



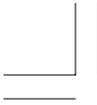
Field Guide for the Practice of Quality Visitation with Children and Families





“A casework visit is a dialogue, a conversation, an interpersonal exchange of ideas and information.... The casework visit creates a safe environment in which family members can consider, develop, and implement strategies to change and improve their life situation.”

This Field Guide was developed through the ongoing work occurring in regard to Child and Family Services Improvement Act of 2006, with a focus on conducting monthly visits of quality with children placed in foster care settings. The concept of the Field Guide was the result of recommendations from a workgroup of key stakeholders, including youth and public and private child welfare workers and supervisors, which began in May of 2008. The intent is to ingrain the practice of quality visitation into all aspects of child welfare practice, including children in foster care. Special thanks to all who have assisted in the creation of the field guide including Khary Atif and the National Resource Center for Child Protective Services.



Caseworker visits and interaction with children are the cornerstone of practice and one of the most important ways to promote positive outcomes of children. The core focus of visits is the protection of children. Visits are the mechanism for monitoring safety and providing services to promote the well-being of the child and the child's family and caregivers.

The quality and frequency of caseworker visits is related to improved:

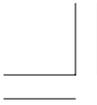
- Assessment of children's risk of harm;
- Assessment of the need for alternative permanency options;
- Identification and provision of needed services; and
- Engagement of child(ren) and families in case planning and decision making.



Preparation and Planning

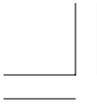
In preparation for the visit, meet with your Supervisor to cover the following:

- Shulman Interactional Skills and the four phases of the interview;
- Use of solution focused questions;
- The goals of the visit;
- How the visit is focused on the Family Service Plan (FSP)/Child Permanency Plan (CPP)/Independent Living and Transition Plan, including the completion of actions necessary;
- Who to include in the visit and the interview protocol;
- How interviews can be different; and
- How developmental levels shape questions.



In planning your visit, remember that the following are key elements of a quality visit:

- Scheduling the frequency of the visits based on the needs of child(ren) and families;
- Conducting visits in the home and at times convenient for the child(ren) and families;
- Planning in advance of the visit, with issues noted for exploration and goals established for the time spent together;
- Open enough to offer opportunities for meaningful consultation with and by child(ren) and families;
- Individualized with sufficient private time with the child(ren) to discuss concerns;
- Exploring changes in the child(ren) and family's circumstances on an ongoing basis;

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- Supportive and skill generating, so that child(ren) and families feel safe in dealing with challenges, with change, and have tools to take advantage of new opportunities or manage existing difficulties; and
 - Quality visits are enhanced by child welfare professionals who examine their own and the agency's performance, as well as how well the family is functioning relative to the support and services provided.

Planning and preparation are key to making your visit one of quality. As you move on to conduct your visit, refer back to the discussions with your supervisor to assure you are addressing all of the key areas; including a focus on the child, family and caregiver's plans.



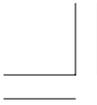
During the Visit

Establishing rapport and engaging the family is critical to the quality of the information gathered. In the absence of this, information is questionable, even inaccurate; therefore, all decisions that flow from that information can be faulty.

There are typically four phases of interaction with child(ren) and families. These phases are:

Preliminary/Preparatory Phase (preparation)

- Purposes of this phase are to develop a preliminary empathy about presenting issues and concerns;
- to create the opportunity for the worker to explore personal attitudes, feelings and beliefs about the situation that may interfere with the helping process; and
- identify needed supports and resources to accomplish the purposes of the interview and assure the safety of the family and the worker.



Beginning/Contracting Phase (engagement, respect, clear purpose, identification of goals, contracting for change)

- Phase during which the worker contracts to clarify the purpose of the agency involvement or the visit, the role he or she will play, and by reaching for feedback on the content of the work. Authority issues are also dealt with in this phase.

Middle/Working Phase (helping the family make desired change)

- Phase during which the family members and the worker focus on dealing with issues raised in the Beginning/Contracting Phase; or emerging new issues.

Ending/Transition Phase (closing and evaluating outcomes)

- Phase during which the worker prepares to end the session or relationship with the family; reviewing work done together and prepare for transitions and/or next steps.



The following skills should be used to assist in establishing rapport and engaging child(ren) and families in the four phases of interaction:

- Be respectful;
- Be genuine;
- Be empathetic;
- Tune into self;
- Tune into others;
- Clarifying purpose and role;
- Manage authority by lowering it;
- Reaching for feedback;
- Be curious & ask questions;
- Communicating information;
- Reaching into silences; and
- Summarize and identify next steps.



Some helpful tips to remember during your visit:

- Allow the interview to flow at the pace set by the child(ren) and/or family.
- The child(ren) and/or family will set the pace by asking certain questions.
- Questions may be in the form of a request for information (i.e. Why are you here? What do you want?); for clarification (i.e. I thought you were going to help me move?); or for the acknowledgment of feelings (i.e. I'm angry that you people are in my business).
- Always explain the need to document the information gathered during your visit.
- When taking notes – **remain focused on the child(ren) and family and the interaction** by limiting note taking to facts, highlights and things not easily remembered.



Below is the suggested order for your interview protocol, however, during visits circumstances may require a change in the order:

- Caregivers or substitute caregivers
- Identified child(ren)/placed child(ren)
- Other children
- Conclude with family as a whole for a “wrap up”

Wrap up with the family:

- Clarify with the child(ren)/family if you have captured the “right” information from their perspective;
- Summarize with the child(ren)/family what is going well and what challenges have been identified;
- Identify 2-3 next steps (goals) over the next month; and
- Confirm a plan for your next meeting.



When engaging in dialogue with children and families, one should use strength based-solution focused questions, including:

Exploring Past Successes

- What has worked for the child(ren) and/or family in the past? What have they tried and how is that working for them?

Exception Finding

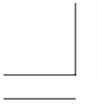
- When is the problem not happening or less severe; and why?

Miracle

- Allows for the consideration of unlimited possibilities for change. “If a miracle happened while you were sleeping, and you woke up tomorrow, what would be different to tell you your problem was solved?”

Scaling

- Allows the child(ren) and/or families to put their observations, impressions, and predictions on a scale from 0 to 10, with 0 being no chance and 10 being every chance. These questions need to be specific, citing specific times and circumstances.



Your questions will typically fall into three general areas:

- About facts (i.e., dates of birth etc.)
- About the world around the child(ren) and family (presenting issues such as housing, cultural considerations etc.)
- About the child(ren) and family (perceptions, feelings, needs).

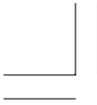
Remember your focus on the “Six Domains” of information gathering during your visit:

Is maltreatment occurring?

- Type, severity and history of maltreatment; description of specific events; description of emotional and physical symptoms; and identification of the child and maltreating caregiver.

What are the circumstances of any maltreatment?

- Duration of the maltreatment; caregiver intent concerning the maltreatment; caregiver explanation for the maltreatment and family conditions; caregiver acknowledgement and attitude about the maltreatment; and other problems occurring in association with the maltreatment.

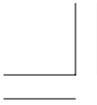


How do the children function?

- Capacity for attachment; general mood and temperament; intellectual functioning; communication and social skills; expression of emotions/feelings; behavior; peer relations; school performance; independence; motor skills; physical and behavioral health; and functioning within cultural norms.

How do the adults function?

- Communication and social skills; coping and stress management; self-control and rationality; judgment, problem solving, and decision making; independence; home and financial management; employment; community involvement; self-care and preservation; substance use; physical and behavioral health and capacity; and functioning within cultural means.



What ideas or views do the caregivers have about parenting?

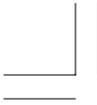
- Reasons for being a caregiver; satisfaction in parenting; knowledge and skills surrounding parenting and child development; decision making in parenting; parenting style; history of parenting behavior; protectiveness; appropriateness of supervision outside their presence; and whether another adult is undermining parental authority.

How do the caregivers discipline?

- Disciplinary methods; concept and purpose of discipline; context in which discipline occurs; and cultural practices.

Do not bulldoze or overwhelm the family with your authority. If this is your initial contact, or you are in the beginning phase of working with the family:

- Begin with factual questions, like requests for the correct spellings of names, etc.
- Then start from the family's experience of events by asking them to help you understand; and with the help of their stated experience begin to seek reasons.



If you've moved beyond the beginning phase and are in the middle or working phase, your discussion should focus on child safety, actions to address child(ren) and family's plans and emerging issues.

No matter what working phase you are in with the family, when child safety is not paramount proceed indirectly from "content level" to "process level" dynamics:

- Content level refers to what the child(ren) and/or family actually says.
- Process level refers to what the child(ren) and/or family perceives, feels and needs.
- Always be on the alert for "process level" dynamics.
- **The child(ren) and/or family's feelings are important, pay attention to them, acknowledge them.**



Developmental Considerations

During the visit, particular attention must be given to the developmental level of all household members.

Factor in how traumatic events such as abuse, removal from the home, domestic violence, and substance abuse can negatively impact development and functioning.

Where there appears to be a deviation in developmental levels, remember to note what you have assessed. Later these matters can be placed within the context of family and individual functioning.

The Social Work adage of “meeting the client where the client is” still holds true for children and adults.





The following information, broken out by age range, provide general considerations for purposes of engagement, information gathering and discussion.

CHILDREN AGES 5 AND YOUNGER:

- Your primary activity is observation. Observe the interaction between caregivers/substitute caregivers and the child or children.
- Observe the child and/or children in their activities and their interactions with others in the family.
- Remember that a young child's recollection of events is likely what they have been told by others.
- Depending on their verbal ability, explore their thought process as a guide to determining the "relative influence" of data.
- Assess for degree of comfort.
 - Ask about favorite toys, television shows and activities.
- Assess for their understanding of space.
 - Do they understand the idea of in/out of above/below etc?
- Assess their sense of time.
 - When was your birthday? What day does your favorite show come on?



CHILDREN AGES 6 – 11:

- In asking questions try to broadly cover:
 - Family/Social Life
 - School
 - Supervision received
 - Discipline
 - Behavioral/Physical health
- Be aware that direct eye contact is difficult for children this age.
- Children of this age:
 - can usually sequence so scaling questions may resonate more.
- are able to use abstract terms but you may find they have difficulty defining those terms.
- are usually able to understand consequences and cause/effect.
- Benefit most from nurturance and limit setting combined.

CHILDREN AGES 12-18:

- Can express or articulate opposite points of view.
- Recognize and articulate the motive and rationales behind the behaviors of others.
- Respond better than younger children to your solution focused questions.
- Primary focus of teen is being unique and different from others.



Next Steps

- Sketch out your general impressions and thoughts initially upon leaving the home.
- Complete your structured case note and address strengths and areas for improvement.
- Complete in-home and/or out of home safety tools, if necessary.
- Follow-up on any service needs identified, including referrals for such services.
- Follow-up on the commitments made during each visit to assure continued cooperation and action towards achieving the actions established on the child(ren) and/or family's plan.

Considering the following:

- What did I miss?
- Who should be at the next visit?
- Do I understand this child and family?
- What should I do differently next time?
- Did I engage this child and family?
- **Was this visit one of quality in that it was goal oriented and solution focused?**