



**CHARTING THE COURSE TOWARDS  
PERMANENCY  
FOR CHILDREN IN PENNSYLVANIA:  
A Knowledge and Skills-Based Curriculum**

**MODULE THIRTEEN (13)  
OUT OF HOME PLACEMENT AND VISITATION**

**A Training Outline**

**Developed by:  
The Pennsylvania Child Welfare  
Training Program**

**University of Pittsburgh,  
School of Social Work  
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## **Module 13: Out of Home Placement and Visitation**

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## **Module 13: Out of Home Placement and Visitation**

### **Agenda for a Two-Day Curriculum on Module 13: Out of Home Placement and Visitation**

#### **Day One**

<b>Estimated Time</b>	<b>Content</b>	<b>Page</b>
30 minutes	Section I: Introduction	3
15 minutes	Section II: Overview of Permanency Planning & Juvenile Court Process	7
40 minutes	Section III: The Impact of Grief and Loss on the Placement Process	10
2 hours	Section IV: Placement Preparation	18
1 hour, 40 minutes	Section V: Out-of-Home Placement Process	28
25 minutes	Section VI: Selecting Out-of-Home Care Placement Setting	35

#### **Day Two**

15 minutes	Section VII: Introduction to Day 2	39
40 minutes	Section VIII: Child Permanency Planning	42
1 hour, 50 minutes	Section IX: Visitation	46
1 hour, 15 minutes	Section X: Concurrent Planning-Planning for Permanency	61
1 hour, 5 minutes	Section XI: Permanency Planning-Assessing Progress	69
25 minutes	Section XII: Self Assessment and Transfer of Learning	77

# **Module 13: Out of Home Placement and Visitation**

## **Section I: Introduction**

### **Estimated Length of Time:**

30 minutes

### **Learning Objectives:**

Participants will be able to:

- ✓ Recognize the competencies and learning objectives for this workshop

### **Methods of Presentation:**

Lecture, Individual Activity, Large Group Activity, Large Group Discussion

### **Materials Needed:**

- ✓ Colored markers
- ✓ Name tents
- ✓ Red Yarn
- ✓ Blue Yarn
- ✓ **Handout #1 (Learning Objectives and Competencies)**
- ✓ **Handout #2 (Agenda)**

### **Outline of Presentation:**

- Prepare the training room
- Welcome trainees to Charting the Course for Children in Pennsylvania
- Introduce himself/herself to the group
- Facilitate trainee introductions
- Review the learning objectives for the session using **Handout #1 (Learning Objectives and Competencies)**

## Section I: Introduction

**Trainer Note:** Prepare a poster for the wall entitled WIIFM (What's In It For Me)?

**Trainer Note:** Prepare the training room in advance by placing name tents, markers, and handout packets (if using) at each table. As participants arrive, greet each one.

**Transfer of Learning Note:** This is a reminder to greet the trainees and inquire if they were able to complete their Transfer of Learning activity and pre-work. If they were unable to complete either of these tasks, provide supportive suggestions to assist them in the completion of their assignments.

Mandatory Transfer of Learning Assignments for this module: this assignment is reviewed in Section IX: Step 1.

Prior to attending the training, gather the following information:

1. Who is responsible for planning visitation in your agency?
2. Do parents receive transportation support for visits?
3. Where are visits held?
4. Are visits supervised? By who?
5. What resources are available to support visitation?
6. Does the worker discuss parenting skills/knowledge with the parent after visits?

Recommended Pre-work Activity for Module # 13: this assignment is reviewed in Section IV, Step 2

Shadow a worker on a pre-placement visit. What information does the Child Welfare Professional share with the potential caretakers? How does the Child Welfare Professional prepare the child for the pre-placement visit? Does the Child Welfare Professional engage the family as part of the pre-placement process?

**Step 1:** (5 minutes)

### Lecture

Start the training session promptly at 9:00 AM. Reinforce the established training room culture. Later—during introductions—reinforce other important guidelines as needed.

**Trainer Note:** If this training is for a cohort group, participants will not need to review each guideline unless you feel they need to be reinforced to insure they are being followed. If this training session is not part of a cohort group, guide participants through reviewing all of the training room guidelines.

Welcome participants to the training and introduce yourself.

Review the identified training room guidelines:

- ✓ Be on time

- ✓ Training Schedule – 9:00 to 4:00 with Breaks
- ✓ Document your presence -sign-in sheet
- ✓ Provide Constructive and Motivational Feedback
- ✓ Respect
- ✓ Risk taking
- ✓ Practice makes permanent
- ✓ Focus on Learning - No cell phones & only contact office for emergencies

**Step 2: (5 Minutes)**  
**Individual Activity**

Again, if this training is for a cohort group of participants, they will complete their name tents upon arrival, this step may be deleted, and trainees can just place their names on their name tents.

If this training session is not part of a cohort group, guide participants through the completion of their name tents.

County	Unit/Department
Length of time in position	One or two guidelines that makes training effective for them

The trainer instructs participants to write the county in which they work in the top right corner of the name tent. The trainer instructs participants to write their position in the agency in the top left corner.

The trainer asks participants to write the amount of time they have been in their position in the bottom left corner. The trainer asks participants to list what they believe to be two key reasons for placing a child.

When the name and four corners are complete, the trainer asks participants to stand their name tent in front of them.

The trainer asks participants to share introductory information from their name tents with the others seated at their table.

**Step 3 (15 minutes)**  
**Large Group Activity, Large Group Discussion**

Ask 3 participants to volunteer for the 3 roles of child, birth mother, and birth father (no acting experience is needed!), and come to the center of the room.

Ask the group to suggest who the other family members are (e.g., brothers, sisters, Grandparents, Aunts/Uncles, Rags the dog, Best friends, favorite teacher, etc.). There is no limit on the number of pretend family members, but attempt to guide the creation of this family so that it reflects the average family composition served by their agency.

Ask 1 or 2 participants (other than the 3 who already volunteered) to tie lengths of red string to the “child’s” arms to represent each intact family relationship. After tying strings to the parents, instruct them to tie the other end of each string to a chair/table as a stand-in for each additional member of the “family”.

When all of the relationships strings are secured, ask another participant or two to be the Child Welfare Professional and “place” the child into the foster care system. With the child in the center of the room, give scissors to participants playing the role of Child Welfare Professional and instruct them to cut the middle of each string so that both ends of the severed “attachments” can still see. Start with the child’s mother and father, and ask them to physically move some distance away from the child after their strings are cut.

Next ask participants to suggest who the foster family members are, and write these roles on the flip chart. Make sure that new teachers and new friends are included. Ask for 2 participants to play the part of the Foster Parents, who then join the child in the middle.

Ask the Child Welfare Professionals to tie blue strings to the child and the foster family members, starting with the foster parents. Use chairs/tables as before to represent foster family members.

Asks participants to remain where they are and count the number of disrupted (red strings) and new relationships (blue strings), and write this number on the flip chart.

Following the activity: discuss the following with participants. Using these questions connect participants to how it feels when children are separated from family members.

1. Ask the birth parents how they felt when their relationship was cut?
2. Ask the child how s/he felt when her/his relationships were cut?
3. Ask the foster parents how they felt when they were attached to the child?
4. Ask the child how s/he felt when s/he was attached to the foster family?
5. What could the Child Welfare Professional do to help this child manage these changing relationships in healthy ways?

**Step 4** (5 minutes):

#### **Lecture**

The trainer reviews the training using **Handout #1 (Learning Objectives and Competencies)**, and **Handout #2 (Agenda)**. Connect this information to the activity in step 3 to prepare participants for the training days ahead of them.

Trainer should ask participants to think of one thing that they want to learn about permanency planning and visitation and take back to their agency practice. Participants should write this thought on the WIIFM poster. At the end of the training, review the WIIFM poster and make sure that all of the concerns and questions have been addressed.

# **Module 13: Out of Home Placement and Visitation**

## **Section II: Overview of Permanency Planning & Juvenile Court Process**

### **Estimated Length of Time:**

15 minutes

### **Learning Objectives:**

Participants will be able to:

- ✓ Recognize the casework steps during the out-of-home placement process.
- ✓ Recognize the ASFA timelines and requirements for placing a child in out-of-home care.
- ✓ Recognize the legal Mandates that guide the placement process.

### **Method of Presentation:**

Lecture

### **Materials Needed:**

- ✓ None

### **Outline of Presentation:**

- Review the legal process for children in out-of-home placement

## **Section II: Overview of Permanency Planning & Juvenile Court Process**

### **Step 1: (5 minutes)**

#### **Lecture**

Explain that this module of training takes them through the skills and knowledge of concurrent planning, reunification efforts, and assessments, choosing a placement setting, preparing all parties for placement, placement processes, and visitation.

Ask participants to identify who of them has experience with placing children in out-of-home care. If someone raises their hand, allow them to share their placement experience.

### **Step 2: (10 minutes)**

#### **Lecture**

Remind participants of what they learned in the previous module about the Legal Process. When a child is placed in out-of-home care, this triggers a legal process that must be followed. Emphasize that at the time the child is in an emergency out-home placement:

- The agency does have the protective custody of the child.
- a detention/shelter hearing must be held within 72 hours of the emergency placement.
- The adjudicatory hearing is held to determine the truth or falsehood of the child maltreatment allegations.
- During the dispositional hearings, the court determines who will have the custody of the child and decides on the child's initial permanency plan.

If a child is not in emergency out-of-home placement, a Children and Youth Agency may file a petition to recommend placement of the child(ren).

From that petition and adjudicatory hearing (within 10 days of the detention/shelter hearing and a dispositional hearing (within 20 days of the adjudication hearing) is scheduled.

If the child remains in placement, you must follow the appropriate timeframes for future permanency hearings.

Further, explain that:

ASFA time requirements begin once a child is removed from home, whether on an emergency or a planned basis. It is critical that interventions occur immediately because the court-ordered permanency goal and progress in the case are evaluated at the 6-month case review.

At the 12-month permanency hearing, the court decides whether the agency made “reasonable efforts” to reunify the family and whether to change the permanency goal.

- Based on regional court procedures, the adjudicatory and dispositional hearings can occur separately or simultaneously.
- There are different timelines for cases when reasonable efforts (covered in the prior module on Court processes) will be made by CYS and when CYS is excused from making reasonable efforts. Point out that the conditions when reasonable efforts are not required will be covered later today in the Choosing to Place section.
- Regardless of the decision to provide reasonable efforts, all cases are reviewed at least every 6 months. To prepare for these reviews Child Welfare Professionals will assess the current risk and protective factors to determine the recommendations they will make regarding the continued placement of the child.

Trainer reminds participants that they had an overview of ASFA from Module 1, and reminds them of the goals of ASFA:

- Placement in foster care is to be considered temporary, and is not a permanent option for children.
- Efforts to place a child for adoption or with a legal guardian may be made concurrently with reasonable efforts to reunify a child with his parents (concurrent planning will be covered in this module).
- In order for the court system to make timely and responsive decisions, Child Welfare Professionals must provide clear evidence of progress on elimination or substantial reduction of risks to the child(ren’s) safety.

Conclude this section by informing participants that this foundation of legal mandates will be referred to throughout this module.

# **Module 13: Out of Home Placement and Visitation**

## **Section III: The Impact of Grief and Loss on the Placement Process**

### **Estimated Length of Time:**

40 minutes

### **Learning Objectives:**

Participants will be able to:

- ✓ Recognize the 5 stages of grief and how grief impacts human behavior.
- ✓ Recognize the dynamics of separation and range of emotional responses to the separation experience.
- ✓ Recognize the potential emotional trauma to children and families that can result from separating children from their parents and placing them into out-of-home care.

### **Methods of Presentations:**

Lecture, Large Group Discussion, Video, Individual Activity

### **Materials Needed:**

- ✓ Flip chart stand
- ✓ Blank flip chart pad
- ✓ Colored markers
- ✓ **Handout #3 (Emotional Impact of Out-of-Home Placement)**
- ✓ **Video (The Yarn Princess)**

### **Outline of Presentation:**

- Review the stages of grief
- View and critique The Yarn Princess segment

## Section III: The Impact of Grief and Loss on the Placement Process

**Step 1:** (5 minutes)

### Lecture, Large Group Discussion

Explain to participants that in the previous section they reviewed the Juvenile Court process as it relates to out-of-home placement. In this next section, they are going to consider the emotional impact that an out-of-home placement has on all parties involved in the process. It is important that Child Welfare Professionals understand both the legal process and the emotional implications of an out-of-home placement. These first two sections will provide a foundation for all the sections that follow.

Explain that:

- Separation from persons to whom we are closely attached is always experienced as a loss. If the loss is great enough, the person will generally experience crisis. The loss of one's parents or child is generally the most significant loss a person will experience. People who have had their family separated almost always experience crisis.
- Emotional responses to crisis and loss are predictable. Clinicians have identified a series of stages that are commonly associated with loss. These stages are referred to by theorists as the grief or mourning process.
- While the stages people experience may be predictable, the behavioral responses of individuals within each stage may differ markedly. They may also be dramatically different in children of varying ages.

Ask the group to participate in the identification of the primary stages in the normal grieving process. List responses on a flip chart and discuss these as a large group.

**Step 2:** (20 minutes)

### Video, Individual Activity

**Trainer Note:** The *Yarn Princess* should be cued up to 50:30 and run until 1:03:38 (mom is shown walking down the country road). Remind participants that they saw part of the clip of the *Yarn Princess* in Module 12: The Court Process. Instruct participants to look at the emotional impact of placement on all of the parties: mother, children in and out of both placement, and Child Welfare Professional.

Introduce the activity by reminding participants that in an earlier session, they viewed this section of the *Yarn Princess* to learn to use the skills: Tuning in to Self, and Tuning in to Others. The purpose of the next activity is to understand the child's, parents, and Child Welfare Professional's feelings associated with their experiences of separation and loss.

Distribute **Handout #3 (Emotional Impact of Out-of-Home Placement)**. Ask participants to review the handout, as they will be using their skills of Tuning in to Self

and Tuning in to Others as they view the video. Tell them to focus on the emotions of the mother, Child Welfare Professional, children who are being placed and their siblings.

Inform participants that they are going to see a video clip from the movie *The Yarn Princess*. It is about Margaret and Jake Thomas who are the parents of 6 sons. Margaret is cognitively challenged and Jake is schizophrenic. The family has been referred to CYD for general protective services after the father loses his job and Margaret goes to the welfare office to apply for benefits. The Child Welfare Professional makes diligent efforts to assist Margaret in learning how to manage the household money, buy groceries and cook. The Child Welfare Professional and Margaret have a good working relationship. At some point two of the boys, James and Daniel, call the Child Welfare Professional and tell them that they can't stand living at home anymore and want to be placed in foster care. The Child Welfare Professional's supervisor insists that the Child Welfare Professional honor the boy's request (the Child Welfare Professional wants to continue to work with the family) and court proceedings begin. The tape begins with Margaret Thomas meeting with her attorney.

Show the clip from the **Video (The Yarn Princess)**.

**Step 3:** (20 minutes)

**Lecture, Individual Activity, Large Group Discussion**

Allow about 5 minutes for participants to complete **Handout #3 (Emotional Impact of Out-of-Home Placement)**. After participants have completed their handouts facilitate a large group discussion. The video clip and questions provide a framework to review the grief and loss content. Although each detail of the handout cannot be reviewed in detail key content must be included.

- How is the mother feeling?  
In this situation the mother is in shock, angry, and feeling betrayed. Parents will display a broad range of emotions in this situation. They may be lethargic or raging. It is important to allow parents the space they need to express their emotions.
- What is the mother's behavioral response?  
She is hysterical and crying. Parents may be quiet or in rare instances become aggressive. It is important to use police/security if you think the parent will become aggressive in response to removal of their child.
- Is the mother's behavioral response understandable?  
Yes, always remember that removal of a child from a parent is a traumatic experience for both the parent and child. Even though a parent may have severely abused their child in most cases they are still extremely bonded to their children and will experience extreme loss at the thought of losing them to someone else.
- What other behaviors might the mother exhibit – short-term and long-term?  
In the short-term after being hysterical the mother may become withdrawn and despondent, and in the long term she may become depressed.

- How might culture impact the mother's behavior?  
Cultural norms and values often dictate how people respond to grief and loss. Response to grief and loss can be a behavior that people have learned from their previous experiences of loss. A mother may be extremely emotional or quiet and lethargic.  
Remind participants that it is likely that over a period of time the mother will experience the 5 stages of grief. Based on her own experiences of loss and separation she may display a broad range of behaviors during each stage.
- How are the two boys who are being placed feeling?  
The boys seem sad and confused and later content with their situation. Like parents, children may have a broad range of emotional responses to being removed from the care of their parents. It depends on the situation, how the children are informed that they are moving, and their relationship with their parents.

Children respond to being separated from their parents in many different ways—from no apparent reaction at all, to severe depression. Most children fall somewhere in between. The two primary factors that influence reactions to loss are the strength of the relationship being broken, and the abruptness of the separation.

Explain that children who are entering, moving through, and exiting from substitute care are faced with repeated separations and losses. They are frequently separated from attachment objects, parents, siblings, family members, friends, and neighbors. Being separated from the people we love is devastating to all of us, but for the dependent child, his or her entire world collapses, and the trauma can have a lasting impact on development. One of the most important challenges of the child welfare worker is to help children and families cope with these traumatic separations (Fahlberg, 1991.)

Trainer asks the participants to share some of the behaviors a child in placement might exhibit when in the shock, anger and protest, bargaining, depression, and resolution stages.

Some behavioral expressions in separated children might be:

- Shock:
  - The child often seems indifferent in affect and in behavior.
  - The child may not show any emotional reaction to the move.
  - The child may appear to make a good adjustment for a period of time, often referred to as the "honeymoon period."
  - The child may go through the motions of normal activity but shows little commitment or conviction.
  - The child may be unusually quiet, compliant, or eager to please. In retrospect, the child's behavior may appear passive and emotionally detached or numbed.

- The child may deny the loss, and may make statements such as, "I'm not staying here. Mommy will get me soon."
- Anger and Protest:
  - Be oppositional and hypersensitive.
  - Display tantrum behaviors and emotional, angry outbursts.
  - Withdraw, sulk or pout, and may refuse to participate in social activities.
  - Be crabby and grouchy, hard to satisfy.
  - Exhibit aggressive, rough behavior with other children.
  - Break toys or objects, lie, steal, and exhibit other antisocial behaviors.
  - Refuse to comply with requests.
  - Make comparisons between her own home and the foster home, and her own home is preferred.
  - Display sleeping or eating disturbances, and may not talk.
- Bargaining:
  - The child may become "good as gold," eager to please, and promise to do better.
  - The child may try to undo what she feels she has done to precipitate the placement. Some ritualized behaviors may be noted, which may be the child's attempt to formalize her "good behavior" and assure its consistency.
  - The child may try to negotiate agreements with the substitute caregiver or the Child Welfare Professional, and will agree to do certain things in exchange for a promise that he will be allowed to return home.
  - The child may appear moralistic in his beliefs and behavior. These behaviors and verbalizations are a form of self-reinforcement, and a defense against failure in upholding his end of the "bargain."
- Depression:
  - The child appears to have lost hope and is experiencing the full impact of the loss.
  - Social and emotional withdrawal and failure to respond to other people are common.
  - The child may be touchy, "out of sorts," may cry with little provocation.
  - The child may be easily frustrated and overwhelmed by minor events and stresses.
  - The child may be listless, without energy.
  - Activities are mechanical, without direction, investment, or apparent interest.
  - The child may be distractible, have a short attention span and be unable to concentrate.
  - Regressive behaviors are common, such as thumb sucking, toilet accidents, and baby talk.
  - Generalized emotional distress may be exhibited in both emotional and physical symptoms, particularly in young children. These include whimpering, crying, rocking, head banging, refusal to eat, excessive

sleeping, digestive disorders, and susceptibility to colds, flu, and other illness.

- Resolution:
  - The child begins to develop stronger attachments in the new home and tries to establish a place for herself in the family structure.
  - The child may begin to identify herself as part of the new family and will demonstrate stronger emotional attachments to family members.
  - The intensity of emotional distress decreases and the child can once again experience pleasure in normal childhood.
  - Goal directed activities reoccur. The child's play and activities become more focused and playful. The child is better able to concentrate.
  - Emotional reactions to stressful situations diminish as the child becomes more secure in the new environment.

- What are the two boys who are being placed behavioral responses?  
In this video segment, the boys do not demonstrate much emotion. By looking back, the one boy seems reluctant to leave his mother.
- Are the two boys who are being placed behavioral responses understandable?  
Yes, even if a child is being abused/neglected it may be very hard for them to leave their parent. They may be scared about where they are going and who is going to take care of them next.
- What other behaviors might the two boys who are being placed exhibit - short-term and long-term?  
Like adults, children may experience various stages of the grief process. During each stage they may display different behaviors.

Not only does the child in placement have emotional responses to his/her placement; so does his/her siblings. Ask participants for some examples of behavioral/emotional responses to a sibling being in placement during the sad, glad, bad, and mad stages.

- Sad:
  - The loss of companionship and a future with their sibling.
  - Loss, at least for a time, of the parents while they were grieving.
  - Missing out on sibling related activities.
  - Not getting the attention they need.
  - Being lonely.
  - There is a "hole" in their lives.
- Glad:
  - The sibling in placement may have caused trouble in the household: stole money, made parents angry.
  - More attention for sibling at home with parents.
- Bad (Guilt and Anxiety)
  - Fear of doing whatever the sibling was doing that led to the placement.
  - Belief that life will never be the same again.
  - Anxiety about the possibility of their being placed.
  - Guilt about fights with the placed sibling.

- Thinking they should have prevented the placement.
- Guilt about going on with life, surviving at all, or for being happy.
- Thinking they should be perfect and never complain.
- Mad
  - The placement of their brother or sister was not acknowledged by parents or other relatives, or friends.
  - The manner in which they got the news of the placement did not feel right.
  - Others expected the sibling at home to take care of the parents or to make up for the loss of the child in placement.
  - How they were treated immediately after hearing the news. Some were ignored, some were sent to stay with a relative, some were not given any information...
  - Their peers had no awareness of the reality of being placed by the state so they felt as if they were now different from them.
  - Because life went on as normal.
  - No one talked about the placement and the sibling in placement was never mentioned.
  - They didn't get to see their sibling as often as they would have liked to.
  - They didn't know how to deal with their feelings.
  - They weren't informed about the severity of their sibling's illness.
  - No one ever asked how they were feeling. They often heard "How are your parents?"
  - They were blamed for acting out and trying to get attention, when they were too young to understand what was really happening.
  - They didn't get a chance to say good-bye.
- How are the siblings feeling?  
They appear to be sad and upset and protective of their mother.
- What are the sibling's behavioral responses?  
The siblings go to comfort their mother and perhaps receive comfort from their mother. The older son seems to take charge of the family.
- Are the sibling's behavioral responses understandable?  
Yes, like the parents and children being placed children will display a range of emotions and behaviors based on their history, cognitive ability, age, and socio-emotional level.
- What other behaviors might the siblings exhibit - short-term and long-term?  
The responses to the death of a sibling are similar to the response to having a sibling removed from the home as a result of abuse/neglect. Also, remind participants that the cognitive, social, and emotional abilities of the child will impact their response to the loss.
- How is the Child Welfare Professional feeling?  
Have participants share their answers. Reinforce that all their emotions are understandable. Discuss the best methods to process their emotions and how to insure their emotions do not impact their interventions and service planning. Emphasis the most important thing is that the Child Welfare Professional considered the safety, and well-being, as their number one responsibility.

- What are the Child Welfare Professional's behavioral responses?  
She says she is sorry. If any of the participants have placed a child, ask them how they responded to the situation. The trainer can provide examples of how he/she responded to various situations of placing children.
- Is the Child Welfare Professional's behavioral response understandable?  
Yes, often Child Welfare Professionals will feel like they could have done more to prevent placement.
- What other behaviors might the Child Welfare Professional exhibit - short-term and long-term?

If the Child Welfare Professional does not use her knowledge and skills to receive support and process her response to the placements she may burn-out, allow her emotions to impact her assessment, over engage or withdraw from clients. Each person will have a different response. What is known is that Child Welfare Professionals will have a reaction to placements and will need support to process their reactions.

**Step 4: (5 minutes)**

**Lecture**

Conclude this section by reminding participants that when Child Welfare Professionals remove children from their families, the normal attachment of the child to her parents is disrupted. This is a main reason that Child Welfare policies stress the importance of maintaining a child in her own home, unless she is at imminent risk of immediate harm. When a child must be removed, her relationship with her parents must be maintained through regular and frequent visitation until the child can return home. When reunification is not possible, the child should be placed in a stable, consistent, alternative permanent home as soon as possible to enable the formation and maintenance of healthy attachments with caretaking adults.

# **Module 13: Out of Home Placement and Visitation**

## **Section IV: Placement Preparation**

### **Estimated Length of Time:**

2 hours

### **Learning Objectives:**

Participants will be able to:

- ✓ Recognize the importance of preparing the child, the birth family, and the caregivers for the placement.

### **Methods of Presentations:**

Lecture, Large Group Discussion, Demonstration, Small Group Activity

### **Materials Needed:**

- ✓ Overhead Projector and Screen
- ✓ **Overhead #1 (Preparing the Child for an Out-of-Home Placement) (revisited)**
- ✓ **Handout #4 (Talking with Children About Placement)**
- ✓ **Handout #5 (Demonstration - Talking to Katie about Placement)**
- ✓ **Handout #6 (Preparing Children-Youth for Placement)**
- ✓ **Handout #7 (Preparing Primary Caregivers for Out-of-Home Placement)**
- ✓ **Handout #8 (Preparing Caregivers to Receive a Child(ren))**

### **Outline of Presentation:**

- Review the steps of preparing all parties for out-of-home placement (child, parent, and temporary caregiver).

## Section IV: Placement Preparation

### Step 1: (1 minute)

#### Lecture

Discuss the following: the success of any placement is greatly enhanced if all participants are properly prepared. The child, the family, and the caregivers should all be given thorough information about the placement plans and should be given opportunity to discuss the placement with the Child Welfare Professional. Providing proper preparation reduces anxiety and the short and long-term impact of loss and separation for all persons involved. In this section, we will present and practice the skills needed to prepare the child, birth parents, kinship caregivers and foster parents for the placement process.

### Step 2: (9 minutes)

#### Lecture, Large Group Discussion

Display and review with the participant's **Overhead #1 (Preparing the Child for Out-of-Home Placement)**.

Ask participants if they were able to complete their recommended pre-work for Module 13. Review the following assignments with trainees:

1. Shadow a worker on a pre-placement visit.
2. What information does the Child Welfare Professional share with the potential caretakers?
3. How does the Child Welfare Professional prepare the child for the pre-placement visit?
4. Does the Child Welfare Professional engage the family as part of the pre-placement process?

Adequately preparing the child for the placement serves several important purposes:

- The Child Welfare Professional can alleviate many of the child's anxieties and greatly reduce his stress by providing the child with information regarding the need for placement and by familiarizing him with all aspects of the setting to which he is moving.
- If the Child Welfare Professional does not know the child well, s/he can use the preparation period to better assess the child's strengths and needs. This information can then be communicated to the caregivers to assist them in receiving the child and in making the child's transition into the new setting easier.
- Casework with the child during the preparation phase helps the child to establish a supportive relationship with the Child Welfare Professional. The Child Welfare Professional can then better help the child during the move and in the child's adjustment to the placement setting.
- To alleviate the child's anxiety, and to connect with the new caregivers, the child needs to meet the substitute caregiver(s) in the home setting. It is also good pre-

placement practice for the child, parent, and the substitute caregiver to meet to discuss the placement of the child.

- Even if the child is placed with kin, issues of separation and placement still exist. By providing supportive services to the child, disruption of placement can be lessened.

Explain to participants that an important role in the placement process is to develop a supportive, nurturing relationship with the child and to encourage the child to communicate his painful feelings in words, through play, or through emotional expressions such as crying, expressing anger and fear, and by verbally stating his concerns. Open expression of painful feelings should be encouraged, but the child should be allowed to express them at his own rate and in a manner with which he is comfortable. The Child Welfare Professional should educate the foster caregiver to do the same. The child must understand that he is entitled to feel hurt, and know that people care about him and understand what he is experiencing.

Distribute **Handout #4 (Talking with Children about Placement)** and present the following “To Do” preparation techniques. Ask Participants for their own examples of the items; if participants are unable to provide a suitable example, the Trainer can use the listed examples or may provide their own examples.

**Step 3:** (15 minutes)

### **Demonstration, Large Group Discussion**

Explain to Participants that they are going to have an opportunity to practice using their Interactional Skills to talk to children about placement. In order to do this first the trainer will demonstrate a conversation between a Child Welfare Professional and Katie Parker at age 5.

Distribute **Handout #5 (Demonstration - Talking to Katie about Placement)** and ask participants to observe the demonstration and prepare to give feedback using the second page of the handout.

Trainer and a volunteer present the dialog and provide Participants with 5 minutes to complete the feedback form.

Facilitate a large group discussion on what the Child Welfare Professional did that was effective and any suggestions about what could have been done to be more effective.

- What Interactional Skills did you observe in the interaction between the Child Welfare Professional and Katie Parker?
  - Tuning in to Self  
“I feel real sad that I don’t know where she is”
  - Tuning in to Others  
“Having Angel and Gretchen keep you company when your mom isn’t here makes you feel a little better?”
  - Clarifying Purpose, Function, and Role

- “Katie, the policeman and I can’t find your mom or anyone in your family to take care of you. So we are going to take you to another family’s home who will take care of you.”
- Questioning
    - several open-ended questions
  - Reaching Inside Silences
    - “Is something worrying you, Katie? I will try to answer all of your questions.”
  - Communicating Information throughout
- Did the Child Welfare Professional consider Katie’s developmental age and appropriate language?
- Yes, through language; she used short simple sentences; level of emotional support; did not use jargon or abstract ideas; keep a focus on her emotional needs.
- What else did the Child Welfare Professional do to support Katie’s adjustment to the placement?
- Helped her to identify her favorite toys to bring as emotional support.
  - Told Katie she would give her a tour of the temporary home.
  - Made a plan to get her food.
- Did the Child Welfare Professional explain to Katie where she was going?
- Yes; she gave her information about the location of the temporary placement and that there were other children living there.
- Did the Child Welfare Professional explain to Katie when she was going to see her mother again?
- Yes; She said that she didn’t know how long it would take to locate her Mother.

**Step 4: (60 minutes)**  
**Small Group Activity**

**Trainer Note:** Due to time constraints, it may be necessary to only have 2 or 3 of the groups present their simulated interviews. The selection should be made by using volunteers, if possible.

Ask participants to refer to **Handout #4 (Talking with Children about Placement)** as they prepare for this skills practice session. Also distribute **Handout #6 (Preparing Children-Youth for Placement)** and inform participants that it contains additional information related to talking to and preparing children and youth for placement. Additionally, remind participants that their Child and Adolescent Resource Book is always available to locate child development reference material.

Assign each table group an assigned age to talk to Katie Parker about placement. Use ages (7), (11), (15) and (17). Remind the last group that they must include preparation plans for independent living in the discussion.

Give the table groups 10 minutes to create the outline that includes the key points that must be discussed during the interview with Katie Parker. Group members must

designate who will play the Child Welfare Professional, the child, and any other adult role. The simulations are to last about 5 minutes.

Monitor the time and give a 2-minute warning before reconvening the groups.

Ask a group to volunteer to demonstrate their simulated interview.

After the group has presented, ask participants to provide motivational and constructive feedback about the demonstration. To provide a visual representation of the feedback you can write the word motivational on one flip chart and constructive on another and list the participant comments.

Continue the same process with the next group.

Conclude the activity by asking participants to identify other situations that they can use Interactional Skills to talk to children about their situation. The list includes: explaining why you are conducting an abuse investigation, why they are meeting with a community resource (MH/DA provider), and answering any of the questions they may ask honestly and with as much information as appropriate.

Conclude this section with the following tips:

- In order to determine the child's ability to cope with the situation, the Child Welfare Professional must recognize normal signs of stress in children and must also be familiar with the particular child's responses to stress.
- A placement without proper preparation can cause overwhelming stress and emotional crisis. It is the Child Welfare Professional's responsibility to carefully monitor the speed and intensity of the placement to prevent the child from experiencing crisis. When the child shows signs of excessive stress, the Child Welfare Professional should provide the child with ample support and should "slow down" the placement process. This may mean increasing the number of, or shortening the length of, pre-placement visits.
- At times, providing too long a preparation and pre-placement period can increase the child's anxiety. Once the child is told about the move, preparation activities should begin immediately. Under most circumstances, pre-placement visits can be completed, and the child can be moved, within a week or two. The child can generally stay in the new home when she is familiar with the environment, and when she has identified the caregiver as a source of support and help.
- If, despite attempts by the Child Welfare Professional to avoid it, the child does experience clinical crisis, intensive casework activities should be provided to help the child during the crisis period. Without supportive counseling at the time of the crisis, the child may suffer long-term negative consequences.

## Step 5: (10 minutes)

### Lecture

Explain that it is important that all members of the child's team (parents, siblings, community service providers, kinship caregivers) understand the reason for placement and the placement plan. In this section, they will learn the key points to discuss as they prepare the birth family for a child's out-of-home placement.

Distribute **Handout #7 (Preparing Primary Caregivers for Out-of-Home Placement)** to guide the discussion.

- ❖ The reasons for the removal and placement of the child must be thoroughly explained and discussed with the parents. Even when parents appear unreceptive to hearing about the reasons, it is critical the worker covers this information and allows the parents to react early in the process.
  - Ask participants to reflect on the interviewing skills they learned in earlier modules and list, which Interactional Skills are most likely needed to do this?
    - Communicating Information
    - Managing Protective Authority
    - Reaching in to Silences
- ❖ Parents should be encouraged to help explain the reasons for the placement to the child, and give the child a positive parting message, whenever possible. This should help comfort the child and help reassure the child that they will work with the Child Welfare Professional so the child can return home.
  - Ask participants, which Interactional Skills are most likely, needed to do this?
    - Tuning in to Others
- ❖ Ask parents to provide in-depth information regarding the child's schedule, routines, likes, dislikes, and needs to help the caregivers maintain continuity for the child. It is very helpful if the parent can communicate this information directly to the caregiver.
  - Ask participants, which Interactional Skills are most likely, needed to do this?
    - Questioning
- ❖ Use listening skills to acknowledge the parents' anger and grief in response to the loss of their children, and expect them to be initially resistant. The Child Welfare Professional should be supportive throughout the process.
  - Ask participants, which Interactional Skills are most likely, needed to do this?
    - Tuning in to Self and Others
    - Reaching inside of Silences
    - Reaching for Feedback
- ❖ Involve parents in all aspects of the planning and placement process.
  - \* If pre-placement is possible, solicit their input, asking them questions, such as, "Is having the child placed in a home where the same religion is practiced important?" Work with the parent to prioritize a list of considerations, and try to accommodate them as much as possible.
  - \* Even if options are limited, it is important to convey that their concerns are important and to support their feelings.
    - Ask participants, which Interactional Skills are most likely, needed to do this?

- All of the Interactional Skills (Tuning in to Self, Tuning in to Others, Clarifying Purpose Role and Function, Reaching for Feedback, Dealing with issues of Authority, Questioning, Reaching in to Silences, Communicating Information and Summarizing)

**Step 6:** (15 minutes)

**Large Group Discussion**

Facilitate a large group discussion to get participants to provide information about why it is important to engage parents in the placement process, how they can engage parents in the placement process, and what knowledge and skills they will need to use to engage parents in placement process.

Ask participants the following questions. Use the bulleted points in the discussion.

Question #1: What casework techniques can be used to engage and empower the parents (mother and father)?

- The Child Welfare Professional attempts to develop a relationship with the parent, or to strengthen the existing relationship, through Interactional Skills. The Child Welfare Professional may need to openly accept the parent's anger and resentment toward the Child Welfare Professional and the agency. The Child Welfare Professional should stress that despite her decision to remove the child, she remains concerned about the parent and the family and genuinely wants to work together to enable the child to return home.
- The Child Welfare Professional should explain that the child is being temporarily moved because the child's safety in the home cannot be assured. The Child Welfare Professional should give specific data, which supports this conclusion. The parent may continue to deny the allegations at this time. The Child Welfare Professional should gently restate that acknowledging the problems and working with the agency to resolve them are the first steps toward having the children returned.
- The Child Welfare Professional should explain her intent to return the child home as soon as his safety in the home can be assured. The worker should communicate that the parent/caretaker will be involved in the service planning process. That this case plan will outline the problems which require removal of the child from the family home, services to be provided to the family, community agencies that will provide services, and the parent's responsibility for making the home safe for the child before the family is reunified.
- The Child Welfare Professional should explain that the agency would prefer that the parent remain a central figure in the child's life throughout the placement period, and, that the child's adjustment during the placement will be largely dependent upon the parent's willingness to work jointly with the Child Welfare Professional.
- The Child Welfare Professional should explain that the child will be very frightened, and that the parent can be of considerable help to her child by being supportive and reassuring, and by making the move as easy for the child as

possible. The Child Welfare Professional should reiterate the reason why the child cannot be safe in the family home and that the court has given the agency custody of the child in order to provide services to the family to alleviate the problems. The Child Welfare Professional should emphasize that the parents can help the child in many ways while he/she is in placement.

- The Child Welfare Professional should acknowledge that the parent may choose to fight the Child Welfare Professional and the agency, with potentially painful consequences for herself and the child; or, the parent can become involved and actively assist in planning and carrying out placement and reunification activities.

Question #2: What benefits can be attained by involving parents (mother and father) directly in the process of placing their child?

- The parent can remain involved in a parenting role with the child. The parent is not deprived of her parenting role or of her responsibility.
- It is very reassuring to the child to have the parent participate in the placement process.
- By asking the parent to be involved in the placement, the Child Welfare Professional reinforces her belief that the parent is important to her and to the child. This further facilitates the development of the casework relationship and has an enabling, empowering effect on the parent.

Question #3: How might you involve parents (mother and father) in planning the placement itself?

- If a physical examination is warranted because of abuse or sexual abuse, the parent should accompany the Child Welfare Professional and the child to the hospital or the doctor. The parent should be involved while the child is examined and should talk to the examining physician with the Child Welfare Professional. This helps reduce the parent's denial and provides an opportunity for the Child Welfare Professional to talk directly to the parent regarding the abuse and how it occurred.
- The parent may accompany the Child Welfare Professional and the child to the office while the Child Welfare Professional is seeking an appropriate placement for the child. Involving the parent in the process tends to reduce the degree of distress experienced by both the parent and the child.
- The parent should be asked to recommend family members or significant others in the neighborhood who might care for the child. The Child Welfare Professional should carefully consider the parent's suggestions of relatives or friends who might be able to care for the child. If no family members are available, the parent can be involved in the discussion regarding potential substitute caregiver homes for the child and the availability of the homes within the child's own neighborhood.
- The parent should be involved in deciding what the child should take with her to the new home and should help the child pack her clothes, toys, and other belongings for the move.

- The parent should provide detailed information regarding the child's schedule, preferences in food, needs, and routines. If at all possible, the parent should communicate this information directly to the substitute caregiver.
- The Child Welfare Professional should discuss the plan for the placement with the parent and child together. Most parents will be appropriately angry and upset, but if they are engaged into a participatory role by the Child Welfare Professional, they will be less likely to attempt to sabotage the plan.
- If possible the parent should be encouraged to accompany the child on a pre-placement visit. This assures the child that the parent knows where he will be living and reassures the parent that the home for the child is adequate.
- The Child Welfare Professional should encourage the parent to give the child permission to be cared for by another for a short period of time. If the parent can see the substitute caregiver as friendly, supportive, and non-threatening, the parent may be more likely to do this. Direct contact between parents and substitute caregivers may be very reassuring to the parent and the child and may also reduce loyalty conflicts for the child.

Question #4: How can you support and maintain parents (mother and father) involvement with the agency and the child immediately after she has been placed?

- The Child Welfare Professional should increase contacts with the parent during and immediately after the placement. If the Child Welfare Professional maintains regular telephone and face-to-face contact with the parent, it is less likely that the parent will withdraw.
- The Child Welfare Professional must make every effort to secure a placement in the child's neighborhood. This will reassure the parent that the child has not been "sent away" and encourage the parent to be involved with the agency, substitute caregiver and child. Close proximity to the child's primary family will facilitate visitation, communication, joint participation in treatment activities by all parties and facilitate the development of a therapeutic relationship between the primary parent and the temporary caregiver.
- The substitute caregiver should be able to telephone the parent with questions about the child's needs, routines, and schedule. The substitute caregiver can use input from the parent to help the child adjust in the home. This also promotes the parent's involvement and contribution.
- Regular and frequent visitation between the child and the parent is critical. The first visit should occur within 48 hours of placement. The Child Welfare Professional should spend some time with the parent prior to this visit to discuss the parent's feelings and to prepare the parent for the visit. The Child Welfare Professional may transport and accompany the parent to the first few visits and discuss the visit afterward.
- Parents should be involved in making major decisions about the child. Parents should routinely be involved in agency "staffings" and conferences to develop or to review the case plan, or to discuss problems in case plan implementation.
- It is incumbent upon the agency to provide the appropriate services to the family to enable them to implement the plan. The agency must document how the services were provided and the support that was given. The parent generally

may not have the capability to make the necessary changes without help; if they could, they likely would have done so. The case plan must be achievable, and casework services must support the plan.

- If the agency does not involve the parent from the earliest stages of placement, we foster a sense of helplessness in the parent that ultimately works against successful reunification.
- Child Welfare Professionals and substitute caregivers should try to reinforce the parent's proper parenting, not take over all parenting responsibilities.
- A few parents may interfere with, or sabotage the placement. In these circumstances, the Child Welfare Professional's primary responsibility is to protect the child. With effective casework intervention, however, most parents can become responsible participants.

**Step 7: (15 minutes)**  
**Preparing the Caregiver**

Inform participants that they are now going to review ways to prepare substitute caregivers.

Distribute **Handout #8 (Preparing Caregivers to Receive a Child(ren))** to participants and discuss its contents.

Conclude this section by emphasizing the need for Child Welfare Professionals to make every effort to fully inform all members of the children's team about the placement process and plans. The more information and opportunity for discussion that people have the better the placement process and reunification efforts will be. There can never be a "perfect" placement because it is a given that removing a child from their parents is traumatic. Yet, by using good casework practice and Interactional Skills to all parties we can set the ground work for effective permanency planning.

# **Module 13: Out of Home Placement and Visitation**

## **Section V: Out-of-Home Placement Process**

### **Estimated Length of Time:**

1 hour, 40 minutes

### **Learning Objectives:**

Participants will be able to:

- ✓ Recognize the laws, regulations and PA Standards related to out-of-home placement.
- ✓ Recognize the cultural/ethnic factors one must consider during placement.

### **Methods of Presentation:**

Lecture, Individual Activity, Large Group Discussion

### **Materials Needed:**

- ✓ **Handout #9 (Katie Parker)**
- ✓ **Reference books: Reference Book for Charting the Course towards Permanency for Children in Pennsylvania** (1 for each participant to use during the training. NOTE: These are to stay in the training room.)

### **Outline of Presentation:**

- Review examples of out-of-home placements

## Section V: Out-of-Home Placement Process

### Step 1: (10 minutes)

#### Lecture

Explain to participants that they will follow a case during the next two days of training. Participants will work with the Parker Family to learn their role and responsibilities in the placement process. They have already been introduced to Katie in the previous section during the talking to children about placement dialogue. They will begin with the case of Katie Parker at intake, and will explore how permanency planning decision-making begins at first contact with a family. They will continue to work with the family by making decisions about services and permanency planning. While they are working with the family they will need to know the applicable laws, and how to use their Interactional Skills to build collaborative relationships. During their intervention with the Parker Family, participants will be applying all the skills and knowledge they have gained during the previous training modules.

Remind participants that placements are made only when the safety of the child cannot be reasonably assured, even with services and other interventions in place. This decision is based on a careful assessment of:

- Safety Concerns: Does the information available indicate that the family will provide a safe home for the child?
- Risk Factors: Is there a reduction/elimination of the risks identified in the Risk Assessment?
- Family Strengths: Are there adequate strengths that can, and are, being built upon to eliminate the identified threats to the child's safety?
- Resources: Are there sufficient family and community resources available to the family that match their unmet needs and that will help them achieve their CPP goals?

As we discussed in the Legal Processes Module, the decision to place a child in out-of-home care is also guided by the legal mandate to provide reasonable efforts to prevent placement and to promote reunification if a child is already in placement. Reasonable efforts made by CYS and other providers must be recorded in both the petition to remove a child and also the subsequent court orders.

### Step 2: (15 minutes)

#### Individual Activity

Provide each participant with **Handout #9 (Katie Parker)**. Note participants will work on this activity individually. The questions on the handout will not be answered through a group process. Assign a relatively even number of participants to work on Katie Parker and the 3 different ages. You may want to ask the group if they have a preference to work with children at particular ages. If so, assign them to the appropriate case scenario.

Have each individual read the scenario and complete the questions. Ensure that any participants who complete the activity early remain quiet so other participants may continue working. Allow participants 15 minutes to complete their work.

**Step 3:** (20 minutes)

### **Lecture, Large Group Discussion**

**Trainer Note:** Recognize that the responses to the following questions may depend somewhat on the individual Child Welfare Agency and the culture and standards of that agency.

The trainer is using the 3 case situations to explain the various aspects of the placement process. It is important that all of the content is presented to the participants.

Starting with Katie Parker at Age 5, go around the room ensuring that different participants answer the questions. During this discussion emphasize, the Juvenile Court time lines and processes.

Katie at age 5:

1. Should Katie be returned home the next day when mom calls the agency?
  - No, there are too many unanswered questions. The Child Welfare Professional must find out, at a minimum:
    - ❖ Where was the mother?
    - ❖ Find out from Katie how often she is left home alone.
    - ❖ Is the mother willing to clean up the house to an acceptable standard?
    - ❖ Has CYW had contact with this family in the past?
2. List the protective and Risk Factors
  - Risk: Katie's age makes her high risk (too young to be home alone), and her vulnerability is high risk (unable to care for herself and/or deal with emergencies), severity is high due Katie's age, Mom may have D&A problems, conditions of home were poor, mom lacks parenting skills.
  - Protective factors: Unknown at this time, CYW has not yet evaluated mom
3. What additional information do you need? In addition to the things noted in question #1:
  - Who is the father and where is he?
  - If Katie goes to school, how is her attendance, appearance, and progress?
  - Does the mother have a Drug/Alcohol problem?
  - Does mom have a criminal background?
  - Who else might be some support people for mom and Katie: Katie's father, grandparents, close friends, neighbors, or school personnel?
  - What further information can the neighbor give? How often is Katie left alone, how often does Katie come over and ask for food?
4. What cultural/ethnic factors must you consider?

- No cultural or ethnic information is given in the scenario therefore; one of the first things the Child Welfare Professional would want to know is the ethnic background and culture of the family.
5. What additional contacts do you want to make?
    - School personnel
    - Elderly neighbor
    - Support people; relatives, friends
    - Father (if known)
  6. What information do you want to gather for the foster parents?
    - Does Katie have any known behavior problems? Does she have any mental health diagnoses?
    - Does Katie take any medication?
    - Does she have any “accidents” at night while sleeping?
    - If in school, what grade (K or 1st)
    - What does Katie like to eat?
    - What are Katie’s favorite things to do?
    - Does Katie have any allergies?
    - Does Katie practice a faith?
  7. How is Katie feeling?
    - Scared
    - Confused
    - Lonely
    - Mad at mom and/or CYS worker and/or foster parents
  8. What does Katie need?
    - Reassurance
    - Age appropriate truthful information
  9. How are you feeling? How might this impact your intervention?
    - Mad at mother: May be too harsh with her during initial and subsequent interviews; may resist reunification of mother and child.
    - Sorry for Katie: May tend to feel she is better off with foster parents who will not neglect her as her mother did, give her food and a clean place to live.
  10. How are the foster parent(s) feeling? How might this impact their response to you?
    - Unsure: This is a child that they don’t know, what if she doesn’t like them, what if she has a severe behavior problem, what if she doesn’t get along with their children? This may cause them to be a bit distant at first.
    - Empathy/sympathy: Feel sorry for child. This may cause them to “baby” Katie.

**Step 4: (20 minutes)**

**Lecture, Large Group Discussion**

Now review Katie Parker at Age 8, Go around the room insuring that different participants answer the questions.

Katie: Age 8

1. Should Katie be returned home the next day after you interview mom?

- No, there are too many unanswered questions. The Child Welfare Professional must find out, at a minimum:
      - ❖ Where was the mother?
      - ❖ Find out from Katie how often she is left home alone.
      - ❖ Has CYS had contact with this family in the past?
- 2. List the protective and Risk Factors
  - Risk factors: Child's age makes her high risk (too young to be home for the weekend by herself), her vulnerability is moderate (requires adult assistance to care for and protect herself), severity is moderate due to her age, mom may have D&A problems, mom lacks parenting skills.
  - Protective factors: Mom is remorseful, Katie appears to have strong bond with her mother and misses her a great deal.
- 3. What additional information do you need? In addition to the things noted in question #1:
  - Who is the father and where is he?
  - Extended family supports?
  - Check where Katie's goes to school, how is her attendance, appearance, and progress?
  - Does the mother have a Drug/Alcohol problem?
  - Does mom have a criminal background?
  - Who might be support people for mom and Katie: Katie's father, grandparents, close friends, neighbors, or school personnel?
- 4. What cultural/ethnic factors must you consider?
  - No cultural or ethnic information is given in the scenario therefore one of the first things the Child Welfare Professional would want to know is the ethnic background and culture of the family.
- 5. What additional contacts do you want to make?
  - School personnel
  - Neighbors
  - Support people; relatives, friends
  - Father (if known)
- 6. What information do you want to gather from the grandmother?
  - If Katie is to be placed with maternal grandmother, CYS will have to check out her house for safety issues and get an emergency clearance from Childline.
  - What does the maternal grandmother know about mother's parenting, Drug/Alcohol issues, frequency of mom's leaving Katie home alone?
- 7. How is Katie feeling?
  - Confused about her feelings? She loves her mother but is angry at her for leaving her alone.
  - Scared: How long will she have to stay with maternal grandmother? Will mom be OK without her?
  - Mad at mom and/or CYS worker.
- 8. What does Katie need?
  - Reassurance that she will be fine with maternal grandmother until she can go home with mother.
  - She should be able to take her favorite Hello Kitty's with her.

- Age appropriate truthful information.
9. How are you feeling? How might this impact your intervention?
    - Mad at mother: May be too harsh with her during initial and subsequent interviews, may resist reunification of mother and child.
    - Sorry for Katie: May tend to feel she is better off with maternal grandmother who will not neglect her as her mother did.
    - Anxious: to reunite this mother and child as they obviously care for each other deeply.
  10. How is grandmother feeling? How might this impact her response to you?
    - Mad at her daughter for leaving Katie home alone all weekend; may tell Child Welfare Professional about other instances of mother's neglect of Katie.

**Step 5: (30 minutes)**

**Lecture, Large Group Discussion**

Now review Katie Parker at Age 12, Go around the room ensuring that different participants answer the questions.

Review each question and provide correct answers.

Katie: Age 12

1. Should Katie be returned home the next day after you interview mom?
  - Yes, if mom and daughter agree to work with CYC cooperatively at least through the assessment stage and cooperate with a safety plan. Katie is 12 years old and can provide self care and knows how to contact relatives for support if she is left home alone again.
2. List the protective and risk factors:
  - Risk factors: Age: Katie's age presents no risk as she has no known physical or mental disabilities. Her vulnerability is low risk as she can protect herself with minimal assistance.
  - Protective factors: Katie is old enough to protect herself and she has friends at school.
3. What additional information do you need?
  - Who is Katie's father and where is he?
  - Check where Katie's goes to school, how is her attendance, appearance, progress?
  - Does the mother have a Drug/Alcohol problem?
  - Who might be support people for mom and Katie: Katie's father, grandparents, close friends, neighbors, or school personnel?
  - How often is Katie left at home for long periods of time?
  - Any prior CYC /Juvenile Probation record?
  - Does mom have a criminal background?
4. What cultural/ethnic factors must you consider?

- No cultural or ethnic information is given in the scenario therefore one of the first things the Child Welfare Professional would want to know is the ethnic background and culture of the family.
5. What additional contacts do you want to make?
    - School personnel
    - Neighbors
    - Support people; relatives, friends
    - Father (if known)
  6. What information do you need to give to the foster parents?
    - This should be a short term emergency placement only.
    - Katie's age, school, grade.
    - Any known behavior problems.
    - Any known allergies.
    - Any medications.
    - Who is Katie allowed to contact by phone (friends, mom, other relatives).
    - Does Katie practice a faith?
  7. How is Katie feeling?
    - Mad at mother for causing her to be placed in foster care away from school and friends, and at CYS for getting involved.
    - Scared and nervous: where is she going and how will they take to her there?
    - Worried about her mother and what her friends will think when she isn't in school.
  8. What does Katie Need?
    - Reassurance that she will be fine with the foster family until she can go home with mother.
    - Age appropriate truthful information.
  9. How are you feeling? How might this impact your intervention?
    - Mad at mother: May be too harsh with her during initial and subsequent interviews.
    - Sorry for Katie: That she has to leave her friends and school.
    - Anxious: To reunite this mother and child as Katie wants to go back home.

**Step 6: (5 minutes)**

**Lecture**

Conclude Section V by informing participants that in this situation – an emergency placement - they did not have time to plan and prepare everyone for the placement. Their immediate concern was for the safety of Katie. Therefore key actions of preparing a child and family for placement could not occur. During the remainder of the training, they will continue to work with Katie Parker as they learn how to prepare a child and family for placement, visitation and concurrent planning, and reunification planning and assessments.

# **Module 13: Out of Home Placement and Visitation**

## **Section VI: Selecting Out-of-Home Care Placement Setting**

### **Estimated Length of Time:**

25 minutes

### **Learning Objectives:**

Participants will be able to:

- ✓ Recognize the legal mandates that guide the selection of an appropriate placement for children.
- ✓ Recognize the importance of identifying the most appropriate placement setting to meet each child's individual needs.

### **Methods of Presentations:**

Lecture, Large Group Discussion, Individual Activity

### **Materials Needed:**

- ✓ Overhead Projector/Screen
- ✓ **Overhead #2 (Principles for Choosing Appropriate Placement Setting)**
- ✓ **Overhead #3 (Restrictiveness of Living Environments)**
- ✓ **Handout #10 (Restrictiveness of Living Environment Quiz)**

### **Outline of Presentation:**

- Review steps to select the appropriate out-of-home placement for a child

## Section VI: Selecting Out-of-Home Care Placement Setting

**Trainer Note:** If time is limited, you may delete the activity and just review overheads and handouts. The state policies and regulations pertaining to selection of out-of-home placement settings are: Juvenile Act 6327 (a)(1)(2) and 6351(a) (1)(2)(3); CPSL Chapter 3490.57, Regulations 3130 and 3700.61 Act 160, and the Kinship Bulletin 00-03-03.

**Step 1:** (5 minutes)

### Lecture

The trainer should advise the participants that the information on the requirements for foster, adoption, kinship and other resource families can be located in the following: Pennsylvania Code, Title 55, Chapter 3700.61 sets forth the requirements for persons to be approved as foster families. Act 160 of 2004 (went into effect January of 2005) establishes a resource family registry in which all foster and adoptive parent applicants must be registered and establishes additional requirements relating to the approval of foster and adoptive parent applicants.

Children, Youth and Families Bulletin 00-03-03 (the Kinship Bulletin), issued July of 2003, sets forth the requirements and policies for formal and informal Kinship care as a placement option for children.

**Trainer Note:** the kinship bulletin defines a caregiver as one who “has an existing relationship with the child and/or the child’s family. Included are : any relative of the child through blood or marriage, godparents of the child, members of the child’s clan or tribe, and any individual with a significant positive relationship with the child or the child’s family.

**Trainer Note:** Act 25 of 2003 requires county agencies to give first consideration to placing children with relatives. The act defines relatives as: parents, grandparents, great-grandparents, great-great grandparents, aunt and uncles, great aunts and uncles, first cousins, and adult siblings and half-siblings.

Potential placement resources include relatives, families who have provided care to the child (including the child's foster family) and families who have been approved by a licensed child-placing agency to adopt children. Trainer must stress that the decision of where a child should be placed is as important as the decision to place. Improper placements, which do not meet the child's needs, greatly increase the likelihood of placement disruption and trauma to the child. The following principles can help assure that the most appropriate placement will be chosen for each child.

**Trainer Note:** Be sure to point out ASFA practice outcomes that require kinship care as the first choice of placement, and that the CFSR requires proximity of the placement location and limiting the frequency of foster care placements.

## Step 2: (5 minutes)

### Lecture

Trainer displays and reviews **Overhead #2 (Principles for Choosing Appropriate Placement Setting)**. Emphasize that the Child Welfare Professional must carefully choose a placement setting which can meet the child's individual needs and which will minimize the changes to which the child must adapt.

According to 3130.67 (b)(7)(i), the child must be placed in the least restrictive, most homelike environment possible and available. If no relatives or friends are available to care for the child, locating a substitute caregiver within the child's neighborhood will allow the child to continue important relationships.

Best Practice Principles for choosing appropriate placement settings:

- The success of the placement is greatly increased when the child's family and the substitute caregivers are involved in the planning and implementation of all aspects of the placement.
- When a child must go into out of home placement, the amount of change the child must encounter may be reduced by selecting a substitute family that is similar to the ethnic, cultural, and socioeconomic class level of the birth family. This does not preclude placing the child because there is no home available that matches the child's cultural needs. The safety of the child is the paramount concern and the agency may not delay placement on any of the above mentioned grounds.
- A placement should be chosen which will allow the child to remain in the same school and neighborhood, if possible. Consider any special educational needs and required educational services in accordance with the child's Individual Education Plan.
- Recruitment and training of appropriate kinship and substitute caregivers should be considered a priority by agency managers. Children should not be placed in group homes, receiving centers, or other institutional settings because appropriate kinship and caregivers homes are not available. The placement should be carefully chosen to meet the particular physical, emotional and social needs of the child.
- Children's needs, behaviors, and anticipated behavior problems should be carefully assessed prior to choosing the placement. Remind participants of the need to understand the child's current developmental and educational needs, as well as the degree of separation and loss. Also note that a child's sexual orientation may be a significant consideration for selecting a suitable placement setting.
- The substitute caregiver, kinship family, or placement setting should be chosen based upon their capability to meet the child's special needs. Unfortunately, in practice, many placements for children are chosen based upon a criteria of "available bed space" alone. Failure to properly "match" a child to the most appropriate family or placement setting greatly increases the likelihood that the placement will disrupt. This sets the child up for another separation and rejection.

**Trainer Note:** Step 3 should be the end of day 1 of Module 13. If time is running out, this step may be omitted.

**Step 3: (15 minutes)**  
**Individual Activity**

Prepare participants for the activity by identifying that the objective of this activity is to provide them with an opportunity to examine the legal mandate to place in the least restrictive option. Explain the concept of least restrictive environment to the participants.

Trainer distributes **Handout #10 (Restrictiveness of Living Environment Quiz)** and asks participants to rank order each living environment based on their ideas of least restrictiveness.

After participants have finished (about 5 minutes) review **Overhead #3 (Restrictiveness of Living Environments)**.

Explain that these restrictiveness ratings were determined in a social validity study with 389 Pennsylvania childcare professionals in public and private child welfare, mental health/mental retardation, hospitals, and detention facilities. (Hawkins, R.P., Almeida, M.C., Fabry, B. Reitz, A.L. *A Scale to Measure Restrictiveness of Living Environments for Troubled Children and Youth*. Hospital and Community Psychiatry, Vol. 43, No. 1, 1992). These ratings may vary according to each setting. The purpose is to give participants a general idea about the various settings and their level of restrictiveness.

Ask participants to share any significantly different group ratings they gave, and any settings where they have significant rating disagreement.

Complete the section by facilitating a brief discussion with participants, and ensure the following points are covered:

- Not all counties have this wide of a range of placement options.
- The same living environments may be called something else across regions.
- A single placement environment, such as group emergency shelter or intensive treatment center, may be more or less restrictive in their county than in other regions across the state.
- ASFA requires that our planning and decision making process of out-of-home placement includes efforts to seek the least restrictive placement options for a child.

Conclude this section by telling participants that tomorrow they will learn about visitation, discuss concurrent planning, and assessing reunification efforts.

This is the end of day one.

# **Module 13: Out of Home Placement and Visitation**

## **Section VII: Introduction to Day 2**

### **Estimated Length of Time:**

15 minutes

### **Learning Objectives:**

Participants will be able to:

- ✓ Review the learning from Day 1

### **Methods of Presentation:**

Lecture, Large Group Discussion

### **Materials Needed:**

- ✓ **Handout #11 (Knowledge Review – Out of Home Placement)**

### **Outline of Presentation:**

- Review Day One of Module 13

## Section VII: Introduction to Day 2

### Step 1: (2 minutes)

#### Lecture

Inform the group that on the second day of training, they will review what they learned on the first day and begin to apply this knowledge to the out-of-home placement tasks. Yesterday they learned how to prepare all parties for out-of-home placements, and choosing a placement setting that is less restrictive and more beneficial to the child's safety and well-being. Today participants will learn about concurrent planning, reunification efforts, assessment of progress in the case, and visitation.

### Step 2: (13 minutes)

#### Large Group Discussion

Distribute **Handout #11 (Knowledge Review – Out of Home Placement)** and give participants 5 minutes to complete the quiz. Review each question one by one, providing the answer at the completion of each question. Inform participants to take note of the questions they miss so they know what content they need to review. Below are the “answers” to the questions on the handout:

- 1) The outcome of the detention hearing is a decision on:
  - A. Whether the child should remain in their home.
  - B. Whether the child should be returned home at some future time.
  - C. Whether the child remains in placement pending further court action.
  - D. Whether charges should be brought against the child's parents/caretakers.
  
- 2) Adjudicatory hearings are held:
  - A. Within 10 days of the informal hearing.
  - B. Within 15 days of the informal hearing.
  - C. Within 30 days of the informal hearing.
  - D. Within 45 days of the informal hearing.
  
- 3) In cases of aggravated circumstances, the requirement of providing reasonable efforts to reunify the family may not apply.  
TRUE  
FALSE
  
- 4) Are the following statements about permanency planning true or false?:
  - 4a) True      Permanency planning is a comprehensive service planning process to achieve a goal of a permanent, stable home for a child.
  - 4b) False     The responsibility for permanency planning should rest with the foster Care/Adoption worker.
  - 4c) True      According to ASFA, placement in a foster home cannot be considered a permanent home for a child.

- 4d) False Children should be moved to a permanent safe home at first indication that they may be at risk of abuse or neglect.
- 4e) False Relatives recommended by the child's parents are typically not good permanent placement resources for most children.
- 5) Are the following statements about the participation of the child's primary family in the placement process true or false?
- 5a) False The parents should be given as little notice as possible when a child is to be removed. This prevents them from hiding him/her, moving away, or threatening the child.
- 5b) False The parent should never be informed of the exact location of the child's placement.
- 5c) True The parents should be encouraged to suggest relatives or friends who might be good substitute caregivers for the child.
- 5d) False The parent's anguish about removal of a child should be reduced by helping the parent make a "clean break" from the child.
- 5e) True Involving the parents in all aspects of the placement greatly increases the potential for successful reunification.
- 6) Which of the following situations are appropriate reasons to place a child into substitute care rather than maintain the child in his own home?
- 6a) Yes The worker's assessment of the family identifies problems that create imminent risk for the child, and the family cannot not assure the safety of the child.
- 6b) No The risk to the child is marginal, but the parents totally refuse to cooperate. The worker uses placement to communicate to the family that the agency is serious and expects them to comply.
- 7) In which of the following situations should pre-placement visits be arranged:
- 7a) Yes When a child is moved from foster care into an adoptive home.
- 7b) Yes When a child is placed in a residential facility.
- 7c) Yes When a child is moved from one foster home to another foster home.
- 8) False A child must be placed in a location closest to their home.
- 9) False All parents are angry when their child is removed from their care.
- 10) False The Multi-Ethnic Placement Act requires that all children be placed with substitute caregivers that have the same ethnic background.

Conclude this section by explaining we will now move to the content of the day's training.

# **Module 13: Out of Home Placement and Visitation**

## **Section VIII: Child Permanency Planning**

### **Estimated Length of Time:**

40 minutes

### **Learning Objectives:**

Participants will be able to:

- ✓ Recognize the Pennsylvania Child Permanency Plan form and the steps to complete it.
- ✓ Recognize the laws and regulations related to the Child Permanency Plan.

### **Methods of Presentation:**

Lecture, Large Group Discussion

### **Materials Needed:**

- ✓ Flip chart stand
- ✓ Blank flip chart pad
- ✓ Colored markers
- ✓ Overhead Projector/Screen
- ✓ **Overhead #4 (What is Permanency Planning?)**
- ✓ **Overhead #5 (Basic Permanency Assumptions)**
- ✓ **Handout #12 (Parker Child Permanency Plan)**
- ✓ **Resource Book for Charting the Course towards Permanency for Children in Pennsylvania**

### **Outline of Presentation:**

- Define permanency planning
- Review laws and regulations concerning permanency

## Section VIII: Child Permanency Planning

**Step 1:** (15 minutes)

**Lecture, Large Group Discussion**

Asks participants, “*What do you think of when someone says “Permanency Planning?”*” Trainer captures responses on the flip chart, and then shows **Overhead #4 (What is Permanency Planning?)**.

Permanency planning is, first and foremost, planning. It is a comprehensive service planning process directed toward the goal of a permanent, stable home for a child. It is a step-by-step process of assessment, identification of goals and objectives, formulation of activities, and reassessment of the outcomes of services.

Permanency planning begins once a case is accepted for services, and focuses Child Welfare services on the child's need for a stable, permanent home during all phases of practice.

Permanency planning reminds us that all service planning activities should be directed toward assuring that every child in our care has a permanent family, capable of providing them with nurturance and protection.

Permanency planning reflects some basic assumptions regarding the right and need of all children to have a family environment, which, in reality and in their perception, will be permanent.

Then review **Overhead #5 (Basic Permanency Assumptions)** with the group. The trainer must help the group recognize that the concepts of permanency planning are derived from an understanding of the developmental needs of children and the traumatic effects of separation and placement on children's development.

Explain that the Laws and Mandates used throughout their training were all developed to insure the “best interest of the child”. It has always been known that a permanent environment is in the best interest of the child.

Explain that the Adoption and Safe Families Act and Juvenile Act place a strict time frame on how long children, whatever their age, can be in permanent out-of-home care (i.e., 15 out of the last 22 months). The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) also requires that reasonable efforts be made to prevent placement, reunify as quickly as possible, and to pursue permanency as quickly as possible.

The principle that underlies the fixed ASFA timeframe is the recognition of children's need for attachments – children need permanent caring and loving caregivers to grow physically and emotionally healthy. There is substantial research that indicates that children who remain in foster care for one or more years (as well as those who have experienced multiple placements) are less likely to ever achieve safety, well-being, and

permanency goals. ASFA requires timely decisions to achieve the child's permanency goal.

The ASFA timelines for finalizing the adoption permanency goal is within 24 months; for other types of permanency goals, the agency must demonstrate during each permanency hearing that it is making diligent efforts to find alternative permanent living arrangements for the child. In the majority of cases in the Commonwealth, children are reunited before the 12-month permanency hearings. If family reunification is not achieved by this time, the court determines whether the agency made "reasonable efforts" to provide appropriate and timely services to the family to achieve this goal. If the court determines that the agency did not make such efforts, the judge may require additional services. If the court determines that the agency did make "reasonable efforts", and there is little progress or change in the safety conditions of the home, the court makes the decision to change the permanency goal to adoption or another permanent living arrangement. At the 12-month permanency hearing, the Child Welfare Professional must be prepared to respond to the questions related to "reasonable efforts," progress made by the parent/caretaker to reunify with the child, recommendations for an alternative permanency plan, and the agency's concurrent planning efforts.

**Trainer Note:** DHHS's 2001 federal outcomes report to the Congress cites about 70% of children in care were reunified from foster care during 1998 through 2001, and most spent about 1 year in care. Children who were adopted spend 39 months in care.

The Juvenile Act has been amended to reflect the Adoption and Safe Families Act mandate regarding "aggravated circumstances" in which case the reasonable effort requirement is waived. Sections 6302.1 thru' 6302.5 of the Act define "aggravated circumstances". If the court finds that reasonable efforts are not required because the aggravated circumstances may jeopardize the child's safety, the agency petitions the court for the protective custody of the child and petitions to terminate the parental rights, at which time the court decides on the child's permanency goal. In cases where a child has been in foster care 15 out of the last 22 months, the agency must petition the court to terminate the parental rights and begin efforts to find the child a permanent home in a timely manner.

**Trainer Note:** Refer to the Juvenile Act section 6352(e)(1)(2)(3) for permanency hearing timeframes; and CPSL Chapter 3130.66 for permanency plan development.

Ask participants what it means to ensure a child's permanency?

- The correct answer must include a child having a stable, permanent home, and continuation of family relationships when a child is living outside of the home.

Ask participants what it means to ensure a child's well-being?

- The correct answer must include meeting a child's physical, mental, developmental, and educational needs. Trainer also should note that CFSR

practice outcomes evaluate whether families have enhanced capacity to provide for children and family's involvement in the service planning process.

**Step 2: (25 Minutes)**

**Lecture**

Discuss the following: factors that impact the safety, well-being and permanency of a child must be assessed and addressed when a child is in an out-of-home placement.

The Pennsylvania Regulations (3130.67) mandate the development of a Child Permanency Plan for every child in out-of-home care. The regulations were developed as a result of the implementation of the Adoption Assistance and Child Welfare Act of 1980.

The Child Permanency Plan documents planning for the individual child.

Inform participants that they are going to discuss how to complete the Children's Permanency Plan by returning to their work with Katie Parker at age 5.

Refer participants to the **Resource Book for Charting the Course Towards Permanency for Children in Pennsylvania** on their tables and section Pennsylvania Standard Child's Permanency Plan (CPP) Instructions and distribute **Handout #12 (Parker Child Permanency Plan)**. Briefly focus and review the sections on pages 11-18, discuss Katie's permanency plan with participants, referring to earlier lecture points as appropriate. Some previous lecture points may include progress made or not made during the review period, circumstances and concerns during the review period, and any changes to the permanency goal.

Conclude this section by reminding participants that the CPP is linked to the FSP. They must document information regarding the service plans related to the permanency goals. All the factors in the FSP apply to developing the Child's Permanency Plan. Each child in placement must have his/her own CPP plan.

# **Module 13: Out of Home Placement and Visitation**

## **Section IX: Visitation**

### **Estimated Length of Time:**

1 hour, 50 minutes

### **Learning Objectives:**

Participants will be able to:

- ✓ Recognize the vital role and purpose of visitation.
- ✓ Recognize the laws, regulations, and PA Standards related to visitation.
- ✓ Recognize the cultural/ethnic factors one must consider during visitation planning.
- ✓ Recognize the emotions a child may feel before, after and during visits.

### **Methods of Presentation:**

Lecture, Video, Large Group Discussion, Individual Activity, Small Group Activity

### **Materials Needed:**

- ✓ Flip chart stand
- ✓ Blank flip chart pad
- ✓ Colored markers
- ✓ Masking tape
- ✓ TV
- ✓ VCR/DVD Player
- ✓ Overhead Projector/Screen
- ✓ **Overhead #6 (Visitation)**
- ✓ **Overhead #7 (Visitation Guidelines)**
- ✓ **Handout #12 (Parker Child Permanency Plan) (revisited)**
- ✓ **Handout #13 (Communicating Information Feedback Form)**
- ✓ **Handout #14 (Katie Parker 1 Week Update)**
- ✓ **Handout #15 (Tips for Effective Visitation)**
- ✓ **Handout #16 (Visitation Planning Form)**
- ✓ **Handout #17 (Visitation Planning Form – Completed)**
- ✓ **Handout #18 (Reaching in to Silences Feedback)**
- ✓ **Handout #19 (Reaching in to Silences Feedback)**
- ✓ **Handout #20 (Understanding Reactions to Visiting)**
- ✓ **Resource Book for Charting the Course towards Permanency for Children in Pennsylvania**
- ✓ **Video (Communicating Information [bad adult example])**
- ✓ **Video (Communicating Information [good adult example])**
- ✓ **Video (Communicating Information [bad child example])**
- ✓ **Video (Communicating Information [good child example])**
- ✓ **Video (Reaching Into Silences [bad example])**
- ✓ **Video (Reaching Into Silences [good example])**

### **Outline of Presentation:**

- Explain the importance of visitation
- Explain the legal basis for visitation

## **Module 13: Out of Home Placement and Visitation**

- Explain the steps to developing a visitation plan
- Introduce the skill of Communicating Information
- Introduce the skill of Reaching Into Silences

## Section IX: Visitation

### Step 1: (10 Minutes)

#### Large Group Discussion

Remind participants of their Pre-work activity to find out about the visitation practices in their agencies. Specifically:

- Who is responsible for planning visitation in your agency?
- Do parents receive transportation support for visits?
- Where are visits held?
- Are visits supervised? By who?
- What resources are available to support visitation?
- Does the worker discuss parenting skills/knowledge with the parent after visits?

Facilitate a large group discussion allowing different participants to respond. Explain that during this section they will learn general principles and guidelines about visitation. They will need to apply these principles and guidelines to their agencies policies and procedures.

**Trainer Note:** Trainer should display the binder entitled Visitation: Promoting Positive Visitation Practices for Children and Their Families Through Leadership, Teamwork, and Collaboration. This is a green 3 ring binder that is kept at the training site as a resource. It is available to participants on CD upon request to their Training and Delivery Specialist at the Child Welfare Training Program.

Also, inform participants that this section is a very brief overview. If they work with families whose children are in out-of-home care, it is important that they continue their knowledge and skill development by attending the 2-day training- 209: Family Reunification and Visitation after they receive their child welfare Child Welfare Professional certification. Also Pennsylvania developed a visitation handbook in conjunction with their training entitled Visitation: Promoting Positive Visitation Practices for Children and Their Families Through Leadership, Teamwork, and Collaboration that can be used.

### Step 2: (10 Minutes)

#### Lecture

Read the following quotes:

- “Each visit of a child in placement with his or her parent begins with a reunion and ends with another separation, a separation that, in most cases, continues until the reunion that begins the next visit.” (Hess)
- “Visitation is the single most important factor in maintaining the relationship between the child and the parent(s) while the child is in placement”. (Anon.)

After reading the quotes explain they represent a great deal about what we know about attachment, separation, and placement trauma for children and their families. It is known that effective visitation is key to supporting out-of-home placement and accomplishing permanency goals for children.

Visiting plans should reflect a balance between the need to protect children in care and the need to support the parents in their ongoing role as parents. Visits should be planned to encourage the parent to remain in the parent role, to the greatest extent possible. Thus, plans for visits that preclude or inhibit the parent from assuming some responsibility for the child and/or natural interaction must be fully justified as necessary to protect the child. The visitation plan should coordinate with the Child Permanency Plan and/or court order and be subject to change as the needs of families' change and goals are attained and/or changed.

The planning of effective visits requires careful assessment of risk, attention to the service objectives, consideration of the ways in which visits may support progress toward achieving service objectives, and creativity.

Display **Overhead #6 (Visitation)** and explain that visitation is a valuable and important service for families that can lead to positive outcomes. Research reports that visitation:

- Is the single most important factor in maintaining the relationship between the child and the parent(s) while the child is in placement.
- Enhances children's emotional well-being in care.
- Improves parent's positive feelings about the placement and decreases their worries about their children while in care.
- Is associated with achieving permanency and decreasing time in care.

ASFA emphasizes the importance of moving quickly to determine and accomplish the permanency goals for children. One of the primary goals in the Child Welfare system today is permanency, and effective visiting services are central to achieving permanency. **Overhead #7 (Visitation Guidelines)** is available to guide the explanation.

- Visitation should be held as frequently as possible; PA 3130.68 regulations require visits to be held every two weeks at a minimum. Visits should be held in the home of the parent unless the child's safety cannot be assured. In this case, visits in the foster/kinship home or a relative's home are preferred.
- Visits should be unsupervised, unless the presence of an adult is necessary to protect the child from harm during the visits. In this case, the supervising adult should remain apart from the family members and should not participate in the visit unless intervention is needed to protect the child.
- Children should visit regularly with siblings who may be placed in other out-of-home placements. These visits may be arranged by caregiver or kinship families.

- Children should be allowed regular opportunities to telephone their parents, siblings, grandparents, friends, or other significant persons. The phone calls can be short, but they can be very reassuring to the child.

Explain the following additional points about visitation:

- The primary purpose of visiting, in most cases, is to allow children to maintain relationships with their parents, siblings, and others who cared for them prior to placement. The younger the child, the more frequent the contact must be in order to maintain relationships.
- Visitation is important for maintaining family connections even when the reunification is not the permanency goal. Birth family connections allow children the opportunity to develop permanent positive attachments, preserve these ties, and learn to maintain long-term relationships. A large number of children return to their family of origin when they age out of the system.
- Visiting should never be used as a reward or punishment. Changes in visiting arrangements should reflect assessment of risk to the child and progress toward achieving the permanency goal, not attempts to reward or punish either the child or the parents' behavior.
- Visiting should occur in settings that encourage the most natural interaction between family members, while minimizing any risk to the child that may exist. It can, and should, include parental and family participation in normally occurring events in the child's life (e.g., school conferences, medical appointments, church programs, and athletic activities.)
- When parental rights are terminated, and there is to be no continuing contact between the parents and the child, consideration should be given to a goodbye visit between the parents and the child, and a determination must be made concerning continuing visits between the child and siblings placed elsewhere.

### **Step 3: (5 Minutes)**

#### **Lecture**

One of the most important and helpful aspects of visitation is the development of a written visitation plan. When there is a written visitation plan, there is a greater frequency of visits. Visitation plans are included in the Child Permanency Plan for each child in placement.

Birth parents, foster parents, and children who are old enough to understand should be included in the development of the plan. Visitation plans need to be individualized, and modified as the CPP changes.

Inform participants that they are going to have the opportunity to observe the Interactional Skill of Communicating Information regarding visitation planning. Then they will use their documentation skills with the visitation plan.

As stated, engaging fathers is a critical component of intervention with a family. If initially the whereabouts of a father are unknown it is important that efforts are made to

locate and engage the father in the planning process. In this video demonstration a Child Welfare Professional is talking to 2 teenage siblings and their maternal grandmother.

As you will see, well-constructed visitation plans contain lots of details about who, what, where, when and how. One of the key skills in visitation planning is effectively communicating information. This skill involves breaking information down into very specific and manageable bits. The client must be very clear about what's going to happen next. It's important to remember that we are all different in how much information we can handle at one time, how much specificity we need, and culturally determined preferences that aid our understanding of information presented to us. Also remember that when communicating with children and adolescents, their developmental stages should be reflected in your choice of words and sentence complexity. Regardless of the person's age, always avoid using professional jargon and terms unfamiliar to the client.

Like the other Interactional Skills, you have learned so far in this training, Communicating Information has specific steps.

Trainer briefly reviews the steps of Communicating Information with participants by explaining that the skill of Communicating Information is imparting important information or clarifying issues about the casework process, including mutual expectations, goals and services, legal issues, timelines, court processes, and next steps. It is accomplished through providing specific information (facts, outcomes, deadlines, reports, diagnoses, values, beliefs, etc.) that the client needs in order to manage the task at hand.

1. Example: "The first visit is scheduled for Saturday the 15<sup>th</sup>, and we'll need to arrive at the jail by 9:00 am. So we need to leave here by 8:15."  
When possible, information is provided in a manner that doesn't leave it open to interpretation by the client. Avoid using professional jargon and terms unfamiliar to the client.
2. Example: "Dan does have the right to see his children and it's important that the kids stay connected with him, wouldn't you agree?"  
Give the client an opportunity to ask questions and express feelings about the provided information.
3. Example: "Please be sure to check in with Justin and Sara periodically to see how they're feeling about visiting their dad and any questions they have. Are you comfortable doing that?"

**Step 4: (20 minutes)**  
**Video, Large Group Discussion**

Tell participants they will now see a skill demonstration. As stated engaging fathers is a critical component of intervention with a family. If initially the whereabouts of a father are unknown, it is important that efforts are made to locate and engage the father in the planning process. The following skill demonstration is a Child Welfare Professional

talking to 2 teenage siblings and their maternal grandmother who is caring for them. You will get to see 4 examples, pay particular attention to the use of this skill as they discuss visitation, and note your feedback on your feedback forms.

Trainer distributes **Handout #13 (Communicating Information Feedback Form)** and briefly reviews the steps to effectively Communicate Information outlined on **Handout #13 (Communicating Information Feedback Form)**.

Play **Video (Communicating Information [good adult example])**. Reinforce correct identification of the 3 steps of Communicating Information.

Play **Video (Communicating Information [bad adult example])**.

After the video clip, ask participants:

1. What skill steps did they observe (Motivational feedback)?
2. How might this Child Welfare Professional change to communicate information to this Grandmother more effectively? (Constructive feedback)

Introduce the next video clip by saying, "Let's now look at this worker speaking with the children about visitation with their father."

Play **Video (Communicating Information [good child example])**. Reinforce correct identification of the 3 steps of Communicating Information listed on **Handout #13 (Communicating Information Feedback Form)**.

Play **Video (Communicating Information [bad child example])**.

After the video clip, ask participants:

1. What skill steps did they observe (Motivational feedback)?
2. How might this Child Welfare Professional change to communicate information to these teenagers more effectively? (Constructive feedback)

**Trainer Note:** Replay the **Video (Communicating Information [good adult example])** as an affirmation of best practice.

Conclude the activity by reinforcing the importance of effectively communicating information, and transition to examining specific elements of visitation planning.

### **Step 5: (10 Minutes)**

#### **Lecture**

Explain to participants that after they collaborate with the family regarding visitation planning they need to develop the written visitation plan. It is mandatory that the plan is documented in the Child Permanency Plan.

Tell participants that to learn and practice the skill of developing and documenting the visitation plan we will return to Katie Parker at age 5. Refer the participants back to **Resource Book for Charting the Course towards Permanency for Children in Pennsylvania (Permanency Plan Instructions)**. Review the steps in completing the visitation plan section of the Child Permanency Plan (CPP). You can elaborate on the content of the instructions with the following information.

- Case goals - Typically, the case goal for a child-entering placement is family reunification. However, visiting may be a critical component of services when the goal is adoption or independent living for an older child.
- Identifying information regarding family members and others relevant to the visiting plan.
- Dates for which the plan is effective - Over time, visiting plans must be reviewed and revised to reflect the family's progress, current service objectives, and changes in the placement situation.
- Persons to be included in visits - The visiting plan should specify who might or may not visit, and by what process the agency will consider exceptions. Particular attention should be given in the written plan to visits between siblings placed separately.
- Visit frequency - The first visit should occur within three days of placement, but no later than one week of placement. Weekly visits should be viewed as a minimum frequency, rather than as the ideal or standard. Visit frequency should reflect the needs of the children and their parents, and the CPP objectives. For example, a visit more often than once a week may be important for very young children.
- Length and time of visits - Visits may be less than an hour each time or overnight stays in the family home, under conditions that assure the safety of the child during such visits. Length and time of visits should be individualized and vary, depending upon the needs of children and their parents, and on the CPP objectives.
- Visit location - Visits should be located in the parents' home unless there are specific reasons not to do so. The location of visits should permit privacy and interaction, and be only as restrictive as required to protect the child(ren). Visit locations may also include the substitute caregivers' home, parks, restaurants, family centers, recreational activities, school events, locations of family rituals or celebrations - the list is endless.
- Visit supervision - Visits may be supervised in order to protect children, observe, and assess interaction, and/or to facilitate family members' learning. Therefore, depending on the purpose of visit supervision, supervision might be provided by a Child Welfare Professional, family therapist, foster parent, visiting nurse, or homemaker.
- Transportation arrangements - The agency is responsible to develop reasonable transportation plans for visits. These may vary depending upon the community's resources (such as public transportation), the distance of the child's placement from the parents' home, the special needs of the child, and the availability of family members, agency or contractual personnel, and foster parents for transportation.
- Visit activities - The plan should identify the types of activities that would be expected. These might include child-related tasks the parents are expected to

perform during visits, such as “provide appropriate meals” and “accompany the child to necessary appointments.”

- Visit conditions - Based on prior experiences with a parent and information regarding a parent’s behaviors, parents may be required to meet certain conditions related to visits. These are identified in the visitation plan and might include “remain sober throughout the visit,” “will not make inappropriate promises to, or share inappropriate information with, the child,” “will not threaten the child,” and “will refrain from . . .” (e.g. specific behaviors that contributed to the child’s placement, such as leaving the child alone or leaving the child with an inappropriate sitter or family member).
- Agency services to support visiting - In many instances, effective visiting is undermined by both the agency’s and the parents’ lack of resources. Therefore, the identification of services and resources that will support children and parents in following through with the visit plan is necessary. These may include tokens for transportation, provision of transportation, a visit supervisor with skills to assist the family in managing the visit interactions, and assistance with planning meals when children are home for lengthy visits. Often agencies arrange or purchase services from other community resources to support visiting.
- The signatures of persons participating in plan development, and the date of the planning meeting – Participant’s sign the plan to indicate that they participated in its development and understand the plan.

Explain that planning effective visitation requires:

- Careful assessment of risk -  
Planning for safe visits requires both an initial assessment of risk and on-going assessment of a family’s strengths, problems, and progress. In areas in which moderate or high risk is identified, the visiting plan should provide adequate protection for the child through supervision, visit location, and/or other arrangements. Since each family’s situation differs in some ways from those of other families, visiting plans must be individualized with regard to visit frequency, length, location, supervision, transportation, activities, conditions, and support services.
- Attention to the CPP objectives -  
The assessment of families’ strengths, needs, and problems is an on-going process that provides “data” for both service and visit planning. The assessment identifies information essential to addressing the question “*What must change, in order for the effects of child abuse/neglect or other problems that led to the child’s placement to be addressed, and for the risk of maltreatment to be reduced or eliminated?*” The answer to this question shapes the CPP objectives and specific services provided. The CPP objectives, in turn, shape the location, frequency, specific activities, and other aspects of visiting.

The Child Welfare Professional can make an effective use of visits with the family and the child to determine the progress they have made to achieve the service plan objectives and whether the safety conditions have improved for the child to return home.

When developing a visitation plan, the Child Welfare Professional must incorporate the family assessment information to plan the type and frequency of parent-child-sibling visits and how he/she will assess the progress in the service plan to enhance the parent/caretaker's capacity to provide for the child's needs.

- Creativity -

Creative visiting plans reflect attention to the family's traditions, culture, and ways of celebrating milestones, such as birthdays. Creative plans acknowledge the broad range of activities that parents and children might participate in together, including attending school conferences, open houses, and other school events; attending required appointments, such as medical appointments; shopping for clothes and other necessities; and learning new ways of being together, such as participating in classes for parents and children at the library or the YM/YWCA.

Creative visits will provide opportunities to assist family members in developing new skills that will support them in their ongoing individual and family development.

Inform participants that they will now practice completing the form.

**Step 6: (10 Minutes)**

**Individual Activity**

**Trainer Note:** Before beginning this activity, be sure that **Handout #17 (Visitation Planning Form – Completed)** is pulled from the handout packet as it gives suggested answers to **Handout #16 (Visitation Planning Form)**.

Refer participants to **Handout #14 (Katie Parker 1 Week Update)**. Tell participants to review the update prior to completing a visitation plan for Katie and her family.

Remind participants to refer back to the completed sections of **Handout #12 (Katie Parker Child Permanency Plan)** as needed and use the tips provided in **Handout #15 (Tips for Effective Visitation)** as a reference for participants in preparation for the next activity.

Give participants 10 minutes to write the visitation plan using **Handout #16 (Visitation Planning Form)**. The plan must be developed considering all the key principles of visitation that were reviewed.

**Step 7: (10 Minutes)**

**Lecture, Large Group Discussion**

After 10 minutes, reconvene and review participant's visitation plan from **Handout #16 (Visitation Planning Form)**, using **Handout #17 (Visitation Planning Form –**

**Completed)** and refer back to **Handout #12 (Parker Child Permanency Plan)** as needed. As you review the visitation plan, allow for a variety of plans as each county has different resources.

**Step 8:** (5 minutes)

### **Lecture - Understanding and managing reactions to visiting**

The experience of visiting can surface the expression of many intense and painful emotions on the part of children and parents. Many of these reflect a normal reaction to an abnormal situation – the separation of family members through the placement of a child(ren) in care.

Therefore, all family members involved in visiting may be expected to have emotional reactions associated with separation, intensified by the ambiguity regarding whether and when the separation will end.

In addition, family members may have reactions that reflect:

- Difficulties in family relationships.
- The events that resulted in the child(ren)'s placement.
- Aspects of the visiting situation and/or feelings about family reunification.

The emotions and behaviors exhibited by the parents and/or children may be difficult for the Child Welfare Professional or foster parents to tolerate and manage. Agency staff and foster parents may find that the family members' intense reactions to visits may evoke strong feelings in them as well. Thus, anticipating and managing the reactions that family members, foster parents, agency staff, and service providers have to visiting is an essential component of effective visiting services.

When interacting with someone with strong feelings and reactions, often it is what is not said that becomes a significant barrier to our understanding of the person's reaction. The use of an engagement skill known as Reaching Inside of Silence helps us avoid misunderstanding critical client reactions, or possibly missing them altogether. Review **Handout #18 (Reaching Into Silences)** and explain that it is a technique to explore the meaning of a client's silence by putting possible feelings into words.

**Step 9:** (10 minutes)

### **Video, Large Group Discussion**

Explain to participants that they will see the skill demonstrated by a Child Welfare Professional talking to mother who is about to visit her child for the first time since she was removed from the home. They will see two examples, so pay particular attention to the use of this skill, and using **Handout #19 (Reaching Into Silences Feedback)** document your feedback.

Play **Video (Reaching Into Silences [good example])**.

After the video clip, ask participants:

- What did the worker do or say to demonstrate the 3 steps of Reaching Inside of Silence from **Handout #18 (Reaching Into Silences)**?
  1. Being comfortable with silence;
  2. Offering non-verbal support in posture and facial expression to indicate that you are listening and want the client to continue talking; and
  3. Encouraging the client to share their thoughts and articulating what the silence may mean.
  
- How might the worker respond to the mother's reaction so that the mother is better able to participate in conversation?
  1. ask mother to discuss her frustrations with the worker
  2. ask mother what she thinks she can do to "unstack" the deck she feels is against her.
  3. ask mother what she thinks the worker can do to assist her to "unstack" the deck

Play **Video (Reaching Into Silences [bad example])**.

After the video clip, ask participants:

- What skill steps did they observe (Motivational feedback)?
  1. the worker faced the mother while she was talking to her
  2. assured mother that she would be with her the whole time
- What skill steps were missed? (Constructive feedback)?
  1. worker did not question the meaning of the silence
  2. worker was visibly uncomfortable with the silence
  3. worker offered no non-verbal support to the mother

**Trainer Note:** Replay the **Video (Reaching Into Silences [good example])** as an affirmation of best practice.

**Step 10:** (20 Minutes)

**Lecture, Small Group Activity, Large Group Discussion**

Explain that the importance of discussing reactions to visits with all involved parties (parents, substitute caregivers, children, and siblings) cannot be overstated. **Handout #20 (Understanding Reactions to Visiting)** is available as a reference.

A common example is when people involved with family visits assume that problems resulting from visiting are best managed by reducing the frequency and length of visits. Unfortunately, in some instances, this simplistic solution may only make the problem worse.

To review the possible reactions people may have before, during, and after visits, participants are going to list the range of reactions that may occur. Assign each table group one of the following roles: child, parent, caregiver, and Child Welfare

Professional. Each group is to identify common and likely reactions to visitation for their assigned role. Inform them that they have 5 minutes to complete their lists, and that they will need to identify a spokesperson to report their list. Provide blank flip chart paper to the groups for recording responses.

Gives groups a 2-minute warning to complete their task. After the groups have posted their list facilitate a large group that includes the following key points.

- Children's Reactions to Visits

Children's reactions to visits vary greatly, depending in part on their age and developmental stage, and their related capacity to make sense of the experience of placement and of visiting. There are numerous ways in which children's feelings about placement and visiting are expressed, and can include:

- Emotional distress, such as crying before, during, and/or after the visit; more severe distress can be reflected in serious behavioral problems, (e.g., nightmares, suicidal ideation, or self-mutilation).
- Regression to early behaviors. Regression can occur in many areas, but is often seen in toileting, ability to sleep alone, and the use of physical rather than verbal means of expressing feelings.
- Constant worrying about the welfare of parents and/or siblings.
- Verbalization of feelings of guilt or blame for entering out-of-home care.
- Expressing fear of the parent(s) or of parents' reactions.
- Anxiety before visits.
- Defiance following visits.
- Refusal to visit.

- Parent's Reactions to Visits

Parents may have intense emotional reactions to the reunion and the separation inherent in each visit. Their reactions may express their:

- Feelings of guilt or shame at the child's placement.
- Anger about the placement or being judged as a "bad parent."
- Fear that their child(ren) will not be permitted to return home.
- Ambivalence about parenting.
- Confusion about what is expected of them and the Child Welfare Professional/caregivers.
- Feelings of helplessness/hopelessness.

Trainer notes that parents may also have difficulty controlling their own behaviors that resulted in the placement. Examples of such reactions, behaviors, or conditions include:

- Arriving to a visit while intoxicated.
- Missing visits without informing anyone prior to the visit.
- Pressuring the child(ren) to recant statements about abuse/neglect.
- Maltreating the child(ren) during a visit, including verbal abuse, hitting, neglecting to adequately supervise the child(ren).

- Behaving in ways that indicate that the parent is not adhering to his/her own treatment regimen, such as discontinuing medication required to manage mental illness.
- Behaving aggressively toward child(ren), foster parents, or service providers.

Visits **MUST** be structured to minimize the possibility that children will be exposed to dangerous or seriously problematic parental behavior.

- Caregiver's Reactions to Visits
  - Feelings of anger, fear, anxiety, and helplessness when children cry or are otherwise upset by the visit.
  - Intolerance or negative judgments based on cultural differences.
  - Inability to see the parent's strengths present during visits.
  - Reluctance to participate due to believing that the child is better served by reducing or eliminating visits.
  - Discomfort about their role and interacting with the parent(s).
- Child Welfare Professional's Reactions to Visits
  - Feelings of anger, fear, anxiety, and helplessness when children or parents cry or are otherwise upset by the visit.
  - Anger or frustration when a parent makes promises that s/he is unable to keep.
  - Ambivalence or fear about the child's exposure to the parent(s).
  - Inability to see the strengths present in a situation.

Asks participants:

"What can Child Welfare Professionals can do to manage reactions through preparing children, parents, and caregivers for the experience of visiting?"

- Review important "do's and don'ts."
- Provide a brochure about the purposes of visiting.
- Discuss children's, parents' and caregiver's rights and responsibilities related to visiting.
- Help people anticipate the feelings they may experience before, during, and after visiting.
- Directly address identified and/or potential problems along with supportive services that are available.

Close this activity by reviewing any additional information that may not have been covered. If the information was covered inform participants to use **Handout #20 (Understanding Reactions to Visiting)** as a reference.

**Step 11: (1 Minute)**  
**Lecture**

Regulations 3130.68 provide Children and Youth agencies with remedies for making up for visits that are missed because they are cancelled by the county agency or the parents.

If visitation between parents and their child in placement is cancelled by the county agency, the county agency shall do one of the following:

(1) Schedule a make-up visit if the cancellation results in less than two visits per month. The county agency is not required to but may schedule make-up visits if the reason for the cancellation was the parent's decision not to attend an agreed upon visit unless a valid excuse was provided at least 48 hours in advance.

(2) Schedule either a make-up visit or reasonable additional visitation if the parents receive more than two visits per month. The county agency is not required to but may schedule make up visits or additional visitation time if the reason for the cancellation was the parent's decision not to attend an agreed upon visit unless a valid excuse was provided at least 48 hours in advance.

Conclude this section by again emphasizing that visitation is the number one indicator of successful reunification. Child Welfare Professionals must pay attention to the planning, reactions and behaviors by everyone directly involved in the visitation plan.

# **Module 13: Out of Home Placement and Visitation**

## **Section X: Concurrent Planning - Planning for Permanency**

### **Estimated Length of Time:**

1 hour, 15 minutes

### **Learning Objectives:**

Participants will be able to:

- ✓ Recognize the Adoption and Safe Families Act guidelines related to permanency planning
- ✓ Recognize the definition of concurrent planning and its place on the Child Permanency Plan

### **Methods of Presentation:**

Lecture, Large Group Discussion, Script, Individual Activity, Small Group Activity

### **Materials Needed:**

- ✓ 2 Flip chart stands
- ✓ 2 Blank flip chart pads
- ✓ Colored markers
- ✓ Overhead Projector/Screen
- ✓ **Overhead #8 (Concurrent Planning)**
- ✓ **Overhead #9 (The Purpose of Concurrent Planning)**
- ✓ **Handout #21 (Steps of Concurrent Planning)**
- ✓ **Handout #22 (Full Disclosure Interview)**
- ✓ **Handout #23 (Concurrent Plan Script)**
- ✓ **Handout #24 (Concurrent Planning Observation/Feedback Form)**
- ✓ **Video (Concurrent Planning)**

### **Outline of Presentation:**

- Explain the purpose and legal basis for concurrent planning
- Explain the steps of concurrent planning

## Section X: Concurrent Planning - Planning for Permanency

**Step 1:** (5 minutes)

### Lecture, Large Group Discussion

The Adoption and Safe Families Act of 1997 emphasizes the importance of timely achievement of permanency goals. The Commonwealth has opted to use concurrent planning, which requires Child Welfare Professionals to work on different options simultaneously, while pursuing the court-ordered primary permanency goal. Concurrently planning, when used effectively, is a time saving mechanism to achieve the child's permanency goal in a timely manner.

Display **Overhead #8 (Concurrent Planning)** to present the definition of concurrent planning.

Display and discuss **Overhead #9 (The Purpose of Concurrent Planning)**.

Explain to participants that by employing concepts of concurrent planning positive outcomes for children and families can be achieved. Ask participants what concurrent planning may look like at the intake and in-home phase of intervention? Insure that the response includes: concurrent planning during the investigation and in-home phase of intervention is discussing an alternative plan for care of the children with primary caretakers. An effective non-threatening method to do this is to ask the caretaker, "Who would you want to care for your children if you had a medical emergency and needed to be hospitalized?" Having this information in the case record facilitates planning for the child should the need for placement occur.

**Step 2:** (10 minutes)

### Lecture

Explain that the central feature of concurrent planning is the early identification and genuine consideration of all reasonable permanency options for a child. This approach is contrasted with sequential service planning, which focuses on only one permanency plan at a time, ruling it out before moving to the next alternative. Display and distribute **Handout #21 (Steps of Concurrent Planning)** to aid in explaining this process. This discussion is intended to be an overview presentation, not a detailed explanation of all the information on the handout. The trainer explanation must not go beyond ten minutes.

Explain to participants that if concurrent planning is implemented effectively research by public agencies and public-private partnership programs across Colorado, California, Kentucky, and Iowa have shown promising results, including:

- Attaining permanence faster with shorter lengths of stay in out-of-home care;
- Increased family participation in service planning; and
- Increased rates of family visitation.

### **Step 3: (10 minutes)**

#### **Lecture**

Explain to participants that it is one thing to know the process to implement a concurrent plan, but it takes Interactional Skills to explain the process to people. Use **Handout #22 (Full Disclosure Interview)** to explain the key components of a full-disclosure interview. Emphasize that this information must be explained to parents as soon as possible. Therefore, it is important that all intake and in-home workers understand how to conduct the interview as well as placement workers.

Ask participants how they think they can apply parts of this interview process in other situations.

- During an intake investigation to talk to parents about cooperating – you would not be discussing the impact of placement on children at this stage.
- During in-home services to discuss the consequences of behavior that places the children at risk.

Explain to participants that they are going to have the opportunity to observe and evaluate a full disclosure interview.

### **Step 4: (5 minutes)**

#### **Lecture**

Explain to participants that they are going to see a practice video in which they will observe how the Child Welfare Professional uses various Interactional Skills (Displaying Understanding of Client's Feelings, Tuning in to Self, Tuning in to Others, and Using Non-Verbal Cues) to engage Katie's father in the discussion of his daughter's concurrent permanency goal. (The Parker family with Katie at age 5 will be used during the demonstration). Note, that originally the whereabouts of Katie's father were unknown. Through her efforts the Child Welfare Professionals located and engaged the father and was able to set-up this interview.

### **Step 5: (20 minutes)**

#### **Video, Individual Activity, Large Group Discussion**

Show the **Video (Concurrent Planning)**.

After the video, participants will need to complete page 1 of **Handout #24 (Concurrent Planning Observation/Feedback Form)** using **Handout #23 (Concurrent Plan Script)** as a guide.

Below is the script with Interactional Skills and interviewing techniques noted in parenthesis:

#### **Caseworker:**

I appreciate you're making time to meet with me Mr. Johnson. I know from what you told me on the phone that you haven't been actively involved in raising Katie, but I'm not sure why... could you tell me about your relationship with Katie? (open ended question)

**Mr. Johnson:**

There's not much to tell. Me and Jennifer split up when Katie was only a year old. I had to move around a lot to find work and crazy Jennifer made it just about impossible for me to see Katie. I stopped trying after awhile. So I guess I don't really have a relationship with her now.

**Caseworker:**

Okay, thanks for clarifying that for me. One of the things I want to do in our meeting today is to talk about some of your rights as Katie's father and the need for us to plan for your daughter's permanency. It's important you understand that Katie needs a safe and permanent home. The court has given protective custody of Katie to my agency and has ordered us to provide services to her and her family. Katie has already been in placement for 3 weeks and we're required to follow the state procedures. I would like to explain these to you. (clarifying purpose and role)

**Mr. Johnson:** (defensively):

*You* were the ones who put her in foster care. It seems to me that's something that you gotta work out with her mother.

**Caseworker:** (calmly):

Our agency did need to step in to ensure Katie's safety, but our first goal is for Katie to return home as quickly as possible (managing protective authority). While Katie is in placement, it's my job to make sure that she has a safe home to return to. If Jennifer or you are unable to provide a safe home for her within 15 months, by law, the agency has to petition the court to terminate your parental rights and find another permanent home for Katie. When that happens, we look to other relatives as options.

We know from years of experience that it isn't in a child's best interests to grow up in temporary homes instead of a permanent family. And that it is very important that children have a relationship with their parents and other relatives. (communicating information)

**Mr. Johnson:**

That's all fine and well, but I'm not so sure that Katie oughta be living with her mother... Jennifer can't even handle her own problems.

**Caseworker:**

I can hear that you have some concerns about Jennifer's parenting abilities (tuning in to others). We're developing what is called a concurrent

plan. That just means that we work on two things at once. The first thing we'll work on is making her mother's home a safe and stable place so Katie can return. At the first court hearing, the judge decided on family reunification as the goal. But if Jennifer isn't able to provide a safe and permanent home, at the next court hearing the judge may change the goal to adoption or having Katie placed permanently with a relative or other guardian. So, the second part of the concurrent plan is helping prepare Katie for another home in case our efforts to return her home to her mother are unsuccessful (communicating information).

**Mr. Johnson:**

So wait a minute... you're saying that Katie is going to be adopted?

**Caseworker:**

I know this might seem a bit confusing Mr. Johnson, but concurrent planning means that we work on two placement options at the same time. Maybe you could think about concurrent planning like it was car or life insurance? You know something that you hope you don't need, but is good to have when you do need it? Maybe it would help if I described the steps we'll be going through with Katie's concurrent plan, and where you can fit in and exercise your rights as Katie's father (reach for feedback)?

**Mr. Johnson:**

Okay, but don't expect me to fix this mess.

**Caseworker:**

We're doing the first step right now, by our talking about Katie's concurrent plan. Next we develop a Child's Permanency Plan that will outline goals to be met in order for Katie to come back home. We'll talk about that a little later. Next, we'll work out plans for you to visit Katie while she's in placement.

We also prepare Katie for placement in another permanent family if she can't go home to her Mother. Another option I want to explore is the possibility of Katie coming to live with you. What are your thoughts and feelings about reconnecting with Katie and possibly being a placement option for her?

**Mr. Johnson:**

Whoa there just a minute... what if I don't agree to participate in this whole thing?

**Caseworker:**

That is an option you have Mr. Johnson. I get the sense that you're feeling hesitant about being part of your daughter's life, but also that you care about her very much. I was hoping we could develop a plan together that

is best for Katie. As I said, it is important she knows her father and it seems you would like to get to know Katie better, too. (tuning in to others)

**Mr. Johnson:**

Yes, I do think about her a lot... I am just not sure I can be a steady support in her life. I don't see how I could take care of her full-time.

**Caseworker:**

If Katie cannot return to her Mother and you cannot provide a permanent home for her, then you and Jennifer will be asked to give up your rights as her parents. What other permanent homes would you consider for your child?

**Mr. Johnson:**

Jeez, I don't know...what if I did decide to have Katie come live with me?

**Caseworker:**

That is a plan we can work on and I'll be available to support you through this process, including visits with Katie and future permanency meetings. I know that all of this information can seem overwhelming at first, Mr. Johnson. For today, it is important for you to know your rights and the options for Katie if she does not return to home with Jennifer or with you (summarizing).

Allow participants 5 minutes to complete page 1 of **Handout #24 (Concurrent Planning Observation/Feedback Form)** using **Handout #23 (Concurrent Plan Script)** as a guide. Facilitate a large group discussion noting key points on flip chart sheets.

In addition to the Interactional Skills noted in the above script, key points to cover during the discussion:

- Explanation of purpose and steps of concurrent planning:
  - Rights – Parents have legal rights that are present in court and be part of the Child Permanency Plan.

One of the things I want to do in our meeting today is to talk about your rights as Katie's father and the need for us to plan for your daughter's permanency.

Maybe it would help if I described the steps we'll be going through with Katie's concurrent plan, and where you can fit in and exercise your rights as Katie's father?

Next we'll develop a Child Permanency Plan that will outline goals to be met in order for Katie to come back home. We'll talk about that a little later. Next we'll work out plans for you to visit Katie while she's in placement.

- Responsibilities – Each member of the team has a role and responsibilities (private/public agency, parent, foster/kinship caregiver). It is important that each person’s role and responsibilities are outlined on the Child Permanency Plan.

While Katie is in placement, it’s my job to make sure that she has a safe home to return to. If Jennifer or you are unable to provide a safe home for her within 15 months, by law, the agency has to petition the court to terminate your parental rights and find another permanent home for Katie. When that happens, we look to other relatives as options.

- Expectations – parents and worker, options, consequences

And that it is very important that children have a relationship with their parents and other relatives.

I get the sense that you’re feeling hesitant about being part of your daughter’s life, but also that you care about her very much. I was hoping we could develop a plan together that is best for Katie. As I said, it is important she knows her father and it seems you would like to get to know Katie better, too.

- Out-of-home placement effects on children – It is important for parents to understand that an out-of-home placement – no matter how well planned - has an emotional impact on children.

We know from years of experience that it isn’t in the children’s best interests to have grown up in temporary homes instead of a permanent family.

**Step 6: (25 minutes)**  
**Small Group Activity**

**Trainer Note:** If this is a cohort they have experience participating in skills practice interviews. Therefore, they are used to this process and will not need further instruction.

**Trainer Note:** If this is not a cohort group you will want to review the steps that occurred during the trainer demonstration process. Specifically, all feedback includes a motivational part (positive skills demonstration) and constructive part (areas for improvement).

Inform participants that they are now going to have the opportunity to practice using their Interactional and Feedback Skills during a full disclosure interview. Place participants in dyads. One participant will be the Child Welfare Professional and one will be Ms. Parker. The person who is the Child Welfare Professional for the first round will start the interview. Instruct Ms. Parker to change the subject once or twice so the Child Welfare Professional will need to use their skills to bring the focus back to discussing

concurrent planning. Remind participants that they are supposed to challenge the person in the role of Child Welfare Professional, but not be an impossible interviewee.

During this activity trainers must choose a dyad to observe. After the first round they can observe another dyad.

After 5 minutes the interview will stop and both participants will spend 5 minutes completing the page two of **Handout #24 (Concurrent Planning Observation/Feedback Form)**. Then the participant who was the Child Welfare Professional will discuss their performance with their partner (5 minutes). Then the participant who was Ms. Parker will provide feedback to their partner (5 minutes). After each participant has had a chance to discuss their observation, they determine what parts of the Full Disclosure Interview must still be discussed, switch roles, and the process begins again.

Conclude this activity by reminding participants that deliberate combination of knowledge (laws, policies, regulations, etc.) AND skills (engagement, service planning, risk assessment, etc.) are needed to function as an effective Child Welfare Professional.

# **Module 13: Out of Home Placement and Visitation**

## **Section XI: Permanency Planning – Assessing Progress**

### **Estimated Length of Time:**

1 hour, 15 minutes

### **Learning Objectives:**

Participants will be able to:

- ✓ Recognize key permanency planning tasks.
- ✓ Recognize the documents that must be completed as part of a permanency planning case review

### **Methods of Presentation:**

Lecture, Large Group Discussion, Individual Activity

### **Materials Needed:**

- ✓ Flip chart stand
- ✓ Blank flip chart pad
- ✓ Colored markers
- ✓ Overhead Projector/Screen
- ✓ **Overhead #10 (Reunification Principles)**
- ✓ **Overhead #11 (Reasonable Efforts)**
- ✓ **Overhead #12 (Case Work Practices that Guides Reunification)**
- ✓ **Overhead #13 (Child Permanency Plan Review)**
- ✓ **Handout #12 (Parker Child Permanency Plan) (revisited)**
- ✓ **Handout #25 (Behavioral Indicators for Reunification Planning)**
- ✓ **Handout #26 (Progress Update on the Parker Case at Five Months)**
- ✓ **Handout #27( Permanency Plan Review Sheet)**

### **Outline of Presentation:**

- Explain the value of family reunification
- Explain the placement assessment process
- Explain the behavioral indicators for family reunification planning

## Section XI: Permanency Planning – Assessing Progress

**Step 1:** (10 minutes)

### Lecture

Explain that even though it may not be possible to reunify children with their families in all cases, Reunification efforts are a mandated requirement outlined in the Adoption and Safe Families Act Section 101 – Reasonable Efforts. Explain that just as reasonable efforts must be made to prevent placement, reasonable efforts must also be made to reunify the family. At this point in time, Katie Parker has been placed in a foster home. She has a visitation plan and concurrent permanency plan that was developed as part of a collaborative process with her family. At this point the Child Welfare Professional must continue to engage the family to achieve the goals outlined in the Child Permanency Plan. Their work is the effort to reunify the family.

Continue the explanation by presenting the following information using **Overhead #10 (Reunification Principles)**.

- Uniting children with their birth families is preferred whenever possible.
- Regular and frequent contact between parents and children is critical and should begin immediately upon placement.
- Extended family and community support should be identified and encouraged whenever possible.
- Early identification of barriers and the development of specific plans for addressing them are imperative.
- Each family is unique when identifying their unmet needs and matching services to support them.
- Individual child rearing methods that represent human diversity should be accepted as long as they promote the child's health and safety.
- Teamwork is essential and is enhanced when the roles of each party are spelled out.

Explain that family reunification is the planned process of reconnecting children in out-of-home care with their families by providing a variety of well-matched services and supports to the children, their families and substitute caregivers. This reconnection process is called “reasonable efforts”, and is a mandated requirement outlined in the Adoption and Safe Families Act, Section 101 – Reasonable Efforts. It aims to help each child and family achieve and maintain their optimal level of reconnection throughout the time that CYS is involved in their lives.

Trainer reviews **Overhead #11 (Reasonable Efforts)**, emphasizing the following points:

- Reunification is a dynamic process, not just a goal or placement outcome.
- For concurrent planning, reunification is seen as a continuum, with levels of connection ranging from residing together to other forms of contact, such as visiting.
- Reunification recognizes that not every parent can safely be a daily caregiver, and that some families can still maintain kinship bonds even though they are not able to live together.

- Kinship bonds are essential to a child's development of a healthy sense of self.
- Reunification efforts do not need to be made in situations where aggravated circumstances exist when the court agrees the efforts are not necessary.
  - Parent has committed or aided and abetted murder or voluntary manslaughter, committed a felony that resulted in serious bodily injury to the child or another child of the parent, parental rights of a sibling have been terminated.

Explain that reunification efforts must include these key casework practices **Overhead #12 (Casework Practices that Guide Reunification Efforts)** is available as a guide.

#### Engagement skills:

- Form and maintain working relationships on behalf of the child
- Help clients manage their feelings
- Help clients constructively manage their problems

#### Strengths-based approaches:

- Builds on their past successes and what has worked for the family
- Utilizes what the family identifies as it's important resources
- Identifies healthy ways of meeting needs and making changes

#### Child-centered:

- Includes the interests of children in planning and decision-making
- Recognizes and incorporates the child's developmental needs and struggles
- Supports the participation of children, as appropriate, in meetings and decision-making

#### Family-focused

- Includes family members as resources for ideas and options
- Recognizes their role as a primary support system for the child
- Encourages family members to act as full partners in the planning process

#### Community-based

- Identifies existing formal and informal resources within the child's home community
- Forms partnerships with existing formal and informal resources within the child's home community
- Reinforces the development of naturally-occurring support systems as a way to sustain a child's permanency and stability

### **Step 2: (10 Minutes)**

#### **Lecture, Large Group Discussion**

Trainer covers the following, asking questions whenever possible to generate discussion.

ASFA mandates that we preserve families whenever children's safety can be assured in a timely manner, but also requires us to make quicker permanency decisions and utilize concurrent planning to consider multiple permanency options for children. Decisions about final permanency plans are made based on the family's progress with their service plan, especially the family's demonstration that factors posing risk of future harm for the child have been eliminated or reduced to an acceptably low level.

Based on the evaluation of the progress in the family services plans, reasonable efforts, and progress in the safety conditions of the home, the Child Welfare Professional can communicate his/her evaluation of the case and recommend a change in the permanency goal. However, how the lawyers for each party (child, parent, and agency) argue the case will impact the court's decision. Key questions to be addressed include: Are goals being achieved and are objectives being met? What is the evidence of this? Are tasks being completed and what is the evidence?

To make it easier for workers to assess the success of reunification efforts, Ray Kirk, a Child Welfare researcher in North Carolina, revised a family assessment form used in family preservation services. This tool is called the "North Carolina Family Assessment Scale – Re-unification," and identifies two dimensions that are closely related to reunification success. These two dimensions are "ambivalence" and "readiness", and even though this tool is not uniformly used in Pennsylvania, it is a handy casework resource guide to making evidence-based decisions. Ambivalence means "mixed feelings or emotions" or "the coexistence of opposing attitudes or emotions." Readiness means "mentally disposed" or "willing to do something."

**Trainer Note:** This report can be read in its entirety by searching the web with the key words "North Carolina Family Assessment Scale – Re-unification."

Refer participants to **Handout #25 (Behavioral Indicators for Reunification Planning)**. Give participants about 5 minutes to read through the behavioral anchors and definitions for ambivalence (the first 6 items), and then ask the following questions:

- What stands out to you as relevant about ambivalence in relation to the decision about reunification?
- Can you illustrate with any families with whom you work?

Responses might include:

- These factors can be readily seen; they are behaviors that might be captured under existing tasks and objectives (e.g., caregiver is willing to use services to support reunification, attends to children's needs before own, and child is comfortable around parent.)
- This is a way to give meaningful description to family members' behaviors that I see and which make me wonder about whether they are reluctant to reunite.
- It points to the importance of behavior as an indicator for underlying feelings.
- It demonstrates the importance of visitation as preparation for successful reunification.

- It shows that the foster parents need to support reunification if it is going to be successful.

Move to a discussion on Readiness. Tell participants to read through the definitions and behavioral anchors for the 6 Readiness items. Allow about 5 minutes, and then ask the following questions:

- What stands out to you as relevant about readiness in relation to the decision about reunification?
- Ask participants if they can illustrate behaviors that indicate readiness with any of the families on their case load? It is important that the factors can be readily seen; they are behaviors associated with typical service plans (e.g., fixing an unsafe home, completing required services and showing new skills, demonstrates ability to discipline child appropriately, or caregiver has back-up plans.)

**Step 3:** (20 minutes)

**Small Group Activity, Large Group Discussion**

**Trainer Note:** The answers to the questions on **Handout #26 (Progress Update on the Parker Case at Five Months)** pages 2-3 are not in the curriculum as the answers will vary depending on a multitude of factors. Process the participant's answers, looking for decision-making skills and ability to recognize the Behavioral Indicators for Reunification Planning. Participants will use page 4 of **Handout #26 (Progress Update on the Parker Case at Five Months)** in Step 5 of this section.

Inform participants that they are going to practice using these two dimensions as part of a progress review using the Katie Parker case. Katie has been in placement for 5 months and is due for a Child Permanency Plan (CPP) and permanency review.

Arrange the participants into small groups and distribute **Handout #26 (Progress Update on the Parker Case at Five Months)**. Ask participants to read this progress update (5 minutes). Tell the small groups that they must rate Jennifer and Katie on the 6 Reunification and Ambivalence factors and the 6 Readiness factors, as well as Safety. For any factor or safety issue that they think there may not be adequate information with which to rate Jennifer and Katie, participants should list the questions that they need to ask and/or sources of information they need in order to rate that factor.

Facilitate a large group discussion by going around the room and have the small groups share their assessment results. It is important to discuss ratings, conclusions, and factors where there is disagreement or difficulty. Also note any good examples of questions that participants report they would need to ask to obtain additional information.

Conclude this activity by pointing out that making a recommendation about returning a child home (or not) involves:

- Objective and behavioral observations and assessment of the family;

- Being aware of what we need to know, but don't yet know; and
- Knowing how we can collect the missing information we need.
- In addition to ambivalence and readiness, child safety and risk of harm are always ongoing assessment factors that guide permanency decisions.
- Other methods must also be used to collect information that helps in making good decision about reunification. It is important to also gather data from collateral contacts, treatment programs and any other members of the treatment team.
- The final permanency decision always involves a court order—one that either finalizes the permanency plan (e.g., reunification) or changes it (e.g., from reunification to adoption.) The Child Welfare Professionals responsibility is to make a clear recommendation to the court based on their thorough assessment and review of facts.

#### **Step 4: (2 minutes)**

##### **Lecture**

Discuss the following: decisions about permanency plans are made based on the family's progress with the service plan, especially the family's demonstration that factors posing risk of future harm for the child have been eliminated or reduced to a low level. Thus, the process and basis for planning permanency are the same as for all progress evaluations and formal case reviews. It is just that, in this case, the decision coming from this evaluation or review relates to the permanency plan. The permanency decision always involves a court order—one that either finalizes and implements the current permanency plan (e.g., reunification) or changes it (e.g., from reunification to adoption.)

Just as the development of the CPP is a process that is to be completed with the family, so also, the review of the Plan is to be completed in discussion with the family, identifying progress that has been made since the plan was developed (or the previous review was recorded.) These requirements come from the 3130 C&Y Regulations.

To practice reviewing a case to plan for permanency we will again return to the case of Katie Parker.

#### **Step 5: (10 minutes)**

##### **Large Group Discussion**

Refer participants back to **Handout #26 (Progress Update on the Parker Case at Five Months)**, page 4. As a large group, answer the questions on page 4 of the handout.

In a round robin fashion, ask the group to identify the permanency planning tasks to be done at this point in the case. Document their answers on a piece of flip chart paper. Be sure that they note:

- Meeting will all parties to review progress (mom, dad, grandmom, foster parents, Katie, school)
- Consulting with their Supervisor
- Modifying the visitation plan as needed
- Reviewing and revising the Child Permanency Plan with all parties involved
- Reviewing (or changing when needed) the permanency decision
- Preparation of court documents for the review hearing

During the report out, have the group answer the following 4 questions.

1. Should Katie's placement goal be changed? What strengths/risks support this decision? Trainer looks for, or if needed makes, the following points:
  - Did the family eliminate or significantly reduce specific risks of future harm, or did they fail to do this?
  - Answer: No, the initial risks of parental neglect remains unchanged after 10 months in placement. Although Jennifer did complete a drug treatment program 9 months ago, secured employment and maintained visitation until recently, she has resumed using drugs. She did not attend parenting classes, and her current incarceration for prostitution and drug possession will prevent Katie from being reunited with her within 15 of 22 months in out-of-home care.
2. What documented evidence is there to support a goal change? Trainer points out that in actual case practice, the following documents should be completed and support permanency decisions:
  - Risk assessment(s); inadequate parental supervision; inadequate food; unhealthy living conditions in the home; parental drug use, and exposure to illegal activities (i.e., drug dealing, drug dealers, and prostitution)
  - Review of objectives on the Child Permanency Plan
  - Safety assessments done at each child contact
  - Ongoing case contact notes
  - Visitation logs
3. How did their own values and feelings impact their decision? Trainer looks for, or if needed makes, the following point:
  - Tuning in to Self throughout a Worker's involvement in a case is important to help her self-manage her reactions and maintain objectivity when making case assessments and decisions
4. How did the feelings and responses of others involved in the case play a role in your decision, i.e., Katie, Mom, Grandma Gloria, the Fitzgerald's? Trainer looks for, or if needed makes, the point that Tuning in to Others is important to accurately identify and understand how others are connected to the child's permanency.

**Step 6: (3 minutes)**  
**Lecture**

Explain that the two sections of the Child Permanency Plan (CPP) that reflect the progress during the review period are the Progress Made During This Review Period and Circumstances and Concerns sections. Refer participants back to **Handout #12 (Parker Child Permanency Plan)** and ask them to locate these sections. Explain that these sections must be completed during every CPP review. The progress made section must relate directly to the initial service plan objectives and tasks. The circumstances and concerns section relates directly to events that cause concern related to insuring child safety.

**Step 7: (10 minutes)**  
**Individual Activity**

Refer participants to **Handout #27 (Permanency Plan Review Sheet)**. Tell them to use the Katie Parker updated case information from **Handout #26 (Progress Update on the Parker Case at Five Months)** to complete the progress made during this review period and circumstances and concerns sections of the plan. **Overhead #13 (Child Permanency Plan Review)** is available to review the correct content of the sections.

Conclude this activity by informing participants that once they have established that reunification is not possible, they must move forward with changing the goal for the child and move forward with the concurrent plan. In the next module they will learn about Permanency Planning – When Reunification is not possible.

# **Module 13: Out of Home Placement and Visitation**

## **Section XII: Self-Assessment and Transfer of Learning**

### **Estimated Length of Time:**

25 minutes

### **Learning Objectives:**

Participants will be able to:

- ✓ Complete a self assessment and a plan for the successful transfer of learning to the workplace.

### **Method of Presentation:**

Lecture, Individual Activity, Large Group Discussion

### **Materials Needed:**

- ✓ Training Program Evaluations
- ✓ **Handout #28 (Self Assessment – Module 13)**
- ✓ **Handout #29 (Transfer of Learning Activities Module 13)**

### **Outline of Presentation:**

- Presenter facilitates trainer self-assessments and transfer of learning plans
- Presenter reviews WIIFM questions and concerns

## Section XII: Self-Assessment and Transfer of Learning

**Trainer Note:** Review the WIIFM poster and be sure that all of the questions and concerns have been addressed.

**Step 1:** (5 minutes)

### Lecture

The trainer advises the group that they have reached the stage of the training that requires a transfer of learning plan to implement upon return to their agencies. The plan is their key to transferring what they learned to their work behavior.

Using **Handout #28 (Self-Assessment – Module 13)** the trainer reviews the objectives of the training day. Note these are the same as the self-assessment knowledge and skill categories.

**Step 2:** (10 minutes)

### Individual Activity, Large Group Discussion

The trainer refers participants again to **Handout #28 (Self-Assessment – Module 13)** instructing participant to complete the Self Assessment. Inform the participants that it is important that they accurately assess their ability. It is not expected at this stage of training to have mastered all the areas of training. It is through their recognition of a need to continue to grow that they take the steps necessary to do so. For each item, participants list who, will do what, by when. Participants should not feel limited by the prescribed numbers and should list additional items if they choose.

The trainer then asks participants to individually complete their plans.

After they complete their forms ask each participant to share one piece of knowledge/skill they want to improve and the action they think will help them improve the identified knowledge/skill. Go around the room until each participate has participated.

Ask participants if they have shared their Self-Assessments with their supervisors. Some may say yes, some may say no. For those who say no ask them what barriers they have faced regarding discussing their Self-Assessments with their supervisors. Acknowledge that the barriers are real and will continue to exist.

Ask participants who said they have shared their Self-Assessments how/when they have managed to do so. Ask them what they gain from these discussions. Hopefully the other participants will share some techniques that other participants can use.

Also, other participants will see the benefits from the information that the other participants are sharing.

**Step 3: (10 minutes)**  
**Individual Activity**

If this is a cohort:

Using **Handout #29 (Transfer of Learning Activities Module 13)**, remind participants of their next day of training and their required post and pre-training responsibilities.

Have participants complete program evaluations and inform them their training day is completed but their learning process continues.

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