRACTICE AND FAMILY FINDING

PURPOSE

To use every tool at our disposal to maintain urgency in our work to find children permanency and lifelong connections.

SUITE OF PRACTICES

FILE MINING

Review Hotline Reports

- Who was the reporting party?
- Make a genogram and ecomap along the way.
- Timeline of reports: pay attention to length of time in between reports—long gaps could indicate protective capacities and network support.
- Identify schools and neighborhoods where the youth was living in the past for possible outreach.

Review Placement History

- Past caregivers.
- Friends youth made in past placements.
- Schools attended and neighborhoods lived in.
- Past activities or involvement in faith-based organizations.

Review Court Reports

- Witness statements.
- Anyone show up to court on behalf of the family?

GENOGRAMS AND ECOMAPS ARE MORE THAN A FAMILY TREE

- Identify family and kin to expand networks.

- Can be added to over time.
- Visually shows:
 - » People that may not have been thought of before;
 - » Current and past social and personal support (don't forget the pets!);
 - » Cultural heritage and traditions;
 - » Other community based supports;
 - » Personal identities and family dynamics.

Using these tools plus the circles of safety and support in various combinations can easily help identify more than 40 people per youth and uncover many layers of a youth's world.

For a video on creating ecomaps click here: <https://www.youtube.com/watch?v=xTjrkFneXr8>

CONTINUALLY TALKING WITH THE YOUTH: CIRCLING BACK TO THE THREE HOUSES AND SAFETY HOUSE

These can be great ways for the youth to think about their network. One way to really "bring this home" is that instead of using the normal opening of a Safety House—"I want you to imagine the house where you will always be safe"—you can instead focus on a "forever home." Try: "This is the home where you are going to live forever—your forever home" The rest of the questions will work well. In particular, the "who can visit" list can help identify more network members.

Explore forever relationships, if forever home is on their own.

MOBILITY MAPS

Mobility maps were actually developed by the International Rescue Committee in the aftermath of the Rwandan genocide. As you might expect, after a war there are significant numbers of children who are "unaccompanied minors" (like Alex was). If they are too young, they may not be able to remember or give sufficient information on their home, parents, relatives, and so forth.

The IRC developed this process of asking children to draw their home, and then all the places they visited near their home and who they visited there as a way to begin to bring children at risk of being institutionalized post-conflict back to loved ones. This practice helped more than 600 "hard-to-trace" children institutionalized in Rwanda post-genocide find permanent kin.

Mobility maps are now being used by child welfare, as well with youth, who have gone through multiple placements to help search for networks and potential permanent connections.

MOBILITY MAP INSTRUCTIONS

9. Explain the process to the youth.
10. Draw a house on a piece of paper (that was the youth's house before the separation) and ask the youth to draw all the places they used to go around their house.
11. Label all the places the youth drew.
12. Have the youth label all their favorite places.
13. Thank and compliment the youth. If possible, make copies so you and the youth each have the map.

For a demo on mobility mapping check out this video:

<https://www.youtube.com/watch?v=Rbb5SD5hQyA>

COMPUTER SEARCHES

- Adopt a mindset of a detective!
- Some use dedicated staff for online searches like Compact Find or Lexis/Nexis.
- Search birth records, death records, and Google maps.
- Social media.
- Document and track your results for use now or down the line.

BUILDING NEW NETWORKS

When a family truly has no one (perhaps they just moved to your state and they haven't met many local people or made any new friends yet, or most of their birth family is deceased), use solution-focused questions like the Preferred Future or Miracle Question to help them envision a future with strong supports and connections. Encourage them to sign up for activities that will help them meet people and foster new relationships.

If there is no obvious network for a youth in care, it is an urgent situation.

Network options include:

- Culture;
- Religious/spiritual;
- Social/interests;
- Neighborhood;
- Education; and
- Career

DEEP DIVE MODULE 8: THINGS TO TRY

Challenge yourself by choosing one of the ideas below and TRY IT ON. Consider sharing your chosen activity and outcome with your supervisor, field instructor, or deep dive leader.

FAMILY TIME

1. **Reflect** on your experiences in reunification and family time work with families.
 - What do you know about this work?
 - What do you do well in these areas?
 - What is hard for you?
2. **Consider** the idea that [reunification begins on Day 1](#).
 - What has this looked like in your practice?
 - What's one or two things you have done to help promote reunification on the day of or the day after a removal?
 - What could you do?
3. What have you seen in terms of [best practices](#) in family time in the agency?
 - What kind of family time plans would you like to see?
 - Where would you have to start to help make that happen?
4. Who supervises the family time in your agency? Share the [harm/worry/goal statements](#) with them. Help them to understand what kinds of acts of protection you would like to know if the parents can demonstrate in the visit. Ask to work with them to have a conversation about the kinds of family time sessions you would like to see happening.
5. **Use:**
 - [Family Time Planning and Reflection worksheet](#) provided with one family for the rest of the life of the case.
 - The [Gradients of Agreement](#) to test the parent's level of willingness, confidence, and capacity regarding the plan.
 - Meetings with your supervisor to discuss the impact of the practice.
6. Pick a case where reunification has occurred and [create a goal statement for case closure](#). Share with the family and their network.

7. **Invite** a family and their network to co-create an [aftercare plan](#) before closing a case. Help each person to define their role in maintaining future safety and preventing child protection from being called in the future.
8. **Think** of an [older youth](#) who will need extra support to build their network. Identify what you can do to facilitate visits/contact with old or new connections.

PERMANENCY

1. **Reflect** on your experiences in permanency work with youth in long-term care.
 - What do you know about this work?
 - What do you do well in these areas?
 - What is hard for you?
2. **Consider** the idea that maintaining children safely in their own home is the best permanency work we do.
 - What has this looked like in your practice?
 - What one or two things have you done to help prevent a removal or a disruption?
 - What could you do going forward?
3. What images come to mind when you think of [legal and relational permanency](#) for youth, especially youth in long-term care? Have you worked with this group in some way before? What do you know about this work?
4. **Think** about a case where you are [concurrent planning](#). What could you do to improve the communication between you and the foster care or adoption worker?
5. Effective concurrent planning requires simultaneous dual focus and [transparency](#) with both families at the same time. What's a step you could take to increase transparency and information sharing with the families on one of your cases?
6. Try doing [success or independence mapping](#) with an older youth who is exploring independent living.
7. Try making a [genogram or an ecomap](#) with an adolescent.
 - What is it like?
 - How is the conversation different if you just try to do it as a dialogue as opposed to taking out the paper and doing it that way?
8. Try making [safety circles/circles of support](#) with an adolescent.

- What is it like?
 - How is the conversation different if you just try to do it as a dialogue as opposed to taking out the paper and doing it that way?
9. Think about what you know about an adolescent in long-term care. Try making a [timeline](#) of all the major events—positive and negative—in their life.
- What is it like?
 - Does it change your thinking in some way about this youth? How?

DEEP DIVE MODULE 8: COACHING AND SUPERVISION TIPS

FAMILY TIME PERMANENCY

1. **Reflect** on your experiences supervising workers who do family time work with families and work with the families to reunify them.
 - What do you know about this work?
 - What do you do well in these areas?
 - How will you best help your workers transition from traditional visitation approach to coaching parents and family time?
2. When your workers bring a child into care, or when you are supervising a case with a child in care, see if you can bring home the idea that [reunification begins on Day 1](#).
 - How can you help your staff understand that everything that happens right from that point will contribute to how things ultimately go?
 - What do you already do that helps in your area?
3. How does your staff work with those who supervise family time in the agency?
 - Do the people who supervise know what the harm/worry/goal statements are?
 - Do your workers and the staff that supervise family time discuss these cases?
 - Do your workers and staff help design family time together with families? How could you help facilitate this?
4. What does the concept of ["family time"](#) mean for your supervisory practice going forward?
 - How can you help workers be more involved in modeling the parenting skills they hope to observe in supervised family time?
5. How can you support the use of the [Family Time Planning and Reflection worksheet](#) provided with one family for the rest of the life of the case?
 - Use the [Gradients of Agreement](#) to test the worker's level of willingness, confidence, and capacity to re-document the plan.
 - Meet with your worker to discuss the impact of the practice and have them share at a unit meeting.

6. **Review** one case per worker where reunification has occurred and look for documentation of [goal statements for case closure](#) and how they were shared with the families and their networks. Talk about the impact of this practice with each worker in supervision.
7. **Invite** a worker to co-create an [aftercare plan](#) before closing a case. How can you support this practice among all the workers in your unit?
8. **Think** of an [older youth](#) who will need extra support to build their network. What can you do to support the worker to facilitate visits/contact with old or new connections?

PERMANENCY

9. **Reflect on your experience** supervising workers who are working with families doing permanency work with youth in long-term care.
 - What do you know about this work?
 - What do you do well in these areas?
 - How do you best help your workers with this?
10. **Consider** the idea that [maintaining children safely in their own home](#) is the best permanency work we do.
 - What does this look like in your supervisory practice?
 - What one or two things have you done to help workers prevent a removal or disruption?
 - What could you do going forward?
11. What do you see as the biggest **challenges** your staff have to [remain in an urgent and hopeful place](#) with youth in long-term care?
 - Try talking about these cases on a regular basis.
 - Keep kids' pictures or names up in your office on a whiteboard.
 - Remind staff that placement and permanency are not the same thing.
12. **Think** about the adolescents your staff are working with even when they are not in long-term care.
 - How could they [help enlarge or enrich the networks](#) youth are a part of even as part of a preventative intervention?
13. **Think** about cases in your unit where the workers are engaged in [concurrent planning](#).
 - What steps could you take to facilitate an increase in communication between foster care and adoption workers?
 - With the worker's transparency with the families?

14. **Offer** to facilitate a [success mapping](#) with one of your workers' cases where the youth is working to achieve independent living.
 - Reflect upon the practice afterward and encourage the worker to do it with another youth.
15. **Ask** your staff when they come to talk about adolescents in long-term care if they have done a [genogram or an ecomap](#) with the youth.
 - Look for rigor—does the genogram include just immediate family, or does it include other people as well?
 - Encourage staff to do at least three generations with the youth.
16. **Encourage** your staff to try [circles of support](#) with an adolescent in long-term care. What is it like? What do they learn?
17. **Think** about all the above ideas and the adolescents your agency works with now.
 - Do you notice a pattern at all in your work with them?
 - What's one thing your agency as a whole could be doing better than you are doing right now?
 - How could you bring that conversation forward?