



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

WDS Workforce Development
and Support

CWS3081W

Promoting Family Reunification

PARTICIPANT HANDOUTS

March 2021

Course Competencies

3081-1 The learner will be able to identify family engagement strategies that are effective in family reunification work.

3081-2 The learner will define the meaning of family time and understand the engagement strategies.

3081-3 The learner will be able to identify visit coaching practices that can be utilized to assist the parent in addressing their children's needs during visits.

3081-4 The learner will be able to value the importance of well-being and child's attachment.

3081-5 The learner can identify how to move the child and family to the permanency goal of family reunification while continuing to practice concurrent planning.

3081-6 The learner can work collaboratively with birth parents, resource families, and family members in assessment and planning.

3081-7 The learner is able to build and sustain relationships between birth parents and resource parents.

3081-8 The learner is able to plan for stabilization and post reunification resources and/or services for the child and (birth) parents or prior custodians.

OBJECTIVES: As a Result of CWS3081W, the Learner Will Be Able to:

1. Identify the 5 Family Engagement Strategies cited in CWS3081W, with relative courses, fundamental to family reunification.
2. Identify barriers that affect Family Reunification and how to effectively address those challenges.
3. Define the ambiguity of loss in foster care and how this is a source of stress and trauma for children.
4. Acknowledge how the trauma of a separation from who and what the child has known and the loss and frequency of contact, including right after a removal, can increase stress and trauma reactions.
5. Determine how an Understanding of the purpose of Family Time can affect how we currently practice Parent-Child Visitation and its role in Child Well-Being and Family Reunification.
6. Discuss the 4 different practices of: “Baby and Me”, “Visit Host”, “Peer Mentors or Advocates”, and “Visit Coaching” in Family Time.
7. Describe the Purpose of Visit Coaching, qualities of a coach, the process, and the importance of pre-visit planning and debriefing in its impact on the actual Child and Parent Family Time (Visit).
8. Describe how an Eco-Map can be an Effective Tool in helping Parents with their Worker know the family’s connections and where more supports, informal and formal, are needed to help in family reunification as well as concurrent planning.
9. Define the meaning of a Partnership with a family, define a TEAM, and the beliefs, actions that occur especially between resource families, (Birth) family members and workers to promote and stabilize family reunification.
10. To describe the Reunification Planning process with re-assessment of safety and conditions that need to be met, the use of FPMs, the supports needed.
11. To identify feelings that will surface in the reunification process for resource families, children and their parents, with changes needed for safety, well-being, permanency for children and their parents.



Virginia Children's Services Practice Model

The Virginia Children's Services System Practice Model sets forth a vision for the services that are delivered by all child serving agencies across the Commonwealth, especially the Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services and the Office of Comprehensive Services. The practice model is central to our decision making; present in all of our meetings; and in every interaction that we have with a child or family. Decisions that are based on the practice model will be supported and championed. Guided by this model, our process to continuously improve services for children and families will be rooted in the best of practices, the most accurate and current data available, and with the safety and well-being of children and families as the fixed center of our work.

We believe that all children and communities deserve to be safe.

1. Safety comes first. Every child has the right to live in a safe home, attend a safe school and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community.
2. We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety, and recognize that removal from home is not the only way to ensure child or community safety.
3. In our response to safety and risk concerns, we reach factually supported conclusions in a timely and thorough manner.
4. Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
5. We separate caregivers who present a threat to safety from children in need of protection. When court action is necessary to make a child safe, we use our authority with respect and sensitivity.

We believe in family, child, and youth-driven practice.

1. Children and families have the right to have a say in what happens to them and will be treated with dignity and respect. The voices of children, youth and parents are heard, valued, and considered in the decision-making regarding safety, permanency, well-being as well as in service and educational planning and in placement decisions.
2. Each individual's right to self-determination will be respected within the limits of established community standards and laws.
3. We recognize that family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
4. Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.
5. We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

We believe that children do best when raised in families.

1. Children should be reared by their families whenever possible.
2. Keeping children and families together and preventing entry into any type of out of home placement is the best possible use of resources.
3. Children are best served when we provide their families with the supports necessary to raise them safely. Services to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based.
4. People can and do make positive changes. The past does not necessarily limit their potential.
5. When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.
6. When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections.
7. Children's needs are best served in a family that is committed to the child.
8. Placements in non-family settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.

We believe that all children and youth need and deserve a permanent family.

1. Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.
2. Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency.
3. Planning for children is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.
4. Permanency planning for children begins at the first contact with the children's services system. We proceed with a sense of urgency until permanency is achieved. We support families after permanency to ensure that family connections are stable.

We believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.

1. We are committed to aligning our system with what is best for children, youth, and families.
 - Our organizations, consistent with this *practice model*, are focused on providing supports to families in raising children. The *practice model* should guide all of the work that we do. In addition to practice alignment, infrastructure and resources must be aligned with the model. For example, training, policy, technical assistance and other supports must reinforce the model.
 - We take responsibility for open communication, accountability, and transparency at all levels of our system and across all agencies. We share success stories and best practices to promote learning within and across communities and share challenges and lessons learned to make better decisions.
 - Community support is crucial for families in raising children.
2. We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.
 - Services to families must be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers and community stakeholders.
 - All stakeholders share responsibility for child safety, permanence and well-being. As a system, we will identify and engage stakeholders and community members around our *practice model* to help

children and families achieve success in life; safety; life in the community; family based placements; and life-long family connections.

- We will communicate clearly and often with stakeholders and community members. Our communication must reinforce the belief that children and youth belong in family and community settings and that system resources must be allocated in a manner consistent with that belief.
3. We are committed to working collaboratively to ensure that children with disabilities receive the supports necessary to enable them to receive their special education services within the public schools. We will collaboratively plan for children with disabilities who are struggling in public school settings to identify services that may prevent the need for private school placements, recognizing that the provision of such services will maximize the potential for these children to remain with their families and within their communities.

We believe that how we do our work is as important as the work we do.

1. The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our *practice model*. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation.
2. As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open, respectful communication, collaboration, and accountability at all levels.
3. Our organizations are focused on providing high quality, timely, efficient, and effective services.
4. Relationships and communication among staff, children, families, and community providers are conducted with genuineness, empathy, and respect.
5. The practice of collecting and sharing data and information is a non-negotiable part of how we continually learn and improve. We will use data to inform management, improve practice, measure effectiveness and guide policy decisions. We must strive to align our laws so that collaboration and sharing of data can be achieved to better support our children and families
6. As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.

A REVIEW OF CHILD WELFARE LEGISLATION that PROMOTES and AFFECTS FAMILY REUNIFICATION

ICWA – INDIAN CHILD WELFARE ACT 978, “protect the best interests of Indian children and to promote the stability and security of Indian tribes and families”.

As of 2019, in Virginia, there were 7 federally recognized tribes: first in 2016 was Pamunkey; then came Chickahominy, Eastern Chickahominy, Upper Mattaponi, Rappahannock, Monacan, Nansemond, but there are many more people living in Virginia, who could belong to another Federally Recognized/ First Nations Tribe.

MEPA–Multiethnic Placement Act 1994- ensuring children have permanent, safe, stable homes that will meet their individual needs, without regard to child’s or perspective parent’s race, color, or national origin.

The Adoption and Safe Families Act (ASFA) 1997 places very specific goals and expected outcomes on all states and Indian Tribes (First Nation) that provide child welfare services and receive federal funds, builds on earlier laws that promote child safety and well-being of children.

While the legislation reaffirms the importance of making reasonable efforts to preserve and reunify families, it also specifies instances where reunification may not be possible (policy gives us those circumstances). ASFA establishes tighter time frames for termination of parental rights and identifies adoption as permanency. [It is noted that if courts need to be closed for any reason, the timeline may be lengthened or if parent is making progress, then an extension can be requested. NOTE: Before parental rights are terminated, reasonable efforts must be made & documented to help reunify families.

Fostering Connections to Success and Increasing Adoptions Act 2008 (PL 110-351) requires: agency to connect and support relative caregivers, provide for tribal foster care and adoption access, reasonable efforts to place siblings in the same relative or non-relative resource/foster family home, and other provisions.

2011 -Child and Family Services Improvement and Innovation Act (PL 112-34) -law expands requirements of how agencies monitor and treat emotional trauma... and increases standard for monthly (child) visits by service worker to at least fifty percent in the home of the child, plus...

Restoration of Parental Rights, Va. – in Foster Care Manual, Guidance section 16.9.1

Family First Prevention Services Act (FFPSA) (P.L. 115-123) signed into law on February 9, 2018, enables states to use federal funds under parts B and E of Title IV-E to “provide enhanced support to children and families and prevent foster care placements by providing the following:

- i) mental health and substance abuse treatment,
- ii) prevention and treatment services,
- iii) (iii) in-home parent skill-based programs, and
- iv) (iv) kinship navigator services.”

Focus is on prevention in order to keep children safely with their families and not enter foster care.

Family First Prevention Act renamed and revised the definition of Time-limited Reunification Services to Family Reunification Services. The revised definition removes the previous time limit for providing reunification services to the family of a child in foster care and allows reunification services to be provided for a period of up to 15 months once the child is returned home.

The revisions to “Family reunification services” are reflected in the Promoting Safe and Stable Family Guidance. PSSF funds/program <https://fusion.dss.virginia.gov/dfs/DFS-Home/Prevention-Services/PSSF>

For complete review of child welfare legislation, see Practice Foundation Guidance <https://fusion.dss.virginia.gov/dfs/DFS-Home/Family-Engagement/Practice-Foundations-Guidance>

Permanency Matters Newsletter June 2020 -- Fusion publications

Fusion.dss.virginia.gov- Portfolios - Family Services – DFS Home- Foster Care - @bottom of the page under Main Navigation- click “Publications”

Newsletters- Permanency- Permanency Matters Newsletters

Permanency Matters: Reunification (June 2020) click to view

<https://mailchi.mp/2784868427d9/reunification2020>

TRAININGS & RESOURCES

Virginia Learning Center Courses:

CWS3021: Promoting Birth and Foster Family Partnerships
 CWS3041: Working with Children in Placement
 CWS3071: Concurrent Permanency Planning
 CWS3081: Promoting Family Reunification
 CWS4020: Engaging Families and Building Trust-Based Relationships
 FAMSC0021: VDSS Family Preservation and Support Programs

Other Resources:

- [Supporting Successful Reunification](#) - Child Welfare Information Gateway
- [Foster Care: A Path to Reunification-Part 1](#) - Children's Bureau, An Office of the Administration for Children and Families
- [Foster Care: A Path to Reunification-Part 2](#) - Children's Bureau, An Office of the Administration for Children and Families
- [Engaging Fathers and Paternal Family Members](#) - Child Welfare Information Gateway
- [Working with Parents with Children/Youth in Out of Home Care](#)-Child Welfare Information Gateway
- [Partnering with Birth Families to Promote Reunification](#) - Child Welfare Information Gateway
- [Tip Sheet for Supporting Family Reunification](#)-American Bar Association
- [The Father Factor: How to Effectively Serve Dads Involved in the Child Welfare System](#) - National Fatherhood Initiative
- [Engaging Parents in Reunification](#) - Child Welfare Information Gateway
- [Quality Matters: Improving Caseworker Contacts with Children, Youth and Families](#) - Child Welfare Capacity Building Collaborative
- [Achieving Permanency Through Reunification Training](#) - Annie E. Casey Foundation
- [Equipping Foster Parents to Actively Support Reunification](#) - Tip Sheet - AdoptUSKids
- [Resource Family Tip Sheet for Supporting Reunification](#) - American Bar Association
- [Birth and Foster Parent Partnerships-How Can Birth and Foster Parents Partner to Achieve Reunification?](#) - Recorded Audio from May 1, 2020 - Casey Family Programs

DEVELOPMENTALLY RELATED VISIT ACTIVITIES AND GUIDELINES

<u>Age</u>	<u>Developmental Tasks</u>	<u>Developmentally Related Visit Activities</u>
Infancy (0-2)	<p>Develop primary attachment</p> <p>Develop object permanence</p> <p>Basic motor development (sit, reach, crawl, stand, walk)</p> <p>Word recognition</p> <p>Begin exploration and mastery of the environment</p>	<p>Meet basic needs (feeding, cuddling, bathing, protecting)</p> <p>Play peek-a-boo games</p> <p>Help with standing, walking, etc., by holding hand; play "come to me" games</p> <p>Name objects, repeat name games, read to child</p> <p>Encourage exploration; childproof home; take walks; play together with colorful noisy moving items</p>
Toddler (2-4)	<p>Develop impulse control</p> <p>Language development</p> <p>Imitation, fantasy play</p> <p>Large motor coordination (run, climb, dance)</p> <p>Small motor coordination</p> <p>Develop basic sense of time</p> <p>Identify and assert preferences, sense of self</p>	<p>Make and consistently enforce appropriate discipline, not punishment</p> <p>Talk together; read simple stories; play word games</p> <p>Play "let's pretend" games; encourage imitative play by doing things together such as "clean house," "go to store"</p> <p>Play together at park; assist in learning to ride tricycle; dance together to music</p> <p>Draw and color together; string beads together</p> <p>Discuss visits and visit activities in terms of "after lunch," "before supper," etc.; allow choices in foods eaten, activities, clothes worn</p>

ADAPTED FROM:

Warsh, R., Maluccio, A.N., & Pine, B.A. (1994). *Teaching family reunification: A sourcebook* (pp. 85-86). Washington, DC: Child Welfare League of America.

<u>Age</u>	<u>Developmental Tasks</u>	<u>Developmentally Related Visit Activities</u>
Pre-school/ Early School (5-7)	<p>Gender identification</p> <p>Continuing development of conscience</p> <p>Develop ability to solve problems</p> <p>Learn cause-effect relationships</p> <p>Task completion and order</p>	<p>Be open to discuss boy-girl physical differences</p> <p>Be open to discuss child's perception of gender roles; read books about heroines and heroes together</p> <p>Make and enforce discipline; discuss consequences of behavior</p> <p>Encourage choices; discuss problems together</p> <p>Point out cause-effect and logical consequences of actions</p> <p>Plan activities with beginning, middle, end (i.e., prepare to bake, make cake, clean up)</p> <p>Play simple games such as Candyland, Go Fish</p>
School-age (8-12)	<p>School entry and adjustment</p> <p>Skill development (school, sports, special interests)</p> <p>Peer group development and team play</p> <p>Development of self awareness</p> <p>Preparation for puberty</p>	<p>Shop for school supplies and clothes together; provide birth certificate, medical record for school entry; go with child to visit school prior to first day; talk with child about school experiences; attend school activities and conferences with teacher</p> <p>Help with homework, practice sports together; demonstrate support of child's special interests, such as collections; attend school conferences and activities; work on household, yard tasks together</p> <p>Involve peers in visits; attend team activities with child (child's team or observe team together)</p> <p>Talk with child about own feelings and about child's feelings</p> <p>Discuss feelings about physical changes expected; answer questions openly</p> <p>Do positive reinforcement and appropriate discipline</p>

<u>Age</u>	<u>Developmental Tasks</u>	<u>Developmentally Related Visit Activities</u>
Early Adolescence (13-16)	<p>Cope with physical changes</p> <p>Develop abstract thinking</p> <p>Development of relationship skills</p> <p>Becoming more independent of parents</p> <p>Changes in peer group associations</p>	<p>Provide information re: physical changes; be positive about and help with personal appearances, such as teaching about shaving, make-up</p> <p>Plan for and discuss future; discuss "what if?"</p> <p>Be open to discussing relationships, problems with friends; set clear expectations</p> <p>Help learn to drive; assist in finding part-time job and handling money; support school completion</p> <p>Transport to peer activities; include peers in visits</p>
Late Adolescence (17-22)	<p>Separation from family</p> <p>Develop life goals, rework identity</p> <p>Develop intimate relationships</p>	<p>Encourage independence through helping find apartment, apply for jobs, think through choices; tolerate mixed feelings about separation</p> <p>Be open to discuss options, "think things through" together; share own experiences as young adult, both successes and mistakes</p> <p>Be open to discuss feelings, problems, and plans</p>

Parenting Time/Visitation Plan Schedule

Note: This is to be completed at time of plan development and given to the Visitation Participant(s). Any changes to the visitation plan (limiting or terminating) will be discussed with the family, and the written visitation plan will be updated and provided to the family.			
Child's Name:	OASIS #:	Name of Visitation Participant(s):	
Frequency of face-to-face interaction:			
Other Permitted Parenting Opportunities: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Phone Calls</div> <div style="width: 50%;"><input type="checkbox"/> Instant Messaging</div> <div style="width: 50%;"><input type="checkbox"/> Letters or Cards</div> <div style="width: 50%;"><input type="checkbox"/> Child's Activities</div> <div style="width: 50%;"><input type="checkbox"/> Facetime/Skype</div> <div style="width: 50%;"><input type="checkbox"/> Text Message</div> <div style="width: 50%;"><input type="checkbox"/> Attending School</div> <div style="width: 50%;"><input type="checkbox"/> Special Events:</div> <div style="width: 50%;"><input type="checkbox"/> Emails</div> <div style="width: 50%;"><input type="checkbox"/> Medical Appointments</div> <div style="width: 50%; text-align: center;">Events _____</div> </div>			
RESTRICTIONS			
Effective Date	Next Review Date	<input type="checkbox"/> Supervised <input type="checkbox"/> Monitored <input type="checkbox"/> Unsupervised <input type="checkbox"/> Trial Home Visit Supervisor: _____	
Arrangements: (transport, location, time, duration, emergency procedures)			
Developmental Tasks/Activities to focus on during parenting opportunities:			
If interactions are not occurring (i.e. deceased, court order, unable to locate, etc) or are not in-person (i.e. by phone, mail, electronic) explain why:			
If interactions are supervised, provide explanation and indicate what would need to occur to move to unsupervised:			
By signing this plan, I acknowledge that I understand the terms and conditions of this Parenting Time/Visitation Plan and am willing to abide by this plan.			
_____ Signature of Visitation Participant		_____ Signature of Visitation Participant	
_____ Signature of Worker		_____ Signature of Visitation Supervisor	

Additional information:

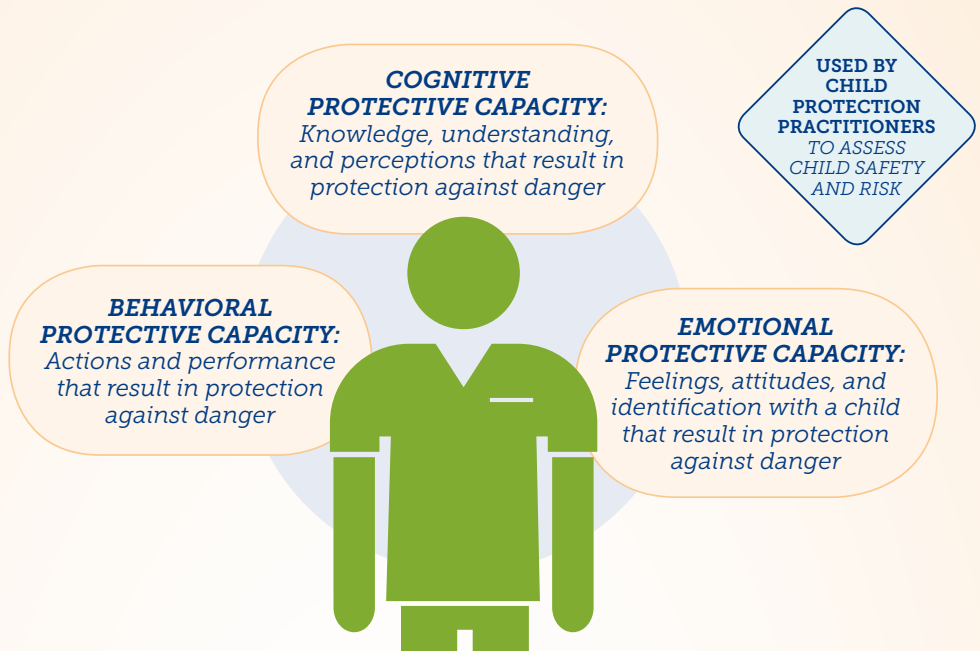


Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families

Child welfare practitioners use varied but complementary frameworks for assessing child safety and working with families. A shared understanding of definitions and common ground can help strengthen consistency in services for families.

PROTECTIVE CAPACITIES FRAMEWORK

Protective capacities¹ are caregiver characteristics directly related to child safety. A caregiver with these characteristics ensures the safety of his or her child and responds to threats in ways that keep the child safe from harm. Building protective capacities contributes to a reduction in risk.



PROTECTIVE FACTORS FRAMEWORK

Protective factors² are conditions or attributes of *individuals, families, communities, or the larger society* that reduce risk and promote healthy development and well-being of children and families, today and in the future.



NURTURING AND ATTACHMENT



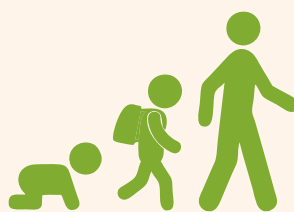
CONCRETE SUPPORT
IN TIMES OF NEED



PARENTAL RESILIENCE



KNOWLEDGE OF PARENTING
AND CHILD DEVELOPMENT



SOCIAL CONNECTIONS



SOCIAL AND EMOTIONAL
COMPETENCE



THE COMMON GROUND

Both frameworks are strength-based approaches to assess, intervene, and serve families. By promoting both protective capacities (at the individual level) and protective factors (at the individual, family, and community levels), we can best ensure child safety and promote child and family well-being.



Access more information through the Capacity Building Center for States at <https://capacity.childwelfare.gov/states> and Child Welfare Information Gateway at <https://www.childwelfare.gov>.

¹ ACTION for Child Protection conceptualized and developed the Caregiver Protective Capacities as a component of a comprehensive safety practice model called SAFE (Safety Assessment and Family Evaluation).

² The Children's Bureau uses a protective factors framework adapted from the Strengthening Families framework developed by the Center for the Study of Social Policy, with the addition of a sixth factor: nurturing and attachment.



PERMANENCY MATTERS

ISSUE: Reunification | June 2020

Reunification and Bedford County Department of Social Services

The county of Bedford rests at the Peaks of Otter in the heart of Virginia's Blue Ridge Mountains. Bedford County Department of Social Services thrives on their culture of valuing families by meeting them where they are and fostering trust, respect and supportive connections with their clients. Amanda and Ryan Minnie have been foster parents with Bedford for over four years. Mrs. Minnie reflected on her experiences with one family with whom she has developed long lasting relationships. She continues to provide support, guidance, encouragement and praise to the mother of three, who had two girls placed in her home.

Mrs. Minnie felt that she had a calling for foster parenting. She was born to a young teenage mother who had been adopted through social services. Right after she was born, she was adopted and provided with a forever home. She is truly grateful for the opportunity to be raised in a loving home as she knows that many children do not have this experience. Her own personal experiences guided her in wanting to help children in need of love and nurturing. She also understood that with this responsibility, she would be required to engage in reunification efforts by the agency to assist families in bringing their children back home. She described this as sometimes challenging but overall one of the most rewarding things that she has ever done.

Mr. and Mrs. Minnie were contacted by the agency to have three children placed in her home. The children were placed with her and her husband on November 23, 2017. They were originally supposed to provide care for the girls for 30 days. However, when an alternative plan for relative placement did not occur, Mr. and Mrs. Minnie were ready and willing to keep the children as long as needed in order for them to return to their mother's care. Their mother, Jessica, had personal struggles, such as substance abuse, which made it difficult at times during the reunification process, as there were relapses. However, Mrs. Minnie and Jessica developed an open line of communication that was heavily encouraged and supported by the agency. When the mother was receiving treatment through an inpatient substance abuse program, Mrs. Minnie would transport the children to visit their mother and supervise the visits. Mrs. Minnie would also transport the children from Bedford to the mother's location in Roanoke when needed, to ensure that visitations were consistent and the bond between the Jessica and her children was maintained. Mrs. Minnie describes Jessica as doing a complete turn-around relating to the work that she put in to have her children returned to her. Jessica decided that she could not give up on her children and eventually gained a great deal of determination to make life changes that would allow her children to be returned. Mrs. Minnie is a strong believer in the power of change and the relevance of second chances. She consistently provided support to the children and mother to assist them in achieving the permanency goal. Jessica utilized effective resources and support from the agency to make the necessary changes in her life that would allow her children to return home. Transition of children from a foster home placement back to their home can be challenging for everyone involved. Mrs. Minnie and Jessica worked together to ensure that the children had a smooth transition.

Mrs. Minnie provided Jessica with information on routines for the children, such as eating habits, established rituals like eating dinner together, bed times, favorite toys and other aspects in order to successfully transition the children back home. It was equally important to both Mrs. Minnie and Jessica that the children know that they loved them, had their best interest at heart and were working together. The trial placement began in June of 2018 and Jessica had custody of her children awarded back to her October that year.

Bedford County Department of Social Services is committed to hiring staff who believe that families can and do change and are willing to go the extra mile to support that process. They utilize a large number of interns to help supervise visitations between the parents and the children which helps keep the bond between families and contributes to more frequent and consistent visitation for parents with their children. Their interns and staff also provide transportation to parents who have children who reside in residential facilities.

Mrs. Minnie maintains contact with the family until this day. She speaks with Jessica and the children by phone, video calls and texts. She reaches out to the family on birthdays, Mother's Day and other significant holidays. The two women discuss their thoughts, current events, and accomplishments over the phone. Jessica continues to enjoy watching her healthy, nurtured and happy children grow. Mrs. Minnie feels blessed to be able to share in their happiness. Jessica states that she is forever grateful for what Mrs. Minnie did for her and her girls. However, Mrs. Minnie reflects on how much this family in her life did for her.

This story was co-authored through a collaboration between the foster parents, birth parents and agency.

(Source: [Bedford County Virginia Website](#))

QUESTIONS RE: VISIT COACHING VIDEO

- 1) What did you see the coach do or initiate with the parent that made a difference in the way Family Time was conducted?
- 2) In what specific ways did you see the coach partner with the parent?
- 3) Overall, what is one significant learning from the video that you could transfer into your work?

Coaching Process & Visit Plan. Sample

REVIEW: Dr. Marty Beyer makes some distinctive comments in her material and/or 2- day training. Visit coaching is fundamentally different from supervised visits/ family time. Instead of watching the family, the coach is actively involved in supporting them to demonstrate their best parenting skills and make each visit fun for the children. Visit coaching includes:

- Helping parents articulate their children's needs to be met in visits
- Preparing parents for their children's reactions
- Helping parents plan to give their children their full attention at each visit
- Appreciating the parent's strengths in responding to each child needs
- Helping parents cope with their feelings in order to (a) visit consistently and (b) keep anger and depression out of visit

Pre-Family Time Planning for 1st visit

1. Explain your role as coach. Coach models empathy, non-judgement, listens in order to understand, guide & teach

- ✓ To listen to parents and what they know about their child,
- ✓ To build on Parent's strengths as we work toward reunification together (your children returning home to you).
- ✓ To convey that a coach's job is to be helpful to parent to make visits meaningful for s/he and her/his children.
- ✓ To help parent think about what their children need from parent when s/he comes through the doors for that time together.
- ✓ To assist where needed in knowledge of the child's developmental abilities.

2. In Pre-Family Time Planning, Validate the difficulty of this situation - Acknowledge this does not feel "normal" to spend time with your children in this way.

** Coach could say, "Everyone (on the TEAM, incl, resource parents) will work to have your children be returned to your family". Certain things will need to be done for the kids to go home safely but focus right now is to have meaningful visits with children, not go over everything from FPM or service plan development. [Background Note: If Family Time visits are planned and discussed together in the "pre and debrief", in time changes will be seen]

3. Get an agreement in 1st Planning Mtg.– what is coach's responsibility? What is parents'? (This can be a verbal or written, use as reference when needed, simple, not legal jargon) Example of agreement items:

- ✓ Both show up on time
- ✓ Work together to help child(ren) get most out of family time together.
- ✓ As the parent, you are to take charge of the fun things you might do with your child; we shall talk about that now so you could be prepared. I shall be in the room with you and have opportunity to interact or play with children too.
- ✓ We meet after Family Time for about 20 - 30 min. to talk about how visit went for you, planning for next visit.
- ✓ If at any time there is a safety concern for you or children, I/coach will need to pause or stop visit.
- ✓ As your coach, I understand that "working together" takes time and that change comes in small steps
- ✓ Other ideas that parent thinks should be part of agreement?

REMINDER NOTE FOR COACH: After first Pre-Family Time (Visit) planning, from 2nd meeting forward, review notes from previous debriefing time, utilize for planning for this Family Time with children; review agreement if needed.

4. In Your Pre-Family Time Planning, say to Parent/ Ms. Natalie Smith, *"Imagine your children walking through that door now, what do you think they need from you?"* (see pg. 6, sample plan of 1 visit)

Some possible responses a parent, example of Ms. Smith might say:

- ✓ "Hugs", they need to know "I miss them";
- ✓ "Play with children" (Coach asks, "what kind of fun things do your kids like to do with you?") Coach can observe how parent plays with children during family time; coach may need to be a part of 'teaching how to play'. Thus, coach can build on strengths in seeing how parent interacts during Family Time;
- ✓ Coach helps Parent think of the age of her/his children in relation to their needs and developmental abilities. "What can you do to have fun with your children during Family Time?" Coach might need to say, "a lot of 3-year-olds like to be active, what about Shea?" "What are the activities or games your children might like to do with you?"
Natalie might say, *"John likes to be close to me and have me read to him or play outside. Shea doesn't talk very much; she watches but plays by herself with a doll she has."*

- ✓ Ms. Smith might say to her children she is working with some people (and/or social services) to make some changes so children can come home;
- ✓ She might say in another time, that she won't leave them at home alone again; she realizes they might have been scared – this “**self-awareness**” will not usually surface in beginning sessions with parent but watch for progress in “**self-awareness**”. Self-awareness leads to understanding of “parenting role”, such as: “As the parent, I do not leave my children alone to take care of themselves (this would help with a service plan objective too = supervision of children at all times);
- ✓ Coach could ask parent, Ms. Smith, in another pre-Family Time session, what (or how) do you think your children might have been feeling when they were home alone? How would you have felt if you were 6 or 3? Ms. Smith might say that her older sister would take care of her when that happened. She might be able to add, “John might have been scared. I don't want him to feel scared.”

Again a Coach is trying to help parent develop “self-awareness” and assess parent's awareness of children's needs. Coach is also building on a parent's empathy in responding to their children's needs. Coach could ask of parent, “How do you help your children with their needs and feelings?”

- ✓ Help children use their words for feelings, as coach models interest in parents' feelings during debrief time and validation of children's feelings, the parent's insight into her/his own feelings and verbalization of such feelings may increase. Coach try rehearsing with parent what to say when they are open to such practice
- ✓ As coach, think about the parent's strengths/ protective factor of nurturing and attachment and understanding children's developmental needs. How can you guide/ model/ teach? A Coach needs to know what is “on target” for children's developmental tasks

Not all of us this “reveal” will be accomplished in first visit plan. Each Family Time Visit in visit coaching has a concrete, simple plan number # ... Coach, always try to keep this image before the parent in the pre-Family Time planning session by asking, “**Imagine your children walking through that door now, what do you think they need from you?**”

5. Debrief:

- ✓ Coach asks parent (Ms. Smith) how she is feeling?
- ✓ What did you, Ms. Smith, think went well during Family Time?

Ms. Smith's possible self-assessment, "Something I did well with Shea and John today. I hugged them and said I loved them; they smiled back at me and hugged me tightly, especially John".

"Something I tried to do, "read with both John and Shea but Shea was not interested. I played hide and seek with them Both".
- ✓ What would you want to do next time? Ms. Smith might say, "play more games and ask children how they feel living with their foster family?" "Keep my voice calm but firm so I do not scare children."
- ✓ Coach builds on strength of parent – "I noticed how the children came running to you and wanted those hugs".
- ✓ Coach could say, "I saw that John wanted to sit close to you and hear a story and that it was hard for you to pay attention to he and Shea. You noticed that she wandered off to a corner and played with toy animals. What might you do next time? Having your eyes on both children is a big responsibility for a parent."
- ✓ Coach also asks parent, "How did end of visit go for you?" (Coach is aware that parent may break down in tears or have fighting mode or freeze behavior.) A coach wants to support parent in their feelings and motivate them to come back for next visit.

Coach and parent could sign notes of what each person plans to do next time.

Adapted from Marty Beyer, Ph.D. – "Strength/Needs-Based Support for Children, Youth and Families; also NYC Administration for Children's Services on Visit Coaching, "Building on Family Strengths to Meet Children's Needs"; www.visitcoachingcommunity.com; and other conversations on visit coaching

SOME FURTHER NOTES ON POSSIBLE CHALLENGES TO REFLECT ON, CHALLENGES that could arise DURING FAMILY TIME.

What might you anticipate as Coach? How do you help parent prepare?

- ✓ Children do not run to parent to embrace but stay back with foster parent. (How does parent feel?)
- ✓ Child calls foster parent, “mom” or “dad”
- ✓ Parent is on cell phone most of time
- ✓ Parent yells at child and child withdraws or starts to cry
- ✓ Parent remains angry about removal; child sees parent angry face when coming into room, child may think mom or dad is angry at them
- ✓ Child is aggressive or has a temper tantrum when mother says, “No”, parent feels ‘watched’ and responds...
- ✓ Saying good-bye to child(ren) reminds parent of loss of her/his own mom/dad or experience of being in foster care or...; parent shuts down
- ✓ “Visits” set up an unnatural situation with anxious children and anxious parents reacting to each other in front of someone

**COACHING VISIT PLAN, Sample
for Family Time #1**

Handout C-6

Children's Needs- Family Time

6 yr. old John needs:

1. To spend time with his mom and know she misses him.
2. To be told by mom she loves him.
3. Play, have fun with his mom and Sister.
4. To be close with his mom.
5. To hear praise.
6. To not feel scared when mom is not with him.
7. To feel some security, same routine

3 year old Shea needs:

1. To spend time with her mom and know her mom misses her.
2. To be told by mom she loves her.
3. To be encouraged to play with mom and John.
4. To be given attention and one on one time with her Mom even when she goes to play by self.
5. To use her words to describe feelings.
6. To feel some security.

Coach will help Ms. Smith...

- 1, 2. Validate Ms. Smith's ability to show affection to John and Shea and tell each how she feels about them during their Family Time.
3. Find activities - blocks, a game to play with John and his sister.
4. Bring a few of John's books to read with him.
5. At each visit say at least one positive thing about and to John.
6. Encourage John to say how he feels. Could use feeling faces chart.
7. Keep regular visits, mark on calendar for John, so he knows he can depend on Mom coming.
- 1, 2. Validate Ms. Smith's ability to show affection to Shea and John and tell each how she feels about them during Family Time.
3. Find items Shea would like to play with her Mom and John.
4. Ms. Smith will have alone play time with Shea while Coach plays with John.
5. Use feeling faces, book to help Shea say how she is feeling.
6. Keep regular visits & know foster home routine

Case Scenario: Natalie Smith's Family

John was 6, and his sister, Shea, 3, when they came in to emergency foster home. They had been living with their Mother Natalie, age 24, and Natalie's boyfriend, Matt. But Natalie and her boyfriend would leave John and Shea alone, so they could "go shopping" for brief periods.

One day a neighbor dropped by and found the kids alone in the house. She at first decided to stay with the kids outside till Natalie came home, but over two hours later Natalie had not come home, and she could not reach her on her cell. It was getting dark. The neighbor called the police, who called CPS. When the worker arrived, the children were crying and wanted to know where their mommy is. The worker tried to call the number John had for his mother, but no one answered. She also noticed marks on the children's arms. She waited at the house, trying to learn more information from the children.

Natalie and her boyfriend came home high. After trying to find any kin, and learn more about the marks on the children, the kids came into emergency care. Natalie was distraught, hugging her children and they were hugging her, all crying. Natalie asserts she would never hurt her children; she takes care of her kids, "she and Matt were gone for just a little while."

Natalie loves her children, and says her boyfriend, Matt, provides a home for them. (She wouldn't have any place to live without him.) He gets angry because the children do not listen to him. Natalie has not worked at a waitress job or any job outside the home, since Shea was born and she met Matt. She has no idea where the children's father is as he left once he found out she was pregnant with Shea. She wouldn't know how to get in touch with him, she says, and has no connection with other relatives. Natalie's older sister moved away when Natalie was 15. Her mom died shortly after Shea was born; Natalie has no idea where her dad is.

FURTHER NOTE:

With the children being removed and "this mess over an investigation", Matt has kicked Natalie out of the apartment. Natalie has found a place to stay temporarily with friends.

VISIT COACHING PRACTICE OF NATALIE SMITH & FAMILY Handout C7-A

BREAK OUT ROOM INSTRUCTIONS

You will be moved into a breakout room by the trainer.

1. Please choose the following roles in your group–

With 4 People - one coach, one parent Ms. Smith, two children –

John & Shea. **One of the “quiet” children is asked to be timekeeper.**

If there are 3 people – the group would only have one child.

In the “real” pre-family time planning between coach and parent(s),
children would not be there. **This is the parents’ time with Coach.**

2. Think of what you watched in the video with different coaches in action. Use your handout C- 6, “Visit Coaching Process” and C-7, Natalie Smith’s family to help with your practice. **This practice scene is to be your 2nd mtg.**

3. Ms. Smith and Coach **take 5 minutes** in their pre-family time scene to:

a.) Review their agreement and plans from the debriefing meeting of Family Time Visit #1.

b) Coach helps Ms. Smith identify what her children will need from her as they walk through the door for 2nd visit.

c.) In a real situation Coach would allow up to 30 min. for the pre-family time planning with parent (s).

4. **Take 5 min.** for the Actual Family Time Practice with children coming through door and interacting with their mother. As parent what are you doing with your children; what do they need from you? As part **of 2nd family time meeting, how would John act? How would Shea act?**

5. **Debrief after Family Time (Visit), 5 min Coach with parent.** In real life, this portion deserves up to 30 minutes with coach and parent, and children would not be in debrief mtg. But they are in practice scene.

20 min. for full activity.

ANSWER THE FOLLOWING QUESTIONS:

Handout D-1

1. List Ms. Smith's natural, **informal** family and friendship connections, which would be shown as circles on her eco-map.

2. List the **formal** sources of organizations, also circles on her eco-map. As worker, help Ms. Smith think beyond the typical responses such as doctor, children's school or CPS (which she may not think of). As Natalie Smith, think how you would "act" as parent in this process.

3. Quality of relationships:
 - a. What relationships did Ms. Smith identify that were supportive?

 - b. Which ones considered weak?

 - c. What were stressful or conflict laden relationships?

 - d. What did worker or Ms. Smith list as missing or needed connections from (formal) organizations or informal connections that would be helpful.

4. What can Ms. Smith learn from creating her family eco-map with children?

***** Write down responses on this handout or another piece of paper as we go over these questions. You will create an eco-map (with Natalie in your imagination) after class. You will take a picture of eco-map with your phone and email back to trainers. This will be a Day 2 TOL.**

Conditions for Return

1. Issue: Sam is depressed and was not providing basic care for his three children (7, 4, and 2) ever since his wife left. He is lethargic; sleeps most of the time; refuses to take medication; withdraws to his bedroom.

Safety Concern:

Conditions for Return:

What **Conditions** would have to be met before Sam's children can return home? What would it look like?

List 2 services or activities that would assist Sam in meeting those conditions.

Services or activities:

2. Issue: Sarah is 18 months old. She has an unexplained serious injury to her head. Doctors determine the injury to be non-accidental. Missy, the mother, has offered different explanations for the injury, none of which fit. But relatives report Missy has been using different substances for her back pain ever since Sarah was born.

Safety Concern:

What Conditions would have to be met before Sarah can return home? What would it look like?

|

List 2 services or activities that would assist parent(s) in meeting those conditions.

The Power of Words to Hurt or Heal

HANDOUT F-2

Stigmatizing Language	Preferred Language
abuser	a person with or suffering from, a substance use disorder
addict	person with a substance use disorder
addicted infant	infant with neonatal abstinence syndrome (NAS)
addicted to [alcohol/drug]	has a [alcohol/drug] use disorder
alcoholic	person with an alcohol use disorder
clean	abstinent
clean screen	substance-free
co-dependency	term has not shown scientific merit
crack babies	substance-exposed infant
dirty	actively using
dirty screen	testing positive for substance use
drug abuser	person who uses drugs
drug habit	regular substance use
experimental user	person who is new to drug use
lapse / relapse / slip	resumed/experienced a recurrence
medication-assisted treatment (MAT)	medications for addiction treatment (MAT)
opioid replacement	medications for addiction treatment (MAT)
opioid replacement therapy (ORT)	medications for addiction treatment (MAT)
pregnant opiate addict	pregnant woman with an opioid use disorder
prescription drug abuse	non-medical use of a psychoactive substance
recreational or casual user	person who uses drugs for nonmedical reasons
reformed addict or alcoholic	person in recovery
relapse	reoccurrence of substance use or symptoms
slip	resumed or experienced a reoccurrence
substance abuse	substance use disorder