

Quality Family Time Suggestions



**7BDIVISION OF CHILDREN AND
FAMILY SERVICES**



**DIVISION OF CHILDREN AND FAMILY
SERVICES**

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Accountability

- Plan adequately to ensure weekly completion of family time according to the established family time plan.
- There is a presumption that all family time is unsupervised unless there is evidence that the child is not safe when alone with the caregiver. Ensure supervised family time is supervised by sight and sound allowing for assessment during and feedback after each visit using the Family Time Planning and Reflection Worksheet.
- Use the family network to assist with transportation, supervision, and location of family time as appropriate.
- Document in CHRIS in detail the conversations with every family member; outcomes, behavioral changes observed, if any. Remember, if it isn't documented it didn't happen!
- Document family time supervised by parties other than the Department, to include attendance, location, who supervised the visit, any observations noted/addressed, and reasons for cancellation, as applicable.
- Document environmental observations, how the home looked and smelled, and any safety threats present.
- Document client requests, perceptions, etc.
- Consult and conference with supervisor, as appropriate.
- Coordinate location, transportation and supervision of family time as needed with the network and other Division staff (monthly contact is required between primary and resident FSWs, as applicable).

Definition and Characteristics

Definition of a quality family time:

Quality family time is a planned and purposeful observation and assessment of multiple variables during interactions between a parent and their child(ren) in the least restrictive setting possible.

Variables include – identifying the current skills of the caregiver, identifying any safety threats occurring in the household to ensure child safety, and identifying the nature of the interactions between the caregiver(s) and the child(ren).

Objectives of quality family time are to establish a nurturing relationship between family members, to enhance the likelihood of child safety, ensure family and child well-being, and expedite reunification or permanency of families.

Worker skill sets include **Engaging; Assessing; Partnering; Planning; Implementing; Evaluating; Advocating; Communicating; Cultural and Diversity Competence; and Collaborating**

Best Practices

Highlights:

- Routine family time scheduled within the first five business days of case opening; each caregiver visits with each child a minimum of 4 hours weekly for the duration of the out-of-home placement case. First family time to occur within 2 business days of removal.
- Family time should always occur in the family home unless a safety issue exists in the household which cannot be mitigated.
- Family Time is to always be on a set schedule (i.e., 2nd Tuesday of each week) to minimize confusion and missed family time.
- Address parenting observations during family time, as appropriate.
- Ensure all child(ren) are present to observe sibling interactions and household dynamics. Use the time to preserve the sibling bond.
- Ensure family time progresses to monitored and then unsupervised upon resolution of safety threats in the household.
- Refer ages 0-3 for Early Intervention Evaluation and ages 3-18 for mental health evaluation within 5 business days. Discuss resulting developmental evaluations and the implications with caregiver(s) to help create an understanding of each child's developmental status and needs.
- Assess quality of physical and emotional care being provided and extent to which needs are being met. Discuss any areas needing improvement with caregivers(s) while creating a detailed plan for improvement of each item in conjunction with the family.
- Keep caregivers informed; work as a team; communicate effectively with age-appropriate children.
- Engage child and caregivers in activities to accomplish case plan goals and meet needs of child.
- Ensure reasonable efforts are made to build protective capacity for the household through use of or development of natural resources as a network for the family (i.e., putative fathers, relatives and fictive-kin, churches, child-care centers)
- Focus daily on placement as a sibling group for separated siblings and reunification as quickly as safety threats are resolved.
- Focus on caregiver developing an understanding of the importance of stability and consistency for children, to include, but not limited to, the development of a daily routine for the household.
- Do not cancel based solely on a positive random drug screen.

Enhance Caregiver Capacity to Provide for Children's Needs: Practice Shifts for Coaching & Evaluating during Quality Family Time

Teaching:

- 1) Observe interactions as a family unit. Build rapport by having the family play a game or prepare a meal. Take note of prevalent household dynamics.
- 2) Schedule activities which triggered past maltreatment.
- 3) Feedback – Use Family Time Planning and Reflection Worksheet with caregivers before and after each family time.
- 4) Jointly develop a logical, strengths-based plan for improvement on a cognitively appropriate level for each individual.
- 5) Ensure the improvement plan is driven by the household and documented in the overall case plan.
- 6) Demonstrate skills for the household to observe.
- 7) Use resources available such as the internet, library, service providers, collaterals, supervisor, other staff, and field trainer to gain information to assist the household in successfully completing the plan.
- 8) Review the plan during each interaction with the household members; address issues as they arise and adjust the plan accordingly. Document on Family Time Planning and Reflection Worksheet
- 9) Use referrals to service providers as additional support .

Evaluating Caregiver Capacity (Demonstrating Change):

- 1) Caregiver(s) demonstrate use of tools learned during family time.
- 2) Individuals articulate knowledge and application of tools.
- 3) All safety issues are resolved.
- 4) Individuals can identify and articulate understanding of both personal and household safety issues, as well as practical applications for actions of protection and network supports.
- 5) Caregivers and network have developed a knowledge of each child's developmental needs and has an understanding of how to effectively address those needs for each child individually.

Quality Engagement with Adults

- Introduce self, state purpose of the interview, and give caregiver a chance to ask questions.
- Engage in conversation that is courteous and models conversational politeness – such as taking turns to speak.
- Ask open ended questions with a purpose related to family time.
- Use Solution Focused Questioning and the three questions to support family buy in and ensure a balanced assessment of parenting capacity is obtained.
- Address caregivers at their cognitive level; break information into steps when necessary.
- Discuss what is happening and what to expect from the agency, the children, and network members. Discuss the family time plan and engagement opportunities with their children.
- Reassure caregivers that your main goal is safety, well-being, and permanency, not to keep the children out-of-the household.
- Support the caregivers through grief process and make sure they are part of the team when kids go into care:
 - i. If appropriate, allow caregivers to come to office and participate and support child transitioning into foster care.
 - ii. Empower the family by encouraging them to use their network to recommend potential placement. Use Circles of Safety and Support, Eco Map, or Genogram to support network development.
 - iii. Invite caregivers and network to school functions, medical appointments, and other events.
- Acknowledge that family members are the experts in their own life and ask them to identify their own goal statements.
- Use silence as a tool – “Challenge Pause”, when appropriate.
- Find strengths and compliment successes. Always ask what is working well.
- Maintain client dignity using proper title such as Mr., Mrs., etc.; communicate respect; non-judgmental approach; identify successes and actions of protection the caregiver has demonstrated.
- Be careful with acronyms.
- Review family case plan, immediate safety plan, and court orders and document progress toward goals. Then identify areas for improvement and brainstorm ways to reach success with the caregiver using Solution Focused Questioning.
- Discuss concurrent planning: time frames, barriers, network, relatives, fictive kin, non-custodial parents.

Planning: First Steps

Before:

- Familiarize yourself with the case, prior history, and photographs. Know who you’re going to see and why.
- Know family dynamics and who lives in the household.
- Go prepared – games, camera, SOP Tool Kit, pen and paper for recording of observations.
- Plan geographically; organize the month to ensure all family time is completed every week. Family time is the best opportunity to encourage reunification!
- If newly opened case – staff with supervisor to determine who will supervise family time, what if any safety threats must be considered, and determine the least restrictive environment for visits, who will provide transportation, and make logistical arrangements. All family time should be unsupervised unless a direct safety threat exists currently.
- Know caregiver’s work schedule and plan around it (improves completion rate of family time).
- Know your resources – research information to address special needs for household members and information to guide any necessary shifts in parenting practices.
- Prepare for personal safety.

During:

- Assess for household safety threats, risks, and actions of protection.
- Build rapport with household members/explain why you’re there.
- Ensure immediate safety plan or plan of safe care is being followed, as necessary.
- Model good parenting skills for caregivers during family time when necessary.
- Observe parenting skills and note changes needed and skills being implemented. Record these on Family Time Planning and Reflection Worksheet.

After:

- Use notes to accurately document in CHRIS contact screens.
- Make referrals and process encumbrances for any identified additional supports.
- Discuss observations with caregiver(s) and formulate future plans.

Ongoing:

- CHRIS contacts – document changes in parenting skills, behaviors, and actions of protection.
- Collaborate with the network, providers, and collaterals (define responsibilities).
- Follow-up on service referrals and progress (request progress reports, speak with collaterals to gather information) and adjust as cognitively appropriate.
- Research and provide necessary resources for household success.

Developing Protective Capacity

Nurturing and Attachment; Build parenting capacity through providing education about child development and demonstrating nurturing skills:

- Demonstrate interactions appropriate for child’s developmental level
- Develop appropriate expectations through discussion of child’s current developmental milestones, temperament, and special needs
- Triple PPP or other parenting classes
- Printed educational materials, use of on-line resources
- Discuss culturally appropriate ways to show physical affection
- Family game night, craft projects, having meals as a family at the table
- Established routine (mealtime, bath time, story time, bedtime)

Social Connections; Build caregiver resilience through promoting social connections and support (developing the network):

- Build on caregivers’ innate skills (i.e., flexibility, faith, humor, problem-solving, communication skills)
- Reinforce that stress is normal and parenting is stressful for everyone, sharing experiences with others is helpful
- Connect with support groups, community centers, churches, events

Concrete Support; Increase caregiver focus on child development by removing immediate and tangible distractions:

- Teach relaxation techniques, planning, and goal setting
- Teach resourcefulness (public library, internet, public billboards)
- Mental health (Community Mental Health, WRAP, medications)
- Substance Abuse (i.e., assessment, treatment, AA/NA Groups, on-line resources)
- Food (SNAP, local food banks)
- Financial stability (SSI, TEA, churches, budgeting and money management, clothing, employment)
- Transportation (public, volunteer, Medicaid)
- Housing (HUD, income-based housing)
- Health Insurance (Medicaid, AFMC)
- Physical Health (PCP, medical referrals and treatment, DDS)
- Childcare

Quality Engagement with Children

- Introduce self, create physically and emotionally safe environment for family time with the caregivers(s).
- Get on their physical and developmental level by engaging them in an age-appropriate activity to build rapport:
 - i. Drawing, coloring, puzzles, activities, play ball, swinging
 - ii. Allow child to ask questions
 - iii. Talk about their interests, use easy words
 - iv. Don’t talk down; don’t talk above
 - v. Don’t put words in their mouth
 - vi. Don’t assume; be aware of cultural variability and household dynamics.
- Give them time; listen with child ears; paraphrase.
- Gain their perspective. Use Three Houses and Solution Focused Questioning. Ask child to “help me understand better” or “tell me more”.
- Give them an out – it’s not always concrete.
- Discuss permanency:
 - i. Sibling relationships and sibling family time;
 - ii. Caregiver relationships and thoughts regarding family time;
 - iii. Child’s safety threats (use safety house);
 - iv. Identify relatives, fictive-kin, and network members;
 - v. Relationships with resource family.
- Use time identifying events instead of specific times and dates.
- Discuss educational needs, successes, and events.
- Discuss behavioral concerns.
- Discuss physical and mental health needs and concerns.
- Discuss peer relationships and support systems.
- Discuss ability to complete self-care tasks.
- Discuss significant events.
- Create Worry and Goal Statements to bring the child’s voice into planning and include them in the family case plan, CAP, and Family Team Meetings.