

Foster Parent and Provider Awareness Training

<u>Overview of Michelle H</u>	<p>Extract from Taron’s presentation-</p> <ul style="list-style-type: none"> • Requirements- (OHAN, Visitation, Caseload, Health Care, and Placement) • Progress • FP/Provider role
<u>Definition of a visit</u>	<p>Visitation</p> <ul style="list-style-type: none"> • Visitation is a right and not a privilege- (add reference to regulations) • Visitation is an interactive, face-to-face contact between a child and his or her parents, siblings or other family members. It is separate from counseling, therapy, assessments, case reviews, family meetings or court hearings. • Other types and means of contact such as phone calls, video conferencing, letters, e-mail, pictures, and gifts should be allowed and encouraged unless the child’s or others’ safety or well-being may be compromised. These types of contact cannot replace or supplant face-to-face contact.
<u>Importance</u>	<ul style="list-style-type: none"> • Purpose of visits • Visitation is essential to child well-being and fundamental to permanency. • Importance of family connections
Discussion Questions	<ul style="list-style-type: none"> • What would you be worried about if you were separated from your family? As a child? As a parent or caregiver? • If you were a parent and your children were placed separately, what would you be worried about and how would you react? How would it affect your children? • How often would you want to see your loved ones, if you were separated from them? What would you like a visit to look like? • What are strategies you will implement today to increase visitation for the children on your caseload and improve the quality of those visits?
impact to the children	<ul style="list-style-type: none"> • A young child’s trust, love, and identification are based on uninterrupted, day-to-day relationships. • The sibling bond is very important and in some cases stronger than the parent child bond. • for a child to develop normally, he or she must have a continuing stable human relationship, that this child must be attached to at least one nurturing adult • The younger the child and the longer the period of uncertainty and separation from the primary caregiver, the greater the risk of harm to the child • Separation can affect the connections that a child has formed with her parents, siblings, and family members. • Ease the pain and trauma of separation and loss for the child
Impact to the families	<ul style="list-style-type: none"> • Keeps hope alive for the child and parent and help motivate parents to change • Promotes healthy attachment and reduce the negative effects of separation. • Establish and strengthen the parent-child relationship.
progression of the case	<ul style="list-style-type: none"> • Opportunity to assess parenting skills, protective capacity and progress toward behavioral goals • Opportunity to coach parents and model for them positive parenting skills. • Help parents gain confidence in their abilities to care for their child. • Transition the child and parent to permanency

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		<ul style="list-style-type: none"> • Studies show that regular quality visitation leads to quicker reunification of families with less chance of later disruption and reentry into foster care. • Even when reunification is not the goal, visitation can reduce the time in foster care and shorten the time to permanency.
	DSS Requirements	<ul style="list-style-type: none"> • Visitation requirements per policy and per Michelle H. and SC Law <ul style="list-style-type: none"> ○ <u>Caseworker Visitation</u>- Monthly face-to-face contact between the Foster Care Case Manager and the foster child, with an intense focus upon the visit occurring in the current residence of the child ○ <u>Sibling Visitation</u>- Monthly visitation between siblings that are not placed together ○ <u>Parent-Child Visitation</u>- Twice monthly visitation between foster children and the parent(s) with whom reunification is planned • Best practice- as often as need to ensure child’s well-being and to keep a steady progress toward permanency • Licensing regulations forbidding the withholding of visitation for punishment
<u>Understanding Visitation</u>	Types of visits	<ul style="list-style-type: none"> • Describe types of visits: Caseworker-Child, Sibling, Parent
	What to expect	<ul style="list-style-type: none"> • Planning visits, visitation plan, etc.
	Preparing for a visit	<ul style="list-style-type: none"> • Plan for structure if facilitating, what to take, scheduling,
	<u>Child Reactions to Visitation</u>	<ul style="list-style-type: none"> • Factors to Consider before limiting, suspending or terminating Parent-Child Visits (See Factors to Consider document) (Foster parents cannot limit visits unless approved by CM, the information that needs to come from this document is the issues around children’s reactions. • Also see Pennsylvania Resource Parent Handbook. • Also see Child and Family Visitation Guide from Minnesota
	<u>When to stop a visit</u>	<ul style="list-style-type: none"> • (EXPAND upon) threats, violence, intimidation
<u>Roles and Responsibilities</u>	Case Manager	<ul style="list-style-type: none"> • Establish and document visitation plan • Communicate visitation plan to parents and placement • Arrange visits and ensure visits happen timely • Document visits • Ensure other forms of contact are provided frequently in addition to visitation when appropriate • Arrange for visitation with other persons significant to the child. Sometime these relationship are more stable than the parent-child relationship
	Visit facilitation/monitoring/supervision	<ul style="list-style-type: none"> • Worker- Child Visit- DSS Certified Child Welfare professional • Parent- Child and Sibling Visits- If supervision is required, the visit must be supervised by a DSS certified child welfare professional or licensed therapist. Unsupervised visits may be facilitated by a certified child welfare professional, child welfare paraprofessional, DSS caseworker assistant, counselor, therapist, visitation program staff, foster parent, group home staff, relative or fictive kin as permitted by DSS (Added to Policy edits)
	Foster Parent Role/ Providers	<ul style="list-style-type: none"> • Have an understanding that visitation is a right and cannot be taken from the child as a form of punishment (reference to regs.)

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		<ul style="list-style-type: none"> • Assist with providing transportation to and from visits • Complete Visitation Form and provide to DSS Case Manager • Helping prepare children for visits • Comforting, reassuring and talking with children following a visit • Help the child maintain an emotional bond and involvement with his/her biological parents, siblings and extended family • Aid in facilitating parental involvement in important aspects of the child's life, such as medical appointments, school conferences, social and school activities and sporting events • When safe, appropriate and requested by DSS, model and discuss appropriate parenting behavior with the parent, and provide necessary and appropriate information to the parent regarding the child's growth, development, likes, dislikes, etc. • Cooperate with the visitation plan, and provide a supportive, non-judgmental attitude of respect at all times • Facilitating sibling visitation and contact (such as phone calls and video chat) for siblings who are placed separately.
	Supporting the child	<ul style="list-style-type: none"> • Be aware child may present negative or regressive behaviors following a visit, but it does not mean that the visits are not contributing the child's wellbeing and sees of belonging. Oftentimes it is a result of feeling of grief and loss. All reactions and concerns should be shared with the case manager. • Have therapist visit either before or after the visit to assist with preparation or to process emotions after visits • Take photos during visits • Encourage child to bring school work, report cards, art, letters to visits • Ask child what kind of activities they would like to do in visit and facilitate that activity. • Make sure child knows visitation plan in advance • Let parents and Case Manager know about upcoming activities that the child has scheduled that parent can participate in or that may impact the visitation schedule
	Working with Parents through visitation	<ul style="list-style-type: none"> • Build relationship and trust- can lead to increased support for visitation (be on time, follow-through, listen, return calls, meet needs) (pull from Shared Parenting)
	Visitation Guidelines	<ul style="list-style-type: none"> • Must follow visitation Plan
<u>Teamwork</u>	Collaborating with DSS	<ul style="list-style-type: none"> • Communicate often and use multiple modes of communication (phone, email, text, in-person, etc.), copy supervisors when emailing. Contact supervisor when you are unable to reach case manager • Provide your travel and scheduled plans a month in advance • Ask for visitation plan • Provide assistance with scheduling, facilitating and transporting • Ask to attend any staffings, hearing and/or family meetings (FGC and FTM) and attend when invited-

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		<ul style="list-style-type: none"> ○ IMPORTANT- ○ What is a FTM and what a FGC ○ Learn about the children (strengths, likes/dislikes, what makes them happy Health information, Mental Health information, etc.) ○ Opportunity for parent to know that a safe person has care of their child. ○ Foster Parent/provider sees that the parent has strengths. ○ Understand child’s history and culture. ○ Helps you meet the parents and feel more comfortable asking questions about the child ○ You can be a support to the parents ○ Child observes FP and Parent interacting positively and prevents them from feeling torn between them <ul style="list-style-type: none"> ● Communicate any issues that arise with the child or family. ● Communicate the child’s special events and any scheduling conflicts that may arise in advance
	Collaborating with Parents	<ul style="list-style-type: none"> ● Arrange visits a month in advance ● Ask them what supports they need to ensure quality visitation and communicate those needs to case manager ● Provide modeling and feedback to parent on parenting techniques ● Communicate progress of the child often ● Let parents know when special events are coming up
<u>Documentation</u>	Visitation Form	<ul style="list-style-type: none"> ● Visitation and Maintaining Connections Documentation Form (DSS 30263)
	Quality documentation	<ul style="list-style-type: none"> ● Importance of accurate documentation- help with timely reunification/permanency for the child ● Behavioral observations related to treatment goals and perm plan ● Document any feedback redirection and any reactions of the children before and after the visit
	Sharing documentation with Case mangers	<ul style="list-style-type: none"> ● In some you will be assisting with and/or facilitating visits, therefore will be asked to fill out the Visitation and Maintaining Connections Documentation Form (DSS 30263) after each visits. ●
<u>Ensuring visits Happen</u>	Strategies	<ul style="list-style-type: none"> ● Schedule a month in advance and confirm plans prior to visit. ● Inform case manager and Guardian ad Litem of place and time prior to visit ● Ensure parents have a plan for transportation when creating the visitation plan and inform case manager of any logistical support that parents may need. ● Ask parents go to where the children are to minimize the amount of time they are removed from school ● Check school schedules before scheduling visits ● Hold visits in the parent’s home when possible. ● Pick locations that are most convenient for the parent when it will not impact the best interest of the child. ●
<u>Visitation Plans</u>	Understanding Plan	<ul style="list-style-type: none"> ● What is a visitation plan and what does it look like? ● Review plan ● Ask questions and ensure you understand the plan

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		<ul style="list-style-type: none"> • Ask for updates to the plan
<u>Structuring visitation</u>	Activities	<ul style="list-style-type: none"> • Provide age appropriate activities • Encourage interaction and opportunities to observe interactions and provide modeling and mentoring
	Location	<ul style="list-style-type: none"> • Consider the current goal of the visit and how that should impact the location of the event (level of privacy, level of intimacy needed, comfort level of family)
<u>Visitation Supervision Levels</u>		<ul style="list-style-type: none"> • (See information on next page)

Levels of Supervision	
Unsupervised	<p>Description: No monitor is present for the visit. Parents can be alone with the child. This may include overnight visits when transitioning to reunification. Visitation must adhere to the visitation plan and the court order. If visit is facilitated by a DSS approved individual, the case manager must be notified of each visit.</p> <p>When to use: When court order allows; when there are no safety concern; child is transitioning into the home environment; risk factors are reduced as demonstrated by parental interaction with children and overall increase in protective capacity.</p> <p>Who can facilitate: Certified DSS Case Manager, Case Manager Assistants, Foster Parents, Kinship, Providers, Therapists, Counselors</p> <p>Location: Non DSS site</p> <p>Facilitator's Role:</p> <ul style="list-style-type: none"> • Ensure family has clear guidelines of expectation of visit • Ensure communication between all parties on start and end time, location of pick up and drop off; needs of child and emergency contacts • Debrief with all parties after visit. Children will be debriefed individually to identify strengths of the visit and any concerns that the child may have about visitation. • Provide feedback to parents based on information shared from the debrief to ensure reinforce positive interaction, parenting skill building. Address any concerns that arise. • Document the debrief with parent and include any reported interaction between the parent and the child and any coaching or mentoring provided to the parents, especially those behaviors that show progress toward or away from Treatment Plan goals. <p>DSS Case Manager Role:</p> <ul style="list-style-type: none"> • Obtain documentation of the visit and enter documentation into CAPSS • If facilitated by another party, debrief the visit with the facilitator and obtain documentation of the visit from the facilitator. • Discuss visits with the parent and child to determine strengths and needs.
Monitored	<p>Description: Monitor is in same location, facility, or home during the visit, but may allow parent some time alone with their children. This amount of time is determined on a case by case basis. The determination will be based on the parents' demonstration of protective capacity and their ability to positively engage with the children. Location and type of activity will also be factored into the amount of time the parents are alone with the child.</p> <p>When to use:</p> <ul style="list-style-type: none"> • When there are no safety concerns and risk factors are reduced as demonstrated by parental interaction with children and overall increase in protective capacity. • When visitation is court order to be supervised but risk factors are considered to be low to moderate. <p>Who can monitor: Certified DSS Case Manager, Case Manager Assistant, Foster Parents, Kinship, Providers, Therapists, Counselors</p> <p>Location: Parent chooses location but site must be approved by DSS; home-like setting; group home provider, public locations, or family home</p> <p>Monitors Role:</p> <ul style="list-style-type: none"> • Intermittently observe the interactions between child and parent and provide coaching, modeling and mentoring to parents to reinforce positive interactions, encourage bonding, and build parenting skills. • Ensure child is not removed from the visit location

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	<ul style="list-style-type: none"> • Ensure safety and emotional wellbeing of child(ren) • Intervene if risk arises or develops • Ensure visits start and end on time • Debrief with all parties after visit. Children will be debriefed individually to identify strengths of the visit and any concerns that the child may have about visitation. • Document the interaction between the parent and the child and any coaching provided to the parents, especially those behaviors that show progress toward or away from Treatment Plan goals. <p>DSS Case Manager Role:</p> <ul style="list-style-type: none"> • Obtain documentation of the visit and enter documentation into CAPSS • If facilitated by another party, debrief the visit with the facilitator and obtain documentation of the visit from the facilitator. <p>Discuss visits with the parent and child to determine strengths and needs.</p>
<p>Supervised</p>	<p>Description: Monitor is present and observing at all times.</p> <p>Use in cases of:</p> <ul style="list-style-type: none"> • Concern for the physical or emotional safety or well-being of a child or when risk factors are high • Insufficient knowledge of family dynamics and parental capacity • Sex abuse or severe physical abuse • Suspicion of coaching or coercion of the child by the parent • Court ordered supervised visitation <p>Who can supervise: Certified DSS Case Manager, or a trained visit facilitator at a Visitation Center</p> <p>Location: DSS office, visitation center, or other site determined by the case manager.</p> <p>Supervisors Role:</p> <ul style="list-style-type: none"> • Ensure child is not removed from the visual presence of the visitation monitor • Continually monitor the risk, safety, and well-being of the child. • Provide coaching, modeling and mentoring to parents to ensure positive interactions, encourage bonding, and to build parenting skills. • Ensure all conversations are audible and appropriate. • Intervene when risk arises/develops. • Ensure visits start and end on time. • Debrief with all parties after visit. Children will be debriefed individually to identify strengths of the visit and any concerns that the child may have about visitation. • Document the interaction between the parent and the child and any coaching and any coaching provided to the parents, especially those behaviors that show progress toward or away from Treatment Plan goals. <p>DSS Case Manager Role:</p> <ul style="list-style-type: none"> • Obtain documentation of the visit and enter documentation into CAPSS

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	<ul style="list-style-type: none"> • If facilitated by another party, debrief the visit with the facilitator and obtain documentation of the visit from the facilitator. • Discuss visits with the parent and child to determine strengths and needs.
<p>Therapeutic</p>	<p>Description: A visit facilitated by a licensed clinician.</p> <p>When to use:</p> <ul style="list-style-type: none"> • Family dynamics require therapeutic assistance to facilitate attachment, child well-being, transition, or other relationship issues. • Court ordered <p>Who can arrange: Certified DSS Case Manager</p> <p>Location: To be determined by therapist</p> <p>Facilitator's Role:</p> <ul style="list-style-type: none"> • Ensure family has clear expectation of therapeutic visit • Ensure provider has a clear understanding of family's therapeutic needs • Ensure clear communication with provider and family • Debrief with all parties after visit Children will be debriefed individually to identify strengths of the visit and any concerns that the child may have about visitation. • Document the interaction between the parent and the child and any coaching or mentoring provided to the parents, especially those behaviors that show progress toward or away from Treatment Plan goals.