

CHAPTER SEVEN/ REUNIFICATION

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TABLE OF CONTENTS

<u>7.1 DEFINITION OF REUNIFICATION</u>	268
<u>7.2 FAMILY REUNIFICATION PRINCIPLES</u>	268
<u>7.3 FOSTER CARE AS A REUNIFICATION SERVICE</u>	269
<u>7.4 REUNIFICATION DECISION POINTS -- AN OVERVIEW</u>	271
<u>7.5 THE FIRST 30 DAYS AFTER CASE OPENING</u>	275
<u>7.5.1 DETERMINING THE GOAL FOR PERMANENCY RISK CASES</u>	276
<u>7.5.2 DETERMINING THE GOAL TO ACHIEVE EARLY REUNIFICATION</u>	276
<u>7.5.3 DETERMINING THE GOAL FOR LONGER- TERM INTERVENTION</u>	278
<u>7.6 CASEWORKER ACTIVITIES IN REUNIFICATION CASES</u>	280
<u>7.7 ONGOING SUPERVISORY CONFERENCES</u>	283
<u>7.7.1 CRITICAL DECISIONS</u>	283
<u>7.8 FAMILY MEETINGS</u>	284
<u>7.8.1 CASEWORK ACTIVITIES DURING FAMILY MEETINGS</u>	285
<u>7.9 THE FIRST 90 DAYS AFTER CASE OPENING</u>	286
<u>7.10 ASSESSING PROGRESS</u>	287
<u>7.10.1 REASONABLE EFFORTS</u>	287
<u>7.10.2 REASONABLE PROGRESS</u>	289
<u>7.10.3 LACK OF REASONABLE PROGRESS</u>	290
<u>7.10.4 PARENTAL AMBIVALENCE</u>	292
<u>7.10.5 APPROACHES TO WORKING WITH AMBIVALENT PARENTS</u>	293
<u>7.11 ADMINISTRATIVE CASE REVIEWS</u>	294
<u>7.12 EVALUATING WHETHER CHILDREN IN PLACEMENT CAN RETURN HOME</u>	295
<u>7.12.1 THE REUNIFICATION STAFFING</u>	296
<u>7.12.2 THE FAMILY MEETING</u>	298
<i>Safety and Risk Factors</i>	298
<u>7.13 FAMILY MEETING AT NINE MONTHS AFTER CASE OPENING</u>	299
<i>Casework Activity at Nine-Month Family Meeting</i>	299

7.14 THE PERMANENCY STAFFING.....301

7.15 THE PERMANENCY HEARING.....302

7.16 CASEWORK ACTIVITIES PRIOR TO REUNIFICATION.....303

7.16.1 ACTIVITIES RELATED TO HEALTH.....304

7.16.2 ACTIVITIES RELATED TO SAFETY.....305

Casework Contacts.....305

Conducting the CERAP.....305

7.16.3 ACTIVITIES RELATED TO EDUCATION.....305

7.17 THE REUNIFICATION SERVICE PLAN306

7.18 PREPARING THE CHILD FOR REUNIFICATION307

7.19 PREPARING THE CAREGIVER FOR REUNIFICATION308

7.20 CASEWORK ACTIVITIES AFTER RETURN HOME.....309

7.20.1 ACTIVITIES RELATED TO HEALTH.....309

7.20.2 ACTIVITIES RELATED TO SAFETY.....309

7.20.3 ACTIVITIES RELATED TO EDUCATION.....310

7.21 AFTERCARE.....310

7.21.1 DEVELOPMENT OF AN AFTERCARE PLAN.....311

7.22 PARENTAL AMBIVALENCE AFTER REUNIFICATION.....312

7.23 IF REUNIFICATION CANNOT BE ACHIEVED312

7.24 IF REUNIFICATION FAILS313

7.25 TERMINATION OF SERVICES313

Caseworker Activities Related to Case Closure314

TABLE 6.1: CASEWORKER ACTIVITIES PRIOR TO REUNIFICATION THROUGH CASE CLOSURE.....316

7.1 Definition of Reunification

The first of the permanency options to be discussed in this guide, reunification, is the preferred goal for every child coming into out-of-home care when it can be safely accomplished.

The need for out-of-home placement as the principal or sole safety intervention must be balanced against the trauma of removal, prolonged separation from the family with whom the child shares family membership, tradition and identity. The child's attachment to his/her family, even in the face of maltreatment, must be understood as an essential component of the child's emotional security. The purpose of casework intervention is to strengthen the family through frequent parent-child visitation and opportunities for meaningful parent-child involvement while the child is placed outside the home.

Reunification is the planned process of reconnecting children who are in out-of-home care with their families and their communities, while recognizing the unique demands and needs created by the child's sense of time.

7.2 Family Reunification Principles

With the exception of cases meeting the expedited termination criteria, every new case coming into care should have a return home goal. All reunification efforts are based on the following principles:

- The child's health and safety is always paramount.
- The goal of family reunification services is to reunify families in a timely manner and, while children are in placement, to provide for their well-being and strengthen their connection to their family.
- Efforts to reunify families must take into account the child's sense of time.
- Family reunification is a dynamic process, based on the child's and family's changing needs.

As a form of preserving families, reunification encompasses:

- a belief that most families can care for their children if appropriately assisted; and
- an attitude that welcomes the involvement of any and all members of the child's family, when the child's safety can be assured. (Family is defined as any person or persons who are considered by the child and/or the family as family.)

Family reunification practice is guided by an approach that emphasizes the importance of improving the interaction between people and their community, promoting family empowerment and engaging in advocacy and social actions that enhance family functioning. This approach builds on the strengths and potential of parents and other family members.

7.3 Foster Care as a Reunification Service

The role of foster parents (or other caregivers) in providing reunification services is to work actively with the birth parents, as well as their children, agency staff and others as full members of the Child and Family Team. The effective provision of reunification services requires a commitment to children and families, a belief that children should be with their parents whenever possible, a non-judgmental attitude toward birth parents and the calmness to deal with emotionally charged situations.

Foster parents play a critical role in achieving permanency for children. They are frequently the best source of information regarding the child's progress and when fully involved in the Child and Family Team, can provide valuable input to permanency decision-making. Five core competencies for foster parents include the ability and desire:

- to protect and nurture children;
- to meet children's medical, physical, emotional and developmental needs;
- to address developmental delays;
- to support the child's family relationships;

REUNIFICATION

- to promote permanency planning, with a special focus on reunification; and
- to work as a member of the Child and Family Team.

Best practice requires foster parents who are willing to supplement the capabilities of birth parents - not supplant them - in providing nurturing and meeting the child's developmental needs. The process for achieving permanency for children calls for foster parents who can participate in effective alliances with the agency, birth parents and others in providing services for reunification, concurrent planning and guiding older youth toward independence.

The role of the foster parents **“to protect and nurture”** children refers to their responsibility to keep each child in their care safe and provide for the child's well-being needs. It can also mean role-modeling and coaching parenting skills; effectively engaging parents in learning healthy ways to be with their children; maintaining a safe, comfortable environment for children and parents which supports contacts of all kinds; and initiating and sustaining a relationship with the parents which allows for peer support and encouragement.

“Meeting developmental needs and addressing developmental delays” can include foster parents' encouragement of birth parents to assume responsibility for parenting tasks related to the child's developmental stage and needs (within the limitations of court orders and safety considerations). Including parents in doctor's appointments, school staffings and events, recreational activities, holiday and birthday celebrations are some ways foster parents support and enable parents to understand and meet the developmental needs of the children.

“Supporting family relationships” can involve the foster parent's willingness to establish and maintain a relationship with the child's parents and siblings that builds on strengths and is non-judgmental towards parents. It can mean becoming a part of the parent's social network and functioning in many ways as part of the extended family for the parents.

“Promoting permanency planning” requires foster parents' active assistance to parents in efforts to regain custody of their children, such as allowing and supervising frequent visits in the foster home, parent's home or other appropriate locations. Because foster parents are involved on a daily basis with the child's activities, their first-hand knowledge is integral to the ongoing assessment of the parent-child relationship as it is reflected in the visits.

“Working as a member of the Child and Family Team” requires skills and abilities in regard to all of the core competencies along with a conviction that children belong with their families whenever safely possible. In order to collaborate effectively in the assessment of, and planning for, children, foster parents would benefit from a basic understanding of family systems and the underlying conditions of substance abuse, domestic violence and mental illness.

Reunifying children with their families requires foster parents to perform two extremely important functions: being committed to a child’s care and well-being while in their home and at the same time being invested in the child’s successful reunification. Therefore, it is a commitment and a letting go. This is particularly true in a concurrent planning approach to child welfare practice. Foster parents will be asked to prepare for reunification (“letting go”) while simultaneously planning with the caseworker for an alternative permanency option (“commitment”). **Although this is an extremely difficult task, it is necessary for the child’s stability in the foster home as well as the achievement of timely permanency. This process requires the full understanding and support of the caseworker.**

7.4 Reunification Decision Points -- An Overview

Caseworker activities will be described according to critical decisions in the life of a case. These decision points are not intended to be exclusive. Rather the intent is to describe specific processes that are critical in the life of a case and which require particular attention on the part of the caseworker, supervisor and other staff. These include:

- When the Department takes protective custody
- 45 days after case opening
- The first 90 days after case opening
- The family meeting at 9 months after case opening
- The permanency staffing
- The permanency review hearing in court

- Aftercare planning and termination of services.

The above list contains discrete points in time or events in which significant decisions are made. In the life of a case there are ongoing reviews as well as major discussions and decisions take place. These include supervisory conferences, family meetings and administrative case reviews. These ongoing reviews are critical in moving a case toward permanency.

The section will include guidelines for determining an appropriate planned achievement date for achieving reunification. Although the goal of reunification within 12 months has been selected, reunification may occur sooner than twelve months; the planned achievement date governs when reunification can safely and realistically occur. *It must be emphasized that reunification may occur at any time when the family, caseworker, supervisor, the court and others involved in a case decide that safety can be assured and the family has made reasonable, documented progress in services. Studies show that if reunification has not occurred within 6 months of temporary custody, the likelihood of reunification significantly decreases (Chapin Hall).*

When **protective custody** is taken, the Department assumes legal responsibility for the child. A series of actions must be completed by the child protection services worker (CPSW), including placing the child in a relative home or a DCFS licensed foster home. The child protection services worker is the first point of contact with the family. The worker immediately begins assessing risk and safety using the CERAP (CFS 1441) and Risk Assessment Protocol. These form the basis for further, in-depth assessment by the permanency worker. Moreover, the CPSW will note when a case meets the criteria for expedited termination and notify the permanency supervisor immediately so that a permanency staffing can be scheduled. Whether or not to allow protective custody to lapse is a critical decision that may be made at this time. Should protective custody be allowed to lapse, the Department will no longer have legal responsibility for the child and the case may be serviced as an intact family case.

The transitional visit among the CPSW, the permanency worker and the family takes place at the Shelter Care hearing. The permanency worker meets with the family and maintains intensive contact during the **first 45 days after case opening**. During this time, the worker completes the comprehensive assessment of the child and family, assesses the appropriateness of the placement, ensures that parent-child visitation is taking place, develops a Child and Family Team, sets the date for the initial family meeting, writes a service plan with the family and implements services.

By **90 days after case opening**, the caseworker completes the expanded assessment with new information learned during the first quarter, continues to assess the child's placement and prepares for the second family meeting. By this time, the caseworker, supervisor and Child and Family Team should have a general sense of the prognosis for reunification by observing whether the parent is actively engaged in services, visiting consistently, improving parenting skills and actively addressing the conditions that led to the removal of the child. If reunification appears unlikely, the decision to place the child in a permanency home must be made by the 90th day and the child must actually be moved by the 120th day.

No later than the **9th month after case opening**, the caseworker will assess whether the initial permanency goal will be achieved within the stated timeframes or will be continued because the parents are making progress but need more time. If neither of these options is viable, the alternative goal (or plan) will be implemented. This decision is made with input from the Child and Family Team at a family meeting based on the parent's progress (or lack of progress) in the service plan, the child's need for stability and permanency and an assessment to determine if risk and safety factors may still be present. This decision forms the foundation for further casework activities that may focus on reunification or another permanency option. In addition, the decisions and recommendations made by the Child and Family Team at this meeting will be incorporated in the report made by the caseworker at the permanency hearing. **Again, keep in mind that reunification may occur prior to the 9th month as long as the child's safety can be assured and the court approves prior to return home. The worker need not wait until the 9th month to move toward reunification.**

If the team determines that the parents have not made reasonable progress toward reunification, a **permanency staffing** (previously known as the "legal screening") will be held in the 10th or 11th month after case opening. The purpose of this staffing, which will include the permanency worker, supervisor and legal staff, is to review the caseworker's assessments, the evaluated service plans and the needs of the child in order to set an alternative permanency goal which is in the child's best interests.

The court sets the permanency goal at the **permanency hearing** which occurs in the 12th month after case opening. Casework activity will then be centered around the achievement of this goal.

Aftercare planning begins as soon as the child is placed. When the decision to return home has been made and approved by the court, a specific **aftercare plan** must be developed. Specific tasks are required to prepare for reunification as well as to ensure safety and continuity of care after the child returns home. After the family is reunified,

stabilized and no longer in need of DCFS involvement, services may terminate. Tasks and requirements specific to termination of services and case closure will be described.

Supervisory conferences on a regular basis (weekly for the first 30 days of placement, at least monthly thereafter) are an important forum for discussing case-related issues, parent's progress or lack of progress in the service plan, caseworker's reasonable efforts in working with the family and foster parent/relative caregiver, the family's potential for reunification, any risk or safety issues which may still be present, and well-being of the child. Assessing the family's potential for reunification includes an assessment of parental ambivalence. Supervisory conferences are also used to make critical decisions about a case.

The **quarterly review** is another integral forum that moves a case toward permanency. The quarterly review takes place in a family meeting in which the entire Child and Family Team participates. Parents' progress or lack of progress, reasonable efforts on the part of the Department and barriers to service participation are discussed. If necessary, revisions to the service plan are made. The quarterly review presents a snapshot of how the case is progressing toward permanency and what further steps need to be taken.

Ongoing **family meetings** are critical in assessing risk and safety issues, reasonable progress, reasonable efforts and the likelihood of reunification. In addition, issues such as increasing or decreasing visitation, addressing new safety or risk issues, evaluation of the service plan and development of a new plan and other case-related issues may be discussed. At the first family meeting, the service plan will be finalized with input from the family. Parents must be advised of the consequences of failing to make reasonable progress in their service plan (full disclosure) and a concurrent (alternative) plan will also be developed at this time with the family. Family meetings are ongoing (at least quarterly; more often depending on case circumstances) until the child is reunified or another permanency option is chosen. In addition, the caseworker must convene a family meeting, including all collaborating agencies, four to six weeks prior to a child's target return home date. The team must address the child's developmental, educational, and medical needs.

The current service plan is formally evaluated and reviewed at the ACR held at 6 months and 12 months from case opening. ACR's will occur every 6 months until permanency is achieved. ACR's are another forum to discuss permanency and share all pertinent case-related information with the family.

Reunification is a process on a fluid, dynamic continuum. Each family moves along this continuum at its own pace based on their strengths and needs as well as the supports and

services provided. Although some families will require a full twelve months or more before reunification can be achieved (if it is achieved at all), good practice dictates that caseworkers continually assess the potential for reunification and move toward achievement of that goal whenever risk levels are acceptable and no safety concerns exist. **This assessment should minimally occur at every supervisory conference, quarterly review and family meeting.**

The following section describes the above-listed critical decision pathways in more detail.

7.5 The First 45 Days after Case Opening

During the first forty-five days after case opening, the family may show:

- lack of trust
- hopelessness
- denial about the maltreatment
- a tendency to minimize the problem
- a tendency to diminish the effect of the maltreatment
- skepticism about engagement
- resistance to treatment

In the beginning phase of work with clients (the first three to four months) these behaviors are sometimes present. However, they do not necessarily mean that the family is “uncooperative.” In addition, these responses are reversible. Families need help, support and encouragement to change. As parents become engaged in the process of change, as caseworkers build a trusting relationship with the parent and advocate for change, these initial behaviors should diminish.

One of the most critical decisions that must be made within the first 45 days is the determination of the permanency goal. Unless the case meets the requirement of expedited termination, all cases will have a permanency goal of return home.

7.5.1 Determining the Goal for Permanency Risk Cases

When a case meets the criteria for permanency risk (refer to Chapter 6, Section 6.3, “Permanency Risk Cases”), a permanency goal of “return home within twelve months” must be selected with a planned achievement date within twelve months. Because these families exhibit high-risk behavior – some may have experienced previous involvement in the child welfare system – they must immediately avail themselves of services and demonstrate a willingness to change. Tasks and objectives must have timeframes that are consistent with the planned achievement date. Because the children in these circumstances are often the most vulnerable and often have special needs (substance affected infants, for example), their need for permanency is urgent. Concurrent planning is particularly germane in these cases as reunification is considered to be unlikely and caseworkers need to plan towards implementation of the alternative permanency goal in a timely manner.

7.5.2 Determining the Goal to Achieve Early Reunification

Because they are in a state of crisis and distress, most families are highly amenable to change, making the first 3–6 months of placement the best opportunity for reunification. Where an assessment reveals that the conditions and behaviors that resulted in placement are of the kind that are responsive to clinical intervention and social services within the child’s sense of time, early reunification may be appropriate. It is important that clinical intervention be provided immediately. Reunification should be accomplished as soon as safety has been ensured and the court approves it. These families may be able to be reunified and served as an intact family status where health, safety, and well-being can be ensured through casework and social service intervention until no longer needed.

For these “early reunification” cases, a permanency goal of “reunification within five months” will be selected. The planned achievement date will reflect a realistic date within one to five months in which reunification can be achieved. In setting the planned achievement date, the caseworker must pay careful attention to the age and needs of the

child, the severity of the maltreatment and its impact on the child and the child's ability to self-protect.

The following factors must be considered in determining whether early reunification may be achieved:

- No prior history or minor history of child abuse and neglect.
- The maltreatment was not severe or life threatening.
- The parent's need for continued attachment to the child is high.
- The parent has an understanding of the impact of the maltreatment on the child and accepts responsibility for the maltreatment.
- The parent shows a willingness to engage in a process to correct the conditions or change the behaviors that resulted in the maltreatment.
- The family shows a willingness to participate in a plan of assisted visitation and continued parenting responsibilities.
- The parent has a social network and/or family support. The family demonstrates the capacity to meet self needs.
- The parent expresses empathy for the child's individual needs and the willingness to meet the needs of the child over that of the adult members in the family.
- The family shows sufficient knowledge and skills to provide for the child's daily care, safety and health.
- The conditions or behaviors are of the type and degree that are responsive to clinical intervention and social services.

The role of the worker during the early stages of reunification service is to work with the family to quickly identify the services and interventions needed to accomplish reunification.

7.5.3 Determining the Goal for Longer-Term Intervention

With some families, the conditions or behaviors that led to the removal of the children are more serious, raising the severity of the safety and risk factors. Assessment of such families shows that longer-term casework intervention and clinical treatment are necessary. For these cases, the worker may select the preferred permanency goal of “reunification within twelve months” and establish a realistic planned achievement date between six and twelve months.

Factors to consider in determining whether longer-term intervention is needed:

- Prior history of child abuse or neglect
- Injury was serious or life-threatening given the child’s age, development level and physical needs.
- The parent’s attachment to the child is low.
- The parent does not accept responsibility or minimizes the impact of the maltreatment on the child.
- The parent demonstrates resistance to intervention but does acknowledge concern about the child.
- There is a pattern of social isolation or absence of support from the extended family or social network.
- The parent demonstrates an inability to place the needs of the child above his/her own needs.
- The parent lacks sufficient knowledge, skills or ability to meet the child’s daily care, safety and health needs.
- There is abuse of drugs or alcohol requiring inpatient or outpatient treatment.
- There is a medical condition, developmental disability, mental illness or other condition or need that contributed to the child’s maltreatment and such condition requires clinical treatment or management.

In those cases where safe reunification can be achieved within six to twelve months, intervention activities with the parents must occur with diligence. By the first quarterly

family meeting, the family members should be involved in treatment. The caseworker should be looking for patterns, positive or negative, that may be used to determine the investment on the part of the parents. In addition, the worker must examine whether the recommended services are appropriate. Sometimes lack of investment is related to inappropriate or ineffective services. The key question here is whether the parents are becoming increasingly engaged in the service plan and the change process. The family should be demonstrating self-directing action; e.g., taking responsibility for getting to appointments and being more involved in parental responsibilities.

The caseworker must use every opportunity to plan with, and engage, the client during the crucial time period after the crisis has passed (roughly 4–9 months after case opening). If things are going well, the client needs to be complimented. If the client is backsliding, the caseworker needs to continue to support and motivate. If movement stops, however, the client needs to be confronted and the caseworker and client need to be clear about the consequences; e.g., moving toward another permanency plan. Open and honest communication – full disclosure – is critical.

Parents involved in alcohol or other drug abuse should be well on their way in the treatment process by the first quarterly meeting. They should be demonstrating efforts to stay clean and they should at least be in the beginning steps of changing their lifestyle, particularly association with others who are drug users. Clients will need increased support and encouragement when asked to terminate relationships with others, no matter how dysfunctional those relationships were.

“Relapse” for both those who use drugs or alcohol as well as those engaged in other types of treatment is predictable. Caseworkers should help the family look for the warning signs that precipitate stress. The caseworker and family together should work through how to prevent – or at least support – the client during this period.

Similarly, the mentally ill client should be engaged in treatment by the first quarterly meeting. That treatment may take the form of support groups, therapy, medication or other recommended services. The client should be demonstrating behavior that is more stable and predictable than when his/her child was removed. If changes in lifestyle are necessary, the caseworker needs to assist the client in making these changes. Support and encouragement is essential so the client will continue to make progress and adhere to the recommended treatment. Frequent consultation with the client’s mental health provider (at least monthly or more frequently depending on the case dynamics) is important in order for the caseworker to understand the mental health issues and know how to assess change.

Clients whose presenting problem is domestic violence will need to make vital lifestyle changes during this period. Not only will the client need to be engaged in domestic violence counseling (individual and/or group), but will also need to be supported while he/she begins the often dangerous process of separating from the abusing partner, if this is what the client chooses to do. The caseworker needs to be aware at this time of the danger the client may be in, develop a safety plan with the client and be ready to take immediate steps to assist the client to relocate to a safe place. The client should be demonstrating specific behavioral changes by now: recognizing his/her patterns in relationships with people who batter, taking responsibility for the conditions that led to the removal of the child, distancing him/herself from the batterer and actively seeking mental health services. Failure to separate from a perpetrator who is a danger to the child and/or failure of the perpetrator to seek treatment may lead to an alternate permanency goal.

If the caseworker is diligent with efforts with the client during this period, progress toward increased parental competence and willingness to make needed changes should be seen. If not, the caseworker must seek consultation from the supervisor and discuss his/her concern with the family and the team. If the parent fails to demonstrate a willingness to continue progressing, the caseworker, in consultation with the supervisor, should schedule a multi-disciplinary permanency staffing to discuss moving to another permanency plan.

7.6 Caseworker Activities in Reunification Cases

In all reunification cases, there are specific caseworker activities directed to parents, children and caregivers, as follows:

Casework activities directed toward parents to achieve reunification include :

- a thorough and timely assessment (refer to Chapter 3)
- immediate engagement of the family in service planning (refer to Chapter 2)
- expeditious implementation of services
- frequent parent-child visits (3–5 times per week) during which the parent’s capacity, competency and willingness to meet the child’s needs are assessed. Visits are also a vehicle for coaching parenting skills that need improvement.

Workers must observe parent-child visits at least once per month or more frequently if indicated. These observations could be done as part of the assisted visitation process.

- involvement of the parents in planning for the child; for example, parent should be involved in the child's school, recreational activities, medical care, meal planning during visits, birthday parties and family celebrations, purchasing clothing and other activities which demonstrate the parent's capacity, competency and willingness to meet the child's needs;
- development of a supportive relationship built on trust in the family's strengths and its efforts to change; respect for the family's tradition and culture; and acceptance of the family's lifestyle and parent-child relationships as long as they promote the child's basic need for safety and health. To develop a trusting relationship, frequent, meaningful in-person contacts with the birth parents (at least weekly for the first 30 days and at least once per month thereafter) are needed. Any children still in the custody of the parent must also be seen. For those families with a high likelihood of early reunification, more frequent in-person contact in the parent's home is encouraged. In most cases, the more contact there is between worker and parent, the more the parent will remain motivated and engaged in the service plan.
- encouraging the family to continue to work in areas of need; e.g., maintaining a drug-free lifestyle, being free of relationships with partners who are on drugs or are violent, continuing treatment and medication for mental illness, improved child-parent relationships, etc.;
- early and continual assessment of the family's readiness for reunification.

Reunification requires intensive contact with children in placement, which includes:

- timely referrals for any necessary evaluations, assessments and services
- ensuring that the child's health and educational needs are met
- frequent, meaningful in-person visits with the child outside the presence of the caregiver to assess the child's needs, his/her adjustment to placement and separation and loss issues. These visits should be at least twice per month, with at least one visit in the caregiver's home for the first thirty days and m

monthly thereafter. Where there is a high likelihood of early reunification, more frequent contacts are encouraged.

- engagement of the child in service planning, if old enough
- working with the child to begin a Lifebook and update it periodically.

An essential component of intervention activity during this period is frequent contact between the parent and child. All parties involved in the case – caseworker, parent, foster parent/relative caregiver, extended family members, and service providers – must be committed to facilitating visits. Parents need to be given frequent and varied opportunities to safely interact with their children such as birthday parties, family celebrations, recreational activities, school conferences – all those many activities that parents and children normally do together. When safety and well-being are assured, visits should be in a setting that fosters interaction and parental participation. Office visits should be kept at a minimum and should only be done when health, safety or other considerations warrant it.

Developing a relationship with the foster parent or relative caregiver is essential in moving a case toward permanency, particularly if the permanency goal is reunification. The foster parent/relative caregiver is a valuable member of the Child and Family Team who can assist the caseworker in assessing the child's needs.

Work with foster parents/relative caregivers should include:

- visit with foster parents/relative caregivers at least once per month to discuss the child's needs, behaviors, academic progress, etc.
- encouraging caregivers to participate in the Child and Family Team.
- engaging the foster parent/relative caregiver in reunification activities such as frequent parent-child visits, providing opportunities for parent-child interaction, coaching and mentoring of birth parents. An attitude of "working with" rather than "against" the birth parent will move the case forward and will give the child the message that the important adults in his/her life are working together for his/her well-being. The caseworker may need to help the caregiver sort through the conflicting feelings that are inevitable in foster care where the caregiver must be attached enough to a child to care for and nurture him/her, yet be able to "let go" when the time comes for reunification.

- planning with the foster parent/relative caregiver with regard to the child's needs, behaviors and adjustment to placement.
- follow-up with doctor's appointments, school staffings, etc.

7.7 Ongoing Supervisory Conferences

Supervisory conferences must occur on a weekly basis during the first 30 days after case opening. The content of supervisory conferences during the first 30 days should include the following topics:

- **Child safety:** Current risk/safety factors; appropriateness of the worker's assessment of safety; effectiveness of the safety plan.
- **Progress and quality of assessment process:** Whether timely progress is being made; are correct areas being explored; is sufficient depth of analysis being attained.
- **Nature and quality of relationship with the family:** Level of engagement and partnership; possible strategies to enhance the relationship.
- **Clinical issues and intervention techniques:** Meaning of family dynamics and functioning for child safety and family progress; intervention strategies to deal with difficult assessment or treatment issues;
- **Development of the Child and Family Team.** Identification of potential members.
- **Worker self-awareness and safety issues:** Identification of problematic personal issues for the worker related to this case; identification of potential safety issues for the worker; effective strategies for dealing with these issues.
- **Appropriate level of service:** Based on risk/safety levels and the nature and dynamics of family functioning, what level of service is appropriate for this family. Identify and determine the status of concurrent plans.

Thereafter the frequency of supervision will be determined by the supervisor based on the skill of the worker and the dynamics of the case, but **not less than monthly**. Current case

REUNIFICATION

status should be discussed at least monthly so that the supervisor is updated regularly on case progress. Overall progress should be formally reviewed quarterly. Supervisory conferences must be documented in the case record.

The following topics must be discussed at every monthly supervisory conference:

- safety and risk factors still present and whether services are addressing these issues
- whether the service plan goals and objectives are still appropriate
- parents' progress in their service plan
- barriers to services and how they will be addressed
- child's well-being and how these needs will be addressed
- family dynamics and clinical issues that need to be addressed or which are resulting in safety or risk issues
- updates to the comprehensive assessment
- family's potential for reunification
- whether parent-child and sibling visitation is occurring according to the visitation plan
- whether family meetings are occurring and the content of the discussion
- parental ambivalence
- critical decisions
- transference and counter-transference issues

In addition to the above, supervisors must discuss issues regarding training professional development with caseworkers.

7.7.1 Critical Decisions

Critical case-related decisions are made in consultation with the supervisor pursuant to Rule and Procedure 305.30. Although all Department decisions affecting children and families are important, the Department identifies the following decisions as the most critical ones affecting children and families:

- Deciding whether to remove children from the home of their parents or relative caregiver or whether services can prevent placement away from the parents or relative caregiver;
- Deciding whether to return children to the home of their parents or relative caregiver from a placement away from their parents or relative caregiver;
- Deciding whether to decrease the frequency or the duration of parent and/or sibling visits with the child and whether the visits should be supervised;
- Deciding whether to change children's placements;
- Deciding whether parental rights should be terminated and an alternate permanent home sought;
- Deciding if children are prepared for partial or total independence;
- Deciding whether children shall be placed apart from siblings who are also placed in substitute care; or
- Deciding whether to petition the court to terminate Department custody or guardianship of the child.
- Deciding whether subsidized guardianship is an appropriate alternative for the child.

When making a critical decision, any opinions or recommendations from professionals or agencies outside the Department shall be carefully weighed. A critical decision needs to be documented either in a casenote or on a Critical Decision form in the case record. Critical decisions also need court approval when the issue relates to issues addressed in previous court orders. Written documentation of critical decisions must be sent to parents.

7.8 Family Meetings

Family meetings should occur at least quarterly or more frequently if needed. At these meetings, the Child and Family Team together reviews the parent's progress toward reunification, discusses improvements made by the parents as well as any problems related to visits, provision of services, barriers to services and other matters. The potential for reunification and whether the family is on target relative to the planned achievement date for reunification must be discussed. Full disclosure requires that all information related to the parent's progress or lack of progress is fully discussed and the parents are again advised that an alternative permanency plan will be implemented if progress is not consistent and ongoing.

The caseworker should prepare for the family meeting by securing necessary reports, discussing the case with the supervisor, establishing an agenda and contacting all participants as to time, place and date. Four to six weeks prior to return home, the Team, including all collaborating agencies, must convene to address the child's developmental, educational, and medical needs.

One significant indicator that must be used when evaluating if children should be returned home is **parental ambivalence** as described in the Section on Assessing Progress (below). Parental ambivalence is assessed throughout the case. The family meeting is a good forum for discussing this issue. The caseworker may also raise this issue with the parent during in-person visits.

7.8.1 Casework Activities During Family Meetings

Casework activities with parents:

- Assure full disclosure of expectations; share information with regard to how visits are going, whether any changes are needed in the visiting plan, whether services are timely and appropriate;
- Assess reasonable efforts on the part of the caseworker
- Assess reasonable progress on the part of the parent
- Address barriers to services including parental ambivalence

- Assess whether the parent is making the necessary behavioral changes in the conditions which led to the removal of the child; are the parents involved in the change process?
- Engage the parent in planning for themselves and for their child; reviewing the current service plan and developing a new service plan if needed
- Review clinical material from service providers.
- Assess whether placement is the only safe intervention at this time or whether, with assistance, the child can be safe and healthy while in the care of the family. Determine if continued clinical intervention and protective reunification services will help the family safely reunite earlier. If so, determine the preferred safety supports and reunification services needed. Determine if the family has an adequate safety network.
- Discuss visitation issues and evaluate how visits are going.
- Discuss sibling visits.
- Discuss any changes in visitation. (Note that this is a critical decision and must be discussed first with the supervisor and the decision documented in the case record.)

Casework activities with the child:

- Engage the child in service planning, if appropriate.
- Give the child an opportunity to have input in the meeting and to express his/her needs and desires.
- Discuss clinical reports related to the child during the meeting if appropriate. The caseworker must be careful not to discuss material with the child which would be harmful to the child's relationship with the parent, which the child is unable to properly interpret or which is otherwise inappropriate.

Casework activities with foster parent or other caregiver:

- Engage in planning for the child; discuss and address the child's well-being needs.

- Involve caregivers in reunification activities such as coaching, mentoring, parent-child visits, sibling visits, and involving parents in the child's daily activities.

7.9 The First 90 Days After Case Opening

During the first 90 days after case opening, the following activities must be accomplished:

- The comprehensive assessment is updated with information learned during the first quarter (see Chapter 3, *Assessment and Service Planning*)
- The child's placement needs continue to be assessed.
- The services required by the service plan should have been implemented and the family engaged in those services.
- The worker prepares for the first quarterly family meeting.

By the 90th day after case opening, the caseworker, supervisor and Child and Family Team should have a general sense of the prognosis for reunification by observing whether the parent is actively engaged in services, visiting consistently, improving parenting skills and actively addressing the conditions that led to the removal of the child.

7.10 Assessing Progress

Reasonable progress and the family's readiness for reunification are continually assessed. The decision regarding when a family is ready to be reunified should be discussed in the supervisory conference and with the Child and Family Team during the family meetings. The focus of these discussions are twofold: (1) whether the parents have made reasonable progress in correcting the conditions which led to the removal of their children from the home; and (2) whether the parents have eliminated or reduced the contributing factors which precipitated the removal, such as mental illness, a developmental disability, domestic violence, or substance abuse. If it is determined that the parents have failed to make reasonable progress to correct the conditions which led to the removal of their

children, the alternative permanency goal must be considered. The alternative permanency plan will be discussed at a family meeting so that all involved parties are aware of the decision not to reunify and the reasons why.

7.10.1 Reasonable Efforts

The caseworker has a corresponding responsibility to make **reasonable efforts** to reunify the family. This means the caseworker must ensure the family is provided timely, appropriate services to facilitate changes necessary for reunification.

In assessing the reasonableness of efforts, the caseworker must consider:

- The relevance of the services provided or offered
 - Does the service address the reasons that the case came into the system?
 - Are the services connected to the comprehensive assessment?
 - Are services being offered that do not need to be completed prior to the child's return home?
- The adequacy of such services:
 - Does the service include interventions necessary to address the primary presenting problem?
 - With sufficient effort and motivation, can the family be expected to resolve the problem?
 - Does a qualified person or agency provide the service?
- The coordination of the services:
 - If multiple services are needed, are they provided in a logical sequence that contributes to their successful completion?
 - Is the caseworker in contact with the various service providers as well as the family?

REUNIFICATION

- Does the caseworker understand a family’s progress or lack of progress?
- The accessibility of services:
 - Can the family be provided the service in a timely fashion?
 - If there is a waiting list, has the worker explored any alternatives?
 - Does the caseworker understand what services are and are not available in the community?
 - If services are not available, has the worker arranged other activities or interventions to maintain the family until the services are available?
 - Have barriers to services, such as transportation or childcare, been addressed adequately?
- The diligence of agency effort:
 - Has the caseworker or service provider made good faith, ongoing efforts to keep the family engaged? Outreach efforts include visits to the parent’s home or work place (if appropriate), telephone calls, letters (both regular and certified) and similar efforts to engage parents in the service plan.
 - If the family is resistive or absent, has the caseworker or service provider reached out to re-involve the family in services?
 - Have diligent searches been done every six months in accordance with Rule and Procedure to locate absent or non-custodial parents?
 - Have adequate outreach efforts been made to non-custodial parents to engage them in service planning (if appropriate)?
 - Is the level of caseworker or service provider contact with the family (including in-person visits and family meetings) sufficient to facilitate the desired permanency outcome?
 - Are there realistic expectations on the part of all of the parties involved? Are the court’s expectations realistic in view of the agency’s staffing and resources?
 - Have parent-child and sibling visits been facilitated in a manner that promotes and strengthens family connectedness?

7.10.2 Reasonable Progress

Parents bear a corresponding responsibility to demonstrate **reasonable progress** in their service plan objectives and tasks. Reasonable progress must be documented on the CFS 497, in case notes, supervision notes and court reports.

Parents demonstrate reasonable progress by some or all of the following:

- they have learned and demonstrated their ability to assure the health, safety and development of the child;
- an increased capacity to parent and to assure the child's health and safety as evidenced by successful parent-child visits, appropriate involvement in more parental responsibilities; e.g. doctor's appointments, parent-teacher conferences, family therapy, involvement in recreational activities, better financial management, etc.
- an ability to care for themselves so that they can meet the needs of the child;
- improved parental choices, decisions and relationships which lead to a safer and healthier environment for their children;
- participation in the recommended services and demonstrated change, such as improved parenting, increased mental stability and improved functioning;
- acceptance of responsibility for maltreatment of the child and greater empathy for the impact of the maltreatment on the child;
- a better understanding of themselves resulting in an ability to identify warning signs;
- learning to ask for and accept help;
- developing an ongoing support network consisting of other family members, neighborhood or community, church, etc.;
- a willingness to develop and implement a service plan which ensures the safety of the child at home.

7.10.3 Lack of Reasonable Progress

Lack of reasonable progress results in the implementation of the alternative permanency plan that was discussed with the family at the initial family meeting. Lack of reasonable progress must be documented on the CFS 497, in case notes, supervision notes and court reports.

Demonstrations of a lack of reasonable progress on the part of the parents include:

- parent has an ongoing pattern as a perpetrator of domestic violence and refuses to participate actively in treatment services or initiates new relationships in which there is violence;
- parent continues to reside with someone dangerous to the child and refuses to separate after having been advised of the dangers; and/or
- parent has an ongoing pattern as a victim of domestic violence and refuses to separate from the batterer or initiates new relationships in which there is violence and refuses to separate; and/or
- parent fails to remedy, with the assistance of the Department or purchase of service agency and other community resources, housing or housekeeping standards that are a threat to health or safety or to seek suggested economic resources when lack of resources is a major barrier; and/or
- continually misses visits with children, continually coming late for visits, or while visiting appears uninterested or is openly rejecting of the child;
- continually upsets children during visitation by verbal abuse, eliciting guilt, or by making unrealistic promises;
- is restricted in ability to parent due to developmental disability and has failed to make efforts or is unable to demonstrate skills necessary to ensure the health and safety of the child; and/or
- is restricted in ability to parent due to mental illness and has failed to make efforts or is unable to demonstrate skills necessary to ensure the health and safety of the child; and/or
- drugs and/or alcohol use/abuse continues to prevent them from parenting; and/or

- mother gives birth to a second or subsequent substance exposed infant; and/or
- Parent has an assessed pattern of physical aggression toward children and has continued to deny this or otherwise failed to change this pattern of interaction with children; and/or
- parent(s) has other children who have been in foster care for 12 months or more and attempts to reunite them have been unsuccessful and conditions have not changed substantially; and/or
- parent continually misses appointments, canceling appointments with Department staff or purchase of service agency staff or staff of other service or treatment providers or fails to be involved in the treatment; and
- parent otherwise fails to fulfill the tasks outlined in the service plan or cooperate with the provisions of the service plan or meet conditions established by the court which would, if the parent cooperated, correct the conditions which threatened the health, safety and well-being of the child.

7.10.4 Parental Ambivalence

In the context of child welfare, parental ambivalence refers to indecisiveness and uncertainty on the part of the parent with regard to the parent's roles, responsibilities and reunification with the child. Parental ambivalence must be assessed in determining the likelihood for reunification. The assessment of parental ambivalence is very important in evaluating the potential for reunification. Research has shown that when parents are ambivalent about parenting in general or parenting a specific child, successful family reunification is seriously impaired. Parental ambivalence needs to be acknowledged and addressed by the parents.

The following includes possible behavioral and verbal indicators that suggest the need to explore whether a parent has strong or serious ambivalence about parenting generally or about parenting a specific child. When present and unresolved, these feelings may affect the success of family reunification.

Behavioral indicators before placement:

- fails to provide basic needs;

REUNIFICATION

- non-compliant with medical, health, sanitary requirements;
- creates frequent situations to be separated from children; e.g., respite, hospitalization, drops off children at sitter or day care and doesn't return as agreed, abandonment;
- frequent or inappropriate use of respite;
- lack of nurturing between parent and child/children;
- voluntarily places child in foster care, once or several times

Behavioral indicators after placement:

- inconsistent in visiting, in court appearance, and/or in use of services (assuming there are no barriers to participation in visitation or services, such as transportation);
- refuses to participate in services or minimal participation in services;
- barely meets requirements or fails to complete that "one last thing" required for reunification.
- name calling/verbally abusive to the child.

Verbal Indicators:

In some instances, parents speak more directly regarding their ambivalence:

- parents state they don't think they can handle a specific child or that the child might be better off somewhere else, such as in foster care;
- parent requests adoptive services, then changes mind;
- parent is verbally abusive to the child; calls child names.

SOURCE: Professional Review Action Group (PRAG): Gail Folaron, MSW, ACSW, Peg Hess, PhD, ACSW and Ann Jefferson, Child Welfare Division Director, Marion County Department of Public Welfare, May 1990.

7.10.5 Approaches to Working with Ambivalent Parents

- Throughout the case, during discussions with parents, clarify the range of options for permanency, including return home, permanent placement with relatives, voluntary relinquishment for adoption or other options. Explore parents' interest in pursuing return home at each decision point (i.e. placement, move to unsupervised and overnight visits prior to return, etc.).
- Develop case plan or service contract with parent that is very clear and specific regarding what behavioral changes are expected in relation to risk. Expect follow through. When it is clear parents will not follow through, discuss concerns with parents and request staffings to consider change in permanency goal.
- Be careful to interpret correctly the meaning of parent's statements and behaviors. For example, lack of follow through may reflect service obstacles or a realistic reaction to an inappropriate referral instead of ambivalence.
- Don't lessen expectations for changes that are necessary to ensure the child's safety.
- Verbally recognize parent hesitancy, reflect on parent's feelings, and give permission for conflicting feelings. Explore the history, depth and consistency of the ambivalence and provide counseling regarding ambivalence and the choice of permanency plan. Be specific with others serving the family about indicators of parents' ambivalence and the goal of the services requested.
- Increase frequency and length of visits and parental responsibility for the child during visits.
- Staff case with parents, child, caregivers, and all other service providers before making major case decisions.
- Use supervision to process own reactions to parents' feelings, behaviors, and the stress related to case ambiguity.

SOURCE: Professional Review Action Group (PRAG): Gail Folaron, MSW, ACSW, Peg Hess, PhD, ACSW and Ann Jefferson, Child Welfare Division Director, Marion County Department of Public Welfare, May 1990.

7.11 Administrative Case Reviews

As described earlier, the ACR occurs at 6 months after case opening, and every 6 months thereafter until a permanency plan is achieved. Review Chapter 6 which describes the purpose and process of the ACR.

7.12 Evaluating Whether Children in Placement Can Return Home

Certain conditions and behavioral indicators must be present before reunification can be considered and safely achieved. The critical decision to return home must be made in consultation with the caseworker's supervisor and documented in the case record. The decision should be based on the assessment described above in the Section 7.10, "Assessing Progress." This involves a consideration of reasonable progress on the part of the parents, reasonable efforts on the part of the caseworker, best interests of the child and other pertinent factors.

In deciding whether to recommend to a court that children in placement should be returned home to the parents' care, the caseworker must consider whether the parents have demonstrated the following:

- an understanding of the child's developmental needs demonstrated during visits and in discussions with the caseworker, therapist and other service providers;
- a willingness to meet the child's needs demonstrated during visits and in discussions with the caseworker, therapist and other service providers;
- consistent and active participation in visits; demonstration of improved parenting skills during visits as documented in visiting logs;
- an ability to care for themselves so they can meet the needs of the child;
- improved parental choices, decisions and relationships which lead to a safer and healthier environment for their children;
- a better understanding of themselves resulting in an ability to identify warning signs;

- learning to ask for and accept help;
- an ability to assure the health, safety and development of the child;
- the development of an ongoing support network consisting of other family members, neighborhood or community, church, etc.;
- if substance abuse was the reason for removal, parent has completed recommended treatment or is making progress in treatment; parent has completed or is participating in relapse prevention program; progress reports from the therapist were obtained;
- appropriate expression of anger which does not amount to physical violence or threats of violence;
- an acceptance of responsibility for maltreatment of the child and a demonstration of empathy for the impact of the effects of the maltreatment on the child;
- if mental illness is present, this condition does not affect the parent's ability to provide for the care and safety of the child; the condition is appropriately managed through the use of medication, parent is appropriately engaged in recommended treatment and is adhering to the treatment regime; progress reports from therapist were obtained;
- resolution of any ambivalence relating to the care of the child as demonstrated by spontaneous affection for the child, active planning for the child, involvement in child's activities and other concrete, positive actions toward the child.
- active engagement in the service plan as demonstrated by completion of services (or consistent, ongoing progress in services), consistent appearances in court, attendance at, and active participation in, family meetings and ACR's.
- a willingness to develop a service plans that assures the safety of the child at home.

7.12.1 The Reunification Staffing

Whether the family is ready to be reunified is a topic that should be addressed directly and openly at every family meeting. If the caseworker and supervisor, based on concrete demonstrations by the parent and clinical reports by service providers, believe that the family is ready for reunification, the caseworker **MUST** hold a reunification staffing consisting of the caseworker, supervisor and persons who have provided services to the family within the past year. The focus of the staffing shall be on whether those involved with the family believe that it is in the best interests of the child(ren) to return home and whether the return home can be safely accomplished. The inquiry should include but not be limited to the following:

- Has the problem that led to the maltreatment been sufficiently addressed and resolved, and how has it been addressed and resolved?
- Have the parents adequately completed the tasks required of them in their service plan? Were the tasks relevant to the family's problems and risk/safety concerns?
- What are the characteristics, needs and behaviors of the children returning home? Have the parents been educated about these characteristics, needs and behaviors? Have they demonstrated that they will be able to manage them?
- What special services will the children need when they return home and are the parents aware of the special services? Have the parents been given an opportunity to demonstrate behavior consistent with providing and participating in the special services while the children were in care?
- Do the parents have their own support system? Will they realistically use this support system, especially in times of crisis? Who does the support system consist of? Are those persons aware of their role in providing a safety net for the family?
- In what manner will the children be returned home? If the family has more than one child in care, will they all be returned home at the same time or will they be returned in gradual stages, thereby allowing an adjustment period of both children and parents?

- What basic necessities does the family need before the children return home and does the family need assistance in obtaining these services?
- What support services must be in place before the children are returned home? Who will provide these services?
- Is the family aware of community resources that are appropriate for and available to them?

When the child is returned home, whether to retain guardianship will be in the discretion of the supervisor. In determining whether to retain or discharge guardianship, the worker, supervisor and others present at the staffing will consider any risk factors still present in the family situation, the child's age and the case dynamics (i.e., whether parents have been cooperative and honest, presence of other responsible adults in the home, etc.) If those present at the staffing decide not to retain guardianship of the child after return home, the caseworker must request more frequent court reviews and a court order allowing DCFS to obtain medical and school records.

7.12.2 The Family Meeting

If the reunification staffing concludes that reunification can safely be achieved, a family meeting as described in Section ____ shall be convened. At the family meeting, the parents will be invited to discuss their perception of their progress, whether they are ready for reunification and any issues or concerns. If the family decides they are ready for reunification, the target date for reunification will be set and a reunification service plan will be developed. See section 7.___ on the Reunification Service Plan.

Safety and Risk Factors

The decision to reunite a family requires consideration of key factors of safety and risk. The caseworker and family will need to explore these factors before reunification can be considered. The single most cited reason for failed reunification is failure to address the reason why the child was unsafe at the time of placement. It is vital that the caseworker conduct a thorough assessment of safety prior to reunifying a family. CERAP and the RiskAssessment Protocol are important instruments to use in making this assessment.

Factors associated with risk and safety must be looked at dynamically; i.e., the caseworker needs to see these factors as inter-relating and interacting with each other.

Refer to Chapter 3, *Assessment and Service Planning*, for a more detailed description of risk and safety assessment.

7.13 Family Meeting at Nine Months After Case Opening

If reunification has not already occurred, a family meeting must be held during the 9th month after case opening. At this critical meeting, the current service plan will be evaluated, a new plan will be formulated and recommendations will be made regarding the permanency goal in preparation for the 12-month ACR and the upcoming permanency hearing in court. The Child and Family Team will discuss the case status, the recommended permanency goal and the reason why this goal is recommended. Following is the caseworker activities with the birth parent, child and caregiver at this time.

Casework Activity at Nine-Month Family Meeting

Casework activities with the parents:

- Assess reasonable efforts and reasonable progress or lack of reasonable progress. Engage the parents in a discussion of their perception of their progress, whether they feel they have made significant changes in the conditions that led to the maltreatment, their perception of the child(ren) and the child(ren)'s needs, and their readiness for reunification.
- Fully discuss with the parent the case status, recommended permanency goal and the reason why this goal is recommended
- Use full disclosure to advise the parents of the consequences of not making reasonable progress.
- Engage the parent in planning for the child's health, safety and well-being.

- Discuss how the parent can be more involved in the child's daily activities, such as school and recreational activities, family celebrations, health care, etc.
- Discuss the status of visits and whether the visiting plan should be revised, such as by increasing frequency of visits; moving to unsupervised or overnight visits (if not already being done)
- Evaluate the current service plan; develop a new service plan with the family.

Casework activities with the child:

- Continue to assess the child's health, educational and well-being needs.
- Ensure that necessary services to meet those needs are in place.
- Keep the child informed in an age-appropriate fashion about the permanency plan.
- Engage the child in developing new service plan if he or she is old enough.

Casework activities with the foster parent or other caregiver:

- Engage in discussion regarding child's needs, behaviors and necessary interventions
- Discuss child's permanency needs and how to best address those needs
- Involve the caregiver in planning for permanency, whether that means working with the child and parents toward return home or toward another permanency plan.

If return home is recommended, the worker must convene a reunification staffing as described in Section 7.12. If return home is not recommended, the worker must schedule a permanency staffing.

If an alternative permanency goal is recommended, parents must be engaged as much as possible in planning. For example, adoption, subsidized guardianship or private guardianship are options that must be considered in any permanency discussion where return home is not recommended. In addition, caseworkers should begin discussing

surrenders or consents with parents. Signing of surrenders is usually an emotionally laden subject and must be approached with empathy and sensitivity. This discussion may occur over a period of months (and may have already occurred in cases where it was clear that no progress was being made). Surrenders and consents must be entered into freely and voluntarily. Therefore, caseworkers must be careful not to “push” parents in this direction, but be able to discuss it openly and honestly. The worker must remember that steps toward another permanency option cannot be taken until the case goes to a permanency staffing and it is determined that another permanency option is in the child’s best interests.

Note that the caseworker does not have to wait until the permanency planning hearing to return a child. Whenever the conditions for safe reunification exist and it is in the best interests of the child to reunify, a reunification staffing and family meeting must be convened. Refer to Section 7.12 for information on convening these meetings.

As soon as the caseworker assesses that reunification is unlikely, whether at 90 days or at 9 months, he/she should have been discussing permanency with the foster parent /relative caregiver in order to assess whether the caregiver is willing and able to provide long-term care for the child. In all cases, the child should have been placed in a permanency home within the first 120 days of case opening in the event that an alternative permanency plan needed to be made. The caregiver’s willingness and ability to adopt the child or become the child’s guardian needs to be determined in order to develop a permanency plan that is in the child’s best interests.

7.14 The Permanency Staffing

If it is determined at the 9-month family meeting that the parents have failed to make reasonable progress in the service plan, the caseworker must hold a permanency staffing (formerly called the legal screening) at the 10th month of case opening to discuss implementing the alternative permanency plan. Participants in the permanency staffing include the caseworker, supervisor, regional legal staff and adoption specialist or coordinator, and possibly a resource specialists or clinical coordinator. This team will review any assessments of parents and child, the evaluated service plans, the child’s needs for permanency (particularly in light of the child’s sense of time), reasonable efforts on the part of DCFS and whether legal grounds exist for an alternative permanency plan. The alternative permanency goal will be recommended. If a permanency placement is still needed for the child, the caseworker will begin efforts to locate such a placement, using the guidelines regarding placement selection described in

Chapter 6, Section 6.5. *The staffing may occur at any time in a case when it is clear that reunification is unlikely or not in the child's best interests. The caseworker need not wait until the ninth month after case opening to hold the staffing.*

7.15 The Permanency Hearing

The caseworker will participate in a permanency hearing conducted by the court at twelve months following the temporary custody hearing and every six months thereafter. The purpose of the permanency hearing is to review:

- the appropriateness of the permanency goal or whether a new goal should be selected;
- the appropriateness of the services contained in the service plan and whether those services have been provided and if not, why not;
- whether reasonable efforts have been made by the caseworker;
- whether reasonable progress has been made by the parents; and
- whether the plan and goal have been achieved.

The caseworker will ensure that all parties to the permanency hearing are provided with a copy of the most recent service plan prepared within the prior six months at least 14 days in advance of the hearing. The caseworker is required to appear and testify at the hearing and prepare a written report for the court. Unless the local court has specified another format for the written report, form CFS 421, Permanency Hearing Report to the Court, shall be used to complete the required report. The report must be signed and dated by the caseworker and supervisor, and delivered to the court 14 days in advance of the hearing.

The caseworker's report to the court will present a recommendation regarding the permanency goal, clinical intervention, and social services that are in process or still required. The report should also focus on the child's adjustment in placement, the child's health, safety and well-being, and what is in the child's best interest concerning permanency. The parent's progress to date toward correcting the conditions that require the child to be in care will also be addressed. The caseworker must provide the basis for all recommendations and decisions in the report.

Within ten working days after the permanency hearing, the caseworker will:

- amend the service plan to conform to the court order, including amending the service plan in any language or mode of communication of the parent's preference;
- attach a copy of the permanency order to the amended service plan as well as ensuring that a copy of the order is in the case record;
- engage the family to ensure that the family understands the changes and obtain the family's signature on the service plan;
- file copies of the plan with the court as required by the local court of jurisdiction;
- file a copy in the case record
- complete the form CFS 1425L to report the permanency hearing results and the date of the next permanency hearing (in counties other than Cook); this form is to be filed in the case record;
- revise the CFS 1420, Case Review Form, to record the permanency goal, the review type and the permanency goal set by the Court. (In Cook County this information is electronically updated by Court personnel). At subsequent permanency hearings, the CFS 1420 need only be completed to change the permanency goal via court order;
- obtain a copy of the court order issued at the hearing and file it, along with the casenote notation regarding the hearing, in the case file.

7.16 Casework Activities Prior to Reunification

The caseworker must convene a family meeting (after the reunification staffing with service providers), including all collaborating agencies, four to six weeks prior to a child's target return home date. The Team must address the child's developmental, educational and medical needs. This meeting may be the same family meeting referred to in Section 7.12.2, where a reunification service plan is developed.

The reunification service plan must be submitted to the court for approval **prior to** return home. If the court approves return home, a set of casework activities must be accomplished before reunification. These caseworker activities are summarized in Table 1 in Appendix A.

7.16.1 Activities Related to Health

When children are returned to the custody of their parents, many times legal custody/guardianship of the child will be retained by DCFS for at least six months after physical reunification of the children with their parents. The caseworker can obtain necessary health, safety, and educational information to evaluate more accurately the children's health, safety, and well-being during the six months following return home. If DCFS does not retain guardianship, consents for release of information must be obtained from parents or and from the court prior to returning the child to his or her home.

- ***Medical Exam Prior to Return Home***
Not more than 30 days prior to the actual return home of the child, the child must have a thorough medical examination, preferably by the health care provider the child will be using when returned home. If the child's new health care provider will conduct the exam, the caseworker shall ensure that the child's medical records have been transferred to the new medical provider before the health examination is conducted. If the child's previous health care provider conducts the exam, the worker shall ensure that the child's medical records are then transferred to the new health care provider. This examination shall be used as a baseline to evaluate future exams. The parent must be present at the time of the medical examination and discuss issues of the ongoing health care of the child with the health care provider. The caseworker must request the results of the medical examination and keep the report in the child's case record.
- ***Ongoing Health Care Needs***
The caseworker shall discuss with the parent(s) how the child's health care needs will be met after return home. This plan for meeting the child's ongoing needs shall be documented in the service plan. The plan shall include the identification of a health care provider to serve the child after return home. If possible, the child's health care provider should remain the same as before the child's return home. The caseworker and parent(s) shall identify other resources the family can use to assist in meeting health care needs, such as

home health care providers, Medicaid, Department of Public Health, local LANS network, etc.

7.16.2 Activities Related to Safety

Casework Contacts

The caseworker must make a face-to-face visit with the child and parent, in the home, within 24 to 72 hours following reunification of the child. After the initial visit, weekly or more frequent intervention and contact, as recommended by the supervisor, is required for the first month following reunification. At least two of these visits must be unannounced home visits. After the first month, in-person home visits shall be completed at least twice monthly until child welfare services through the Department or its provider agency are terminated.

During all home visits the caseworker must see the child outside the presence of the parent for a portion of the visit and assess the child's health, safety and well-being under the care of his or her parent.

Conducting the CERAP

- A safety assessment using the CERAP must be completed within 24 hours prior to the return home of the child and within five days after the child is returned home. A CERAP must then be conducted monthly until case closure.
- Conduct CANTS/LEADS check within 30 days prior to return home.

7.16.3 Activities Related to Education

In planning for the educational needs of the child after return home, the following minimum steps shall be taken:

- Before return home during the school year, the caseworker will meet with the child's current teacher and discuss the child's school performance with the child's current teacher and obtain a school report. The teacher should be informed that reunification is imminent and to contact the caseworker with any concerns. Arrangements shall be made with the child's current school for the transfer of educational records, if the child will be attending a new school after reunification.
- The caseworker must include in the service plan a description of how the child's educational needs will be met after the child is returned home. Refer to Procedures 314, Educational Services, Section 314.50, Education Plan, for a description of the plan's contents.

7.17 The Reunification Service Plan

The service plan, focusing on protective reunification and aftercare services, must be developed with the Child and Family Team after a decision is made to return the child home. The plan must be presented to the court when the caseworker recommends return home and is seeking court approval. The plan includes a safety, health and educational component.

A safety plan shall include:

- A description written by the parents with the help of the caseworker of how the parents plan to meet the child's needs for safety after the child returns home;
- Identification of and referral to those persons the parent can call upon for support following the return home of the child. In the case of substance abuse or mental illness, the parent needs to identify a safety network in the event of a relapse. For those clients involved in domestic violence situations, a safety plan must be devised in the event the abuser becomes violent.
- Identification of people the child can call upon (if old enough), if the child needs help. Children should also be taught how to call 911 (or other appropriate emergency number), if they need help.

REUNIFICATION

- Identification of any other supportive services that will be provided after the child is returned home, such as homemaker services, protective day care services, etc.

The education plan which shall include a description written by the parents with the help of the caseworker of how the parents plan to meet the child's educational needs, including:

- School enrollment, if necessary;
- Regular school attendance;
- Regular meetings with the child's teacher to discuss the child's progress or any other school related needs the child might have;
- Any special education needs the child might have.

A health care plan which includes:

- Identification of a health care provider to serve the child after return home;
- Identification of other resources the family can use to assist in meeting the child's health care needs.

7.18 Preparing the Child for Reunification

Although a great deal of emphasis is placed on activities with the parent when the caseworker is preparing to reunify the family, this is an important time for the child and foster parent/relative caregiver as well. The caseworker needs to spend time with the child to prepare him/her for return home. The caseworker should inform the child of the targeted date for return home while being aware of the child's cognitive ability and ability to understand what this means. Explain to the child that his/her parents are

working to have the child return by the target date, but that sometimes things happen that may change that date. Anticipate that if the return home date is revised, the child may be disappointed and angry. Although the child may want to return home, it represents a change and therefore creates uncertainty, anxiety, and ambivalence. The caseworker, parent, caregiver and service provider (if there is one) must work together in helping the child sort through these feelings and make a smooth transition home. It will be important for these adults to present a “united front” so the child’s conflicting feelings are not exacerbated.

These adults must begin clear, age-appropriate discussions with the child about the plans for return home, what the child could expect, assisting the child to identify those persons whom he/she can call upon (if old enough) if he/she needs help, where he/she will be attending school and other important facts. The child must be given the opportunity to respond and work through feelings of separation from, and loss of, the foster parent/relative caregiver, school and neighborhood friends, teachers, and other significant others. A tool that may be helpful in this process is the child’s Lifebook. Assisting the child to update the Lifebook, asking caregiver, friends and others to give the child photos or other reminders to take with him/her and other activities around the Lifebook may facilitate the child’s resolution of his/her feelings. In addition, the caregiver should make a list of the child’s daily activities and routines and other relevant information for the birth parents to smooth the child’s transition home.

7.19 Preparing the Caregiver for Reunification

Caregivers, too, will need support as they prepare for the child’s return home. Caregivers will experience feelings of separation and loss and may want to stay in touch with the child after he/she returns home. Contact with the caregiver after return home is a consideration that requires supervisory consultation. Some children may find this confusing while others may benefit from continued contact. The answer to this will depend on the particular child, caregiver, case dynamics and other clinical considerations. Caseworkers and supervisors should not hesitate to seek clinical consultation if continued contact becomes a difficult issue. Caseworkers should expect to spend some time with the foster parent or relative caregiver to discuss their feelings of separation and loss and help them successfully prepare themselves and the child for reunification.

7.20 Casework Activities After Return Home

7.20.1 Activities Related to Health

A follow-up check of the child by the new health care provider shall be conducted no later than 30 days following the return home of the child. Follow-up checks should be conducted quarterly unless the health care provider recommends that they are no longer necessary. These follow-ups consist of checking the child against the baseline information provided by the full medical examination conducted 30 days prior to reunification.

The caseworker shall discuss with the health care provider the results of the first medical examination following reunification and the results of the first quarterly exam. The caseworker shall request all medical reports, including those from subsequent exams until case closure and keep the reports in the case file.

7.20.2 Activities Related to Safety

In addition to the CERAP, a background check using CANTS/LEADS must be done within five days after return home on all adults living in the home, any adults who will be serving in a caregiver role, and adults who are frequent visitors to the home. If a CANTS/LEADS check was completed within 30 days prior to the return home of the child, it need not be repeated, unless a new adult becomes involved with the family, either before or after the child is returned home. If any of the adults listed above will not consent to a CANTS or a LEADS check, the ability of the parent to keep the child safe shall be discussed with the parent. The parent shall be advised that the refusal of those adults to consent to the necessary checks may result in the child's not returning home unless the parent completely severs contact with the person who refuses to authorize the CANTS and LEADS check.

The caseworker shall check periodically (at least monthly) with those professionals and individuals who provide services and support to the parent and child in order to obtain information and observations about the ongoing safety of the child. Such professionals and individuals may include social service providers, school or day care personnel, health care providers, and any other collateral contacts the worker deems appropriate. Prior to

such contacts the worker shall have explained to the parent(s) the need for such contacts and have on file the parent(s)' signed consent for the release of any information pertaining to the child which the Department cannot obtain (if the Department no longer retains guardianship).

7.20.3 Activities Related to Education

The caseworker and parent must have contact with the child's new teacher monthly during the first quarter after return home and quarterly thereafter until case closure to discuss the child's progress and whether the teacher has any other observations regarding the child's health, safety and/or well-being while in the care of his or her parents. If the child is of pre-school age, the caseworker shall assist the parent in enrolling the child in a program such as early education or protective day care where indicated. The caseworker must request that the teacher or day care provider notify the caseworker if the child is absent for two consecutive days.

7.21 Aftercare

During the post-reunification period, support of the family must continue if the reunification is to succeed. The caseworker's emphasis becomes helping the family assume responsibility for the care of the child. It is imperative during this period that flexible community-based services are available to meet the needs of the family. DCFS will continue to provide services for at least six months after return home to monitor the safety of the child, to enhance the family's ability to function in a healthy way, and to provide a smooth transition to reunification. **Under no circumstance can a worker lose sight that the child's health and safety is paramount.**

Frequently, the child's return increases the family's stress level by placing additional financial demands on the family while they adjust to being together again. Often the family membership has changed since the child's removal and all family members must renegotiate their new roles and their newly formed family system. This requires that the parents must adjust to the child's change in age, development and behavior since leaving the family, while accepting that the child may be struggling with feelings of grief for the caregivers. Simultaneously, the child must accept and adjust to changes in behavior that the parents have made.

Professionals working with the newly reunified families should anticipate that as a part of the process of readjustment, families would experience a point of crises when they come to terms with the original reasons for the child's removal. Family systems theory suggests that these are all normal and expected milestones in the family's challenge to attain a new sense of equilibrium and move on. The caseworker needs to be aware of this dynamic and develop a crisis intervention plan with the family. Where the reason for the child's removal was substance abuse or mental illness on the part of the parent, the crisis intervention plan should address relapse prevention. The safety network identified by the family in the reunification service plan should be accessed in times of need. In addition, consultation with service providers involved with the family and the caseworker's supervisor should be sought. Workers will have available reunification funds, which can be used for aftercare services such as homemaker, counseling, advocacy, psychiatric evaluations, day care, respite and housing services.

7.21.1 Development of an Aftercare Plan

An aftercare plan must be developed with the family prior to termination of services. The aftercare plan must be in writing and include the following:

- A description of any recommended services, including type of service, frequency of services, who will provide the service and reason for the service. A specific plan for obtaining the services must be included. The worker needs to assist the family to access the services.
- A list of referrals
- Documentation that the worker has encouraged the family to call the worker in the future if the family needs services

The family receives a copy of the aftercare plan. In addition, the plan is attached to the closing summary.

7.22 Parental Ambivalence After Reunification

Just as parents may express ambivalence about caring for a child while the child is in placement, parental ambivalence may be demonstrated after the child is home.

Examples of parental ambivalence after the child returns home include:

- Lack of investment in the child's daily care by failure to attend school staffings, not taking the child for medical appointments, lack of interest in the child's activities, etc.;
- Frequent or inappropriate use of respite or child care;
- Expression of a desire to place the child back into foster care;
- Verbal abuse of the child, name calling or referring to the child in negative terms;
- Repeatedly calling the police, caseworker or service provider to have the child removed but when help arrives, the parent reconsiders and gives the child "one more chance."

Indications of parental ambivalence should be brought to the attention of the parents and the Child and Family Team so that the parents' feelings may be discussed and parents can be helped to resolve the ambivalence.

7.23 If Reunification Cannot Be Achieved

If the parents fail to demonstrate reasonable progress in correcting the conditions which led to the removal of the child within the time frames required by the permanency goal of return home, the following alternatives to return home shall be discussed with the parents:

- Voluntary surrender of parental rights for the purpose of freeing the child for adoption;
- Consent to the adoption of the child by a specified person

REUNIFICATION

- Involuntary termination of parental rights
- Private guardianship
- Subsidized guardianship

In addition, when any of the grounds for expedited termination of parental rights exist, the following actions shall be taken:

- The parent(s) shall be offered the opportunity to voluntarily surrender their child for adoption or consent to the adoption of their child by a specified person; or
- If the parent(s) are unwilling to voluntarily surrender or consent to the adoption of the child, the case shall be referred for a permanency staffing to determine whether to seek involuntary termination of parental rights.

7.24 If Reunification Fails

If reunification fails and the child comes back into care, the case must be re-assessed to determine if it falls into the “permanency risk” or expedited termination category. Where possible, to minimize trauma to the child and maintain continuity, the child should be referred to their prior foster care/relative home for placement.

7.25 Termination of Services

Planning for the termination of services after successful reunification is an integral part of all service planning. From the earliest contact with children and families, the caseworker shall focus on when services to the children and families can safely end. This determination necessarily involves assessment of the family’s ability to function and keep the child safe without Department intervention.

Prior to closing a case, the caseworker will:

- Conduct a review of the child's safety which includes
 - a child safety and risk assessment protocol (CERAP) to include all members of the household including a CANTS and LEADS check of all adults who reside or frequent the home and the Sex Offender Registry; and
 - interviews with relatives, friends or other persons (teachers, doctors, child care providers, etc) who provide a support network for the family. (Consents for release of information must be obtained from parents, if not already obtained, to discuss any case-related matters with collaterals. If a child's mental health records are being obtained, a child over the age of 12 must consent.)
- Review all medical, school, clinical and social service reports;
- Interview and observe the child alone out of the presence of the caregiver;
- Conduct a family meeting to review the results of the above assessments and discuss the possibility of case closure;
- Petition the court in accordance with the instructions in Procedures 306.3, Termination of Child Cases; and
- Complete a final service plan that outlines how the health, safety and well-being of the child will be ensured and what aftercare services are needed.
- Write a closing summary which details the reasons for case opening, services provided, worker's final assessment of the family and the aftercare plan.

Caseworker Activities Related to Case Closure

Casework activities with parent :

- Assess family's ability to function and keep the child safe without Department intervention.
- Ensure safety by conducting a CERAP, CANTS and LEADS checks and check the Sex Offender Registry on all adults who reside in the home.

REUNIFICATION

- Discuss with the parent the requirement to interview relatives, friends, and other persons who provide a support network for the family to determine whether the child's safety needs are being met.
- Conduct a family meeting to review the results of any clinical assessments and discuss the possibility of case closure.
- Develop a service plan that outlines how the health, safety and well-being of the child will be ensured and what aftercare services are needed; help the family connect to needed community services.
- Discuss with parents their feelings about end of casework relationship.

Casework activities with the child:

- Discuss the implications of case closure with child; assess adjustment of return home.
- Interview and observe child alone out of the presence of the parent.
- Discuss any service needs and make appropriate aftercare referrals.

Casework with providers

- Notify providers of case closure

Table 6.1: Caseworker Activities Prior to Reunification Through Case Closure

Domain	Before Return Home	After Return Home	Ongoing	At Case Closure
Health	<ul style="list-style-type: none"> • Medical exam within 30 days prior to return home • Medical records transferred to new provider • Request results of medical exam and keep report in child's case record • Discuss with parent how child's health needs will be met after return home; document same in case record (include identification of health care provider after return home and other resources family can use to assist with 	<ul style="list-style-type: none"> • Medical exam within 30 days after return home • Discuss with parent how child's health needs will be met • Follow-up medical check-up to be conducted quarterly unless not recommended by physician • Discuss with health care provider the results of the first medical exam following reunification and results of first quarterly 	<ul style="list-style-type: none"> • Discuss with parents how child's health needs are being met • Continue to monitor health needs as recommended by child's physician 	<ul style="list-style-type: none"> • Review all health records

REUNIFICATION

	meeting health care needs)	exam		
		<ul style="list-style-type: none"> Request medical records until case closure and place in case record 		
Safety	<ul style="list-style-type: none"> Complete CERAP within 24 hours prior to return home Conducts CANTS/LEADS check on all adults in home within 30 days prior to return home 	<ul style="list-style-type: none"> Face-to-face visit with parent and child within 24-72 hours At least weekly contact for first month (at least two must be unannounced home visits) In-person home visits at least twice monthly after first 30 days of return home See child outside presence of parent at each home visit Check at least monthly with persons providing services to family to obtain information and observations about the ongoing safety of the child (obtain consents 	<ul style="list-style-type: none"> Provide crisis intervention services as needed In-person visits with child and parent at least twice per month. See child outside presence of caregiver at each home visit Check at least monthly with persons providing services to family to obtain information and observations about the ongoing safety of the child Conduct CANTS/LEADS check on any new adults living in the home Conduct CERAP monthly until 	<ul style="list-style-type: none"> Conduct CERAP Conduct CANTS/LEADS and check Sex Offender Registry Interview and observe the child outside the presence of the caregiver

		<p>from parents if necessary)</p> <ul style="list-style-type: none"> • Complete CERAP within 5 days after return home • Conduct CANTS/LEADS check within 5 days (if not done within 30 days prior to return home). If new adult in home, CANTS/LEADS must be done on new adult. 	case closure	
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REUNIFICATION

<p>Education</p>	<ul style="list-style-type: none"> • Meet with child's current teacher to discuss child's school performance and obtain school report • Inform teacher that reunification is imminent • Transfer school records; enroll child in new school • Assist parent in enrolling child in pre-school, early education or day care program • Include in service plan a description of how the child's educational needs will be met after child returns home 	<ul style="list-style-type: none"> • Monthly contact with child's new teacher during the first quarter of return home; quarterly thereafter until case closure. • Assist parent in enrolling child in pre-school, early education or day care program (if not already done) • Confer with child's new teacher or day care provider at least monthly; request that teacher or day care provider notify caseworker if child absent for more than 2 consecutive days 	<ul style="list-style-type: none"> • Quarterly contacts with child's teacher • Assess child's level of adjustment at school 	<ul style="list-style-type: none"> • Review all educational records
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<p>Other</p>			<ul style="list-style-type: none"> • Update the child's Lifebook • Quarterly family meetings • Identify and assist parents in accessing community 	<ul style="list-style-type: none"> • Review all clinical and social service reports • Conduct a family meeting and review the results of all assessments
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			<p>services, including giving them information on the LANS</p> <ul style="list-style-type: none">• Continue to assess any ambivalence toward the child and how the parent resolves his/her ambivalent	<p>and discuss the possibility of case closure</p> <ul style="list-style-type: none">• Petition the court for case closure• Complete a final service plan that details how the child's health, safety and well-being needs will be met and what aftercare services are needed• Develop an aftercare plan with family• Write closing summary
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