***Effective Home Visitation Between***

***Worker And Child***

**Requirements**

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| The PCSA is required make face-to-face contact with each child participating in and being provided services through the case plan no less than monthly to monitor progress on the case plan objectives. At least one contact every two months must be made in the child's home.In the event that the initial attempt to complete a face-to-face contact with the child is unsuccessful, the PCSA shall attempt to make a minimum of two additional attempts to complete the face-to-face contact within the calendar month.When a safety plan has been implemented, the PCSA is required to monitor the effectiveness of the safety plan through visits to the family. * An in-home safety plan requires a weekly home visit that includes face-to-face contact with the child.
* An out-of-home safety plan requires a weekly contact with the child or persons responsible for an action step either by telephone or face-to-face.

A legally authorized out-of-home placement is the most restrictive safety plan. The PCSA is required to have face-to-face contact with a child based on the following placement types:* A relative or non-relative home, a foster home, or group home:
* During the first week of placement (not including the first day of placement) in the substitute care setting.
* During the first four weeks of placement.
* Monthly in the substitute care setting.
* A treatment or medically fragile foster home:
* During the first week of placement (not including the first day of placement) in the substitute care setting.
* Every two weeks in the treatment or medically fragile foster home.
* A children's residential center (CRC) certified in Ohio:
* Monthly in the CRC.
* An independent living arrangement:
* Within seven days of placement in the living environment.
* Monthly in the living environment.
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**Purpose**

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| A home visit with a child is face-to-face contact within their residence and provides an opportunity to assess the family. A successful home visit incorporates effective communication based on the child’s age and developmental level. In addition it aides in the relationship building between the child and the caseworker. A home visit should include the ongoing assessment of:* Safety
* Risk
* Services
* Child vulnerability (social, emotional, behavioral, physical development)
* Family dynamics
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**Strategies for Accomplishing**

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| **Techniques for Building Rapport*** Approach each child involved with an open mind.
* It is important to review and be aware of the child’s history with the agency.
* Ask the child open ended questions to garner the child’s expectations and input.
* Find out what is important to the child.
* Ask the child for his/her likes and interests.
* Ask the child what he or she would like to see change in his/her family.
* Engage the child in discussion so that the child may identify his/her talents and needs.
* Actively listen to the child without interruption.
* Allow the child to fully respond and provide his/her viewpoint.
* Do not speak negatively of the child’s parents.
* Dialogue should be conversational.
* Reframe the child’s experience in the discussion in order to assess the underlying conditions and concerns.
* Clarify expectations and purposes. Clearly explain the helping process and the caseworker’s role in working together toward solutions.
* Inform the child why the agency is involved with their family.
* Clearly communicate what needs to occur in order to reduce the agency’s concerns for the family.
* Identify the role of the caseworker/agency and that of the service providers to the family. Explain the different roles of the employees within the agency that will be assisting the family (e.g. case aide involved in assisting with transportation, independent living caseworker, foster case licensing worker).
* Help the child retain a sense of comfort.
* Ask the child if you can speak/visit with him/her.
* Ask each child how they would like you to address him/her, such as a nickname.
* Engage the child in an activity that is enjoyable to the child when visiting. Such as coloring, passing ball, listening to music.
* Use language that is at the child’s developmental level.
* Explain to the child the agency involvement is not a result of his/her actions. (It is not “your” fault.)
* Set aside time during each visit so that each child has an opportunity to voice their concerns and to share what is important to him/her.
* Consider the child’s schedule and activities when scheduling a visit.
* Clarify commitment and obligations to the working relationship.
* Explain to the child the role of the caseworker/agency and of service providers. For example, clarify the different roles of the workers within the agency that will be assisting the family, such as the caseworker, case aide, and counselor.
* Acknowledge difficult feelings and encourage open and honest discussion of feelings.
* Use strength based language.
* Do not assign blame to the parents or other family members; acknowledge challenges and barriers that impacts the child’s daily life.
* The ability of a child to interact positively and articulate their feelings is one factor that allows a family to create healthy, nurturing environments that promote the positive development of children.[[1]](#footnote-1)
* Be consistent, persistent, and follow through.
* If you make a commitment, keep it. This demonstrates to the child that you have the same expectations of yourself that you do of him/her.
* Avoid canceling appointments if at all possible.
* If there are activities that you can assist a child with, do so (such as providing a list of providing information regarding local resources, organizations or activities that may interest the child, such as the YMCA, Big Brothers/Big Sisters and extracurricular activities).
* Promote participatory decision-making for meeting needs and solving problems, dependent upon the child’ age and abilities.
* Explain to the child when the next visit is scheduled.
* Identify any activities the child should work on or is expected to engage in prior to the next visit. For example, assist parents by completing agreed upon chores, journal their feelings, demonstrate self-control by walking away or listening to music when feeling angry.
* Observation during a home visit should include:
	+ The parental interaction with the children.
	+ The interaction with the family in their home setting to identify strengths, areas of difficulty or stress.
	+ Parents utilizing enhanced or newly acquired skills.
	+ The conditions in the home and a determination of how it impacts the safety of the children.
	+ Other individuals visiting or residing in the home in relation to:
* How frequent are these individuals in the home?
* Are they living there?
* Do they change or impact the risk levels or safety threats within the family?
* Are these individuals a support or resources for the family?
* A review of case plan services should include:
	+ Identification of any barriers in case plan services, such as transportation, availability of providers, costs, hours of service, not meeting the specific physical, social or emotional need of the child.
	+ Determining the level of child involvement in the case plan services.
		- Is the child able to relate to the service providers?
		- Does the child identify newly learned skills such as ways to manage anger, fear, and frustration?
		- Does the child have a clear understanding of what the services are and how they are beneficial?
	+ Consideration of the need for additional services.
* Ongoing assessment of Safety and Risk should include:
* Reassess whether there are new or continued safety threats or concerns.
* Reassess whether there are new or continued risk factors.
* Assess parental strengths and needs and determine if the current case plan services are meeting the family's needs.
* Examine if changes within the family dynamic have occurred that impact the safety of the children.
* Examine if a safety plan is needed.
* Examine if an effective safety plan is being implemented as planned and whether it is effective in controlling the safety threat
* Assess if the parents’ protective capacities have been enhanced or diminished.
* Asses if the child’s vulnerability has increased or decreased.
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**Things to Consider**

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| **Frequency of visits with the child**A caseworker is required to have face-to-face contact with a child monthly; however, several factors should be considered when determining if the frequency of visitation should increase. These factors include:* Safety of the child.
* Has a safety plan been implemented?
* Is the safety plan having the desired outcome?
* Presenting issues.
	+ Is the child comfortable in the setting?
	+ Is the child expressing fear or displaying anxiety?
	+ Change in family dynamics or functioning.
* Level of risk has increased.
* Need of the child (vulnerability).
* Social, emotional, physical, behavioral.
* Recent crisis or traumatic event.
* Recent or change in placement.

**Separate visits**Another factor a caseworker may need to consider when scheduling or having contact with a family is whether a separate visit is needed with the child. Establishing a working relationship and environment in which a child feels comfortable sharing information with a caseworker is an essential element of a caseworkers visit with a child. Observation of the child’s body language may provide insight to a caseworker in determining if the issues or discussions are making a child feel uncomfortable or are creating a dangerous situation which may influence the type or extent of information shared. A caseworker should examine whether the child appears:* Withdrawn, intimidated, or afraid.
* Avoids or attempts to avoid a family member or topic.
* Tense, hostile, or distrustful.

**Planning for visits with a child**Factors that influence the quality of a visit with a child may include: * Reflections of past visits to improve the quality of future visits.
* The location of the visit within the home (in the family room, outside, in the child’s bedroom).
* The time of the day.
* Whether other individuals are present.
* The issues to be discussed (agenda setting).
* The developmental level of the child may necessitate the need for a caseworker to remind the child of the discussion with him/her at the last visit in order to receive additional assessment information in the current visit.
	+ A caseworker may simply state, “Do you remember when you told me \_\_\_\_? I would like to talk about \_\_\_\_ today.”
	+ This could serve as a reflection of what you discussed previously or as an approach to re-engage in a discussion.
	+ Re-engaging in a previous discussion may present a caseworker with the opportunity to seek clarification or additional details, to solicit an update, or serve as a reminder of important topics or events.

**Safety Plan**A Safety Plan is a specific and concrete control strategy implemented immediately when a family’s protective capacities are not sufficient to manage the immediate threats of serious harm to a child. Ensuring child safety is an ongoing process that begins in intake and continues through case closure. Regular and frequent visitation with a child who is being protected through the implementation of a safety plan is required. It is the method by which a caseworker determines if the safety plan is effectively protecting the child. During visits with a child, the caseworker should examine whether:* There are active safety threats (new or already identified).
* The persons responsible for an action step within the safety plan committed and implementing the plan as designed.
* The actions within the plan are sufficient to protect the child?
* The child has access to service providers, parents and siblings as determined in the plan?
* The child is experiencing any difficulties with the changes that resulted in their daily routine due to the implementation of the safety plan. Such as changes in routine regarding school, sports, contact with friends and family.
* Modifications are necessary within the plan to address any identified issues.

**Documentation** The information that is documented within the case record is equally as important as the contact with the parents. Documentation should be completed timely and include:* Date and time
* Location of the visit
* Duration
* Who is present
* Observations
* Information provided to the family
* Information learned from the family
* Reassessment of safety and risk
* Progress or barriers in meeting case plan goals
* Changes in family dynamics
* Reassessment of child safety and vulnerability

A training to consider if you want to examine the issue of case documentation a little closer is *“The Documentation Dilemma”.* It is a specialized workshop offered by the Ohio Child Welfare Training Program.  |

**Resources**

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| **Ohio Administrative Code Rule:** * 5101:2-38-01    Requirements for PCSA Case Plan for In-Home Supportive Services Without Court Order
* 5101:2-38-05    PCSA Case Plan for Children in Custody or Under Protective Supervision
* 5101:2-37-02 PCSA Requirements for Completing the Safety Plan
* 5101:2-38-09    PCSA Requirements for Completing the Case Review
* 5101:2-38-10    Requirements for Completing the Semiannual Administrative Review
* 5101:2-40-02    Supportive Services for Prevention of Placement, Reunification and Life Skills
* 5101:2-39-01    Removal of a Child From His or Her Own Home
* 5101:2-42-65    Caseworker Visits and Contacts with Children in Substitute Care

**Ohio Revised Code:** * 2151.412 Case plans.
* 2151.419 Court's determination as to whether agency made reasonable efforts to prevent removal or to return child safely home.
* 5153.16 Duties of agency.

Resources* Ohio Child Welfare Training Program @ [www.ocwtp.net/CAPMIS/capmishome.html](http://www.ocwtp.net/CAPMIS/capmishome.html)
* David Mandel & Associates LLC, Safe and Together Model @ [www.endingviolence.com/our-programs/safe-together/the-model](http://www.endingviolence.com/our-programs/safe-together/the-model).
* National Resource Center for Permanency and Family Connections @ <http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/caseworker-visiting.html>
* Child Welfare Caseworker Visits with Children and Parents, National Conference of State Legislatures, <http://www.ncsl.org/Portals/1/documents/cyf/caseworkervisits.pdf>
* National Center for Infants, Toddlers and Families, Zero To Three <http://www.zerotothree.org/>
* Kate Stepleton, Jean McIntosh, and Beth Corrington, Allied for Better Outcomes: Child Welfare and Early Childhood*.* Washington, DC: Center for the Study of Social Policy, 2010. [www.cssp.org/publications/neighborhood-investment/strengthening-families/top-five/allied-for-better-outcomes-child-welfare-and-earlychildhood-august-2010.pdf](http://www.cssp.org/publications/neighborhood-investment/strengthening-families/top-five/allied-for-better-outcomes-child-welfare-and-earlychildhood-august-2010.pdf).
* Lund, Therese Roe. And Renne, Jennifer, Child Safety: A Guide for Judges and Attorneys. American Bar Association and ACTION for Child Protection, Inc. 2009. <http://www.actionchildprotection.org/documents/2009/pdf/The_Guide.pdf>
* ACTION for Child Protection <http://www.actionchildprotection.org>
* State of Mississippi, Division Of Family And Children Services, Family Centered Strengths and Risk Assessment Guidebook.
* DePanfilis, D. and Salus, M.K. Child Protective Services: A Guide for Caseworkers. U.S. Department of Human Services. 2003.
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1. Kate Stepleton, Jean McIntosh, and Beth Corrington, *Allied for Better Outcomes: Child Welfare and Early Childhood.* Washington, DC: Center for the Study of Social Policy, 2010 [↑](#footnote-ref-1)