Visitation
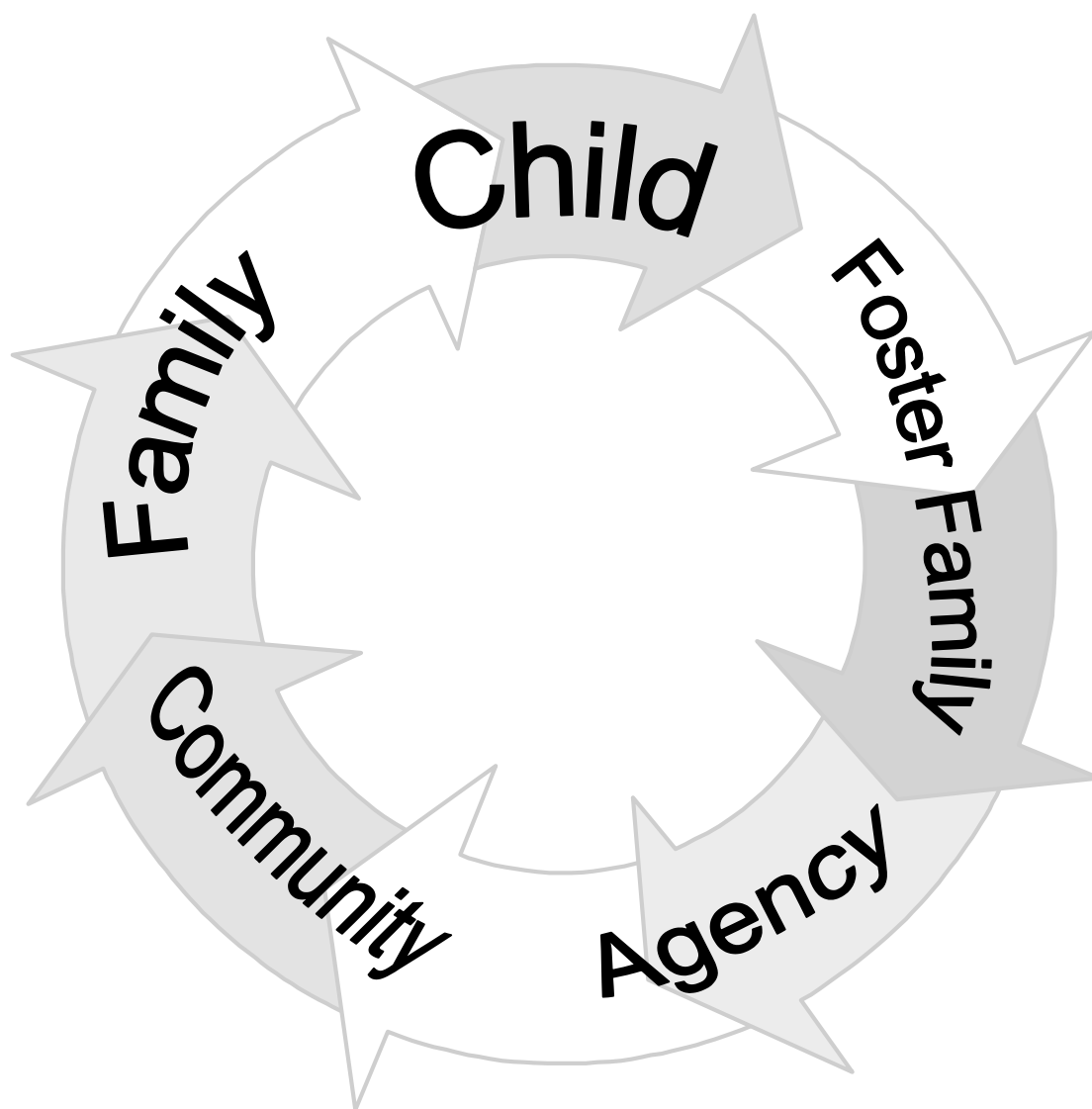
Promoting Positive Visitation Practices for Children and Their Families
Through Leadership, Teamwork, and Collaboration

Child

Foster Family

Agency

Community

Family

This document is based the work of the Placement Review Committee, representing
Child Welfare Professionals and Families from across the Commonwealth.
The document was edited by Peg McCartt Hess, Ph.D., ACSW
March 1999

The Pennsylvania Department of Public Welfare, Office of Children, Youth and Families thanks the members of the Placement Review Committee for their efforts on the Visitation handbook. The commitment and dedication of the committee members has resulted in a product that will assist Child Welfare staff in their delivery of services to children and their families.

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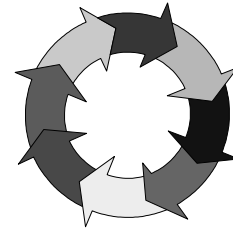**Christine Williams**
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Visitation

Table of Contents

Chapter 5: COLLABORATION

APPENDICES

A: Key Elements for Success in Assessment and Goal Planning
B: Sample Visit Plan Form, Visit Plans, and Visit Plan Calendars
C: Sample Visit Report Form and Visit Report
D: Sample Tools for Foster Parent Self-Assessment of Training Needs
E: Results Based Management
F. Figures 1, 2, & 3
G: Learning to Work Together: Stages of Team Development
H: Ingredients for a Successful Team

REFERENCES

Bibliography

WHY IS VISITING IMPORTANT?

Child

Family

Community

Agency

Foster Family
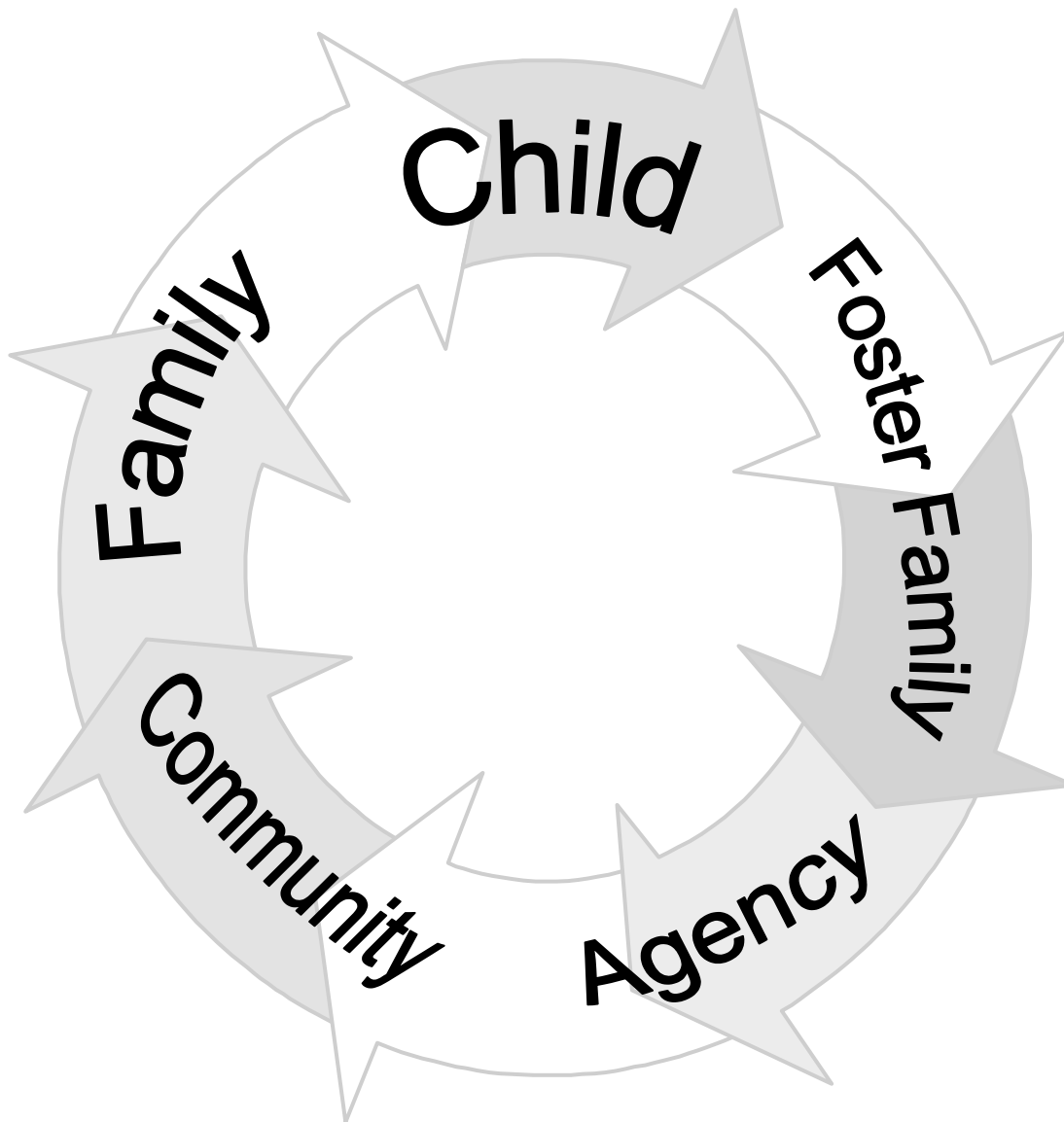
Why is Visiting Important?
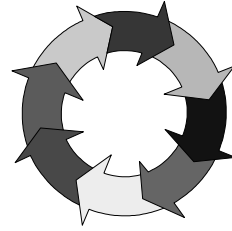
KEY POINTS:

- **Become familiar with recent research on the impact of visitation while children are in placement**

- **Become familiar with the impact of the Adoption and Safe**

Why is Visiting Important?

The answer to the question "Why is visiting important?" is multi-faceted. First, research studies regarding the experiences of children in care and of placement outcomes have consistently found that visiting is associated with positive outcomes. Second, Pennsylvania counties that have initiated programs to increase visit frequency and enhance the relationship between visiting activities and the service goals have had positive outcomes in terms of placement costs. Finally, recent federal legislation has further emphasized the importance of moving quickly to dete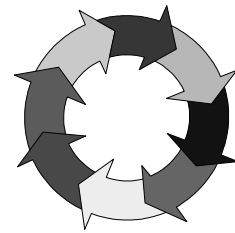rmine and accomplish the permanency goals for children. Effective visiting services are central to such efforts. It is therefore, essential that agencies develop policies, programs, and practice approaches that promote and support frequent parent-child visiting.

What Research Tells Us

Over the past three decades, a growing body of research has soundly established several major findings related to visiting between children in care and their parents. Study findings indicate that frequent regular visiting:

- enhances children's emotional well-being and adjustment while in care,

- improves parents' positive feelings about the placement and decreases their worries about their children while they are in care, and

- is strongly correlated with achieving the placement outcome of reunification, achieving other permanency planning outcomes (i.e. adoption, guardianship, or long-term foster care), and decreasing time in care.

Research also indicates that a specific written plan for visits increases the likelihood that parents will visit. Although limited research has focused on planning and implementing visiting, available findings indicate that practitioners' activities related to visiting can be demanding of time, complex, and stressful, and are either supported or undermined by agency policies regarding visiting and by agency resources. In the following sections, research findings regarding parent-child visiting are briefly reviewed.

Visiting Supports Parent-Child Attachments and Reduces Children's Sense of Abandonment while in Care

In the professional literature, authors describe the primary purposes of visiting as maintaining parent-child attachments and reducing the child's sense of abandonment prompted by placement (Blumenthal & Weinberg 1983; Fahlberg 1979; Fanshel & Shinn 1978; Hess 1981, 1982, 1987; Hess & Proch 1988, 1993; Littner 1975; McFadden 1980; Weinstein 1960; White 1982). As defined by Bowlby (1958, 1969) and Ainsworth, Blehar, Waters, and Wall (1978), attachment is the affectional bond that an infant forms with another person(s), usually a parent(s). Attachment is inferred from an infant or child's consistently expressed (verbally and behaviorally) preference to be near to and in contact with a specific person(s), and tends to endure throughout childhood.

In the early 1970s, John Bowlby alerted professionals to the potentially negative impact of parent-child separation upon children. He emphasized that "Whenever a young child who has had an opportunity to develop an attachment to a mother-figure is separated from her unwillingly, he shows distress; and should he also be placed in a strange environment and cared for by a succession of strange people, such distress is likely to be intense" (1973, p. 26). Placement in foster care is typically an "unwilling separation" from a person or persons to whom a child is attached. Bowlby and others strongly assert that there are intense reactions to separation and to reunion. In relating Bowlby's findings to visiting, Hess has observed:

> 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. It can be expected that parent-child attachment and the reactions to reunion and separation shape the interactions during each visit, as well as interactions over time. (1987, p. 30)

Visiting Enhances the Well Being of Children in Care

The relationship between visiting and children's well being while in care has been studied by several researchers. They have consistently reported that children in care who are visited frequently by their parents are more likely to have high well-being ratings and to adjust well to placement than are children less frequently or never visited (Borgman 1985; Cowan & Stout 1939; Fanshel & Shinn 1978; Weinstein 1960).

The most widely disseminated of these studies was conducted over a 5-year period by Fanshel and Shinn (1978). This study examined the relationship between visiting and placement status changes experienced by 624 foster children, ages 12 or younger, and changes in children's personal and social adjustment. Fanshel and Shinn found that children who were visited more frequently were rated more positively on numerous indicators of emotional well being and developmental progress. For example, "Highly (more frequently) visited children showed significantly greater gains in verbal IQ scores over the full five years of the study" (p. 486). In addition, frequently visited children demonstrated significantly greater gains in nonverbal IQ scores; emotional

adjustment; positive changes in behaviors such as disagreeableness, defiance and hostility, and emotionality and tension (p. 486); and over-all positive assessment by the child's classroom teacher (p. 487).

Visiting Positively Affects Parents' Feelings about Placement

This study also examined parents' feelings about their children's placement and parents' reactions to visiting. Researchers found that generally, parents' worries about their children were reduced when children were visited. In addition "A definite relationship was found between (parents') feelings changes, and visits to the children while in care. Frequency of visiting the child in placement was associated with change for the better in parental feelings toward the placement" (Jenkins & Norman, p. 247). Mothers whose feelings changed for the better saw their children more often than did mothers whose feelings changed for the worse.

Thus, findings suggest more frequent visiting not only enhances children's well-being and adjustment to the placement, but also generally decreases parents' worries about their children, and changes parents' feelings about the placement in a more positive direction. Whatever the ultimate outcome of the placement (i.e. family reunification or another permanent outcome), these visit-related effects are important for children and their parents.

Frequent Visiting is Strongly Associated with Placement Outcome and with Fewer Months in Care

Researchers in the U.S. and in the United Kingdom have consistently found that frequent regular visiting by parents is strongly associated with the children's return home. Children who are more frequently visited are more likely to be discharged from placement (Davis, Landsverk, Newton, & Ganger 1996; Fanshel 1982; Fanshel & Shinn 1978; Lawder, Poulin, & Andrews 1985; Milner 1987; Sherman, Neuman, & Shyne 1973). Further, Farmer (1996) has reported an association between frequent visiting prior to return and successful (lasting) reunification. As briefly summarized below, the cumulative evidence is consistent and convincing.

The relationship between <u>infrequent</u> visiting and <u>lack</u> of discharge was initially reported in the first comprehensive study of children in foster care in the United States (Maas and Engler 1959). Nine communities were selected to represent the entire country, and information was gathered on 4,281 children from 60 agencies. A "remarkable similarity" was found in the proportion of children (about half) for whom parents had "no clear-cut plans, whether for return home or for relinquishment for adoption." Most of these children had never been visited by either of their parents or had more than "superficial" contact with them (p. 351).

The most recent findings concerning the impact of visiting on discharge, particularly family reunification, are reported by Davis *et al.*(1996). In their study sub-sample of 922 children, 12 years old or younger, who entered foster care in San Diego and were in care for more than 72 hours, 612 (66%) of the children were reunified with

their families after up to 18 months in care. Three hundred ten (34%) had other permanency planning outcomes. In the logistic regression model predicting family reunification, "The .10 odds ratio indicates that when the mother visited as recommended, the child was approximately 10 times more likely to be reunified" (p. 375). These authors conclude that " . . . the evidence gathered by current and other studies of the crucial importance of parental visiting, speaks loudly for even stronger allocations of fiscal and professional resources to foster care practice in order to maximize the benefits inherent in parental visiting" (381).

Others have reported similar findings. In the 5 year study conducted by Fanshel and Shinn (1978) described above, a link between parental visiting and discharge was found, that held across ethic groups and persisted over time. Those children (246) who received uniformly "high" degrees of visiting were more likely to be discharged than children who were visited infrequently. Similarly, Sherman *et. al.* (1973) found a strong relationship (*p<.001*) between the frequency of the mother's contacts with the child while in care and the child's return to the parent's home (p. 100). Based on findings from a national study of reunification practice in the UK, Farmer (1996) concludes that

> . . . regular contact between the child in out-of-home care and the family has been shown to be a crucial precursor to a child's return. For example, the study *Lost in Care* (Millham *et. al.*, 1986) has shown that intensive efforts are needed at the start of a placement to establish such contact and that the pattern set at the beginning tends to continue. Social workers can do much to facilitate links and remove obstacles such as distance, cost or anxiety. (p. 419)

Frequent visiting has also been correlated with fewer months in placement. For example, in an analysis based on national data regarding 1,559 children, Mech (1985) reported a statistically significant relationship between shorter placement time in months and more frequent parental visiting (p. 69).

Written Visiting Plans Shape Parents' Visiting Patterns

Studies have also examined factors that shape parents' visiting patterns as well as factors that affect caseworkers' plans for parent-child visiting. Findings regarding the role of written visiting plans in determining the frequency of parental visiting are particularly relevant. Based on a systematic review of agency case records, Proch and Howard (1986) reported that "Most parents who were scheduled to visit did so, and most visited in compliance with the schedule specified in the case plan. Parents, who did not have a visiting schedule or who were told to request a visit when they wanted one, did not visit" (p. 180). Evidence from this study strongly suggests that the development of a specific written plan is related to increases in parents' visiting frequency.

In the study described earlier, Davis, Landsverk, Newton and Ganger (1996) report that the families' plans for visits were recommended by the courts. Their findings further demonstrate the critical difference between the outcome of reunification for mothers and fathers who visit as recommended in the visit plan, and those who visit less than recommended:

Overall, more mothers visited their children at the recommended level than at the less than recommended level (315 vs. 263); however, less fathers overall visited at the recommended level than at the less than recommended level (144 vs. 200). Stated otherwise, 55% of mothers and 42% of fathers visited as recommended. Mothers and fathers who visited as recommended were significantly and strongly clustered in the reunification group (77% for mothers, and 78% for fathers), as one would expect. (pp. 368-369)

Agency Policies and Resources are Associated with Planned Visit Frequency

Another study highlights the influence of agency policy on casework practice. Hess (1988) found through extensive interviews with caseworkers from five Child Welfare agencies, that caseworkers in agencies that had a minimum standard of visiting frequency developed plans that complied with the agency policy. In agencies with neither policy nor articulated norms governing visiting frequency, planned visit frequency varied unpredictably. Since as reported above, parents have been found to visit in accordance with the visiting plan developed by their caseworker or the court, these findings are particularly important. Therefore, the development of agency policies that identify a minimum visit frequency and require the development of a written individualized visiting plan can be expected to positively shape caseworkers' visit planning, which in turn shapes parents' visiting patterns.

Few studies have examined caseworkers' activities related to visiting. Hess identified (1988) a wide range of caseworker activities related to visiting, including planning visits and making arrangements for visits with parents, children, foster parents, and others; preparing participants for visits; transporting children and parents to visits; supervising visits or identifying someone to supervise visits; documenting what occurred in and subsequent to visits; processing clients' and others' reactions to visits; assessing family progress through visits; and revising visit plans over time. Also, caseworkers frequently identified conflict in "balancing the parent's right to frequent and increasingly unrestricted contact and the concern for the child's physical and emotional well-being" (pp. 320-321).

The caseworker respondents also had strong convictions about the importance of parent-child visiting: "They emphasized that visits help children know they have not been deserted or rejected, give them hope that they may return home, reassure the parent that the child is safe and will be returned home, and affect the placement outcome" (Hess, 1988, p. 321). Caseworkers' experiences with visiting were reported, including stresses:

The caseworkers also identified stresses related to their responsibilities to protect the child's physical and emotional well-being; motivate the parents; supervise intense parent-child interactions; respond to dissatisfied foster parents; and take into account multiple, complex, and sometimes conflicting considerations not the least of which are the caseworker's other responsibilities. Although the caseworkers did not say so, it is likely that stressful experiences in

the professional role provide disincentives to the development of particular plans for particular families at particular points in time. The caseworkers described feeling helpless, emotionally drained, anxious, abused, angry, and uncomfortable, while making decisions about or assisting with visits. (p. 321)

These findings strongly suggest the importance of agency policies that identify practice standards for visiting, as well as the necessity for agency resources that support practitioners, foster parents, and family members in managing the logistical and emotional demands created by planning and implementing frequent visiting.

Additional Information Regarding Visiting

Currently, the professional literature includes studies regarding placement and visiting as reported above; publications that describe family reunification and visiting programs; and materials for use in training programs related to family reunification and visiting. The bibliography incorporates sources in each of these areas.

Mandates of the Adoption and Safe Families Act of 1997

The passage of the Adoption and Safe Families Act of 1997 (ASFA)* creates an increased urgency for counties to adopt policies that lead to quicker permanency decisions and outcomes for children. ASFA re-challenges the Child Welfare system by focusing on three key principles that re-balance the rights of parents and children:

- the child's **safety** is paramount;
- every child deserves a **permanent home**; and
- **timeliness** must be from the child's perspective.

ASFA re-focuses on preserving families whenever the child's safety can be assured within a timely manner. ASFA requires that county agencies identify all the services a family needs for reunification (including visitation) as soon as the child enters placement and that services be provided consistent with the family service plan. In addition, ASFA allows for concurrent planning to consider multiple permanency options for a child in the event a child cannot return to his or her family.

At the point in time when a child has been in out-of-home care for 15 out of the last 22 months, county agencies are required to file a petition to terminate parental rights. There are only three exceptions to the filing of a petition to terminate parental rights: 1) the child is with a relative; 2) there is a compelling reason that it is not in the best interest of the child to file such a petition; or 3) services were not provided. Unless the court approves an exception, the agency must file a petition to terminate parental rights by the fifteenth month the child is in placement.

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* More information on ASFA is available in the Office of Children, Youth and Families Bulletin on Interim Implementation Guidelines for the Adoption and Safe Families Act of 1997 (P.L. 105-89), bulletin number 3130-98-01.

Summary

As the mandates of the Adoption and Safe Families Act of 1997 indicate, one of the primary goals in the Child Welfare system today is permanency. As described in this chapter, research has documented that frequent visiting is associated with the achievement of permanency for children. Frequently visited children have been found to be more likely to be reunified with their families and to remain in care fewer months. In addition, frequent visiting has been found to contribute to psychosocial benefits to children in placement. Finally, several counties in Pennsylvania have experienced financial benefits from policy changes to increase visiting. Thus, the answer to the question "Why is visiting important?" is multi-faceted. Chapter 2 outlines recommended visiting practice standards that recognize the importance of visiting, and support the achievement of the desired permanency planning outcomes for children.

RECOMMENDED VISITING PRACTICE STANDARDS

Child

Foster Family

Family

Community

Agency

Recommended Visiting Practice Standards
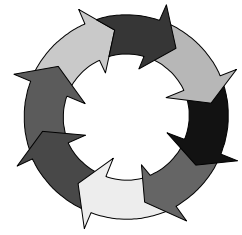
KEY POINTS:

- **Identify key components of a visitation plan**

- **List the key player of the Family Service Team; listing the roles and responsibilities of each Team member**

- **Become familiar with how to develop a visiting plan that meets the individualized needs of the child and their family**

- **Understand the reactions to visiting by the members of the Family Service Team and identify appropriate strategies to manage these reactions**

- **Identify recruitment and retention strategies for Foster Parents who support visitation plan for children and their families**

Recommended Visiting Practice Standards
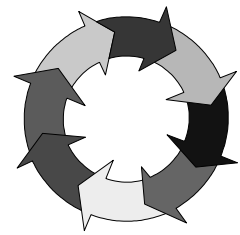
Developing Written Visiting Plans

As outlined in Chapter 1, evidence from research tells us that the agency development of a written visiting plan for each parent and child is positively associated with increases in parents' visiting frequency. Thus the development of a written visiting plan is an essential component of service to families with children in care.

Visits must be addressed in the Placement Amendment as required for each child in placement, and should be developed with the birth and foster parents' participation, and the involvement of those children who have the capacity to contribute to the process. Others, such as extended family members, private agency caseworkers, and other service providers may also have information and responsibilities that warrant their participation in developing the visit plan. Specific details of the visiting plan may be on the Placement Amendment or on a supplementary document. The plan should be written in flexible language that allows for increases in visitation. The plan should be supportive of the permanency goal for the child (see Appendix A for key elements for success in assessment and goal planning). It should incorporate activities that provide opportunities for family progress on service objectives, as well as opportunities for service providers to assess the family's progress. Whenever there is a change in the visiting plan, the written document should be amended.

Information to be Included in the Written Visiting Plan

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. Information in all of the following areas should be included in written visiting plans:

* **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 the family members and others relevant to the visiting plan**.

* **dates for which the plan is effective**. - It should be noted that 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 service objectives. For example, a visit more often than once a week may be important for very young children.

* visit length and time of visits. - Visits may range from less than an hour to several days. Length and time of visits should be individualized and vary, depending upon the needs of children and their parents, and on the service 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 include the parents' home, the foster parents' home, parks, restaurants, family centers, recreational activities, the barber shop, 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 caseworker, 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. Although detailed descriptions of the plan for each visit are beyond the scope of a written visiting plan, the plan should identify 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 visit plan and might include "remain sober throughout the visit," "will not make inappropriate promises to 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. Many 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.

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 for natural interaction, must be fully justified as necessary to protect the child. The plan should coordinate with the family service plan and/or court order and be subject to change as the needs of families' change and goals are attained and/or changed.

Written plans may be presented on a calendar, which provides children, parents, the foster parents, and agency personnel a way to anticipate and to track visits. Please refer to Appendix B for: a sample Visitation plan form; a sample written Visitation Plan, a revision reflecting the family's progress; and two sample Calendars reflecting a month of scheduled visits consistent with the two plans.

Building the Family's Service Team

For every child placed in foster care, there is a team providing service and support to the child and the child's family. As will be further discussed in chapter 5, cooperating with and assisting others toward a common purpose enhances each team member's effectiveness. Sometimes, the team members do not formalize their collaboration. However, meeting regularly as a team not only strengthens the assessment, service planning and implementation, and decision-making over time, it also provides support for each team member. Typically, the team includes the foster parents, the child's parents, the child (depending on age and developmental stage), the public agency caseworker, a private agency caseworker (where applicable), and others (when invited), such as extended family members, mental health professionals, and other social service professionals.

Team meetings may focus on various agenda items. An important focus is the effectiveness of the visiting plan and appropriate revisions over time. The progress

observed and problems identified through visits should be reviewed. Any new obstacles that undermine the visiting pan should be identified and solutions for positive and productive visits developed. Often, teams find the process of "brainstorming" helpful in problem solving - each team member tosses out ideas for solutions without regard to their feasibility, and all ideas are listed. The team then reviews each idea/solution considering the pros and cons. Often ideas that seem absurd initially may lead to discussion of creative and realistic solutions.

A team leader should be designated to carry responsibility for the team's coordination and functioning. The team leader's responsibilities are identified in Chapter 5.

The Roles and Responsibilities of the Team Members

Clarity about each team member's roles and responsibilities is central to effective teamwork. Recommended roles and responsibilities are outlined below, with particular attention to each team member's involvement in visit planning and activities.

Each team member carries shared responsibilities to:

- participate in the development and revision of the visiting plan;

- ensure that visiting is not used as a reward or a punishment;

- provide all information relevant to planning visits that: maintain and build the parent-child relationship; are safe; support the permanency goal and service objectives; and change over time to reflect progress toward the permanency goal;

- listen to and consider information and opinions from other team members that may conflict with his/her own information and opinions;

- identify obstacles to visiting and be willing to attempt to address them.

In their work together, team members carry somewhat different roles in serving the child(ren) and family. The roles and responsibilities listed below are not all-inclusive. However, the typical roles and responsibilities that team members assume with regard to visiting are identified.

The Public Agency Caseworker's Roles and Responsibilities

In addition to the responsibilities shared by all team members as identified above, the roles and responsibilities of the public agency caseworker include to:

- arrange and facilitate team meetings to develop and review the visiting plan. Team meetings should include the legal/birth family, foster family, child (depending on age), private agency caseworker, and others as appropriate;

- assist in the preparation of child(ren), family members, foster parents, and others as appropriate for visits in order to prevent or diminish visit-related problems, and to maximize the family's movement toward reunification;

- implement the visiting plan, ensuring that the first visit occurs within three days of placement, but no later than one week of placement;

- ensure that if supervision is required, it occurs in the least intrusive manner

- advocate for the optimum visiting location with least restrictive environment, when safety issues have been addressed;

- facilitate minimum weekly ongoing visiting, including the provision of transportation unless otherwise specified in the plan;

- promote visiting schedules that place the family's needs ahead of those of the caseworker or foster parent;

- visit the home of the birth/legal family to identify and address safety issues;

- assess the family's progress at regular intervals, outlining progress and obstacles, and recommending amendments to the visiting plan as needed to achieve placement goals;

- ensure that services are provided to promote purposeful and productive visiting;

- ensure that foster parents and supportive staff are trained to promote visiting as an integral part of placement services, including diversity training and training related to the needs of children in placement;

- provide encouragement and consultation to the foster parents in their role as mentors during visiting;

- document the agency's efforts to support visiting, and the results of the visiting plan;

- provide court testimony as required regarding the plan for visiting, and the results of the plan;

- regularly assess own needs for professional development in areas related to visiting and the achievement of the goals of children and families in the worker's caseload.

Foster Parents' Roles and Responsibilities

In addition to the responsibilities shared by all team members as identified

above, the roles and responsibilities of foster parents include to:

- develop positive relationships with the legal and extended family of the foster child(ren), accept the child's family as a positive part of the child's life, and respect the differences between their family and the child's family;

- encourage and support the child's contact with family members in as many activities as possible (i.e. school conferences, medical appointments) and prepare child(ren) for visits;

- serve as mentors to the child's family members who are participating in visits;

- participate in visits as planned and appropriate, including hosting visiting within their home;

- collaborate with private and/or public agency caseworkers, including participation in team meetings;

- provide for transportation and participate in visits as appropriate;

- participate in case planning, court reviews, and case plan reviews;

- participate in training focused on family and child development, including reactions inherent to separation and visiting; working with children's parents, including diversity training; and the needs of children in placement;

- regularly assess own needs for professional development in areas related to visiting and the achievement of the goals of the children in their care and of their families.

The Child's Parents' Roles and Responsibilities

In addition to the responsibilities shared by all team members identified above, the roles and responsibilities of the child's birth/legal parents include to:

- review and discuss the plan to assure understanding;

- develop a positive relationship with the family who is fostering their child, accept the child's foster/caregiver family as a positive part of the child's life, and respect the differences between their family and the foster parents' family;

- host visits in their home as planned;

- participate in as many activities as possible in the child's life (i.e. school conferences, medical appointments) and visit the child in the foster home as appropriate;

- work in conjunction with private and/or public agency caseworkers, including participation at team meetings;

- adhere to all conditions specified in the visiting plan ;

- engage in age appropriate activities with the child during visits and use visits to practice appropriate parenting behaviors and obtain feedback from the caseworker and foster parents;

- openly discuss their own reactions to visits with private and/or public agency caseworkers or mental health professionals;

- use visits to prepare for reunification or other permanency options for the child;

- participate in resolution of any conflicts regarding the visiting plan;

- participate in case planning, court reviews, and case plan reviews.

The Child's Role and Responsibilities

The roles and responsibilities of the child in care are determined to a great degree by the child's age, developmental capacity, and comfort level. At minimum, children should be provided information about the process, as well as support and encouragement. However, children may appropriately participate in the development of the family service and visiting plans and attend team meetings for reviews and updates. Inclusion of the child involves asking the child's opinion and listening to his/her concerns. Children should be prepared to notify a trusted, responsible adult if problems arise during visits, and may participate in resolving issues that present obstacles to visiting and reunification. Children typically have a role in developing and implementing a safety plan for supervised, unsupervised, and overnight visits.

The Private Agency Caseworker's Roles and Responsibilities

In addition to the responsibilities shared by team members as identified above, the roles and responsibilities of the private agency caseworker include to:

- implement the visiting plan, ensuring that the first visit occurs within three days of placement, but no later than within one week of placement;

- facilitate minimum weekly ongoing visiting, including the provision of transportation unless otherwise indicated in the plan;

- ensure that visiting occurs in a setting where privacy, safety, and natural interactions are promoted;

- ensure that, if supervision is required, it occurs in the least intrusive manner;

- provide services to promote purposeful and productive visiting;

- immediately advise the public agency caseworker of changes, progress, and problems with visiting and together develop a plan to address obstacles;

- promote visiting schedules that place the family's needs ahead of those of the caseworker or foster parents;

- visit the home of the birth/legal family to address safety issues;

- ensure that foster parents and supportive staff are trained to promote visiting as an integral part of family services;

- train foster parents in working with birth/legal family, including diversity training and training regarding the needs of children in care;

- encourage and support the foster parent in the role as mentor to the family during visits;

- document all visit-related activities, including preparing family members for visits, supervising visits, and de-briefing family members following visits;

- provide court testimony when required regarding visit plan, supports to visiting, and visit results.

The Roles and Responsibilities of Others as Appropriate

Because each child's circumstances vary, the members of the team will at times include extended family members, mental health professionals, or others directly involved in serving the child and/or parents. When invited, these persons:

- attend and participate in team meetings for review and updates of the visiting plan,
- immediately advise the caseworker of changes, progress, and problems with visiting,
- together with the team develop a plan to address obstacles,
- provide supportive services as appropriate to the birth/legal parents and the child during visits.

The team member(s) involved in supervising visits should complete a visit report. When parents are willing and able, families may also be asked to provide a visiting summary or to engage in a review of the visit using the summary as a guide for discussion. In a visit report, several topical areas should be addressed. These include:

- the promptness of family members' arrival for the visit,
- the nature and degree of interaction between parent and child,

- the appropriateness of the activities planned by the parent for the visit,

- the nature and degree of participation in the visit by parents/children/others,
- the parents' willingness and ability to assume a parenting role appropriate to the visiting situation,
- significant interactions and/or incidents during the visit, both positive and negative.

To assist persons in any of the above roles (caseworker, foster parent, contractual worker, others) in supervising and documenting visits, a sample visit summary format and an example of a visit report is provided in Attachment C. Please note that the purpose for the amount of detail provided in the sample visiting summary would be to supply the therapist/caseworker who is not always directly involved in the visit with ample information to engage in follow-up work with the family members. Follow-up typically would include discussing interactions, feelings, and significant events that occurred during the visit and planning for future visits. It is possible for the visit supervisor to provide less detail and emphasize conclusions regarding the visit. These conclusions would relate to the visit activities that were identified in the visit plan to support the service agreement goals. Please see Appendix C for an example of a visit report form and a sample visit report.

Developing Visiting Plans that are Safe, Creative, and Effective

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

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. An initial risk assessment informs decisions about safety planning for visits scheduled early in the placement period. The Pennsylvania Risk Assessment Model is utilized to determine the degree of risk (no risk, low risk, moderate risk, and high risk) in 15 different categories. 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.

The assessment of families' strengths, needs, and problems is an on-going process that provides information for both service and visit planning. The family 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 service objectives

and specific services provided. The service objectives, in turn, shape the location, frequency, specific activities, and other aspects of visiting. In order for visits to be used effectively, to enhance family members' progress on service objectives, and to assess progress on service objectives, the information from the family assessment must be incorporated into the planning processes.

Many frameworks for family assessment are available. For example, some counties are using the Family Assessment Form developed by the Children's Bureau of Southern California (1997). This form provides a mechanism for assessing and rating a family's living conditions within and outside the home; financial stress, management, and problems; the nature and range of social and other supports available to the child's caregivers; caregiver/child interactions, including bonding, communication, and discipline; the developmental stimulation provided to the child; and the child's behaviors. The caregivers' histories and personal characteristics are also assessed, as are interactions between caregivers. A more detailed discussion of how information regarding the family may be applied in visit planning is available in the publications included in the references.

Creativity in Visit Planning

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.

Achieving Effective Visiting

Effective visits are best achieved by:

- focusing on maintaining and building family relationships;

- scheduling visits frequently enough that they decrease the trauma of separation for the child(ren) in care, for parents, and for siblings not in care;

- reinforcing the permanency goal;

- engaging children and their families, foster parents, and service providers in decisions about visiting throughout the placement period;

- providing opportunities for family members to learn to interact differently in areas such as parent-child interaction, discipline, family routines, recreation, and sharing of feelings. It is particularly important that maximum opportunities

are provided for parents to assume increasing responsibility for the child(ren) in areas where breakdowns previously occurred;

- providing opportunities that are appropriate to the child(ren)'s and parents' current developmental capacity, while also supporting further developmental growth;

- giving constant attention to preparing children and their parents for a better functioning relationship when the child returns home;

- involving the foster parents and others in visits in ways that support and encourage the parents' sense of parental responsibility and ability;

- assuring that post-visit discussions occur with parents, with the child(ren) as age appropriate, the foster parents, and relevant others. Such discussions assist in assessing the appropriateness of the visit plan at a point in time and provide an opportunity to prepare family members for the next visit. They also provide information regarding progress toward the permanency goal, remaining stress points, and additional services that may be indicated to support progress;

- making reasonable efforts to reduce, and when possible eliminate, all obstacles to visiting, such as difficulties with transportation and with child care for children remaining in the parents' custody. When obstacles are eliminated, family members' use of visiting can be more fairly and accurately assessed;

- carefully documenting family members' progress or lack of progress as demonstrated through visits. In this way, visits provide evidence either that the family is moving toward the permanency goal, or that the family appears to be unable to move toward the permanency goal when opportunities to do so have been provided;

The Management of Reactions to Visiting

The experience of visiting can surface 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. As Hess (1987) has observed:

Each visit of a child in placement with his or 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. It can be expected that parent-child attachment and the reactions to reunion and separation shape the interactions during each visit, as well as interactions over time. (p. 30)

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 caseworker 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.

Persons involved with family visits often assume that problems of visiting are best managed by reducing the frequency and length of visits. Unfortunately, in some instances, this simplistic solution may exacerbate the problem. As with the initial preferred visiting plan, ongoing decisions regarding changes should be individualized and made only after careful assessment.

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. Many of these are difficult for parents, caseworkers, and foster parents to manage. These include:

- emotional distress, such as crying before, during, and/or after the visit;

- 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, such as questioning children;

- anxiety during the anticipation of visits;

- defiance following visits;

- refusal to visit;

- expressions of severe emotional distress reflected in serious behavioral problems, nightmares, suicidal ideation, or self-mutilation.

As noted above, perhaps the most frequent reaction of agency staff and foster parents to these intense expressions of children's sadness, fear, anger, and confusion

is to demand that either the frequency or length of visits be decreased. However, a careful assessment of the children's reactions may reveal that increasing rather than decreasing visit frequency and/or length may be a more appropriate response to the child(ren)'s reactions. Certainly, it is important to clarify whether the reaction is a pattern of behavior or an isolated behavior, and to differentiate between a pattern in the child's reactions and a reaction that occurs only once or twice. Although changes in visiting plans may be indicated, such changes should be made only after carefully exploring the following questions as presented by Hess and Proch (1988, pp. 30-32):

1. Is the reaction normal given the stresses of placement, including separation from the parent(s)? If the answer is yes, then an increase in the frequency and/or length of visits may decrease the intensity of the reaction to separation and should be considered. Other contacts between the child and parent, such as telephone calls, may also be indicated.

2. Does the reaction reflect distress related to conflicting loyalties? Unfortunately, their families and/or foster parents sometimes place children in a double bind. Children may be urged by their parents not to cooperate with their foster parents. On the other hand, children may be subtly or openly encouraged by foster parents to become a member of the foster family and disavow their wishes to visit or to return to their family. Whatever the source of the conflicting loyalties, immediate intervention with the adults involved is required to free the child from this painful dilemma.

3. Does the reaction reveal problems in the visiting situation? Is the child upset due to the location or activity of a visit? Some aspect of the visiting plan may be troubling to the child. Sometimes children experience the visit as having insufficient structure to help them feel secure; sometimes they experience the visit as being unnecessarily restrictive. Discussion with the child regarding the problems may reduce the distress. The child may be reacting to a component of the visit unrelated to the parent, such as attending a doctor's appointment or getting a haircut. In some instances, a change in the visiting plan may be required.

4. Does the reaction indicate problems in the parent-child relationship? When thorough assessment indicates that problems in the parent-child relationship are creating distress for the child, therapeutic interventions are indicated. Documentation of the parents and children's behaviors is critical as well as of their use of and reactions to therapeutic interventions. Should continuation of visits be viewed as harmful, the burden of demonstrating the relationship between the parents' behavior and harm to the child(ren) rests with the agency.

The importance of discussing children's reactions to visits with the children, parents, foster parents, and other service problems cannot be overstated. It is easy to assume that we understand the meaning of children's reactions and as a consequence react in ways that do not adequately address the source of their reactions.

Parents' Reactions to Visits

Parents may have intense reactions to visits as well. They may find the experience of the reunion and the separation inherent in each visit too painful and begin a pattern of visiting erratically or failing to visit. Their reactions may also express their feelings of guilt or shame at the child's placement, their anger about the placement, their fear that their child(ren) will not be permitted to return home, their ambivalence about parenting, or their feelings of helplessness.

Parents may also have difficulty controlling their own behaviors that resulted in the placement. A careful risk assessment must be completed prior to developing the initial visiting plan. A plan that takes a preventive approach and addresses issues of risk will minimize the possibility that children will be exposed to dangerous or seriously problematic parental behavior. Therefore, there are times that caseworkers and/or foster parents will necessarily need to anticipate, prepare for, and manage parents' reactions, behaviors, or conditions which could have a negative impact on the child(ren). Examples of such reactions, behaviors, or conditions include:

- showing up for a visit 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;

- making promises the parent is unable to keep;

- relating only to adults present in the visit and ignoring the child(ren);

- demonstrating ambivalence about their children;

- behaving aggressively toward child(ren), foster parents, or service providers;

- having limited accessibility for visits due to parent's environment, such as prison or a hospital.

Some parental reactions can be modified or avoided through preparing them for the experience of visiting. It is important to prepare parents for visits initially and over time as visit arrangements change, helping them anticipate the feelings they may experience before, during, and after visiting. Some agencies provide parents with a brochure about visiting that briefly describes the purposes of visits, parents' rights and responsibilities related to visiting, supportive services available, and important "do's and don'ts", addressing some of the problems identified above.

As discussed in Hess and Proch (1988), the extent of the parents' adherence to the visiting plan must be considered in ongoing visit arrangements. Parents may not be adhering to the plan because they are confused about the arrangements, have difficulties with childcare or transportation, or have an unpredictable work schedule. Or, the noncompliance with the plan may indicate serious ambivalence about parenting or about family reunification. As is the case in addressing children's reactions to visiting, service providers must explore the meaning of the parent's reactions and behaviors, including noncompliance with the plan, to determine the meaning. Each explanation suggests different responses, ranging from eliminating obstacles to parents' visiting, to extensive outreach to engage parents, to convening a case conference to review and possibly revise the visiting plan.

Caseworkers have found several ways to minimize children's disappointment in situations in which parents are erratic in visiting. These include revising the plan to require that prior to scheduled visits, parents must call to indicate that they are home before the child is brought to the home to visit. When visits are scheduled in various locations, the foster parent waits to drive the child to the visit until receiving confirmation that the parent has arrived. This plan is discussed with the parent in advance so that he/she knows that there will be a wait. A decision is made about whether to inform the child based on the child's developmental stage.

In most instances, a thorough family and risk assessment will yield information regarding parental behaviors and/or conditions that must be considered in visit planning. Initial visits should be structured to minimize the possibility that children will be exposed to dangerous or seriously problematic parental behavior and revised in ways that are consistent with subsequent observations regarding parents' behaviors during visits. Structure may include supervising visits, limiting visit length, selecting visit locations that restrict the opportunities for parents to behave in ways that are hurtful to the child, or limiting the number of children in a visit to decrease the number of interactions that must be managed. In some instances, the severity of the abuse that resulted in placement will require that the parent and child not be left alone during initial visits. Plans for subsequent visits will take into account the visit supervisor's observations and the parents' progress in treatment.

Perhaps the most difficult decisions regarding visits are those related to beginning unsupervised and overnight visits. Such decisions should be based on information from the parents, children, foster parents, and all service providers regarding the changes made by family members and the likelihood that family members will be able to adhere to prohibitions regarding prior behaviors and circumstances that placed the children at risk for abuse/neglect. It is important to remember, however, that when visiting plans are not periodically revised to increase the parents' responsibility for the children (for example changing from supervised in the office, to supervised in the foster parents' home, to supervised in the parents' home), it may be difficult to assess the degree to which parents are willing and able to accept greater responsibility for their children, and are progressing toward achieving the permanency goal.

Caseworkers and foster parents often ask whether it is harmful for children to visit parents who are incarcerated or in an inpatient or residential treatment facility.

When the parent's incarceration is related to having harmed the child(ren) in care, the impact of contact on the child should be assessed. On the other hand, when the child is placed because of the parent's incarceration, every effort should be made to provide regular visiting. The child's fantasy of the parent's experience in prison may be much more frightening than the reality; visits can reassure the child that the parent has not abandoned him/her and is alive and safe. Adalist-Estrin (1994) identifies a number of programs that have been developed that facilitate visiting of inmate parents, including some extended visiting programs, such as weekends and weeklong camp visits. She notes: "Focused, sustained contact with children is necessary for the children's optimal development and essential if inmate parents are to use visiting periods to do the work that ongoing dynamic relationships require. Without this contact, inmates, their partners, and their children are not prepared for the adjustment process after release" (p. 174). Issues related to permanency planning for children with incarcerated parents are discussed in a special issue of *Child Welfare* "Children with Parents in Prison" edited by Seymour and Hairston (1998).

Visits with parents receiving inpatient or residential treatment to address difficulties related to physical or mental illness or chemical dependence may also reassure the child about the parent. Planning for such visits should take into account the parent's condition and ability to relate to the child, and the availability of space to visit separate from other patients.

Foster Parents', Caseworkers', and Other Service Providers' Reactions to Visits

Foster parents and agency staff are exposed frequently to the high intensity emotions of the parents and the children they serve. Visiting surfaces the expression of many emotions that in turn can stir deep feelings of sadness, anger, fear, anxiety, and helplessness in foster parents, caseworkers, and other service providers. As part of their own self-care plan, foster parents, caseworkers, and service providers must identify and use resources provided by the agency to support their work related to visiting. These include assistance with supervision of visits, transportation, and decision-making regarding visiting. If needed resources are not available, it is important to identify the extent of the need by documenting the number of family situations in which a needed resource is not available, and to develop a strategy for obtaining resources.

The intense feelings stirred by visits can be overwhelming to agency staff and foster parents. For example, each person reacts differently to the experience of seeing a child or parent crying after a visit. Being empathetic is sufficiently painful, that it can be a normal reaction to detach oneself and to attempt to avoid such experiences in the future, such as by reducing the frequency of visiting. Seeking the support of a supervisor or peers (for the caseworker), and the caseworker or other foster parents (for the foster parents) can counteract this reaction. It is appropriate for supervisors and caseworkers to watch for such reactions in their colleagues and to offer support.

To the extent that foster parents and agency staff have sufficient self awareness and supports that enable them to tolerate and understand the meaning of the children's and parents' feelings without shutting down or over-reacting, decisions will be made

based on the needs of the child and family rather than for the self-protection of staff or foster parents. If, however, a staff member or foster parent is feeling overwhelmed or unable to cope with the steady exposure to intense feelings, it is important for him/her to talk with a supervisor, colleague, or counselor to sort through these reactions and develop a plan to deal with the reactions that supports his/her own personal well-being and professional competence. Visiting and reunification efforts also inevitably bring up issues involving tolerance of difference and of risk. Foster parents and caseworkers need support to address these issues as well.

Perhaps the most useful agency resource is the experience of other staff and of other foster parents. The use of team meetings, training sessions, retreats, and other collaborative discussions provide opportunities to express feelings, problem-solve, and give and receive affirmation and encouragement. Sometimes a caseworker or foster parent is unable to identify the limits in a particular situation because he or she is over-identified with a parent or a child. In other instances, a foster parent or caseworker is unable to see the strengths present in a situation. In some situations, a caseworker or foster parent may not have sufficient knowledge or skill to make the professional judgements required about a visiting plan. In these situations, consultation, supervision, and team discussions help in confronting the situation realistically and taking the actions that are appropriate.

It is important to recognize that sometimes a parallel process of avoidance of feelings undermines accomplishment of treatment goals for clients. When caseworkers and foster parents avoid identifying and addressing their feelings and reactions to visits and become detached from the process, their behaviors with children and families may parallel this process. They may also avoid helping family members identify and discuss their feelings and reactions to visits. When family members' feelings are not surfaced, they can become powerful obstacles to resolving family difficulties or to clarifying that family difficulties cannot be adequately resolved.

Providing visiting services is not easy, particularly if a caseworker or foster parent was trained during the period in which agencies viewed placement as a way to "rescue" children from their families. Practices have changed as new knowledge has pointed to the importance of parent-child attachments to a child's development and well-being and the importance of attempting to achieve permanency with the child's own family before other permanency options are considered. Treatment approaches have been developed that can assist parents in changing their circumstances and behaviors so that they can adequately and safely care for their children. As described in the review of the professional literature, visiting is an important component of treatment for families with children in placement.

An agency must provide a means of respite for its staff and foster parents. Often, people who are deeply invested in serving children and their families' delay in taking comp time, vacation time, or respite and consequently become depleted. Periodic time away from the stress of this work is necessary in order for foster parents, caseworkers, and service providers to maintain their capacity for empathy and to skillfully serve their clients.

The Recruitment and Retention of Foster Parents Who will be Involved in Visiting Services to Children's Families

The changes in philosophy, policy, and practice in services to children in care and their families have created the need to closely examine the recruitment and retention of foster parents. As identified above, foster parents' roles and responsibilities have expanded to include formal participation as a team member in providing family reunification services, including involvement in visiting. Although for many years some foster families have informally assisted children's parents and supported them in achieving reunification, the multiple ways in which foster parents can assist families is increasing recognized and encouraged. Foster parents willing and able to assist families are in great demand, and efforts to recruit and retain them must be approached planfully and creatively.

Recruitment Strategies

Essential to recruitment of foster parents who are willing and able to assist families toward achieving family reunification is a clear, concise statement with a message that conveys
a family focused perspective on out-of-home care. The statement should describe the importance of maintaining connections between children in care and their families and the role of visiting within this context. In addition, the message should clarify that relatives are sought first as caregivers and that kinship care is highly valued.

Not only are extended family members the first option for the temporary care of children, they may also be a helpful referral source for potential foster parents. Kinship caregivers understand the importance of maintaining family relationships. They can reach out to others in their social networks and articulate the need for foster parents who value a family focused perspective on out-of-home care as well as for persons willing to provide respite care for foster parents.

In developing a recruitment strategy it is essential to know the population of children placed in care in the community, the children's typical and special needs, and the services they require. Identification of sub-groups of children within the placement population that are particularly in need of "family-friendly" foster parents will further assist in developing a strategy for recruiting those foster parent applicants who are prepared to address children's needs. It is also essential to understand the importance of community as a support to families with children in foster care and the foster families who provide that care. Community resources play a critical role in getting the word out, identifying potential foster parents, and subsequently supporting those who are selected to provide foster care.

The recruitment message, including the rewards and realities of the foster parent role, is best carried by foster parents who are "family-friendly" and can speak articulately

about their own work with children and their families and with the team providing services. Both the print and electronic media have been used successfully by states and localities to encourage interested persons to inquire. Agency staff, community groups, and other grass-roots organizations all have a role to play in spreading the word about the need for foster parents, for respite for foster parents, for afterschool care for children in care, and for other family support services.

The Approval Process

A key principle in recruiting and retaining persons who are exploring the role of foster parent is that all inquiries should receive an immediate response. An immediate response demonstrates the value placed upon persons willing to consider entering this role. Successful agency staff suggests that a telephone response within 24 hours be followed by face-to-face contact within 72 hours to a week of the inquiry. A number of methods have been used to maintain the connection with applicants, including follow-up letters and immediate assignment to a pre-scheduled orientation session. All contacts should reinforce the purposes and goals of foster care within a family-focused context and recognize the role of visiting in serving children in care. The reiteration of the message assists inquirers to self-select with regard to their willingness and ability to enter the role as currently defined.

Orientation meetings are very effective for further elaborating the goals and purposes of foster care, including its temporary nature. Misperceptions based upon stories in the media must be anticipated and addressed. Both the rewards and the challenges of serving children in care and their families must be realistically described. Information regarding state and local agencies' roles, requirements, and responsibilities as well as regarding public-private agency partnerships in developing foster care services should also be described. The requirements for the home study process, training, and foster parents' involvement with the service team should be made explicit. In addition to the other roles and responsibilities that foster parents assume, attention should be given to describing the purposes of visits between children in care and their families. The various roles foster parents may play in visiting and the importance of making supports available to foster parents should be emphasized. Many agencies find that involving an experienced foster parent(s) in describing her/their own work with children's families provides an engaging credibility regarding the potential benefits and value of this aspect of the foster parent role to children and their parents.

The principle of promptness in response also applies to initiating and completing the home study process and notifying applicants of their status. Although the process varies by county, a preferred time frame would be to complete the home study within two months from the time a commitment is made to study a family. The home study process should incorporate careful attention to the willingness and ability of potential foster parents to be involved with the families of children for whom they would provide temporary care, including involvement in visiting. Creative options in which the potential foster family might have interest should be explored. Such options include providing respite for foster parents, providing after school care for children in care, providing visiting services to support children in other foster parents' homes, and being a parent mentor.

Potential foster families' willingness and ability can be assessed through a number of mechanisms and should be explored through several. For example, some agencies ask applicants to respond to descriptions of situations, asking them to imagine how they would respond. Situations could include preparing children for visits, participating in visits, and addressing children's and parents' reactions to visits. The home study worker must be comprehensive and include all family members, including fathers, in exploring family members' interests and their capacity to relate productively and helpfully to children's parents as well as to children with a range of needs. The caseworker also needs to be sensitive to the culture of the region, the neighborhood, and the potential foster family, and explore and assess the potential foster families' openness to family cultures and traditions that are different from their own.

Obstacles to recruiting and retaining foster parents who bring a family-focused perspective to their role and who are willing and able to be involved in family visiting can be challenging. Perhaps the most difficult of these are the attitudes of experienced foster parents, staff, and community services providers who have long viewed foster care as a way to rescue children from "bad" or "undeserving" parents. Most agencies have found that the most effective way to address this obstacle is through identifying foster parents, staff, and community service providers who have had experiences with creative and effective foster parent involvement with visiting and who are willing to share their experiences at foster parent events and in staff meetings.

Retention

Retention of foster parents who bring a family-focused perspective to their roles requires ongoing attention to supports. Training is a critical and ongoing support of foster parents and an important element of foster parent retention. Training can reinforce the philosophy, knowledge, and skills integral to the provision of out-of-home care from a family-focused perspective and the roles and responsibilities of foster parents within this framework. The state pre-service competency based curriculum provides such a focus and is consistent with family-focused out-of-home care.

Participation in training is enhanced by offering sessions at convenient and flexible hours, including evenings and weekends and in accessible community locations. Foster parents' participation in planning, development, and delivery of foster parent training is strongly encouraged (Wasson & Hess 1989). The use of a self-assessment tool, such as that included in Appendix D, assists foster parents in identifying their ongoing training needs. Periodic agency assessments of foster parents' training needs keep the focus current and relevant as does conducting evaluations of the effectiveness of training. Drawing upon community resources as partners in foster parent training strengthens the training as well as introduces foster parents to community resources. It also reminds the staff of various community resources about the challenges and needs of foster parents and the children and families they serve.

Other supports that assist in retaining family-focused foster parents include respite and the recognition of achievement, such as the development of awards specific

to those foster parents who are actively involved in visiting and in working with children's parents.

Continued use of foster parents who are not open to the family-focused philosophy of services as foster parents must be carefully assessed as it may undermine the agency's ability to provide effective services. Some families may be better suited to providing respite for other foster families or providing after school care for children in care than to providing full-time family-focused care for children. Further, it should be emphasized that all foster parents should not be retained, particularly those who are not supportive of family-focused care, parent-child visiting, and efforts to achieve permanency for children.

Summary

The successful implementation of the visiting practices and policies outlined in this chapter is not possible without the strong commitment and skillful leadership of the agency administrator(s), attention to organizational issues, and effective collaboration. Chapters 3, 4, and 5 address these components of implementation.

LEADERSHIP IN ENHANCING VISITING SERVICES

Child

Foster Family

Agency

Community

Family

Leadership in Enhancing Visiting Services
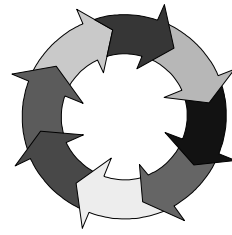
KEY POINTS:

- **List the roles of the Children and Youth Administrators and Chief Juvenile Probation Officer in providing leadership for effective visitation planning for children and their families**

Leadership in Enhancing Visiting Services

The Roles of the Children and Youth Administrator and Chief Juvenile Probation Officer

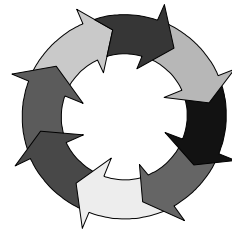Agency policies establish the basic foundation upon which day to day practice is built. Policies provide guidance and direction to the staff regarding the beliefs and philosophies of the agency. Procedures provide the specific instructions detailing how the policies are to be implemented. In order for successful implementation of changes in the basic philosophies of the agency, it is essential that policies be reviewed and changed as necessary. Good policy should answer the question "why?" and should be founded on the results of solid research.

The single most important individual in the successful implementation of enhanced visiting services and related policy changes is the agency director. The director must demonstrate a strong commitment to the philosophy behind the change and commit the necessary resources to achieve the change. The director must also develop a plan for implementation that recognizes the common obstacles to change, outlines strategies to overcome those obstacles, and ensures that obstacles to implementation are overcome. This chapter identifies potential roles for administrators in developing a plan for implementing enhanced visiting services. Chapter 4 explores the organizational issues that administrators and staff must address in initiating change.

The recommended visiting practice standards regarding visiting that are described in Chapter 2 should be explored in the context of improving services to children and families and maximizing utilization of financial resources. One of the primary goals in the child welfare system today is permanency. As described in Chapter 1, research has documented that more frequent visiting is associated with quicker permanency decisions. Children either return home sooner or the decision to move the child to an alternative permanent setting may be arrived at sooner.

In addition to the psychosocial benefits to children derived from frequent visiting with their families, several counties in Pennsylvania have experienced financial benefits from policy changes to increase visiting. These counties have collected data that demonstrate that the costs of increased visiting have been more than offset by savings from decreased placement costs. Finally, with the passage of the Adoption and Safe Families Act, there is increased urgency for counties to adopt policies that lead to quicker permanency decisions for children.

Possible Roles for Administrators in Achieving Innovation

A model that is useful in planning for systems reform has been developed by the Center for Applied Research in Philadelphia. This model identifies five functions or roles that are present in successful systems reform efforts. These roles are:

The Visionary. The visionary is an idea person, a dreamer, an idealist who envisions what the system will be like after the change occurs. He or she can communicate excitement and compassion and speak from the heart. In this role, the administrator can articulate the vision of where the reform is going.

The Sponsor. The sponsor is an individual who has the authority to make decisions, allocate resources or direct that things happen. The sponsor can protect the process in the early stages as it is getting started.

The Expert. The expert is an individual who is recognized as having strong knowledge about the issue. The expert can identify what specific tasks need to be done and known and can communicate specifically what is likely to occur differently after system change occurs. They may or may not be a part of the system.

The Orchestrator. The orchestrator is the individual who knows how to get things done within the system. Orchestrators have a wide network of contacts both within and outside of the system as well as the ability to "grease the skids."

The Champion. The champion is the individual who believes in the change and preaches the merits of it at every opportunity. Champions have a flair for marketing and take the vision and sell it.

To facilitate systems innovations, all five roles need to be filled. Typically, however, any one individual can successfully fill no more than two roles. This framework should be helpful to administrators in planning how to approach and implement changes that enhance visiting services.

Leadership for the Change Process

Beginning the Process

For any change in the agency to be successful, it is critical that the foremost leadership for the change is provided by the Administrator or Chief Juvenile Probation Officer, hereafter referred to as the administrator. That person must believe in the change, must display enthusiasm and optimism for the change, and provide the energy to drive the project (the role of the champion).

A second key role of the administrator is to assure that a comprehensive plan is developed to guide the change process. This document is limited to highlighting some very practical dimensions needed to develop a Reunification Program. A key resource

and guide for step-by-step planning is *Reconnecting Families, A Guide to Strengthening Family Reunification Services*, by Warsh, Pine, and Maluccio (1996).

Recently, some Pennsylvania Counties that were implementing a Reunification program developed a "Planning Team." Such a team consists of persons who share the vision and the values, and should include the following types of members:

- agency staff from all levels and from various department;
- parents;
- community members;
- agency caregivers;
- selected vendor agencies;
- key service providers.

Particularly at the beginning of the change initiative, it is critical that the top agency leaders(s) be present to demonstrate belief in and commitment to the project. A subgroup of the team may be designated as an "Implementation Team" to actually develop the details of plans for enhanced visiting services and related policies and to take back to the planning team these ideas for consideration and decision-making.

It is important to review the agency's mission statement to assure congruence between the statement and the goals of permanency planning. The implementation team should consider options such as beginning on a small-scale pilot project basis and selecting initial target populations. The agency leader(s) must also consider the political environment within the county, the agency, the caregiver community, the placement community, and the external environment. Generally one knows from whom to expect various levels of resistance. Special efforts need to be made to overcome the resistance to the degree possible. Inclusion of key team members on the planning team may assist in this area.

It is critical that one not become immobilized or gives up. If one approach is not successful, another should be tried. As discussed in Chapter 4, the agency director and staff should consider whether to use one's own county staff and caregivers in implementing enhanced visiting services or whether to purchase the services needed.

Leadership for Change: Internal Roles

Within the agency, the administrator needs to carry the primary "marketing role" and to "champion" the project. The administrators must be clear on the vision and communicate the values and expectations related to the program. He or she must work with the planning and implementation teams to build consensus and buy-in from all internal stakeholders involved in the process.

Developing Policies and Procedures

An additional critical element is to assure that the agency develops clear policies and procedures that support enhanced visiting and permanency planning services.

Once the process for marketing the concept of placement review/visiting has commenced with staff and key stakeholders, it is necessary to develop a mission statement. It is important to stress the balance of child and community safety with visiting and reunification planning with the staff and stakeholders because of the natural concern that children may be placed at risk by the program. These groups would ideally be involved in the development of the mission statement and visiting policies and procedures. This would ensure utilization of the input from all parties and acceptance and ownership of the initiative.

The mission statement itself should be consistent with the concepts of child/community safety, frequent visiting, and permanency planning. It should include a statement of what the agency wishes to achieve and how this will be accomplished. A sample mission statement could be as follows:

> *The _____ County Family Permanency Planning Program exists to help each child achieve and maintain a permanent placement plan in a timely manner. The purpose of the program is to focus on the strengths and needs of each child and family, while using a variety of efficient, time-limited, goal-oriented services and supports to determine the optimal level of reconnection that is appropriate.*

When beginning or refining a permanency planning program, including enhanced visiting services, it is important to develop policies and procedures in order to clarify outcomes to be achieved with children and families and to define the roles and responsibilities of the various participants in the program, including the children, parents or other permanent family resource, Children &Youth Services, Juvenile Probation Officer, foster parents, and other service providers. Insofar as proposed policies and procedures may differ from those in other agency service areas, appropriate changes would have to be made to the latter. Depending on each agency's current practice, the philosophical assumptions of a permanency planning program could possibly be dramatically different, so attention should be given to ensure that all procedures are congruent. Effective permanency planning services should result in enhanced quality and intensity of service; shorter placement stays; stronger, more stable families; improved inter-agency and agency-family relationships; stronger collaboration and teamwork; an enhanced family-focused foster care program; and cost savings.

Policies and procedures that support permanency planning address at least the following areas:

Confidentiality - decisions as to with whom information is shared in order to effectively provide and coordinate services.

Team Leadership - who will lead and coordinate services, whether it is C&YS/JPO or provider staff and how that will be determined in individual cases.

Caseload Size - what is the maximum number of families to be served while providing necessary services.

Visiting - when, where, how often, and who is responsible for supervision, debriefing following visits, and ongoing planning and feedback to the family.

Emergency Coverage - what constitutes an emergency and who is responsible for responding promptly to an emergency.

Acceptance and Closure of Cases - determination on which cases will or will not be accepted for permanency planning services and decisions on when services are completed or are no longer useful for permanency.

Family Service and Visiting Plans - development of plans in conjunction with families that are understandable to all parties and deal with specific problem areas that prompted placement and/or must be successfully addressed for a safe, permanent plan that assures child/community safety.

Collaboration with Other Agencies - inclusion of community in-home and placement \agency staff who are providing critical services to the child/family in the planning and review process.

Post-Reunification and Post-Adoption Services - the amount, type and length of time for services provided to parents/other permanent family resources following discharge from placement.

Foster Parent Responsibilities - responsibilities for family-focused foster parents as an active part of the service team to strengthen the child's relationship with his/her family and to engage the family in encouraging that relationship and facilitating reunification or another permanent goal.

Developing Resources and Funding

For a permanency planning program, including enhanced visiting services, to succeed, an essential element is the identification and provision of funding and other resources necessary to carry out its activities. New services and expectations cannot be established without the provision of adequate resources to implement those expectations. Resources are realized in many forms, therefore a program administrator must be creative and, above all else, be flexible. Administrators must not overlook the obvious. Each innovation or reform embarked upon has its own unique resource requirements covering a wide range of options.

The Identification, Generation, and Commitment of Needed Resources. Prior to moving forward, the agency administrator must determine what resources will be needed to implement the changes. These resources include, but are not limited to: time, funding, personnel, equipment, supplies, and materials. Identifying the required resources is the first step to be taken.

Once the needed resources have been identified, a list of currently available resources must be developed. The resource needs must be realistic with respect to

those needed at the time of implementation. An administrator must be cautious not to anticipate those resources that may become available as a result of the success of the change effort. That is, the focus must be on what will be available at the inception phase.

If there is a gap between resources available and resources needed, then a plan must be developed to generate the needed resources to fill this gap. In the creation of such a plan, it is often helpful to create a chronological and sequential list of all the steps necessary to achieve the plan goal. Time lines for each step and the person or persons responsible for the success of each step should be identified.

The Needs Based Plan process is one alternative to explore. However, if this method is utilized, then the needs must be anticipated 12 to 16 months in advance of implementation. When it is desirous to initiate a visiting policy earlier than the Needs Based process would allow, then other avenues must obviously be explored. Such avenues would include application for grant funding through both public and private sources such as Family Preservation, Child Abuse and Family Services, Pennsylvania Commission on Crime and Delinquency and local foundations.

The reallocation of existing resources should also be pursued and evaluated for viable availability. In doing this, it is essential that the reallocation be operationally feasible. That is, if a resource is to be reallocated, then the commitment to keep those resources available to support enhanced visiting services is critical.

Acquiring Funding. Resource development includes two separate but highly related processes: funding acquisition and resource allocation. While some level of fiscal support is required for all program implementation, effective resource utilization is an important aspect of program funding.

In acquiring funding, numerous approach tracks should be pursued concurrently to provide for both flexibility and stability. Single sourcing has the potential for exposing a project to delays or failure. The generation of any type of new funds targeted or otherwise may provide an opportunity to reallocate generic funds to enable program. Cost shifting and reallocation of funding from various sources allows monies to be maximized. Funding options that may be explored include:

- needs-based plan and budget;
- special grants;
- human services office allocations;
- Medicaid Managed Care, particularly behavioral health care services;
- FSSR, FC and CTC initiatives;
- EPSDT program utilization;
- Enterprize Zone collaborations;
- possible establishment of subsidiary organizations to access corporation and/or; foundation funding which requires 501C3 eligibility

Resource Allocation. Resource allocation involves considerable review and planning. Decisions must weigh cost as well as program effectiveness. The particulars of program design may in some instances dictate service delivery methodology, but in most projects a range of options may be utilized to implement the program. Again, flexibility is a necessity. Allocation options that may be considered are:

- direct service by agency staff versus purchase of service delivery;
- revisions of current vendor contracts to enhance services;
- reassignment of agency staff duties and responsibilities;
- utilization of various community providers and stakeholders, particularly foster parents;
- include the child's extended family members as part of the provider team;
- recruit and train volunteers to assist with the project;
- utilize different worker classifications effectively, including student interns.

Implementing a Plan for Systematic Evaluation

Initiatives and reforms are never considered successful unless there is a method designed to demonstrate and document the benefits of the changes implemented. The evaluation process of enhanced visiting services should be planned in advance. Consideration should be given to an evaluation which will capitalize on existing measures (Results Based Management goals), available statistical data bases (AFCARS), ongoing survey resources (annual surveys and evaluations by OCYF Regional Offices) and stakeholder assessments.

In January, 1997, a Results Based Management document was made available to County Children and Youth agencies. Linking the measures in this document to the outcomes of enhanced visiting services would effectively provide a needed evaluative tool. Included in Appendix E are the goals, results and measures that would most directly relate to enhance visiting services.

Effective with the 1998 calendar year AFCARS statistical data is available and can be used as a primary source of information. With the advent of the PACWIS system, the available data base will be expanded. All of this information will be useful in the evaluation process.

County Children and Youth agencies are evaluated annually by the appropriate OCYF Regional Office. The evaluation of the results achieved and the regulatory status of those families involved in enhanced visiting services can be part of this annual process. The Regional Office would have to be made aware of the County Agency's request to have this done. The Regional Office could then draw a sample of cases reflective of those involved in the visiting project as well as a sample of families who are not involved in the project. The data collected could then be compared by the County Agency to determine any differences.

Stakeholder assessments could be undertaken to determine satisfaction with the project and quality assurance. The importance of input from staff and families who are

a part of the enhanced visiting project should not be overlooked. The gathering of information from families through pre-involvement and post-involvement questionnaires would be an effective way to measure satisfaction achieved from the project. Evaluations on prescribed forms to be completed by staff at specific intervals would also lend needed data on the desired outcomes of the program.

The methods of assuring an evaluative process described above are offered as suggestions to stimulate thinking in the use of resources in the evaluation of outcomes related to enhanced visiting services.

Leadership for Change: External Roles

As with internal roles, the Administrator becomes the visionary and needs to carry the primary marketing role with the external entities who are key to the success for the Program. It is critical to be proactive, to evaluate the environment, and not to become defensive. The degree to which one has already established productive, credible relationships with the external entities will serve well in obtaining support and resources from them in permanency planning efforts.

Building Consensus

There are a number of key external entities to which one must communicate the vision and values of permanency planning services, including enhanced visiting services, in order to achieve consensus. Each county differs as to the level of difficulty one will encounter and from what sources. Among entities to consider for inclusion in the marketing strategies are the following:

- the county government;
- the court;
- the Foster Parent Association;
- private providers;
- families;
- the community;
- schools;
- faith-based organizations.

Developing Resources

As noted above, the generation of essential resources to create an effective change in agency visiting policy and procedure is critical to the success of effort. Generation of resources may necessary involve efforts external to the agency.

It may be useful to look for resources that may be available from nontraditional sources. For example, the goals of an effective visiting policy would merge effectively with the purposes of Family Service System Reform and Family Centers. The role of these initiatives could be expanded to encompass the implementation of enhanced

visiting services. Often many of the support services needed to create a change in visiting can be accessed through these initiatives. This is particularly true in the case of Family Centers, since the involvement of the neighborhood and the community is needed.

The generation and commitment of resources can be one of the biggest obstacles to overcome in the creation of effective visiting policies and services. However, with specific planning and the involvement of key community stakeholders, needed resources can be obtained.

Summary

Effective leadership is essential to any change effort. Conviction, optimism, energy, and skill are needed to support and encourage agency staff and other constituencies as they move toward the desired goals. In Chapter 4, additional issues related to of achieving change within organizations and the process of organizational assessment are discussed. Administrators must also be attentive to these issues and processes.

ORGANIZATIONAL ISSUES

Child

Foster Family

Agency

Community

Family
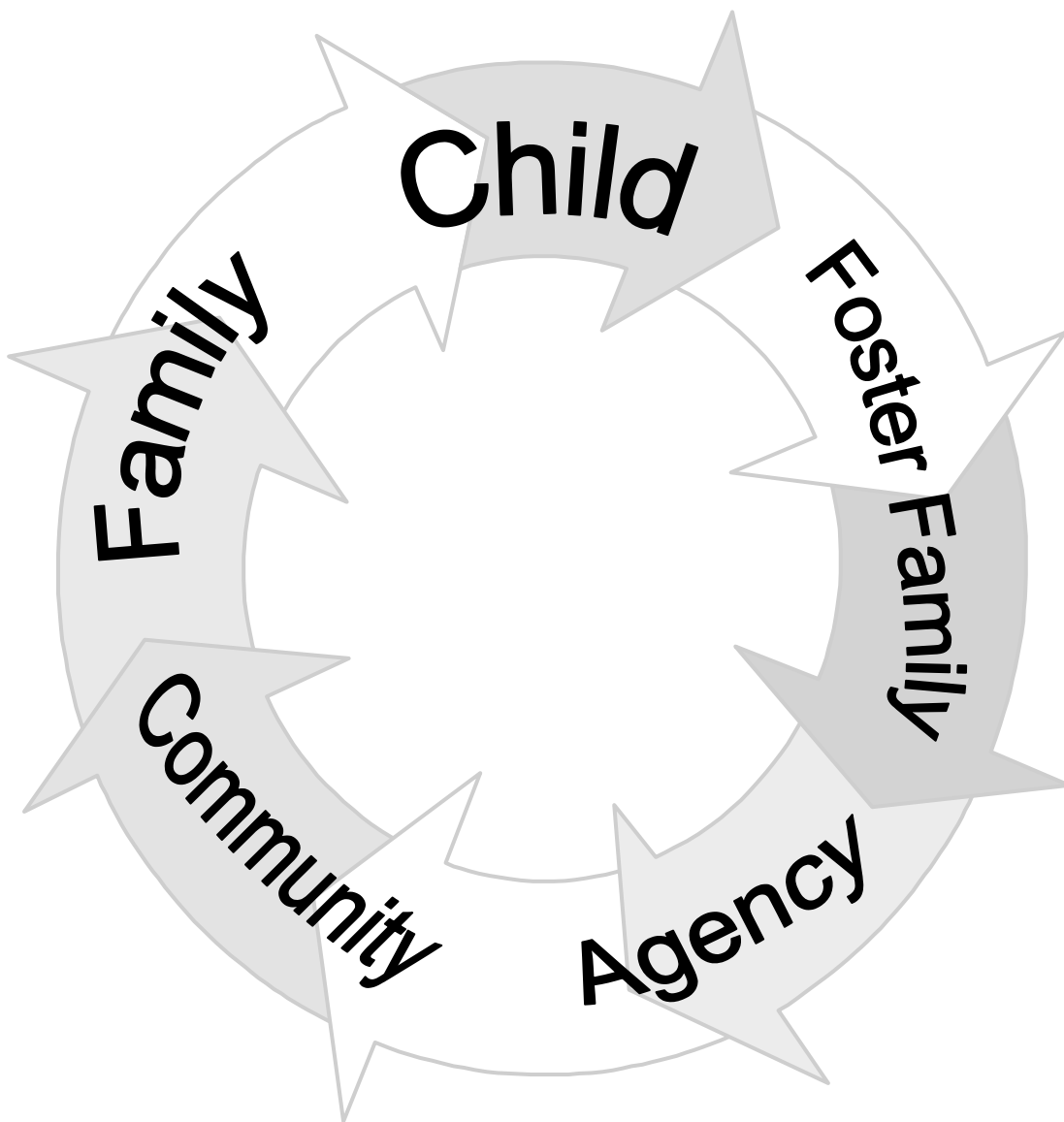
Organizational Issues
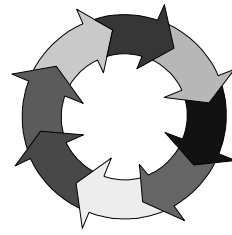
KEY POINTS:

- **Understand the organizational issues relevant to developing and implementing policies and practices that are most likely to facilitate permanency outcomes for children**

- **Identify physical and attitudinal obstacles to change and identify strategies to implement to overcome these obstacles**

Organizational Issues

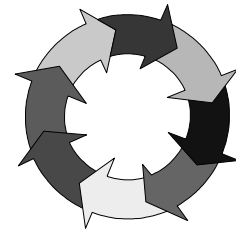Practitioners in Pennsylvania's children and youth services system are concerned about the quality of services provided to families. As noted in previous chapters, it is well documented that the quantity and quality of visiting have been found to be highly influential in determining the likelihood of family reunification and the length of time in care. While Pennsylvania's system has been aware of the importance of this factor for some time, the state has been slow to systematically implement increased visiting services and thus take advantage of the potential value of these research findings.

It is recognized that organizational issues often undermine innovation and may affect county agencies' ability to develop and implement effective visiting services for children and their families. Therefore, this chapter focuses on the organizational issues relevant to developing and implementing policies and practices that are most likely to facilitate permanency planning for children in placement. This chapter is based on the premise that every organization is unique with dynamics and needs that dictate its structure. Therefore, the organizational issues to be evaluated and a process for evaluation are presented, but the chapter does not prescribe a preferred organizational structure.

Change in Bureaucratic Organizations

Weiss (1981) has discussed the reaction of bureaucratic organizations to research findings. Logically one would expect that an organization would act to implement changes based on solid research findings since decision-making is thought to be orderly, logical and evaluative. However, this is not consistently true, even in the business world where organizational research and development (R&D) is essential. In a bureaucratic setting, managers and staff tend to limit the alternatives considered, the information processed, and the evaluative efforts undertaken in a bounded reality in which a course of action is sought that is "good enough" and permits an end to the search for alternatives.

Bureaucratic organizations tend to be conservative and reluctant to base actions on estimates of an uncertain future. Small steps are preferred to solve immediate problems rather than systematic planning for the future. Research may therefore provide the impetus to get moving on something the agency already knew and intended to act on in the future. Additionally, it is noted that units within the organization tend to consider only the piece of the action relevant to their role. These units may develop sub-goals that conflict with the goals of other units or the organization as a whole.

Weiss (1981) concludes with the perspective that bureaucratic organizations can change in response to research findings as the information becomes absorbed into the whole picture. County agencies can therefore purposefully use such information to gradually move the organization by infusing information. Agency directors and supervisors need to remember in this effort that few organizational decisions are based primarily on information. Other factors include internal and external politics. County administrators need to also learn to use research and empirical language to move the larger policy makers. All factors must move in the same direction and at the same time as the research findings to accomplish major change.

In this chapter one model for use in assessing a county agency organizational system is provided. Each county agency is encouraged to examine the process by which children come into placement in the county and the expected implications of implementing increased visiting in an effort to return children to their homes safely in the shortest period of time possible. By studying their organizational processes, the individual county agencies will be able to identify problem/impact areas in the placement process and possible ways to increase the quality and efficiency of the services to support permanency outcomes. This review will also assist in identifying any additional resources needed for implementation of a program with an increased emphasis on visiting.

Fiscally the potential issues surrounding implementation of increased visiting are complex. Counties experience a constant pressure to increase the quality of services without increasing the related costs. Indeed many times counties are asked to increase quality while decreasing costs. The best estimate is that implementation of increased visiting will require additional costs. These additional costs may be in increased county staff hours or in increased purchase of service staff hours. There may also be increased costs related to providing supports to foster parents and to children's families.

There may well be validity to the idea that the increased investment of resources will lead to shorter placements in the future and thus to reduced costs. This, of course, requires an investment before results can be obtained. This appears to be a reasonable risk given the strong research support for implementation of changes in visiting practices and the experience to date of a small number of Pennsylvania counties. It is most certainly a more prudent risk than continuing the status quo in light of continually rising numbers of children in placement. In developing this approach, it will be necessary to set performance objectives in order to accurately measure results for use in the budgetary process. It is also important that to separate out other factors that increase placement costs (e.g., COLA per diem increases as opposed to expanded services increases and the severity of some children's needs and resultant treatment costs) in this measurement in order to accurately assess the fiscal effects of implementation of increased visiting.

Change within any organization is difficult and causes repercussions throughout the system. Thus changes should never be undertaken lightly. It is imperative that each county agency considers its own current situation in order to plan for the most effective implementation. For example, it will be necessary to accurately assess staff and foster parent attitudes about enhancing visiting services and their readiness to make the

necessary changes. It will also be necessary to consider other initiatives the agency may have already undertaken and the ability of the system to adapt to multiple initiatives. These cautions being noted, each county agency is encouraged to study its organization with regard to current visiting policies, programs, and practices and to develop a plan to work toward enhancing visiting services as expeditiously as possible.

The first step in studying current visiting policies and practices is to study the organizational processes and issues around visiting services. What is the process by which children come into placement in the agency? How quickly after placement does a first visit typically occur? Does specific visit planning occur in the agency? At what point in time in the placement process is a specific visiting plan developed and who participates in that planning process? Where do visits typically occur? Are visits simply set "the way it has always been done?" What resources are available within the agency and community to support agency staff, foster parents, and family members in implementing visiting plans?

Pennsylvania has a rather unique children and youth services delivery system in which 67 counties with differing demographic and political characteristics and needs develop their own programs. Additionally the development of county programs has included varying degrees of use of purchased services. Therefore, any attempt to prescribe specific program requirements to enhance visiting services invites all of the negative organizational reactions that may occur as a result of change forced upon a system. Thus in this chapter a process is described for county agencies to explore the needs of their own organization working within their local communities in order to identify the most effective approach to meeting the common professional goal of improving permanency outcomes for children in care.

Obstacles to Change

In attempting to study the potential impact of enhancing visiting policies and practices on an agency, possible obstacles to such innovations must be identified and subsequently examined. These can be identified through contacts with line caseworkers, supervisors, foster parents, and others. Common obstacles include physical barriers, attitudinal barriers, and organizational barriers.

Physical Obstacles to Change

Potential physical barriers to enhanced visiting services center around the condition and location of the agency's available visiting site(s). There is general agreement that for initial visits the agency must have access to adequate space in a safe and secure environment. To support positive visit interactions, the visiting site should be comfortable and "user friendly" with a range of developmentally appropriate activity supplies readily available. The geographic proximity of the placement site(s) and the range of children's, families', and foster families' needs must be considered. Minimally, there needs to be transportation available when placement needs dictate a

distant placement site. This may include a need for the availability of discretionary funds to encourage visiting in such cases.

Time must also be viewed as a potential physical barrier. The issue of office hours available for visiting as well as the parents' and children's needs to have visits scheduled around competing obligations (i.e. school, employment, counseling appointments, housing searches) must be considered. A thorough assessment of the problems presented by agency hours and scheduling visits at times that do not conflict with children's and families' other commitments is essential. The foster parents' schedules must also be considered a potential barrier. This barrier may be best dealt with in foster parent orientation with direct and concrete discussion of the time requirements. It may also be dealt with by offering sufficient logistical support to foster parents to assist with the time commitment.

Attitudinal Obstacles to Change

Attitudinal barriers may be identified with any member of the service team (staff, foster parents, the family, and service providers). Staff attitudes, including the attitudes of private agency (purchased service) staff, play a key role in the acceptance of the need for and value of increased visiting and the successful implementation of programming to enhance visiting. It is vital, therefore, to include all staff in learning about the importance of frequent visiting and quality visit planning and in the actual planning for changes in policy and practices within the agency.

Implementation of more frequent, family focused visiting also heavily affects foster parents. Therefore, their understanding of the rationale for planning for change and their involvement in the planning process is vital. In each case, the families of children in care need to understand the importance of visiting to the eventual reunification of their family and must be involved in the planning for visits throughout the service process.

Among the beliefs and feelings that will pose a barrier to frequent visiting are: fear that frequent visits would be too upsetting and disruptive to the child; that parents or children need to "earn" visits; and the belief that the pain that unavoidably accompanies separation can and should be avoided. These and other myths, attitudes, and feelings need to be reviewed and clarified based on the available research and on the experiences of those county agencies that have successfully enhanced their visiting services. Attitudes are more likely to change and reluctance to be overcome when staff and foster parents are involved in a professional dialogue prior to implementation. In this way the attitude of "Whatever it takes" can be encouraged in relation to increased visiting and improved permanency planning outcomes.

The concerns of other systems in the community with regard to visiting also need to be addressed. The reactions of the legal, medical, and educational systems to more frequent visits may reflect the attitudes of their staff and relate to the impact of visits on their mission and resources. As with any interagency activity, providing relevant information to these systems regarding the rationale for change may be key in their acceptance of and support for increased visits. As discussed in Chapter 5, interagency

training may support a more collaborative approach. It will also be important to assist in addressing the concerns of these systems whenever feasible. For example, if a law enforcement agency requests no visits due to pending charges, it may be possible to reach a compromise by assuring strict supervision of visits to avoid discussion of the charges by family members. Or, when a physician or a teacher has concerns over the inclusion of both a foster parent and a parent at a medical appointment or a school conference, it may be helpful to explain that both "parents" are aware of their respective roles at the appointment and care will be taken to not unduly increase the length of the appointment.

Additionally, each county agency must identify and eliminate any disincentives to visiting that fuel negative attitudes. Such disincentives may include scheduling visits during "nap times" or when the visit keeps the child from a favorite after school activity. Organizational disincentives may include   an "unfriendly" telephone system or assignment of responsibility for arranging visits to personnel who are not readily available or sufficiently skillful or who do not value visiting. Simply stated, in order to encourage and enhance quality visiting, attention must be given to the varying needs of individual families and the response of county agencies to these needs. For example, if the obstacle to a child visiting his or her family at home is a lack of food for the child during the visit, the agency needs to consider providing the food.

Organizational Barriers to Change

The organizational barriers to implementing enhanced visiting services revolve generally around staffing and work load issues. Agencies need to assess the availability of sufficient staff with flexible hours. In this area creative planning is important. County agency directors and supervisors need to recognize that a service increase of this magnitude cannot be accomplished within the same staff hours currently allotted. However increasing available staff hours may, but does not necessarily, require increasing the size of the county staff. Obviously current staffing should be reviewed for possible structural changes which may allow for greater efficiency. The use of "flex" time may prove to be a popular option that not only extends the available staff hours, but also improves staff morale and retains staff.

The implementation could be accomplished in part or completely by purchase of service. A private foster care agency might be charged with this responsibility in conjunction with the provision of foster family care. Another alternative involves engaging a separate agency and delegating to it the responsibility for visits and other family reunification tasks. To determine the best arrangement, each county needs to assess its relationship with its providers as well as the possibility of additional county staff.

Closely related to the issue of available staff hours is that of caseload size. Each agency will need to review caseload size with regard to increased responsibilities related to visiting and enhanced teamwork. The possibilities range from a simple reduction in caseload size to a narrowing of the span of responsibility for the caseworker to increasing the responsibilities of other service team members. Major problematic areas can be noted at two points in the progression of a case. The first

problematic area centers around the time of an initial placement. At that time the placing caseworker is required to deal with: (1) a family in extreme crisis, (2) the case management functions associated with the Juvenile Court, and (3) the extensive paperwork requirements that revolve around assuming custody of the child/ren. Adequate visit planning will require immediate planning for and supervision of increased visiting. The second problematic area occurs for the ongoing placement worker in assuring continuing adequate visit planning and appropriate supervision throughout the time the child is in care.

As discussed in Chapters 2 and 5, developing a team approach may be particularly helpful at the initial point of placement. The use of a team to deal with the initial visit planning and supervision could free the caseworker to deal with the other identified tasks. The service team could also assist the caseworker in working with the family during the initial crisis. Achieving an adequate level of ongoing visit planning and implementation may need to involve purchase of services. One possible model could be the development of a visiting site in a private agency located in such a way as to provide services to several counties. Community family centers may also be a visiting site and a resource for coordinating family visiting.

An additional organizational challenge is the need to develop foster families as mentors to the child's family and to increase the use of foster family homes as sites for visits. These changes involve expanded responsibilities for the foster parents as they extend their skills and homes to the child's family. This will require the provision of sufficient support services to the foster families. It will also require adequate training to both foster parents and staff as they adjust to new roles and a closer partnership in working with families. Also, reasonable and flexible policies will need to be developed in order to clarify roles.   However, an investment in this strategy will result in more frequent, accessible and natural visiting that better supports families' progress towards reunification as well as better clarifies when such progress is not occurring.

A final organizational barrier may be the need to assure adequate data support. Without the ability to accurately track service activities and measure service outcomes in areas such as placement rates and successful return rates, counties will not be able to empirically describe their current practice or the effects of policy and practice changes.

This, of course, has been an historical problem. The negative effects of "not measuring" are threefold. First and foremost, without measurement an organization cannot professionally gauge the quality of its services to children. Instead, it continues to guess about needed changes. Secondly, organizations lose a potential source of staff motivation in that it is unable to describe to staff members the effects of their professional practice or changes to that practice. Thirdly, agencies are unable to adequately justify increased funding needs as these arise. Finally, Federal funding provisions include the need to record and track specific data. The inability to do so may ultimately affect the availability of funds to support and enhance services.

Implementing an Innovation

In order to chart and calculate changes achieved through the innovation, each county agency needs a system to measure and manage the service information (MIS). As innovations proceed, any major reasons for failing to achieve the desired outcomes must be identified, examined, and addressed. Thus, the agency move incrementally toward enhanced quality and increased quantity of visits.

Total Quality Management is a method well known for its emphasis on "talking with facts" and working incrementally toward a quality product or service. Lindsay and Petuck (1997) define total quality as

> ... a people-focused management system that aims at continual increase in customer satisfaction at continually lower cost. Total Quality is a total system approach (not separate areas or programs) and an integral part of high level strategy. It works horizontally across functions and departments, involving all employees, top to bottom, and extends backwards and forwards to include the supply chain and the customer chain. (p. 20.)

Lindsay and Petuck (1997) also describe the "ethical work culture" as a place where respect, cooperation, trust, caring, justice, and high performance standards prevail. This ethical culture is contrasted to work places which run on manipulation or forced compliance. The basic concept is described as the inability of any business (agency) to produce a quality product (service) if the employees feel disrespected and professionally uninvolved in the design of the product (service).

Quality is defined as "...the totality of features and characteristics of a product or service that bears on its ability to satisfy given needs" (Lindsey & Petuck 1997, p. 54). Fact-oriented discussions are stressed as well as statistical quality control techniques. Quality assurance is designed into the product rather than inspecting for quality at some end point. This is accomplished by charting each process in order to identify the causes of errors and eliminate them. It is noted that it is easy to identify another's errors but difficult to see one's own. For that reason there is a need for ongoing mutual and positively-viewed feedback.

The application of Total Quality principles to the public sector has been discussed by Milakovich (1995). This involves discussion of reinventing, revitalizing, and redesigning government in light of increased concern in government in recent years for efficiency, cost-effectiveness and productivity. There has also been greater concern for empowerment of government employees and flattening of the government bureaucracy. Milakovich further notes that governmental agencies typically lack incentives to become more efficient and customer-focused. Decisions made are generally more complex and affect more interests than in private enterprise. Rewards are less immediate and leadership is less stable. There is no equivalent in government for the market determination of the quality process in the private sector. Of most concern is that government agencies must deal with the complex relationship between elected politicians (seeking immediate political rewards) and public administrators (seeking long-term professional rewards).

Total Quality is further discussed by Milakovich (1995) as a public policy based on the theory that the greater the commitment an employee has in determining organizational goals, the harder he or she will work to achieve them. In order for this system to work there must be support from senior elected and appointed officials as well as an environment of teamwork and empowerment. Barriers are identified as follows:

- dependence on top-down management;
- management by objectives annual reviews and the de-merit system (which are seen as causing destructive competition rather than incentives for employees to work together to identify and eliminate problems);
- over-specialization in job descriptions;
- ineffective productivity management techniques;
- fear of change.

Possible action strategies include:

- flattening hierarchies that discourage teamwork and create barriers between departments;
- formulating a mission statement that reflects shared values and operationally defines the vision of the organization;
- empowering employees;
- paying more attention to customers, including getting feedback from all customers;
- beginning slowly and creating realistic expectations;
- anticipating and continually adapting to change.

It is easy to note clear parallels to quality social work practice in both of the last two references. The principles of an ethical work place, paying attention to "customers" and their feedback about services, empowerment, mutual respect and trust, greater worker/client investment in self-determined efforts, and "generalist vs. specialist" are certainly all familiar to social work professionals.

Relevant literature clearly defines the following principles as necessary ingredients for success in encouraging innovation in this area: Set objectives, measure results, empower staff, treat staff and clients with respect, provide all parts of the system with needed information, and support professional creativity (Benveniste 1987; Chaganti & Frank 1989; Joglekar 1989; Lindsey & Petuck 1997; Milakovich 1995; Pecora, Whittaker, & Maluccio 1992; Schorr 1997; Stein & Slater 1981; Weiss 1981; Weiss 1989).

Assessing Agency Organizational Processes

In this section, the actual process of examining the agency organizational structure to plan for the policy and practice innovations required to enhance the quality and quantity of visiting is described. In any discussion of the organization of a public

child welfare agency the issue of "generic or specialized" inevitably arises. Anyone who has spent significant time in this system has probably experienced the trauma of moving from a generic to a specialized model or vice versa. Many pros and cons for either model can be identified. In the final analysis, the choice probably relates more to agency size than any other factor. Even when a specialized model is utilized, one cannot negate the positive aspects of cross-unit (worker, supervisor, and manager) training and/or experience. It is neither the intention nor within the scope of this chapter to prescribe a particular organizational model. Therefore the discussion and decision of "generic or specialized" is left to the local agency. The framework and process for assessment outlined in this chapter can be applied to both generic and specialized models. Thus it should prove useful for any agency.

Who are the Customers? Who are the Stakeholders?

Prior to describing the assessment of an agency organizational process it is helpful to define: "Who is the customer?" In child welfare, only two customers can be identified: the child and the child's family. All others with an interest in the process are in reality not customers but stakeholders. While a customer actually receives a service, a stakeholder has an interest or investment in the provision of such services and often in a particular outcome. Stakeholders may include any citizen of the community, referral sources, taxpayers, agency employees, the Commissioners, foster parents, adoptive parents, the Court, the agency advisory board, and private agencies. It may be helpful for each county agency to formulate and review its own list of stakeholders, particularly in terms of the impact that the stakeholders have on the provision of services to the customers. Also, it is important to know if the agency's target outcomes are related to services to customers or if a higher priority is given to meeting the needs of stakeholders. While both purposes may have merit at different times, it is important to be able to distinguish the difference and combine purposes when possible.

Getting Started

A first step in completing an assessment of the organization in preparation for any change or innovation involves identifying the state of the organizational culture. An organization in which staff feel generally empowered and respected as professionals will be more immediately receptive to a proposed change. This is especially true if staff view the proposed change as professionally valid. Some agency administrators may already feel they have a good sense of the organizational culture in their agency. Others may wish to conduct a formal assessment or survey of their staff. To maximize the possibility of a successful implementation it would be advisable to attend to the issues of staff empowerment and involvement in the planning process from the start and throughout the implementation.

In implementing changes to visiting policy and practices, there is at least one other stakeholder group to be considered. If an agency has not begun to develop their foster families as a part of the professional team, now is the time to start! Again it may be helpful to seek information via a survey of agency foster parents about how the foster parents view their role and responsibilities with the agency. Increasing the quality and quantity of parent-child visiting by definition changes the role of foster parents. The

agency needs their professional parenting support in ways it has never utilized it. Empowerment and involvement in the planning process become equally important with foster parents and with staff. If the agency purchases any portion of its placement services, another dimension is added. Efforts regarding empowerment and involvement in the planning process then extends to the staff and foster parents of the private agency, two additional key stakeholder groups.

After reviewing the agency organizational readiness to embark on the proposed implementation, two simultaneous tasks must be undertaken. The first is to develop a plan and process to respond to staff and foster parent attitudinal barriers that have been identified. This task in discussed in greater detail in the training section of Chapter 5. The second is to begin the actual task of assessing the placement services process. We have identified the Total Quality Management (TQM) process as one way of analyzing problem areas and identifying solutions. Diagramming the process in any number of ways may be useful. What is essential is that the organization takes the time to identify each component that will lead to successful visiting and resolve problems areas. The TQM process includes four steps: (1) Diagramming the process; (2) Identifying quality point measures; (3) Identifying problem/impact areas; and (4) Diagramming problem/impact areas to plan for change.

For the purposes of this discussion we will be referring to Figures 1 and 2 located in Appendix F . Figure 1 is an initial diagram of the process by which children come into placement with Cumberland County Children and Youth Services (CCC&YS). This agency will serve as an example. The diagram also includes the basic steps in the process of permanency planning (either reunification or adoption). Not included in this diagram is a system of Treatment Team Meetings (TTM). An initial meeting occurs within 30 days of the initial placement. The purpose of the meeting is to complete or review the Family Service Plan Amendment. The timing of this meeting will have an important role in increased visit planning. Subsequent treatment team meetings are held in the month prior to each six-month Judicial Review. Treatment team meetings are attended by Agency staff (worker and supervisor), foster parents, the family, the child (if age appropriate), and service providers.

CCC&YS is a medium-sized agency (4th class) with a staff of approximately 37. There are currently 88 children in care. Of these children, 44 (50%) are placed with agency foster families. Another 24 are placed with purchased foster care agencies. The remainder are in specialized placements. It is recognized that the placement process in CCC&YS may differ from that used in other county agencies, CCC&YS will be approaching implementation of changes around reunification and visit planning in the near future. Thus the diagrams illustrate the use of diagramming to assess an agency process.

The first step in the diagramming is to lay out the process step by step. An activity or event is noted in a rectangle (example: "Intake Investigation" in Figure 1). Decision points are noted in diamond shapes (example: "Accept for Service" in Figure 1). Quality Point Measures may be circled or shaded (example: "Placement Review" in Figure 1). Identified "problem/impact areas" in the process are noted within dotted lines.

You will note that the first problem/impact area noted for potential improvement is around the process of the initial placement.

Diagramming the process leads to the second step in the assessment: Identifying potential Quality Point Measures (QPM). A Quality Point Measure is a point in the process where we would measure a performance objective. Initial work with the CCC&YS diagram noted measures such as: the number of children petitioned for placement after placement review, the number of children placed, and the number of children who return to placement after return home. Additional work will need to be done to more fully describe all the performance outcomes and to prepare to manage the data within the federally required data system. It is recommended that each agency use the performance objectives developed by OCYF as a starting point for its own objectives. While a county agency can certainly gather more data than required by those objectives, it is important to start with the common base of the data related to the already established objectives.

In Figure 2 (Step 3-Identifying problem/impact areas and Step 4-Diagramming problem areas to plan for change) attention is drawn to the "Initial Placement Work". This is an area that has caused concern at CCC&YS even prior to the issue of implementation of increased visiting. At the point of a placement the caseworker immediately becomes involved in a multitude of tasks. As noted previously, at that time the caseworker is required to deal with: (1) a family in extreme crisis; (2) the case management functions associated with the Juvenile Court; and (3) the extensive paperwork requirements that revolve around assuming custody of the child/ren. Figure 2 begins the process of detailing the tasks which must be attended to at the time of the initial placement. It also allows agency staff to begin to clarify possible solutions to the task overload at that point in the process. For example, one idea might be the formation of a placement team within the agency to attend to some of the tasks. Formation of such a team could maximize the benefits of peer review if workers and their supervisors are empowered to complete the tasks and eventual transfer of the case. In this way staff would be empowered to use their collective professional judgment and skills in implementing the proposed changes with regard to enhanced quantity and quality of family visiting.

Another option for CCC&YS is to purchase some part of this service. Among the services that might be purchased are: scheduling visits, provision of a visiting site, facilitation/supervision of visits, transportation to visits, and evaluation of visits. One idea for a specialized service is the development of a "visiting center" which would provide a high quality of visiting supervised at the level appropriate to the family's needs (see for example, Hess et al 1992). This service could be developed to serve several county agencies within a defined geographic area. Such a site might also serve families whose children are placed in residential facilities in the area. The possible options to resolve identified problems in the service process are limited only by creativity in program development and funding.

When private agencies are included in the placement and visiting process attention must be given to the need for clear communication. The private agency's perspective must be included in the design of innovations. As described in Chapter 5,

both agencies will need to plan creatively for a smooth flow of information and task responsibility in order to provide the type and quality of service desired. Figure 3 diagrams the process used by CCC&YS which facilitates visits for families with children in placement.

Summary

When a family member leaves, for whatever reason, the family grieves. There is an empty chair at the table. If the loss is prolonged, the family eventually resolves its grief or desensitizes to the loss. Someone else may take the place in the empty chair at the table. The child in placement also grieves and may eventually bond with the foster family. The child's family may give up on the possibility of the child's return. Particularly with the passage of the Adoption and Safe Families Act of 1997, those of us responsible for placement services can no longer continue to allow this process to extend over a period of years. County agencies must make changes within their systems to work immediately and intensively with families when circumstances require a placement. To enhance the achievement of permanency planning goals, agencies must assess the organizations processes of placement services; identify obstacles that undermine goal achievement, including obstacles to frequent parent-child visits; and develop, implement, and systematically evaluate innovations that better support children and families in reaching their goal to live together. Within a reasonable period of time, agencies must be able to safely return the child home, move to terminate parental rights and place the child for adoption, or achieve another permanent plan.

COLLABORATION

Collaboration
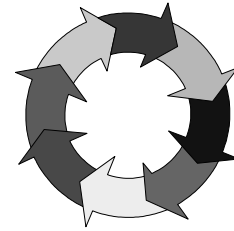
KEY POINTS:

- **Define collaboration**

- **Identify the guidelines for successful collaboration among Team members**

- **Identify the role and responsibilities of the Team Leader in a collaborative effort**

- **Identify issues in implementing a collaborative effort among the Family Service Team member, identifying strategies to overcome issues of concern to ensure positive permanence outcomes for children**

- **Identify the key components of an effective training curriculum on collaboration and visitation planning for children and their families**

Collaboration
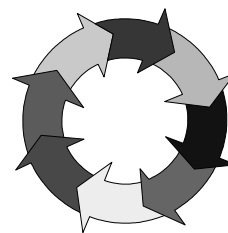
Defining Collaboration

In permanency planning efforts, collaboration is essential. The formulation and implementation of a service plan for a child, including an effective visiting plan, involves the efforts of a wide range of agencies, professionals, and other service providers in addition to the child, the child's parents, and extended family members. In such efforts, the issue is how to most appropriately plan for and serve for children who must be placed outside their homes and separated from their families. An attitude of whatever and whomever it takes" to develop and implement a permanency plan should prevail. As emphasized by Warsh, Maluccio and Pine (1994), "extensive collaboration and teamwork are required in family reunification practice -- teamwork involving the child, parents and other family members, foster parents, teachers, social workers, parent aides, legal and judicial personnel, and other service providers" (p. 33).

Collaboration involves working together in a "side by side" manner, each team member carrying out his/her own responsibilities while providing information and support to other team members. Typically, effective collaboration and teamwork yield better decisions and planning than any one person could devise alone. Not only are two heads better than one, typically five heads are better than two!

Collaboration is not a new term or a recently developed practice technique. It does not utilize high-tech hardware or sophisticated system designs. Rather, it requires a commitment to a common goal, an appreciation of others' potential contributions, an attitude of acceptance, a flexible mindset, and a designated team leader. To collaborate implies cooperation with others and a willingness to offer assistance to others -- "to labor together" for a common purpose. Collaboration is a process through which people who see different aspects of a problem can explore their different perceptions and search for solutions that reach beyond their own limited visions to a common vision of what is possible.

In the context of planning for the stability and the future of children in care, collaboration has been defined as the process of all concerned parties actively sharing in examining of a child's and family's needs and qualities, reaching a decision regarding the most appropriate plan for a child, working together to implement that plan, taking joint responsibility for what occurs, and evaluating the outcome (Maluccio, Pine & Olmstead, 1986). Collaboration is sometimes viewed as threatening or time consuming, even intimidating, despite general acceptance that well constructed collaborative efforts are beneficial and preferred practice. At the onset, major ramifications in terms of increased administrative and staff time, work and resources dedicated to a collaborative

effort must be recognized. However, the investment of time by the adult decision makers is of minor significance when compared with the time and percentage of the child's life that is likely to be affected by placement outside the family home without a concerted effort to achieve permanency.

Key Members of the Service Team

Identification of the essential members of collaborative permanency planning efforts and of team members' roles and responsibilities is discussed in Chapter 2 and elaborated in this chapter. In each child's case, it is critical to identify primary individuals in this collaborative process as soon as possible in an effort to promote the development of a comprehensive, realistic plan, including plans for visiting.

The County Children and Youth Services staff are full participants in the development of goals and objectives and in the team collaboration. As the legally mandated public child welfare agency, the County Children and Youth Services drives the system and decides who the collaborators will be; is responsible for oversight and monitoring; and is responsible for payment for services. The court, which is the final decision making authority, looks to the county to provide information in making its decision. Therefore, the court holds the county accountable for the development of the service plan and for its implementation.

As identified in Chapter 2, key team members include the public agency caseworker, a private agency caseworker where applicable, the foster parents, the child's parents, the child (depending on age and developmental stage), and others when indicated, such as extended family members, mental health professionals, and other social service and community professionals. Typical roles and responsibilities with regard to developing and implementing the visiting plan are identified in Chapter 2.

The county may provide services directly through their own agency or they may purchase services. When they purchase services they need to clearly identify and communicate what services and responsibilities are delegated and to whom. When the county delegates to a private provider, the county must define what components of the service activities will be delegated, determine who the collaborators will be, and identify generally what their tasks are.

The identification of team member's roles establishes areas of responsibility. Specifying tasks for facilitating reunification and visiting involves listing and sequencing these tasks in form of a task-time flowchart. Tasks should be specifically identified, including what will be done by whom, when, where, and how. These tasks need to include the development of the service and visiting plan, preparation of the children and other parties for their participation in the process, the provision of supportive services for the family and child, ongoing engagement of the family in the process, and ongoing monitoring and evaluation of progress toward goal achievement.

Collaboration must be proactive throughout service provision rather than reactive. It is a process in which all the "collaborators" play continuing roles related to

the goal of achieving permanence. Typical problems encountered in working toward reunification and permanency for a child may include feelings of confusion, uncertainty, and being overwhelmed. This occurs both with children and the adult family members as well as among the professionals involved. Diverse individuals from various service and systems may be involved with the family and child either jointly or individually and have discrepant or unrealistic goals of other professionals or of family members, thus undermining goal achievement. Agency services and community resources may be duplicated, wasted, poorly coordinated or underutilized. These common problems and dangers in providing services to a child and their family may be minimized or even avoided through planned, purposeful and systematic collaboration.

Primary Aspects of Collaboration in Permanency Planning

The primary goal of any collaborative effort within the child welfare system is clear - to benefit the children and families served through consistency in practice and continuity in services to promote permanency for children. The value and roles of all the "major players" in the collaborative effort must be based on mutual respect and consideration within this framework.

All too frequently, emphasis is focused on the roles and strengths of the "professional" members of the collaborative team. It is possible to overlook the critical role of the family and child in this collaborative process. It is imperative that agencies recognize the destabilizing force of placement of the child on the authority and role of the parent and make every effort to empower parents as primary team members in this planning process. As noted in Chapter 2, it is also critical to include the child in this coordinated planning process as a primary party.

Essential aspects of collaboration between public and private community based service providers and family members in planning for placement, visitation, reunification, and permanency for children include:

- arriving at and implementing preferred service plans to meet the diverse, individualized needs of children and their families;

- promoting the identification and the efficient and effective utilization of cross systems resources, both formal and informal, including but not limited to expertise, skills, and funding;

- providing a structure to identify, coordinate, and utilize human and financial resources to achieve a common goal;

- recognizing and accepting that integrated, coordinated activity will require more time and energy than fragmented efforts and may not always be the most expedient method. However, it is the most appropriate and effective option.

Collaboration, as it relates to permanency planning, may help in:

- achieving consensus regarding the permanent plan;
- ensuring that everyone is working on one focused plan;
- identifying and engaging necessary services and matching them with client needs;
- making judicious and effective use of community services;
- monitoring the delivery of services to a particular family and evaluating the effectiveness of those services;
- highlighting gaps, duplication, and other issues in the service delivery system. (Promoting Collaboration, p. 209)

Inter-organizational collaboration emphasizes the creation of a partnership among all parties in which joint participation ideally leads to the achievement of a common goal (Bailey & Koney, 1995). If optimally structured, collaboration promotes changes in attitudes and clarification/redefinition of roles and responsibilities of all involved. Collaboration which is inclusive of family and community members requires a heightened sensitivity to the diverse needs and abilities of all parties. This broad based collaborative paradigm is an appropriate vehicle to undertake the interrelated activities necessary to solve identified problems, to build on identified strengths, and to create an individualized, effective system of services for the children and their families.

Guidelines for Successful Collaboration

Those having the legal authority to influence the direction of permanency planning efforts must value the inclusion of family members, the child, professionals from public and private service providers, and community supports in this collaborative process. This approach stresses parental involvement and recognizes the significance of the role of parents in the process. Research indicates that productive, purposeful visitation, as a precursor to reunification, works best when the child's family is involved in this planning process.

Increasingly, government and private funders also recognize the need for collaboration among service providers. Funding initiatives on a variety of levels encourage a view of families which is holistic and comprehensive. Collaboration in the area of permanency planning must occur on a variety of levels if planning for children in out-of-home care is to have a successful, stable outcome.

Successful, productive collaboration must also follow a strengths based approach using CASSP principles as guidelines. These guidelines reflect core values and principles which serve as the basis for development and delivery of services to children and families. Preferred standards for collaborative efforts should reflect activities which are:

Child centered - Building on the interest and ability of children to participate as appropriate in planning and coordination of decisions which have direct and often immediate impact on them.

Family focused - Including family members as resources for ideas and options and maintaining recognition of their role as a primary support system for the child. By enlisting their participation as early as possible, family members are encouraged to react as full partners in the planning process.

Community based - Incorporating existing formal and informal resources within the child's home community promotes development of "natural" support systems to encourage permanency and stability.

Multi-system - This concept is a key aspect in collaboration and includes broad based planning efforts in defining goals and services, identifying, and at times actually developing necessary supports and resources in an effort to provide the most appropriate services to the child and family.

Culturally competent - Adoption of this core principle encourages individualization of service plans and innovation in service delivery to respond to the diverse customs, beliefs, and values of the children and families involved in this process.

Least restrictive/least intrusive - Effective collaboration reduces the potential for duplication of services as well as for overwhelming the child and family with professional input, monitoring, and assessments.

In view of the diverse experiences, orientation, training, qualifications, functions and frames of reference of individuals involved in this collaborative process, differences and disagreements may be expected. However, in addition to their orientations, biases, or preferences, individuals bring different qualities, strengths, and resources to this planning process. The strengths of each may be magnified with the family benefiting from the coordinated efforts to attain a greater good through common efforts. Institutional criteria and regulations may also pose challenges in this process. These variations create a range of expectations and concerns as well as identify mandates.

Recognizing basic differences as well as similarities can help build strong productive collaborative relationships. Collaboration among agencies and individuals works best if there is:

- articulation and consensus of a common mission;
- a common commitment to meet the needs of the most vulnerable;
- a concerted effort to define the problems needing resolution;
- the formation of realistic goals;
- a clear understanding of the links between parties;
- a willingness to learn about others' mission, concerns, programs, rules and restrictions;
- a commitment to work through problems as they occur (Doerre & Milhaly 1996, p. 42).

By offering a framework for implementation of a true collaborative effort in the development of a permanency plan for a child, the ultimate goal of stability and

consistency for the child, the child's family, and their community becomes a more realistic outcome. While not every idea proposed or every team member identified will be appropriate in every situation, a broad based approach has been used in this chapter to stimulate consideration of alternatives and promote acceptance of non-traditional approaches in this process.

Adoption of a collaborative problem solving approach includes repeatedly completing the following steps:

- recognition and systematic formulation of a problem;
- collection of data surrounding the problem through observation and experimentation;
- development and testing of tentative hypothesis or explanations of the problems, and;
- emergence of a valid theory or law on which to build practice (Brill 1976, pp. 126-127).

A central component of this "scientific process" approach as applied to human services is ongoing review and evaluation of providers' activities and of the outcomes achieved in relation to the family's goals and the child's needs (Maluccio, Pine, & Olmstead 1986, p. 216). There must be built-in opportunities for comments and critical examination of the work being done through team meetings, case conferences, and periodic reports. These planned, structured points of contact become critical in maintaining the communication among all parties and promote assessment of status and hopefully, progress of these collaborative efforts.

As previously discussed, issues identified as crucial in assuring successful collaboration include team building and defining roles and responsibilities of team members, identifying goals and tasks, and identifying funding and resources. Other issues include identifying the team leaders and clarifying his/her responsibilities; addressing issues such as confidentiality, trust and turf, reluctance of team members to collaborate, valuing adversarial vs. Collaborative processes, time, and money. Team members must also be prepared, training, and supported in their collaborative efforts. These are discussed in specific detail in the sections that follow.

The Team Leader: Crucial to Successful Collaboration

"When a group of individuals first is formed into a team, members' roles and interactions are unclear. Individuals tend to act as observers while they try to decide what is expected of them. Gradually, the process of 'team development' occurs, as team members learn their roles, establish ways of doing things, and become acquainted with team issues, pressures, goals, etc" (Spiegel & Torres 1994, p. 7).

The team leader is in a unique position to build partnerships at all levels of systems and to mediate between team members and their respective constituencies. Both management and practice skills are needed for this task (USDHHS Patch Project, 1997, p. 128). While it is important to clarify roles and relations, an effective team

leader learns from experience to adjust and develop structures in each unique case situation. Teams are effective when team members operate in an atmosphere of mutual respect, identify with one another and with the team as a whole, develop a process for working together and interdependently, and recognize one another's knowledge and skills (Spiegel & Torres 1994, p. 7).

Managing people means the ability to orchestrate meetings, communications, processes, problem solving, decision making, conflict resolution, and other aspects of team involvement (Spiegel & Torres 1994, p. 7). When the team becomes a cohesive unit the team members begin to negotiate roles and processes for accomplishing their tasks. As the team members work together collaboratively and accomplish some of their goals, they may gain insight into the factors that contribute to or hinder their success. Trust, the active ingredient in team cohesiveness, evolves. Team leaders can facilitate the team building process by 1) talking openly about issues and team members' concerns; 2) encouraging the team members to give feedback; 3) assigning tasks for consensus decision making; and 4) delegating to team members as much as possible (Spiegel & Torres 1994, p. 61).

For example, open communication and flexibility among team members is needed in the facilitation, the development, and the implementation of visitation and reunification plans. Family situations are unique. Planning and implementation actions to expedite visiting and reunification must take into account the particular skills and resources that the various team members bring to the situation. Discussions among team members are essential in determining team members' roles and responsibilities. In an appraisal of the responsibilities and roles for each team member it is critical that the strengths in the family and the nature of the relationships with family members be taken into account.

Team collaboration depends upon clear delineation of the roles and responsibility of the team members as well as distinct specification of the tasks that are involved in reaching the team's goal. A permanent plan, which includes the option of reunification when indicated, is seen as the overall goal for children in placement. Among the tasks involved in reaching this goal are establishing a visiting plan, preparation of the children and other parties for their participation in the process, and inclusion of the family in the process.

Additionally, reaching the goal may include defining tasks for extended or ancillary team members such as school professionals. The combination of extended team members and agencies will necessarily be adjusted and/or dictated by the changing nature of situations or cases and will evolve in relationship to essential activities and processes. Decision making in planning for a child involves the development and implementation of tasks that are specifically related to reaching this goal.

The team leader must ensure that there is a free flow of information and that team members are fully informed. The leader provides a framework for problem solving that allows the team to have "elbow room" but keeps an eye on the goals. The team leader should encourage contributions from everyone and explore different courses of

actions. Additionally the team leader should invite situational leadership from team members with special skills, knowledge, and aptitudes. And finally, the team leader must recognize that conflicts are inevitable and focus on resolutions that narrowly define disputes in terms of specific issues.

The Team Leader's Responsibilities

As described above, an effective team has an identified leader or convener. The team leader is designated by the county to be in charge of the case. The team leader may be designated by role (such as public agency caseworker), by expertise, or by experience, and may be the county caseworker, a caseworker through a private vendor, or some other professional individual identified and approved for this role. Generally, the team leader will report to someone who monitors and ensures that the case activities meet legal and practice standards. It is expected that each county will individualize its programs to fit the situation in its county.

In consultation with the individual team collaborators, the team leader delegates responsibilities, assists the team in defining the roles and responsibilities concerning a particular child/family, and monitors and adjusts roles and responsibilities as circumstances change. The team leader:

- participates fully in the development of goals and objectives and in the team collaboration;
- coordinates and schedules planning meetings;
- provides leadership for problem solving, decision making, and when conflicts emerge;
- is accessible and a resource to everyone;
- provides a link among team members, like a hub in a wheel;
- communicates clearly and in a timely manner both verbally and in writing with the family, other agencies, and professionals;
- ensures that team members are provided adequate information to carry out their roles and responsibilities;
- makes changes in process as needed, performing follow up activities and evaluating progress;
- ensures that team members are provided adequate appreciation for their efforts;
- ensures that systematic communications channels between the parties are available and kept open;
- collaborates with the child (when appropriate), the child's parents, extended family as appropriate, and professional staff from other agencies in the development and implementation of plan;
- collaborates with the foster parents and foster family as full and active members of the service delivery team, soliciting and listening to their views;
- is available to help the child, parents, and foster caregivers get off to a positive start, and ensure that the family understands the processes involved in placement.

Depending on the defined roles and responsibilities of other team members, the team leader will either assume or assure that another team member(s) assumes the following responsibilities:

- provide extensive outreach to the parents and extended family as necessary; be available to the child and get to know the child; assess the family relationships, dynamics, and parenting needs; and facilitate services, including parenting skills training, as needed;

- promote a realistic and supportive relationship between the foster family and the child's family; assess the needs of the foster caregivers and their capacity to relate with particular parents/families; and when appropriate, engage the foster caregivers in providing the parents/family with advice, guidance, and support (mentoring role);

- implement visits in a manner which is consistent with goal achievement; assess the environmental safety of in-home and unsupervised visits; utilize a range of activities to optimize visiting; coordinate visits to meet the needs of the family and the child; implement visit activities with child, family, and foster family which are purposeful and appropriate at the beginning, middle, and end of placement; identify and address obstacles to effective visiting; use community resources to enhance visiting; facilitate ongoing visiting between siblings separated by placement; and ensure that participants receive training/preparation for visiting.

Dealing with the pressures of learning to work together is as important as the team's external tasks. The team leader must understand and facilitate the task of learning to work together. Scholtes (1992) states that "When a team first forms, team members are like hesitant swimmers standing by the side of the pool and dabbling their toes in the water. As the team matures, members gradually learn to cope with the emotional and group pressures they face. As a result, the team goes through fairly predictable stages" (p. 6-4). He identified the stages of team development as including forming, storming, norming, and performing. (See appendix G for details related to the feelings and behaviors associated with each stage). Scholtes also advises that teams can take an active approach to dealing with the stages and cycles they experience by learning when and how to avoid or work through group problems (see appendix H).

Issues in Implementing Collaboration

Several challenges may emerge that undermine productive collaboration. These include different understandings among team members regarding confidentiality; difficulties in developing trust and resolving turf issues; the reluctance of children, families, foster parents, and staff to collaborate; the legal and court system's valuing of adversarial vs. collaborative processes; and pressures related to time and money.

Confidentiality

All service teams should have an agreement regarding confidentiality and with whom team discussions may be shared. Although confidentiality is often invoked as a reason service providers may have difficulty collaborating, the Pennsylvania state regulations as cited below facilitate the free exchange of information that is recognized as essential to good practice.

The Pennsylvania Child Welfare regulations read as follows:

3680.34 Confidentiality of Client Records

a) Information that may identify a child or the family, as well as other information contained in the client record, is confidential;

b) The legal entity shall ensure that no staff person discloses or makes use of information, directly or indirectly, concerning a child or the family, or both, other than in the course of the performance of his duties.

3680.35 Release of Information in Client Records

a) The legal entity shall establish, and ensure adherence to, written policies and procedures regarding the release of information contained in the client records;

b) The policies and procedures shall include, at a minimum, the following provisions:

> 1) Information contained in a client record. The information shall be disclosed, upon request, to:
>
> > i.   A child's parents or guardian;
> > ii.   A child's or parent's attorney;
> > iii.   A court and court services-probation-staff or county agency staff;
> > iv.   Authorized agents of the Department;
> > v.   The child, if 14 years of age or older. The agency may withhold from a child information which it has good reason to believe will be harmful to the child. The basis for withholding information from a child shall be recorded in the child's case record.
>
> 2) A requirement that the placing agency concurrence shall be obtained prior to withholding information from a child who requests information from his record;
>
> 3) A stipulation that information contained in the client record may be released to volunteers and other providers of services. The amount and type of information to be released shall be determined by the legal entity and shall be limited to information needed by the service provider to carry

out its responsibilities. The decision to release information shall be based on the legal entity's assessment of the individual case record and the responsibilities of a service provider. Information released may include part or all of the case record;

4) A stipulation that information from the client record may not be released to a person or agency other than those specified in paragraphs 1 (1) and (3) without prior authorization of the court;

5) A stipulation that information from a record may be made available only when the information being released does not contain material which violates the right to privacy of another individual or is protected or made confidential by law, or both. This may not be construed to protect the right to privacy of a staff person employed by the agency;

6) A stipulation that to the extent that information contained in the client record is protected by 23 Pa. C.S. Part III (relating to the Adoption Act) and Chapter 3490 (relating to child protective services-child abuse) and that access to and release of information shall be in accordance with the statutes and this title....

Thus, open communication and collaboration with the child (depending on age) in planning appropriate services is encouraged as it is with the legal parents. Sharing of information is permitted with the child's and legal parents' attorneys, with volunteers and with other service providers (certainly a category that can be broadly interpreted) and with county courts and probation departments. These, indeed, are many of the entities that have been identified in this document as essential collaborative partners. Good practice certainly indicates that service planning and implementation should not occur without the full involvement of child, parent and all those partners needed to assist them in completing the necessary tasks in achieving reunification.

Part of collaboration, however, means interfacing with other systems, each of which has its own definition of confidentiality that may or may not mesh with that of the child welfare system. For instance, the state law on confidentiality in the drug and alcohol field states as follows:

1690.108 Confidentiality of Records...b) All patient records (including all records relating to any commitment proceeding) prepared or pursuant to this act, and all information contained therein shall remain confidential, and may be disclosed only with the patient's consent <u>and only</u> i) to medical personnel exclusively for purposes of diagnosis and treatment of the patient or ii) to government or other officials exclusively for the purpose of obtaining benefits due the patient as a result of his drug or alcohol abuse or drug or alcohol dependence except that in emergency medical situations where the patient's life is in immediate jeopardy, patient records may be released without the patient's consent to proper medical authorities solely for the purpose of providing medical treatment to the patient. Disclosure may be made for purposes unrelated to such treatment or benefits

only upon an order of a court of common pleas after application showing good case therefore...

This law is very restrictive as it is clear that even with consent, drug and alcohol treatment facilities and their staff can only release material and discuss information they have about a patient with other medical or treating agents. Even with a proper and legally documented release of information, they may not be able to discuss a client's condition with a child welfare social worker who is attempting to work with a parent in the process of reunification.

The state law around consent of minors is as follows:

1690.112 Notwithstanding any other provisions of law, a minor who suffers from the use of a controlled or harmful substance may give consent to furnishing of medical care or counseling related to diagnosis or treatment. The consent of the parents or legal guardian or the minor shall not be necessary to authorize medical care or counseling related to such diagnosis or treatment. The consent of the minor shall be valid and binding as if the minor had achieved his majority...Any physician or any agency or organization operating a drug abuse program, who provides counseling to a minor who uses any controlled or harmful substance may, but shall not be obligated to inform the parents or legal guardian of any such minor as to the treatment given or needed.

In this regulation, in the effort to guard the child's ability to seek treatment in a confidential way there is permission to exclude parents from the service planning and, indeed, caretaking process. A recent Pennsylvania law does allow a parent to place a child of 18 and under into a drug and alcohol treatment facility even if the child proves to be unwilling.

The NASW code of ethics allows for collaboration and the sharing of information if the client has given written and informed consent. The required elements of written consent include: 1) The specific name or general designation of the program or person permitted to make the disclosure; 2) The name or title of the individual or the name of the organization to which disclosure is to be made; 3) The name of the patient (client); 4) The purpose of the disclosure; 5) How much and what kind of information is to be disclosed; 6) The signature of the patient (client) and, when required for a patient (client) who is a minor, the signature of a person authorized to give consent; 7) The date on which the consent is signed; 8) A statement that the consent is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it; and 9) The date, event or condition upon which the consent will expire if not revoked before.

Thus, in the process of collaboration, team members may be working within systems that differ in their definition of appropriate confidentiality. Clarification may be necessary regarding the perception of parameters within which participants feel they

must work. However, if indeed we subscribe to the NASW code of ethics, we must view our client (or client system) as first in our collaboration efforts, and we must ensure that we obtain proper consent from clients before sharing information.

Trust and Turf

When talking about her collaboration in writing novels, Karen Elizabeth Rigley in "Secrets of Collaboration" (1997) states: "It doesn't take magic to make collaboration work -- it takes trust." The same can be said of collaboration in social services to children and families. Effective collaboration requires trust and respect of other team members; a shared vision of goals; a belief in others' skill; flexibility and ability to compromise; a willingness to share power or control; and confidence that others do not have hidden agendas. In fact, it often is helpful in achieving trust and dispersing suspiciousness that a team members define verbally or even in writing the collaborative methods, terms, and conditions. For instance, the social worker from a family service agency may focus on the marital relationship of the parents while the children and youth social worker may pursue arranging for the educational and health needs of the child. Each will then share their information at clearly designated intervals.

With those details explicit rather than implicit, partners may be freed to work together on the client's (or client system's) behalf. Certainly turf battles are the most likely to destroy collaborative efforts. Early and sustained efforts to clarify team members' roles and responsibilities and the rationale for decisions regarding these is critical to preventing turf battles. In some instances, such clarification may be necessary at the inter-organizational administrative level as well. Building trust and working together takes extra time, but ensure that the combined service outcomes are greater than the sum of individual efforts.

Reluctance of Children, Families, Foster Parents and Staff to Collaborate

Preparation of children and their families and foster families to participate fully in the process of planning during out of home care remains an implementation issue. Foster families are used to taking children into their care, but may be reluctant to participate as full partners in decision making teams around the progress and outcomes of service. They are just being introduced to their role as mentors to families of the children in their care. Many express resistance to having these unknown and therefore, perhaps, scary people coming into their home. In addition children and families who have never before been allowed to participate in planning and decision making on their behalf may need orientation to that process and the responsibility it involves. And finally, staff must be oriented to the importance of collaboration in planning for a child's future. A parent with a child in an out-of-home placement states:

It is important for agencies to recognize the destabilizing force of placement on

the authority and role of the parent. The parent loses the daily care giving and decision making in the child's life and is lost in knowing his/her new role. Also it can be a relief to relinquish authority in the child's life when conflict with the child has been frequent or child care is a burden to the parent.

Agencies need to provide direction for the parental roles. Part of the new role (should be) the clear requirement for regular visitation with the child. Visiting procedures should be in written form and given to the parent at the time of placement...

To the parent first entering this unknown world of child placement it is confusing and intimidating as he/she watches the "system" take over the parental role. Agencies need to explain clearly the parent's new role and recognize that the parent continues to be the major force in the child's emotional development.
(Kathy Boyd, Chester Co., DCYF, 1998)

This statement further highlights the need for staff to be trained in being sensitive to the disempowerment that parents experience at the time of placement and the burden of responsibility to assist parents in understanding and fulfilling their roles as participants in the collaboration process.

Valuing Adversarial vs. Collaborative Processes

Professionals in the legal and court system are trained in an adversarial method rather than in the concept of collaboration. Going before the judge and discussing a collaborative process usually may not meet with understanding or participation. The identified team leader of the collaborative group needs to analyze what information is needed by the court, whom the court wants to hear from, and who can best articulate the decisions the collaborative group has reached and the specific evidence that has led to those conclusions. That person then will represent the group and its recommendations to the court.

Time and Money

Effective collaboration is time intensive and, thus, expensive. A social worker managing a case in some ways finds it quicker and easier to make an independent decision about the family being served and to follow through on that decision without consulting with other service providers. Or the social worker may find it quicker to follow the procedures and practice standards to the letter without considering the necessity of including the family in decision making about their own lives. It takes additional time to make an effort to contact mental health providers, physicians, other family members, foster parents, and others and involve them in a true collaborative effort to define roles and responsibilities before moving forward in a service plan. Such uni-dimensional practice takes less time and allows a caseworker with 15 or more cases to continue with "business as usual." However, it is certainly not as effective in producing desired permanency outcomes.

Authentic collaboration means taking the time to involve all relevant parties, especially the "client system" of child and family. It means assisting the foster family in understanding a family-focused approach and helping foster parents fulfill their role as mentors to the child's family. To meet the obligations of optimum service to clients, the reimbursement rate for days of care clearly must be increased if the kind of care desired is to be achieved. It means incorporating significant service providers in meetings with the "client system" as planning occurs so that all important input is considered.

Such time intensity means that a caseworker can only carry 6 to 8 cases and that, therefore, staff costs to service the same number of cases will as a result be greater. The saying that "time is money" truly applies in this situation. However, although team participation initially increases the cost of service provision, the ultimate cost-effectiveness makes this approach worthwhile.

Training for Collaboration in Permanency Planning Efforts

Inter-agency Collaboration

Collaboration among different organizations, disciplines, and persons is highly regarded in the human services field since it is a means of utilizing community resources efficiently and meeting clients needs effectively. In permanency planning, collaboration is essential -- a *sine qua non* of practice. In most case situations, formulation and implementation of a permanent plan for a child involves the efforts of a range of agencies, professionals, and other service providers. It may be said without exaggeration that the quality and quantity of collaboration in a particular case can make or break a permanent plan. Therefore, preparing team members to collaborate effectively is essential.

In any case of permanency planning there is a vast range of potential collaborators, i.e. persons, disciplines, organizations or systems, that directly or indirectly may be called upon to play a role. These various service systems often have different auspices, missions, orientations, organizational structures, and staffing patterns. Each profession or discipline emphasizes different theories and ideologies, addresses different human and social needs, and stresses different approaches to understanding and working with human beings. In light of these diverse orientations, training, qualifications, functions, and frames of reference, it can be expected that there will be differences and disagreements in the ways potential collaborators regard and approach a particular permanency planning case. In addition to differences in their orientations and preferences, service providers bring different qualities, strengths, and resources to the permanency planning enterprise. As a result, achieving team work is not an easy task.

Permanency Planning Innovations

As identified in Chapter 2, a major training need centers around attitudes related to enhancing the quantity and quality of visiting services in order to improve

permanency planning outcomes. There will certainly be a need for skills training in areas such as staff and foster parent supervision of visits, interventions during visits, and use of developmentally appropriate activities. Attitudinal needs must also be addressed in order to assure that the foundation is laid for transfer of the skills training and training regarding collaboration. It should be noted that much of the content that supports this document is included in the Pennsylvania Child Welfare Competency-Based Training and Certification Programs' CORE 104 Separation and Placement workshop. Staff at all levels need to make a commitment to support attitudinal changes to encourage the maximum use of visiting.

Staff, foster parents, County Commissioners/Advisory Boards, private providers, Juvenile Court Judges, and others in the community must be helped to look at placement and permanency planning in a new way. The focus when a child is first placed needs to be changed from one of "stabilizing the child in his/her placement" to one of immediate and intensive reunification efforts, which include frequent, high quality visiting.

Staff and foster parents need to understand that increasing visiting opportunities improves the potential for permanency even if reunification cannot occur. If visits are offered early and often the likelihood of reunification is enhanced. However, if the family does not take full advantage of this opportunity, documentation of that fact is one element of support for a petition for termination of parental rights. Whatever the permanency outcomes, the research demonstrates that frequent visiting results in healthier, better adjusted children while children are in care.

As discussed in Chapter 2, for foster parents the issue of increased visits may be emotionally laden. The agency will be asking foster parents to become mentors to the family and to work more directly with the family than before. Foster parents need to know about the improved outcomes for children associated with frequent family visits and understand their role in supporting visits.

There are many ways to share this information with staff, foster parents, and other professionals and community service providers. The core idea is to infuse information regarding the reasons for the necessity of change. Chapter 1 and the bibliography provide ample material. Since people differ in their learning styles it may be helpful to present information in several different ways. Making the literature review and copies of specific studies available will be helpful to some staff, foster parents, and purchased care providers. Brief presentations in agency staff meetings and foster parent meetings may also be helpful. Joint meetings of foster parents and staff build on the concept of working as a professional team. For example, Centre County has chosen to work on attitudinal change, policy planning, and practice skill development through a series of retreats for staff, foster parents, and purchased care providers. Creation of a client handbook which identifies rights and responsibilities and "do's and don'ts" of visiting will assist families with this information. As county agencies progress in this process it is especially important to share the ideas that are developed.

In addition, management needs to be trained in developing performance measures and using data. Caseworkers and supervisors may also apply this knowledge to their own sphere of responsibility.

In Chapter 4, reference was made to Total Quality Management (TQM) principles. The concepts of the ethical workplace, diagramming processes to work incrementally toward higher quality services, and establishing Quality Point Measures for performance objectives in order to "talk with facts" may be helpful within the public child welfare system. If a particular agency wishes to explore TQM concepts more fully and implement such a system, they could plan for extensive TQM training.

Designing and Implementing Cross System Development and Training

Skilled, motivated people are required to carry out changes necessary to develop the community supports and services and the teamwork that result in improved outcomes for children. Therefore, a cross-system training curriculum implemented across the major community systems is envisioned. The Harvard Project on Effective Services (1993) recommends that such a training curriculum be developed collaboratively and interactively with representatives from multiple systems, including front-line staff and agency administrators, so that it meets their needs and reflects their views and priorities.

Training using this curriculum would then become part of initial and ongoing personal development activities for a wide range of community agencies. Training sessions and experiences would include bringing team personnel together, rather than training separately. Training could be provided by local professionals as well as outside specialists. The real measure of whether such a multi-disciplinary development and training approach succeeds would be whether its use can continue and broaden over time. To that end, a goal would be to identify a state or local organization that could continue these team development activities. Possibilities include local school districts and human service agencies themselves; local professional schools or universities; and/or new training institutes, freestanding or affiliated with other community organizations. To initiate such an effort, the following steps and activities could be considered:

- obtaining agreement among all major collaborative systems to develop a training and personnel development program that will enable team members to work and collaborate effectively;

- identifying lead people in each of the collaborative systems to assist in development of the curriculum and the strategy for training activities;

- working with consultants who can assist in development of the curriculum;

- developing the initial curriculum, and pilot testing it;

- working with administrators of agencies/organizations in the collaborative system to identify how they can support the new forms of collaborative practice;

- implementing the curriculum for collaborative team members (Harvard Project on Effective Services, p. 29-32).

Suggested Training Content

The training should include content in the following areas:

A family-centered approach:

- understanding children in the context of their families and families in the context of their communities;

- viewing families as resources for children and as partners in service delivery;

- assessment skills that involve family members in identifying critical needs and setting goals;

- conveying respect for diverse cultures, races, and ethnic backgrounds.

Working collaboratively with other agencies, systems, and community resources:

- clarification that legislation in multiple areas supports the concepts embraced in permanency planning efforts, including the Juvenile Court Act, Child Protective Services law, and the Adoption and Safe Families Act;

- service planning that involves team members from multiple systems;

- defining and ongoing assessment of team roles and responsibilities;

- methods for gaining interagency agreement to support families' own goals;

- methods for resolving differences that arise among team members with different perspective and backgrounds;

- methods for mobilizing and monitoring service provision and obtaining feedback from diverse sources;

- methods for recognizing and obtaining consultations on early signs of health, mental health, learning, and family problems.

Enhanced ability to work in reformed services and systems:

- strengthened skills in building respectful, trusting relationships;
- strengthened skills in working with both children and families;
- team members equipped with a problem-solving, persevering mindset and with problem-solving skills;
- team members enabled to be comfortable to address a complex interplay of problems, to exercise front-line discretion, and to work in settings that are in continual evolution .

Developmental approach:

- understanding children in the context of their developmental stage;
- recognizing normal and aberrant developmental milestones, "invisible disabilities," and early warning signs of emotional or behavioral problems;
- understanding families and organizations in the context of their developmental stage.

Enabling families to develop skills that promote their own use of community resources:

- developing knowledge of informal as well as formal community services;
- understanding family's own patterns of seeking and using help.

Summary

In permanency planning efforts, including the development and implementation of effective visiting services, collaboration is essential. Unfortunately, collaboration does not always occur naturally. Therefore, team members must be identified as soon as possible in each child's case and team members' roles and responsibilities established. A team leader should be designated by the county who has the knowledge and skills to carry out the team's leader's responsibilities. Support for a collaborative process must be provided, including time for team members to meet, and training for collaboration in permanency planning efforts.
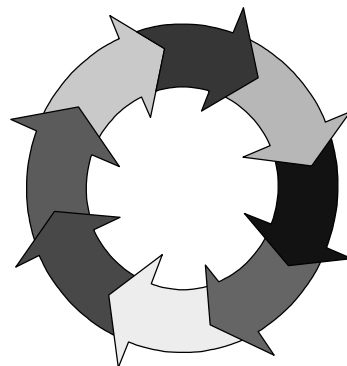
APPENDIX A

Key Elements for Success in Assessment and Goal Planning

Child

Foster Family

Agency

Community

Family

Appendix A
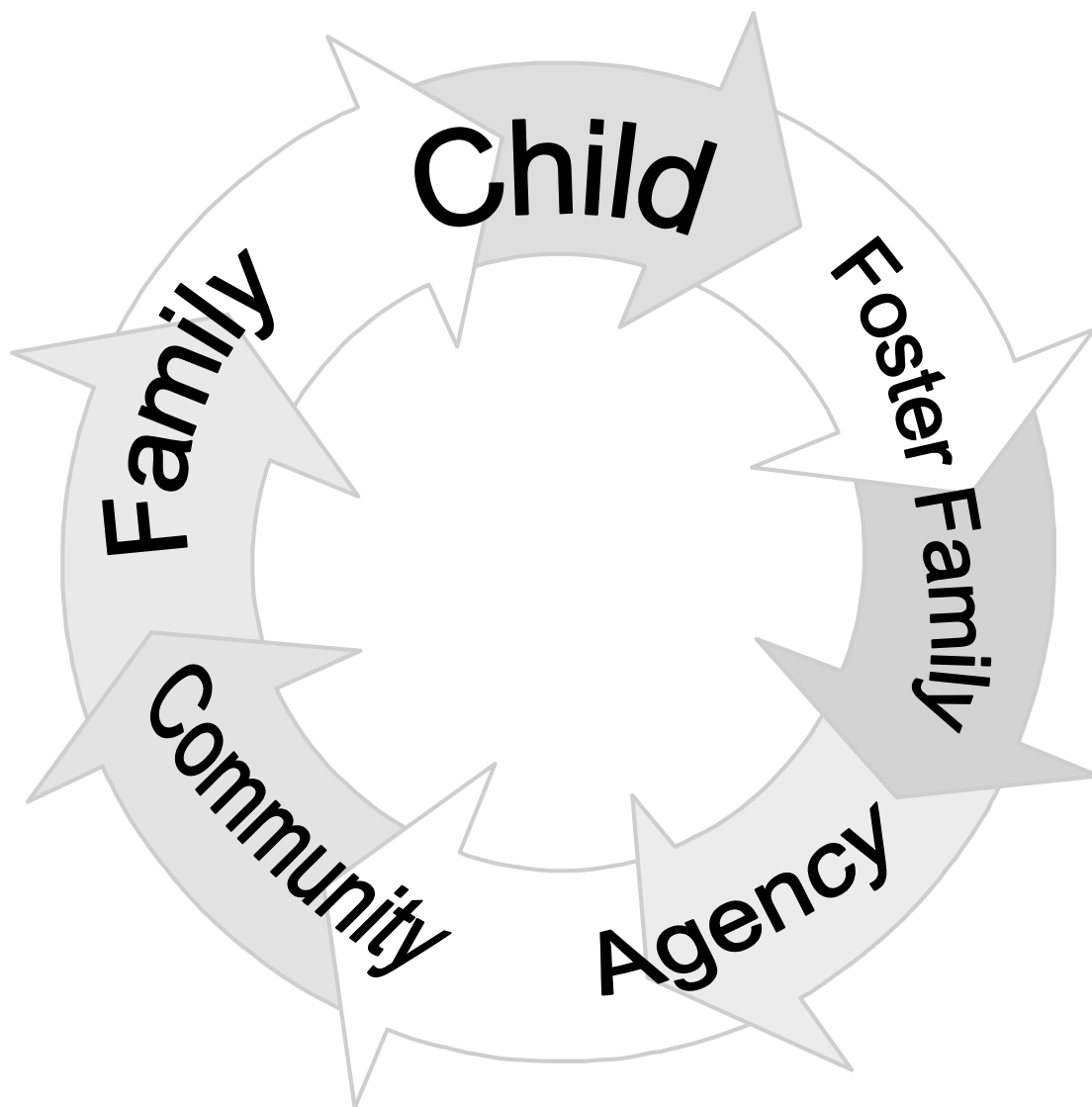
Key Elements for Success in Assessment and Goal Planning

Excerpted from Warsh, R., Pine, B., and Maluccio, A. (1996). *Reconnecting families: A guide to strengthening family reunification services. Resource workbook*. Washington, DC: CWLA Press, pp.55-56.

Assessment and goal planning, both hallmarks of effective child welfare practice, are especially critical to the success of efforts to reunify families. These activities are both a product and a process that involve the family, the child, and other essential team members in mutual decision making, occur throughout the reunification effort, and require continual monitoring and revision.

Key Elements for Success . . .

A.   The agency (team) assesses reunification possibilities before a child's placement in foster care or as early as possible post-placement.

B.   The agency (team) uses an accepted protocol for assessing the risks to children of contact with their parents.

C.   The agency (team's) assessment approach respects the family's heritage, recognizing that family life/child care differ among cultural groups.

D.   Assessment is conducted in relation to:

- the child's and family's willingness/readiness to be reunited;
- the strengths/resources/potentialities of the family and child that make a reunion possible;
- the formal/informal resources and supports available to the family through extended kin networks and the social service and community systems;
- the family's ability to meet the physical/social/emotional/medical/educational/ needs of the child;
- the impact on the child and family of previous experiences that lead to the need for placement;
- the child's functioning and special needs;
- the level of family/child bonding, family communication patterns, and the family's conflict resolution skills;
- the family problems and safety concerns that may impede reunification; and
- the environmental obstacles that may affect reunification, including resource gaps (e.g. housing, finances, community services), attitudes and values of helpers, inadequate policies, legal procedures/requirements, and other outside pressures/stresses.

E. When return home is not possible, assessment identifies the optimal level of reconnection that a child and family can be helped to make.

F. Goal planning and reviews make use of a team approach, involving all members of the reunification effort (e. g. family/foster parents/agencies/attorneys courts/schools/family advocates), with recognition of the varying needs of these parties.

G. Goal planning takes into account the requirements of the legal system, including laws, policies, and judicial decisions.

H. Plans and service delivery are strength focused and capacity building, rather than dependency building.

I. The practitioner states attainable goals in clear terms in the family's own language and preferably using words that are most meaningful to the family. Goals emphasize behavioral changes that are related to the reasons the child was removed.

J. Goal plans spell out the roles/tasks of all participants, including in particular:

- an explanation of the goal-planning process;
- actions each participant will take in working toward the goals;
- the tasks that each participant must complete to provide for the child's growth, health, and safety, and for the family's integrity;
- small concrete tasks that can be readily achieved;
- a visiting plan that addresses ways to work on the goal of family reunification;
- a timetable, including a target date for reunification, that best reflects a child's and family's pace for goal attainment and the child's need for permanence; and
- a plan to enable the child and family to have access to services following reunion and case closure.

K. Practitioners recognize that assessment/goal planning occur throughout work with a family up to termination of a case, and that plans require continual monitoring, reassessment, and revision.

APPENDIX B

Sample Visit Plan Form, Visit Plans, and Visit Calendars

Child

Foster Family

Agency

Community

Family
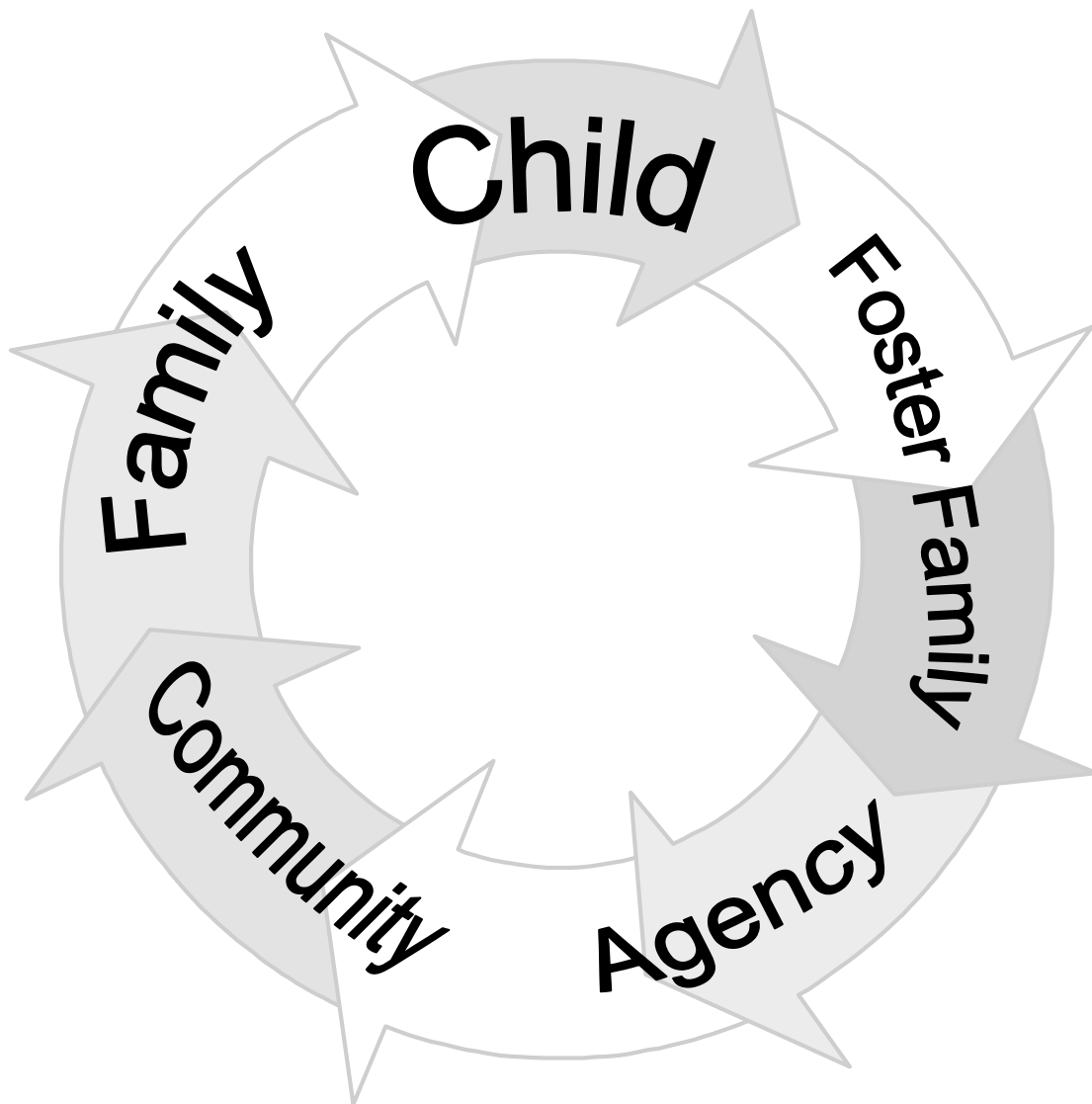
VISITATION PLAN

CHILD'S NAME

DATES EFFECTIVE   ___/___/___ through ___/___/

PERSONS INCLUDED IN VISITS (including siblings):

_____

VISIT FREQUENCY:

       __ **once each week**   __ **other, describe:**
       __ **once every other week**
       __ **once each month**
       __ **____ times each week**

VISIT LENGTH:

       __ **one hour**   __ **overnight**
       __ **two hours**   __ **two days (weekend, etc.)**
       __ **half-day (3-4 hours)**   __ **other, describe:**
       __ **all day**   _____

VISIT TIME:

       __ **from ____ a.m. / p.m. to ____ a.m. / p.m.**
       __ **flexible, see attached schedule**

VISIT LOCATION:

       __ **parents' home**   __ **other, describe:**
       __ **relatives' home**
       __ **foster parents' home**   _____
       __ **Agency visiting room**

VISIT SUPERVISION:

       __ **visits unsupervised**
       __ **visits supervised by:**

TRANSPORTATION ARRANGEMENTS:

VISIT PURPOSES:
To learn and practice skills to meet the following service agreement goals:

ACTIVITIES THAT WILL OCCUR TO SUPPORT THE SERVICE AGREEMENT GOALS:

Goal # Activity

VISIT CONDITIONS IMPOSED:

_____

AGENCY SERVICES TO SUPPORT VISITING:

_____

I participated in the development of and understand the visiting plan as written.

Participants signature & relationship/role   **Date**

VISITATION PLAN (SAMPLE)

CHILD'S NAME __Marie and Kim Smith__

DATES EFFECTIVE __1 / 1 / 98__ through __1 / 30/ 98__

PERSONS INCLUDED IN VISITS (including siblings):

Jane Smith (mother)   Marie Smith (6yr old child)   Kim Smith (5yr old child)
Tim Smith (brother) once a month see calender

VISIT FREQUENCY:

- __X__ once each week
- ___ once every other week
- ___ once each month
- ___ ____ times each week

- ___ other, describe:

VISIT LENGTH:

- ___ one hour
- __X__ two hours
- ___ half-day (3-4 hours)
- ___ all day

- ___ overnight
- ___ two days (weekend, etc.)
- ___ other, describe:
              See calender

VISIT TIME:

- ___ from ____ a.m. / p.m. to ____ a.m. / p.m.
- __X__ flexible, see attached schedule

VISIT LOCATION:

- __X__ parents' home
- ___ relative's home
- ___ foster parents' home
- ___ agency visiting room

- __X__ other, describe:
  Community visit once a month
  when older brother is involved

VISIT SUPERVISION:

- ___ visits unsupervised
- __X__ visits supervised by: Family Service Aid - Ann Jones
              from private provider

TRANSPORTATION ARRANGEMENTS:

Private provider picks up children at foster home or school and then goes to mothers home or then picks up mother for community visit and drives to that location.

VISIT PURPOSES:
To learn and practice skills to meet the following service agreement goals:
2. Jane will work to improve her parenting skills

3. Jane will demonstrate a commitment to get her daughters returned.

ACTIVITIES THAT WILL OCCUR TO SUPPORT THE SERVICE AGREEMENT GOALS:

Goal # Activity

   2   **Respond directly to the girls during visits when they ask for attention**

     2   **Watch for dangerous situations during visits**

     2   **Increase level of interaction with girls by asking more direct questions to the girls.**

     3   **Provide for fundamental basic needs - provide a meal if over meal time.**

VISIT CONDITIONS IMPOSED:

To take complete responsibility for the girls during visit do not rely on Family Service Aid

AGENCY SERVICES TO SUPPORT VISITING:

Financial support for community visits

I participated in the development of and understand the visiting plan as written.

Participants signature & relationship/role   **Date**

VISITATION PLAN (SAMPLE)

CHILD'S NAME ___Marie and Kim Smith___

DATES EFFECTIVE ___2 / 1 / 98___ through ___2 / 28/ 98___

PERSONS INCLUDED IN VISITS (including siblings):

**Jane Smith (mother)   Marie Smith (6yr old child)   Kim Smith (5yr old child)
Tim Smith (brother) once a month see calendar**

VISIT FREQUENCY:

_X_ once each week		**_X_ other, describe:**
__ once every other week		**Extra visit during day**

when

__ once each month	**off school, and school**
__ ____ times each week	**meeting as scheduled**

VISIT LENGTH:

__ one hour	**__ overnight**
__ two hours	**__ two days (weekend, etc.)**
__ half-day (3-4 hours)	**_X_ other, describe:**
__ all day	**See calender**

VISIT TIME:

__ from ____ a.m. / p.m. to ____ a.m. / p.m.
_X_ flexible, see attached schedule

VISIT LOCATION:

_X_ parent's home	**_X_ other, describe:**
___ relatives' home	**Community visit once a month when**
___ foster parents' home	**older brother is involved.**
___ agency visiting room	

VISIT SUPERVISION:

__ visits unsupervised
_X_ visits supervised by: Family Service Aid - Ann Jones/Lisa
White
from private provider

TRANSPORTATION ARRANGEMENTS:

Private provider picks up children at foster home or school and then goes to mothers home or then picks up mother for community visit and drives to that location.

VISIT PURPOSES:
To learn and practice skills to meet the following service agreement goals:
2. Jane will work to improve her parenting skills

3. Jane will demonstrate a commitment to get her daughters returned.

ACTIVITIES THAT WILL OCCUR TO SUPPORT THE SERVICE AGREEMENT GOALS:

Goal # Activity

Goal #	Activity
2	**Respond directly to the girls during visits when they ask for attention**

  2   **Watch for dangerous situations during visits**

  2   **Increase level of interaction with girls by asking more direct questions to the girls.**

  3   **Provide for fundamental basic needs - provide a meal if over meal time.**

VISIT CONDITIONS IMPOSED:

To take complete responsibility for the girls during visit do not rely on Family Service Aid

No smoking directly in front of girls or in home due to medical concerns of asthma as per doctors request

AGENCY SERVICES TO SUPPORT VISITING:

Financial support for community visits

I participated in the development of and understand the visiting plan as written.

Participants signature & relationship/role   **Date**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6 Home visit at mother's (Jane Smith) 4:00-6:00	7	8	9	10
11	12	13 **Community visit with mother (Jane Smith) and brother (Tim Smith) 1:00-3:00**	**14**	**15**	**16**	**17**
18	**19**	**20 Home visit at mother's (Jane Smith) 4:00-6:00**	**21**	**22**	**23**	**24**
25	**26**	**27 Home visit at mother's (Jane Smith) 1:00-3:00**	**28**	**29**	**30**	**31**

January 1998

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
February 1998						
1	**2**	**3** Home visit at mother's (Jane Smith) 4:00-7:00	**4**	**5**	**6**	**7**
8	**9**	**10** Community visit with mother (Jane Smith) and brother (Tim Smith) 2:00-4:00	**11**	**12** Meeting to discuss Head Start recommendations for next year 10:30am at school	**13**	**14**
15	**16**	**17** Home visit at mother's (Jane Smith) 4:00-7:00	**18**	**19**	**20** Off School Home visit at mother's (Jane Smith) 10:00-2:00	**21**
22	**23**	**24**	**25**	**26** Home visit at mother's (Jane Smith) 2:00-6:00	**27**	**28**

APPENDIX C

Sample Visit Report Form and Visit Report
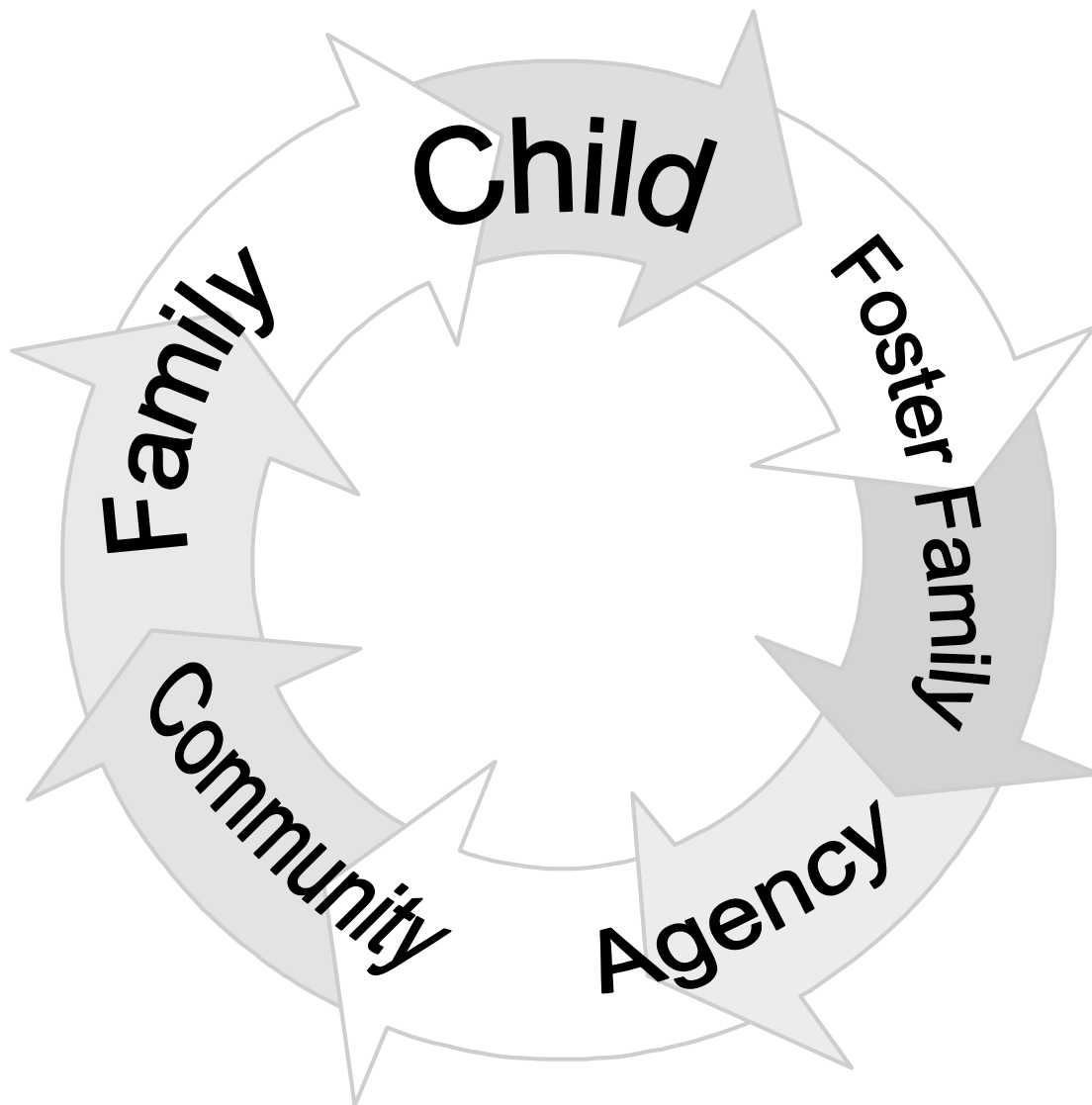
VISITATION SUMMARY REPORT FORMAT

Person Supervising Visit:

Date and Time of Scheduled Visit:

Family Name:

Location of Visit:

Type of Supervision: Observer____ Active_____ Unsupervised_____ Canceled
Explain:

Present at the Visit (first and last names of each and relationship to child).

Activities, if any, the family participated in:
(insert narrative)

Evaluation of desired visit goals or conditions?
(insert narrative)

Any significant event which occurred:

(insert narrative)

Were there any relevant/ important issues discussed with the foster parents?
(insert narrative)

Please note here anything which Children and Youth Services need to follow up on:
(insert narrative)

VISITATION SUMMARY (SAMPLE)

Person Supervising Visit: Ann Jones

Date and Time of Scheduled Visit: 1/20/98 4-6 pm

Family Name: **Smith**

Location of Visit: Jane's home

Type of Supervision: Observer___ Active _X_ Unsupervised
                    Canceled___ Explain:

Present at the Visit (first and last names of each and relationship to child).
Jane Smith   Mother
Marie Smith Child
Kim Smith   Child

Activities, if any, the family participated in:
ate dinner (tuna noodle casserole, peaches)
played games
watched movies (101 dalmation's)

Evaluation of desired visit goals or conditions?
Jane appeared to be taking on some parent role. Making dinner , setting some limits for the girls.
However, most of the communication continues to be sparked by the girls.

Any significant event which occurred:
The girls and I arrived at Jane's and someone else was just leaving. We sat at the kitchen table.
The music was turned up fairly loud in the living room. Jane mentioned to the girls to stay in the
kitchen, because of the music's volume. They spent time looking through a package that came in
the mail for Kim, books, stickers, and paints. Jane gave Marie valentine cards from last year to
use for school. She also gave her a child's calculator. Jane had dinner ready for the girls. Tuna
noodle casserole, peaches and soda. Marie ate her dinner, Kim ate four bits of the casserole, at
Jane's request, and peaches. I sat in the living room while they finished dinner. Jane had a
couple of games ready for the girls. Kim found the cat and she never put it down during the
visit. Jane did play chutes and ladders with the girls, it didn't last long because Jane started the
movie. Jane picked up the games. Marie had told me that Jane was smoking in the bathroom,
upstairs. She complains about the smoking because of her asthma. Jane gave each girl a bag of
starburst candy, Jane did suggest putting the paper's in the garbage. The girls were fairly content
with the movie, playing with other toys and moving around at the same time. Kim did sit on
Jane's lap, with the cat. However, there were prescriptions and other pills on the table next to the
couch. Jane seems to be improving on communicating with the girls. However, the girls do
begin most of the conversations. Jane does not set limits, for example, she allowed Kim to be
very rough with the cat (carrying it upside down, bouncing it around). I then explained to Kim to

be gentle with the cat. Everyone continued to watch the movie Jane helped the girls get ready to go, however, it took quite a bit of coaxing to get things moving. Jane again, picked up the toys. She sent a juice box along for each girl and kissed them both good bye.

Kim had to get her hair cut short due to playing with scissors. Jane did not appear to be really upset about it, although, she did comment on it a few times.

Were there any relevant/ important issues discussed with the foster parents?

I discussed the visit with Laurie (the foster mother) afterwards and told her to call me if she had any questions.

Please note here anything which Children and Youth Services need to follow up on:
none

* A note to the reader - the purpose for the amount of detail would be to supply the therapist/caseworker who are not always directly in the visit with ample information to do follow up work with the mother to discuss interactions, deal with feelings, and make future plans for the case. It is possible for less details to be included and more conclusions to be drawn by the person supervising the visit which would tie back into the activities to support the service agreement goals in the visit plan. Such conclusions might look as follows:

In the area of responding more directly to the girls the issues which arose from this visit would simply be that the mother fails to set limits for the girls and if she does she does not follow through with them. For example she allows the youngest one to be potentially cruel to the cat.

In the area of the mother watching for dangerous situation during visits. Two stand out in reference to this goal that is that several prescription pill bottles were sitting out next to the couch and the concern for the one girls asthma which reacts strongly to cigarette smoke. Marie did report that her mother was smoking upstairs in the bathroom.

In the area of interacting with the girls more directly the issues during this visit would be that as witnessed during the visit the girls still tend to initiate all the conversations. When Jane the mother did play a game with the girls it lasted a short time and then she opted for the less interactive activity of a movie.

In the area of providing for the girls basic needs of providing them with a meal the mother has done a good job of providing meals and snacks.

VISITATION SUMMARY (SAMPLE)

Person Supervising Visit: Ann Jones and Lisa White

Date and Time of Scheduled Visit: 2/17/98   4-7 PM

Family Name: **Smith**

Location of Visit: Jane's house

Type of Supervision: Observer___ Active _X_ Unsupervised
                                  Canceled___ Explain:

Present at the Visit (first and last names of each and relationship to child).
Jane Smith   Mother
Marie & Kim Smith   Children

Activities, if any, the family participated in:
watched movie (baby's day out)
ate dinner (chicken nuggets)

Evaluation of desired visit goals or conditions?
Jane continues to demonstrate some parenting skills with the girls. Jane also appears to be communicating and interacting better with the girls, however, does not always respond to emotional need, crying.

Any significant event which occurred:
We arrived a little early, Jane appeared down I asked if she was having a sad day, Jane responded No. Kim went to look for the cat, could not catch it. Kim commented that Jane looked mad. Jane said no, and did smile. Jane gave the girls each a Hi-C drink box and a popsicle. The soap opera was on TV when we arrived. Marie soon requested to watch a movie. She selected Baby's Day Out. The girls sat down to watch. I briefly discussed the change with Lisa taking my place, with Jane's visit. Lisa asked Jane if that was OK and Jane said "I guess so." I also reminded Jane that the visit was Thursday next week instead of Tuesday. Jane went upstairs. Kim got out another popsicle and brought it into the living room for someone to open it. Jane returned down stairs with some clothes for the girls. She opened the popsicle for Kim. Jane began to prepare dinner for the girls. Jane's mood appeared to loosen up. The phone rang, Kim answered it and then handed it to Jane. Jane brought the girl's table and chairs into the living room so they could watch their movie during dinner. Jane had prepared chicken nuggets and sauce. Jane gave the girls more chicken when they finished. Kim wanted even more chicken and when they were finished, Jane made more. Marie had finished and took her dish out to the kitchen. Kim licked the sauce from her dish. Jane was not in the room. Kim also mentioned drinking sauce. Jane brought in a drink for each of the girls. Marie sat on the floor watching the movie. Kim leaned back on her chair. Jane remarked that the chair had 4 legs not

2, however, Kim continued to lean back on it. Jane told her she couldn't play with the animals while she ate. Jane talked a lot with Kim while she ate. Kim picked up a flashlight to look for the cat. Jane said not to shine it in people's eyes. When Kim was finished eating, Jane washed her hands and face. Kim went upstairs to look for the cat and soon returned. Jane cleaned up the dinner things, taking the table and chairs back to the kitchen. The phone rang, Jane answered. Jane again, left the room for a few minutes. Jane took Kim upstairs to brush her teeth.   Jane also prepared a toothbrush for Marie. Kim returned to the living room with her toothbrush. Kim stepped in front of Marie and Marie pushed her out of the way. Kim began to cry, Jane returned to the room, she asked Kim what was wrong but Kim did not respond. Kim soon stopped crying. The girls began getting toys out. The movie was over. Jane allowed Kim to choose a new movie since Marie selected the first one. The VCR was acting up, but Jane fixed it.   Kim selected the movie Ed. Bob Brown (family therapist) stopped in (5:30 P.M.) Jane's mood changed, she appeared down again. As soon as Bob left, Jane's mood appeared normal again. Jane bargained with Kim to pick up the toys with candy. Kim did pick up the toys and Jane gave each of the girls a box of candy. The girls played house with each other while they watched the movie. Kim again looked at Jane and asked if she was mad or sad. Jane said no. Kim shared her candy with Jane, Lisa and me. The girls continued to watch the movie. Jane gave the girls valentine's day gifts, stuffed animals, dolls, and a heart with chocolate inside. The girls thanked Jane. Jane mentioned again to Marie about trying on the clothes she gave her saying "there aren't any boys in the room." Kim threw a small rubber ball across the room several times and then chased after it. Jane did not say anything. When Kim asked for help getting it out from behind the stereo speakers, Jane replied she wasn't moving the speakers. Jane gave the girls pickles. Jane took the girls pictures and sat on the couch. The girls continued to watch the movie on and off. Jane made popcorn, eating it in the kitchen, Kim brought in the pictures and sat on the couch. Marie wanted a picture but Kim would not give her one. Marie got mad. She sat in front of Kim on the couch. Kim's feet touched her and she screamed while moving them. Kim said she hurt her foot and began crying. Jane finally poked her head in the room. Jane removed the pictures from Kim, but did not respond to her crying. Jane sat down in the chair and finally asked Kim to come over. Kim continued to cry on the couch. Jane went to the kitchen and brought in popcorn for Kim and herself. Kim had stopped crying. They continued to watch the movie. Jane picked up things when it was time to go. She packed things in the girls bags. Marie did not want the jeans Jane was sending, however, Jane packed them anyway. Jane put the girl's shoes on and brought them their coats. Kim kissed her on the cheek so that she didn't get any germs.

I reminded Jane the visit was on Thursday instead of Tuesday, again.

I called Jane from the car and asked if Lisa could stop on her way home to pick up Marie's coat. Jane said OK. When Lisa stopped, Jane did not answer the door. Lisa then stopped in the morning on her way to the FICS office to pick up the coat. Jane was in the kitchen along with a large bearded man.

Jane refused to answer Lisa when she apologized for missing her when she stopped by last night and only shrugged her shoulders when asked if she wasn't talking today. The only verbal response from Jane was when asked if the cat had claws and Jane answered No, we cut them. I (Lisa) told Jane briefly about the cat I have and Jane responded with a faint smile. I thanked Jane for the interruption and allowing me to pick up the coat.

Were there any relevant/ important issues discussed with the foster parents?
Briefly discussed the visit and the change in position

Marie left her coat at Jane's told her we would get it tonight or tomorrow.

**Please note here anything which Children and Youth Services need to follow up on:**
none

* A note to the reader - the purpose for the amount of detail would be to supply the therapist/caseworker who are not always directly in the visit with ample information to do follow up work with the mother to discuss interactions, deal with feelings, and make future plans for the case. It is possible for less details to be included and more conclusions to be drawn by the person supervising the visit which would tie back into the activities to support the service agreement goals in the visit plan. An example was given on previous visitation summary for this family.

APPENDIX D

Sample Tools for Foster Parent
Self-Assessment of Training Needs

- **Uhlich Foster Parent United – Foster Parent Training Survey and Training Needs Assessment**

- **Family To Family Foster Care Foster Parent Survey**

- **Pennsylvania Child Welfare Competency Based Training and Certification Program – Individual Training Needs Assessment (ITNA)**

Child

Family

Foster Family

Community

Agency
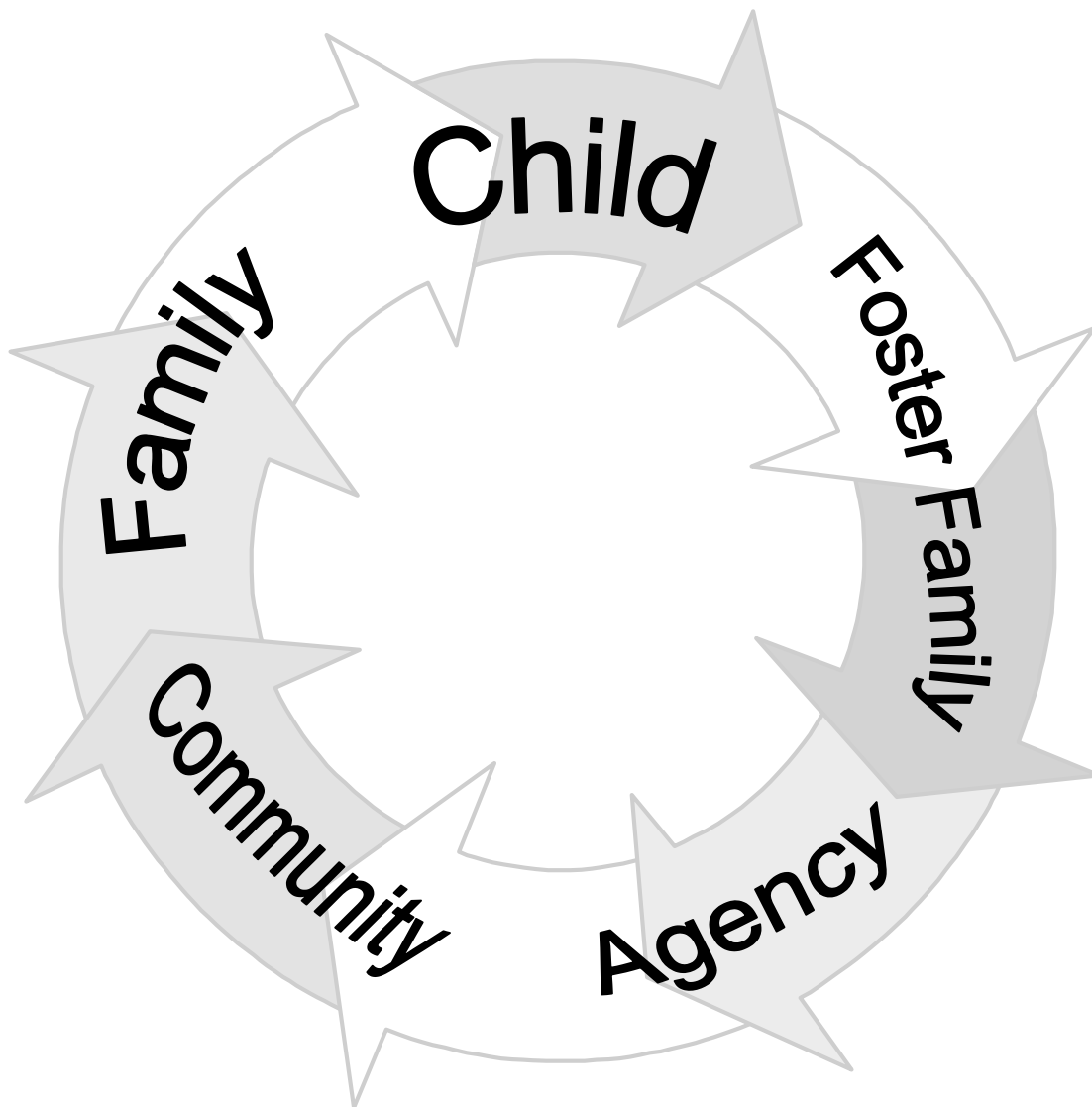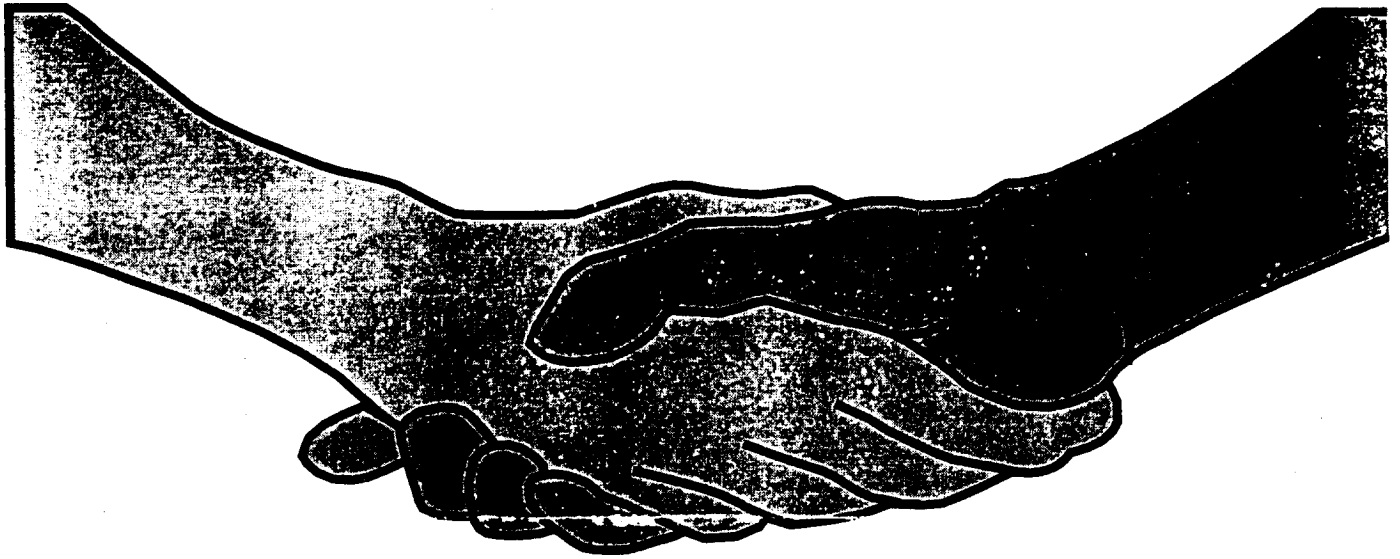
Appendix D

Together We're Better

Presenters:

Monique Johnson, Training Coordinator Uhlich Children's Home

Cherly Stanford, Training Specialist, Uhlich Children's Home

Uhlich Foster Parents United

APPENDIX E

Results Based Management

Child

Foster Family

Agency

Community

Family
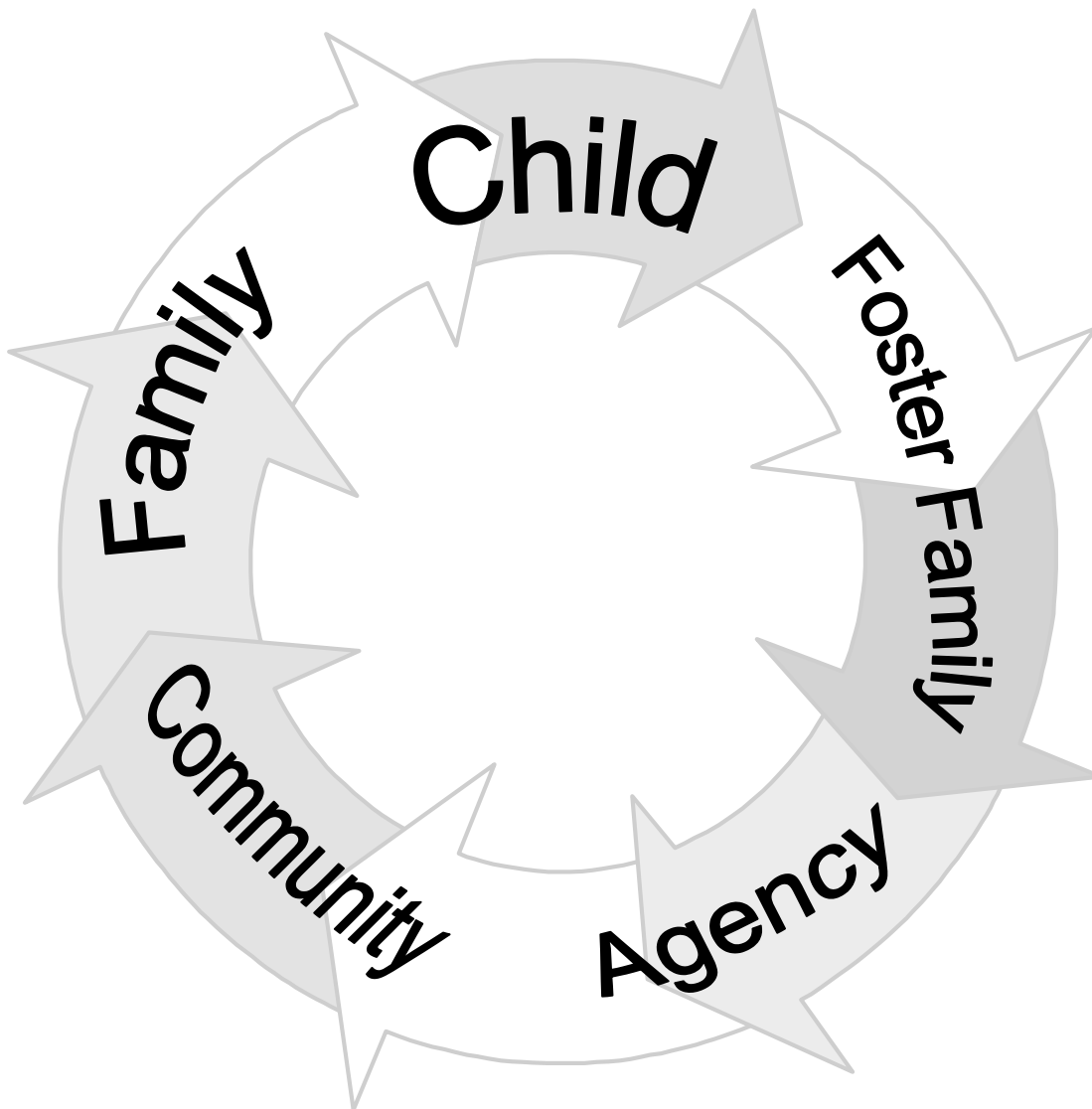
Appendix E

APPENDIX F

Figures 1, 2, & 3
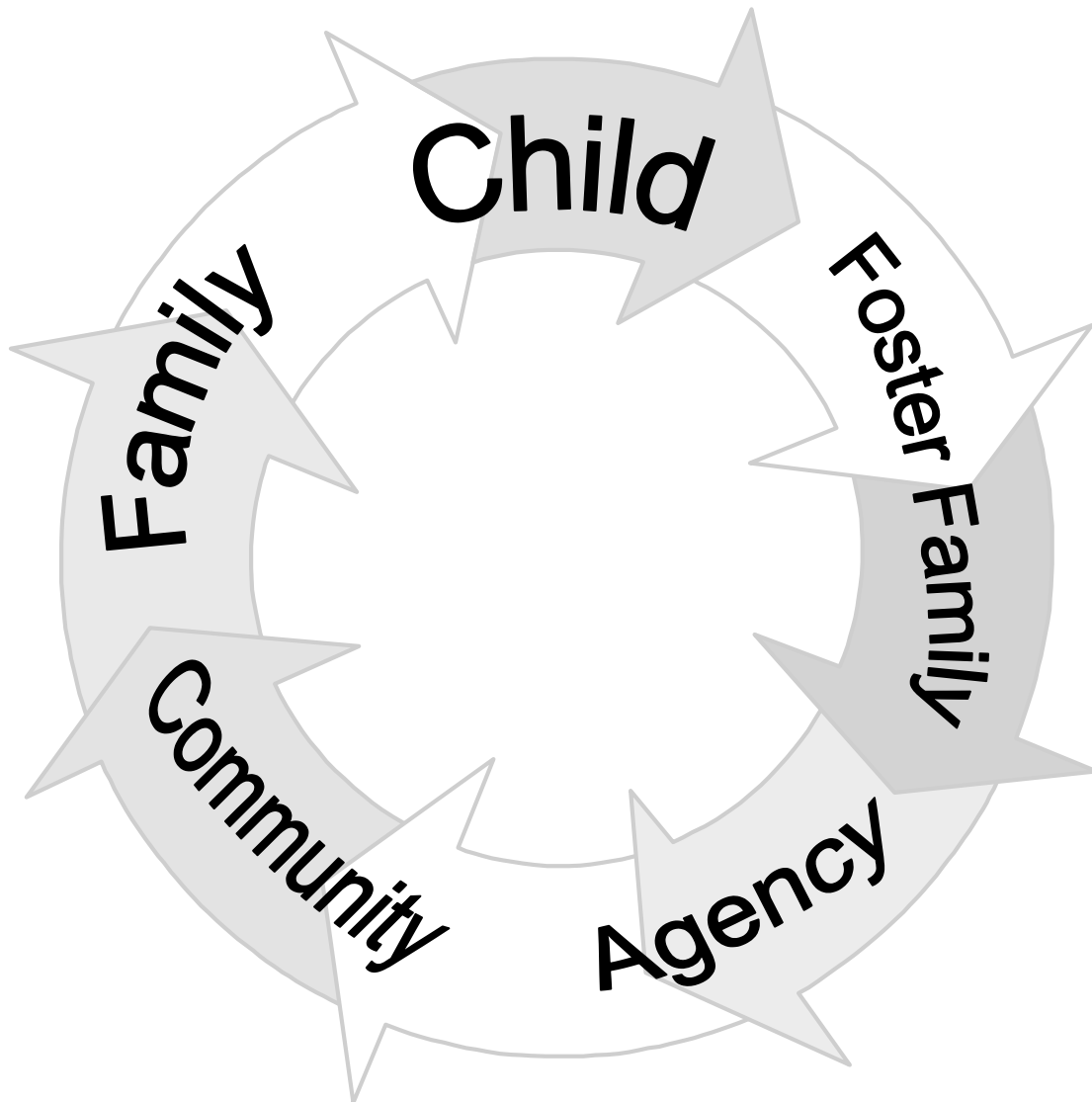
Appendix F

APPENDIX G

Learning to Work Together: Stages of Team Development
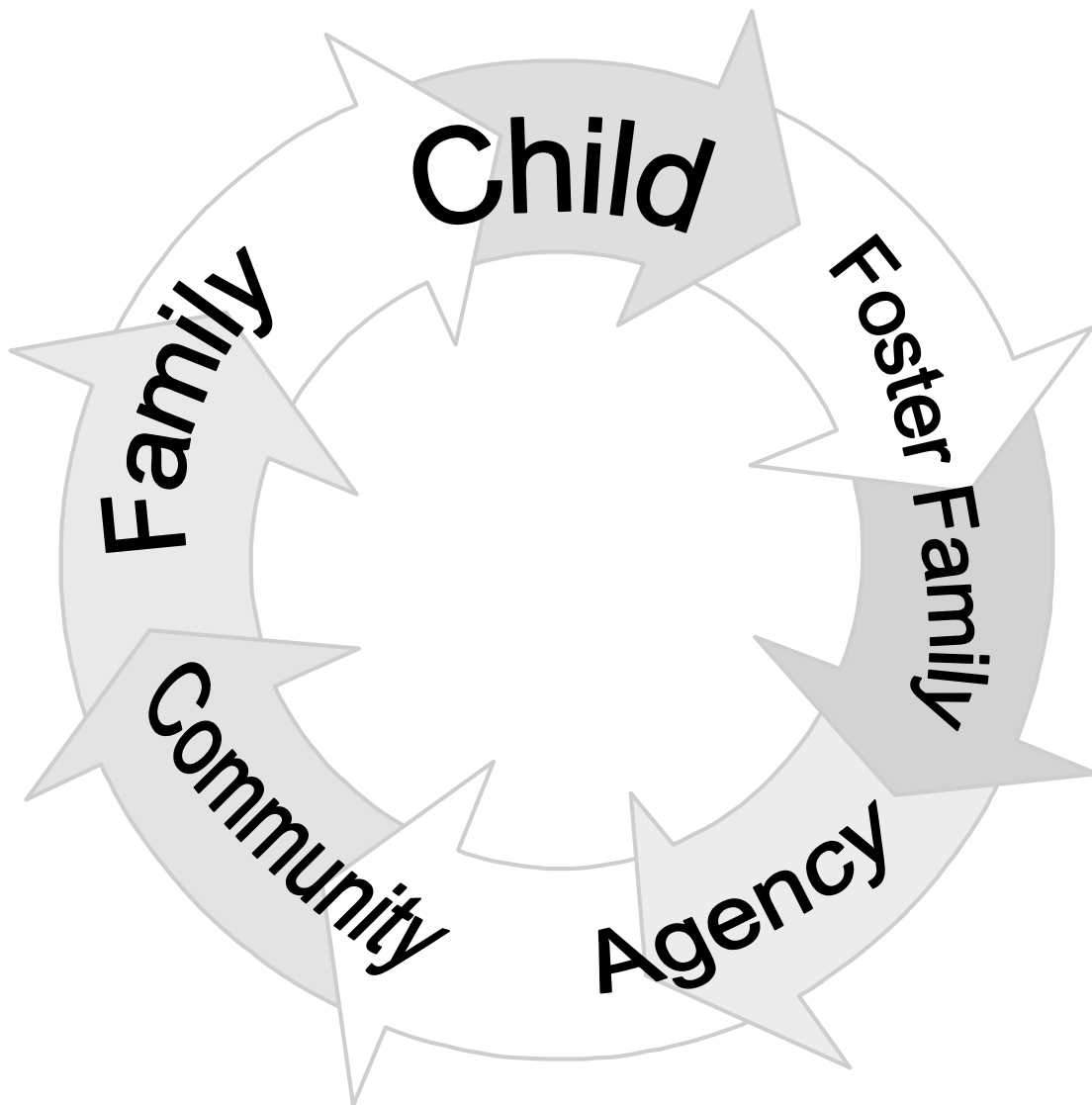
Learning To Work Together - Stages Of Team Development

Excerpted from Scholtes, P. (1992). *The team handbook*. Madison, WI: Joiner Associates, pp. 6-4 -- 6-8.

The duration and intensity of the stages below vary from team to team. Understanding these stages will keep the team from overreacting to normal problems.

Stage 1: Forming

When a team is forming, members cautiously explore the boundaries of acceptable group behavior. This is a stage of transition from individual to member status, and of testing the leader's guidance both formally and informally.

Forming includes excitement and optimism; pride in being chosen; initial tentative attachment to the team; and suspicion, fear, and anxiety about the job ahead. Forming includes attempts to define the task; determine acceptable group behavior; determine information needed; and discussion of concepts and issues and complaints about the organization and barriers to the task. It is perfectly normal for the team to accomplish little if anything that concerns its goals.

Stage 2: Storming

Storming is probably the most difficult stage for the team. Beginning to realize that the task is different and more difficult than imagined, members try to rely solely on their personal/professional experience, resisting any need for collaborating with other team members.

Storming includes resistance to the task; fluctuations in attitude about the team and the project's success; arguing among members; defensiveness and competition; questioning the wisdom of the project and of the team's membership; establishing unrealistic goals; and a perceived pecking order and tension.

Stage 3: Norming

During this state members reconcile competing loyalties and responsibilities and accept the team, team ground rules (or norms), their roles in the team, and the individuality of fellow members. Emotional conflict is reduced as previously competitive relationships become more cooperative.

Norming includes the ability to express criticism constructively; the acceptance of team membership; and relief that things may work out. Team members attempt to avoid conflict; begin problem-solving; establish and maintain ground roles and boundaries (the "norms"); and start making significant progress.

Stage 4: Performing

By this stage, the team has settled its relationships and expectations. Team members have discovered and accepted each other's strengths and weaknesses and have learned what their roles are. They can begin performing -- assessing and solving problems, and choosing and implementing changes. Members have discovered and accepted each other's strengths and weaknesses, and learned what their roles are.

Performing includes having insights into group processes and satisfaction at the team's progress. Performing includes constructive self-change; the ability to prevent or work through group problems; and attachment to the team. The team is now effective and cohesive and getting a lot of work done.

APPENDIX H

Ingredients for A Successful Team
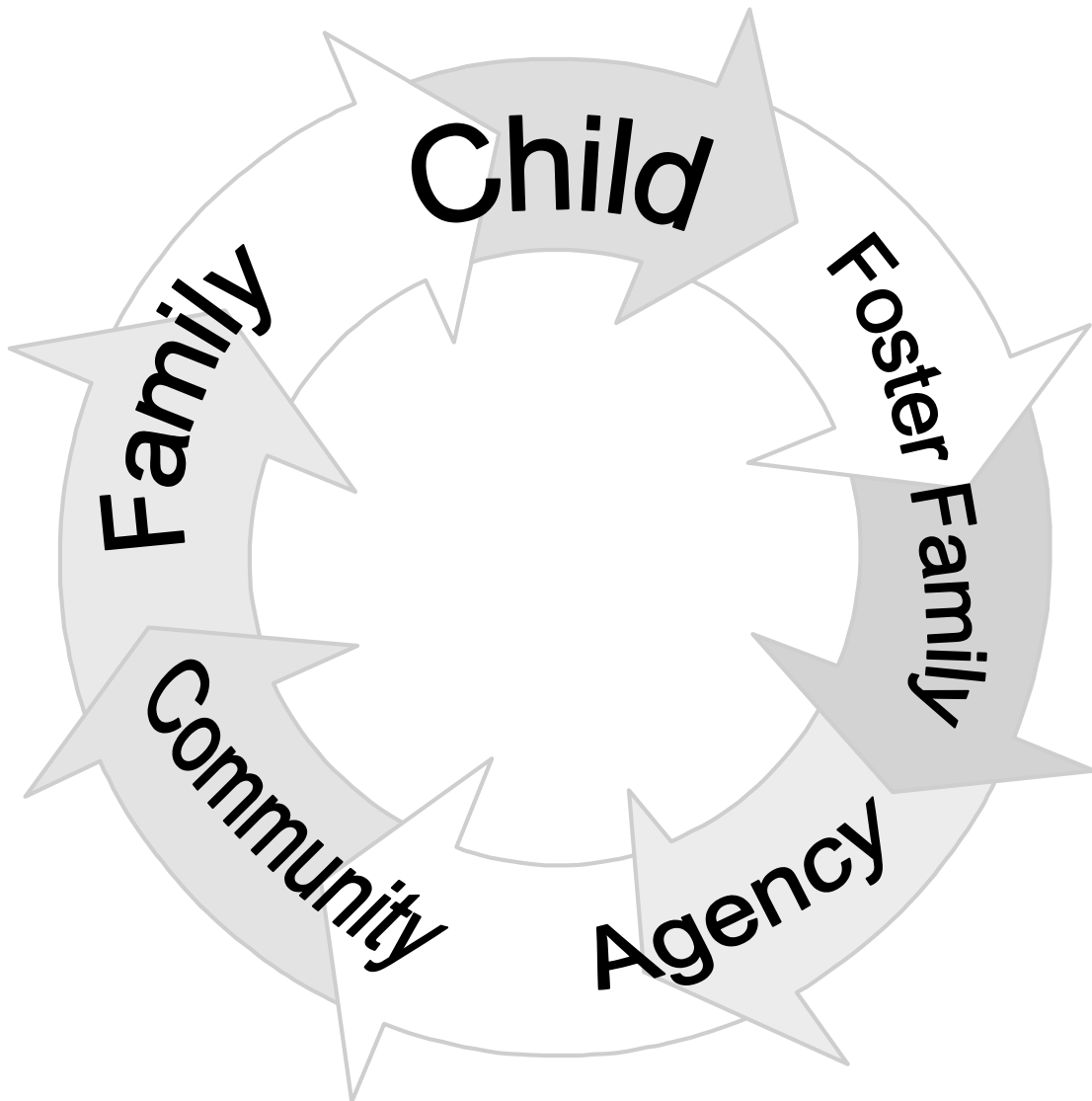
Ingredients For A Successful Team

Excerpted from Scholtes, P. (1992). *The team handbook*. Madison, WI: Joiner Associates, pp. 6-10 -- 6-21.

No team exists without problems. Preventing typical problems depends on:

Clarity in Team Goals
A team works best when everyone understands its purpose and goals. If there is confusion or disagreement, the team works to resolve the issues.

Clearly Defined Roles
A team works best when all members know their duties and know who is responsible for what issues and tasks.

Clear Communication
Good discussions depend on how directly and clearly information is communicated.

Beneficial Team Behaviors
Teams should encourage all members to use the skills and practices that make discussions and meetings more effective.

Well Defined Decision Procedures
A team should discuss how decisions will be made, attempt to decide by consensus, and always be aware of the different ways it reaches decisions.

Balanced Participation
Since every team member has a stake in the team's achievements, all members should participate in discussion and decisions, share commitment to the team's purpose, and contribute their talents.

Established Group Rules
Ground rules or "norms" should be openly discussed and established for what will and will not be tolerated in the group.
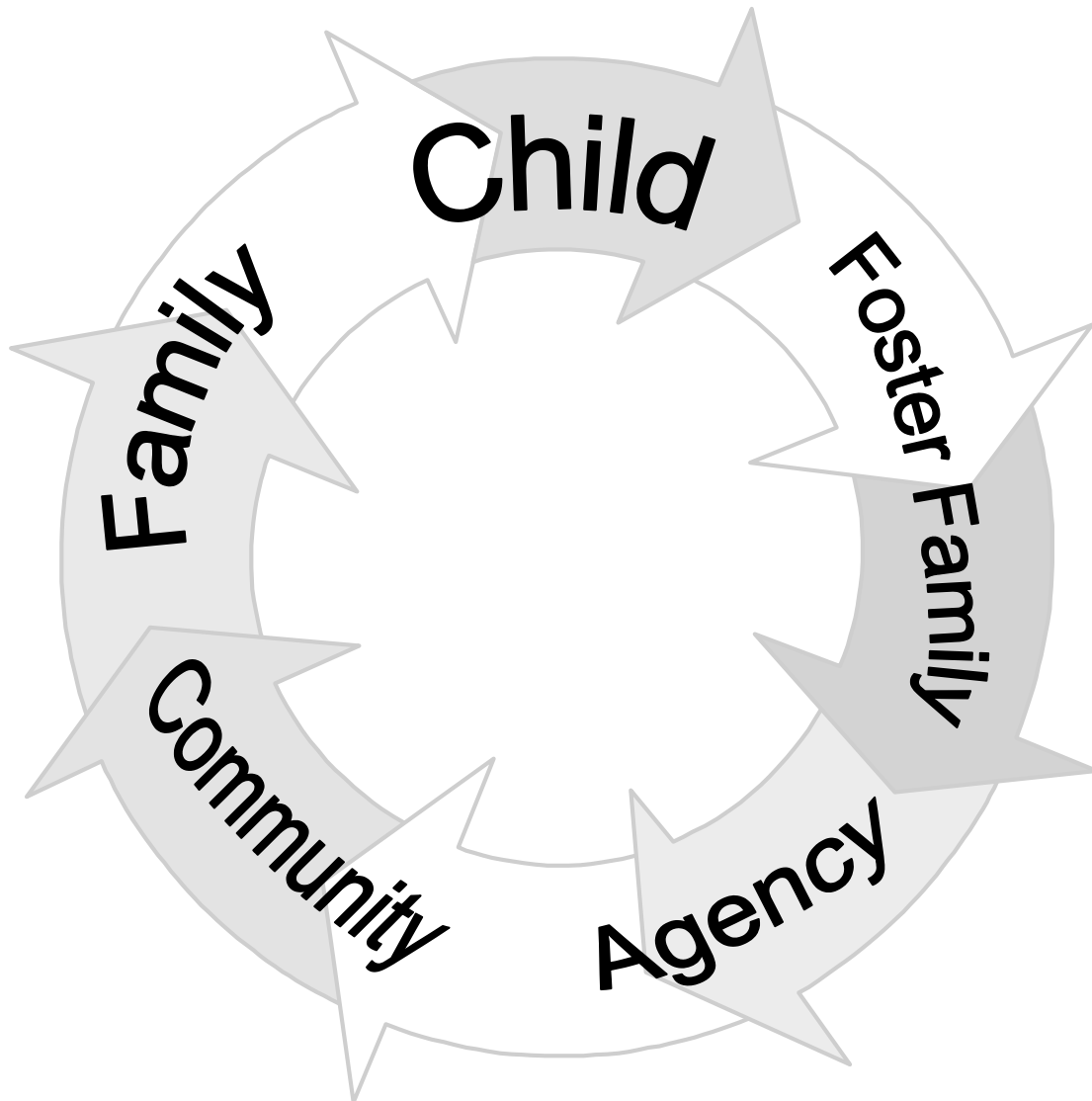
Awareness of the Group Process
Team members should be aware of the group process -- how the team works together -- along with paying attention to the content of meetings.

Use of the Scientific Approach
A team should rely on good information for problem solving and decision making.

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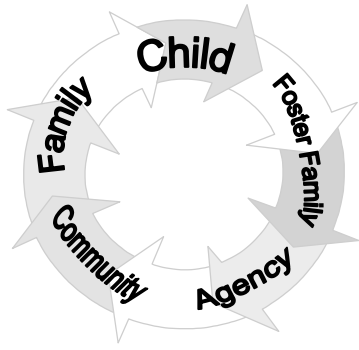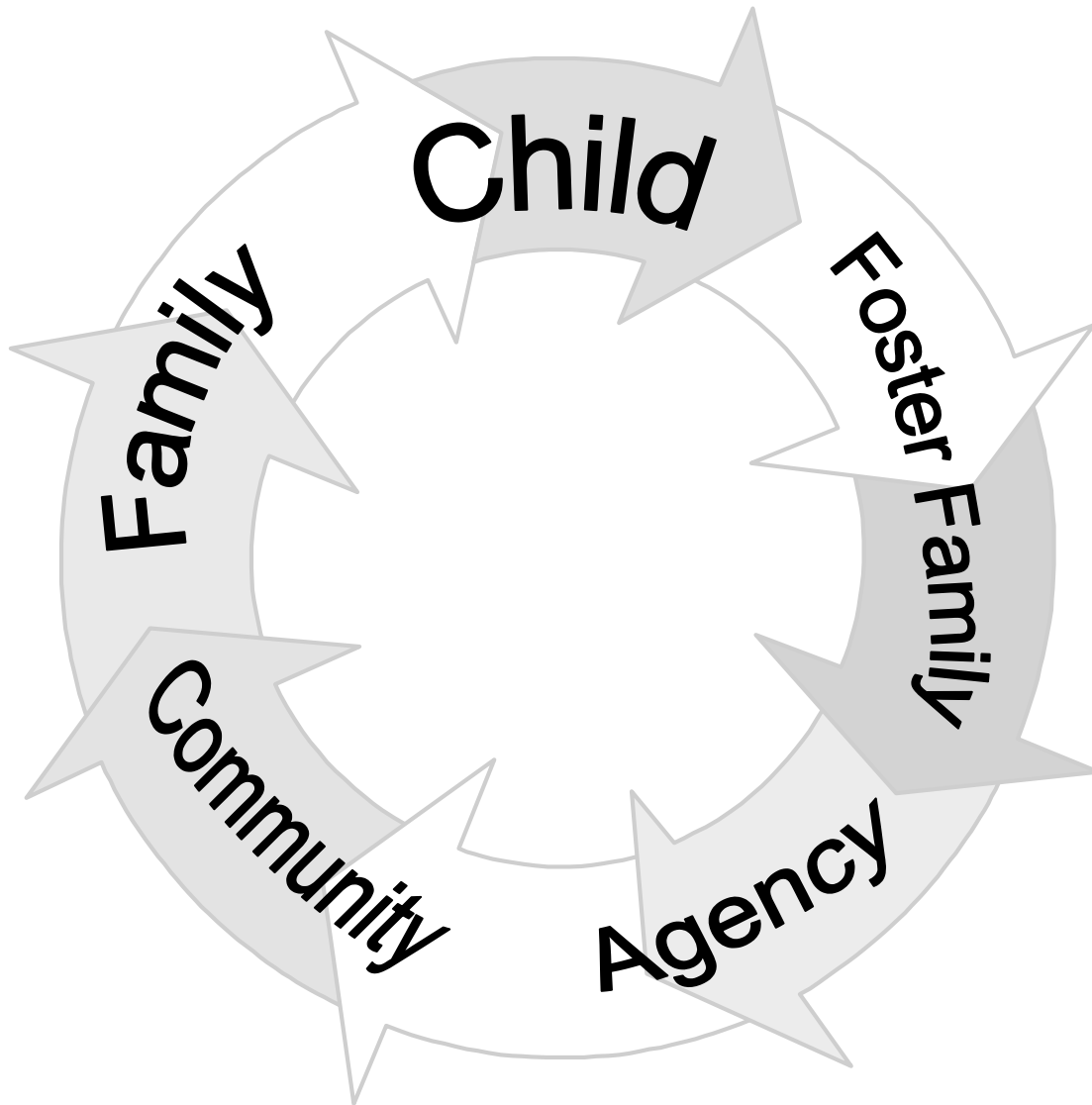
Visitation

Promoting Positive
Visitation Practices
for Children and
Their Families
Through
Leadership,
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March 1999

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Child

Foster Family

Agency

Community

Family

This document is based the work of the Placement Review Committee, representing
Child Welfare Professionals and Families from across the Commonwealth.
The document was edited by Peg McCartt Hess, Ph.D., ACSW
March 1999