

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL			
	Chapter:	(10) Foster Care	Effective Date:	August 2014
	Policy Title:	Purposeful Contact Requirements		
	Policy Number:	10.18	Previous Policy #:	1011.15

CODES/REFERENCES

Child and Family Services Improvement Act of 2006 (P.L. 109-288)

REQUIREMENTS

The Division of Family and Children Services (DFCS) shall conduct at least one (1) [purposeful](#), face-to-face contact with every child under its care and/or custody every calendar month. **Exception:** Children placed outside of Georgia in accordance with the Interstate Compact on the Placement of Children (ICPC) purposeful visits will be conducted by a representative of the state in which the child is placed in accordance with an approved ICPC request.

DFCS shall make face-to-face contact with any child in foster care that is seriously injured or has attempted self- injury or suicide within 24 hours of notification. A Child Protective Services (CPS) referral must be made immediately if child maltreatment is suspected. See [4.5 Mandated Reporters](#).

DFCS shall make face-to-face contact with any child in foster care who is the subject of a CPS referral that is screened out. Contact shall be made with the child and their caretaker within 24 hours of notification of the screen out decision. See [4.3 Making an Intake Decision](#).

DFCS shall make at least one purposeful contact with parents/guardians of children in the temporary custody of DFCS each month. This may not be required when a non-reunification court order relieves the agency of this responsibility. During contacts with parents/guardians the Social Services Case Manager (SSCM) shall:

1. Assess the family dynamics/functioning and the parents' ability to meet the needs of any children still under their care and supervision. This includes all children (whether they are in parental custody or someone else's custody) in the household or entering the household after the removal of any other child from the parents' custody.
2. Assess the physical home environment.
3. Engage each child separately and privately to assess their needs.
4. Observe interactions of all household members present in the home on the day of the visit and engage them in discussions around family functioning and roles.
5. Inquire about household members not present during the visit.
6. Discuss any progress or lack of progress made toward achieving case plan goals.
7. [Document](#) the observation and/or engagement of each family member noting any changes in the family dynamics/functioning since the previous visit on the Contact Detail page in Georgia SHINES, the Statewide Automated Child Welfare Information System.

DFCS shall make at least one purposeful contact with the placement resource each month. During contacts with placement resources, the SSCM shall:

1. Assess the family dynamics/functioning and the caregivers' ability to meet the needs of children in the home.
2. Assess the physical home environment. At least quarterly, conduct a walk-through of the entire home.
3. Engage each caregiver separately to obtain feedback on the child, the agency, and the impact of the placement on their family.
4. Engage each child separately and privately to assess their needs.
5. Observe the interactions of all household members present in the home on the day of the visit and engage them in discussions around family functioning and roles.
6. Inquire about household members not present during the visit.
7. At least quarterly, engage all present adult household members and children (whether in foster care or not) around family functioning and roles. Discuss the responsibilities of household members and the SSCM, any positive interactions over the past three months, and any concerns or needs the family may have.
8. Document the observation and/or engagement of each family member noting any changes in family dynamics/functioning since the previous visit on the Contact Detail page in Georgia SHINES.

DFCS shall ensure at least fifty percent (50%) of all purposeful contacts occur in the child's residence.

Each month, DFCS shall make **firsthand** purposeful collateral contacts with other individuals who have information regarding a child's well-being or a caregiver's protective capacity (See [Collateral Contacts in CPS and Permanency](#)).

DFCS shall immediately report any suspected instances of child abuse/neglect or violations of Foster Care policy in accordance with the standard procedure for making a CPS report (See [4.5 Mandated Reporters](#)).

PROCEDURES

The SSCM will follow the following four step process when conducting a purposeful visit:

1. Preparation
 - a. Determine the purpose of the visit.
 - b. Identify priorities and any areas of concern that need to be addressed.
 - c. Decide whether the visit needs to be announced or unannounced to accomplish the desired purpose.
 - d. Review the case plan and any documentation from the previous visit.
 - e. Review the child's most recent assessments/evaluations.
 - f. Prepare a list of questions in advance to reduce the chance of forgetting to ask them during the visit.
 - g. Identify possible solutions to any barriers to progress that might be presented.
2. Engagement
 - a. Have a private conversation with children outside of the presence of the parents, foster parents, relative caregiver, facility staff, or siblings as part of the assessment of child safety and well being.
 - b. Be genuine, empathetic, and respectful at all times.

- c. Use developmentally appropriate questions when talking to children (See reference tool: Age Appropriate Interview Questions to Assess Safety, Permanency and Well-Being).
 - d. Utilize the Case Plan as the basis for discussion.
 - e. Review the permanency plan(s) and progress since the last visits.
 - f. Address any immediate needs and/or concerns.
 - g. Discuss supports or services needed by the parent, child, or placement provider.
 - h. Conduct firsthand discussions with physicians, dentists, therapists and other service providers rather than relying on secondhand information from others (e.g., foster parents).
3. Assessment/Commitments
- a. Assess child safety, well-being and permanency.
 - b. Assess the protective capacities of the parent and placement resource.
 - c. Review the information discussed during the visit.
 - d. Summarize the strengths and challenges related to achieving the case plan goals and any new strategies discussed during the visit.
 - e. Review any commitments agreed upon and confirm any deadlines that were set for accomplishing certain action steps.
 - f. Recognize that which is beyond the individual SSCM's ability to control and avoid making promises.
4. Next Steps
- a. Make necessary case planning decisions in response to information gathered during the visit.
 - b. Consult with a supervisor and/or subject matter expert for assistance as needed.
 - c. Make appropriate referrals necessary to implement needed services within five business days (1 day for emergency needs).
 - d. Follow up on commitments made during the visit.
 - e. Identify areas for discussion and follow up during the next visit.
 - f. Document the visit in Georgia SHINES, including any observations made.

For children placed outside of Georgia in accordance with the Interstate Compact on the Placement of Children (ICPC), the SSCM will:

- 1. Submit Form 100B with a cover letter to the Georgia ICPC unit requesting the receiving state to make purposeful monthly visits with the child and placement provider and provide copies of the documentation of all contacts.
- 2. Request purposeful monthly visits with parents receiving placement services in another state.
- 3. Maintain monthly contact with the child and placement resource via telephone, email, letter, etc.
- 4. Review copies of documentation or progress reports submitted by the receiving state to confirm monthly contact is made with the child or parent being served in another state.
- 5. Document receipt of the information from the other state in the Contact Detail in Georgia SHINES and upload the documentation from the other state into External Documentation.
- 6. Contact the Georgia ICPC Unit within three days of discovering the receiving state is not conducting monthly purposeful visits as requested to request assistance.

The SSCM will make additional frequent visits in the following circumstances to ensure the needs of children are met:

1. Child is moved to a new placement;
2. Change in the permanency plan;
3. Child not adjusting to their placement;
4. Child vulnerability is increased because of age, disability, or behavior;
5. Child is transitioning to a pre-adoptive home;
6. Child is on a trial home visit;
7. Child is being prepared for reunification or other permanent living arrangement;
8. Placement provider is on a Corrective Action Plan (CAP) or is the subject of an active Child Protective Services (CPS) investigation;
9. Any other situations or circumstances where additional visits are warranted.

Social Services Supervisors will:

1. During monthly staffing, discuss the visits with the SSCM to ensure quality observation and engagement is occurring at each visit.
2. Review documentation in the Contact Detail to ensure documentation supports what occurred during visits.
3. Provide coaching to the SSCM regarding conducting and documenting a quality visit, when the need is identified.

PRACTICE GUIDANCE

Purposeful Visits

All contacts made with parents and their children in care provide an opportunity to build a trusting and supportive relationship. This includes youth age 18 and above. However, contacts are more than friendly visits. They should be well planned and have a clear purpose that is reflected in the contact narrative such as:

1. Assessing the child's safety, and adjustment to placement;
2. Discussing the child's feelings around separation and loss;
3. Ensuring that the child's health, educational, mental health and other needs are being met, including those outlined in the case plan;
4. Assessing a parent's protective capacities;
5. Discussing referrals being made for any necessary evaluations, assessments and services;
6. Reviewing the progress being made by the parents on the case plan goals, including the permanency plan;
7. Working with the child in beginning or updating a life book;
8. Preparing the child for changes in case management that impact the child (e.g., change in the SSCM).

It is important to visit children in their out-of-home placements to assess safety in the placement setting and gain an understanding of the child's living conditions. When not conducting visits in the child's residence, consider having visits in a child friendly setting such as a park or recreational area. Making contacts with children in school is discouraged except for the purpose of addressing a child's educational needs (See [10.13 Educational Needs](#)). The presence of DFCS staff at school may be socially awkward and embarrassing to the child. In addition, such visits interrupt the education process. Each contact should focus on child safety and well being, permanency, service coordination/delivery, and one or more case plan goals. Contacts are also

an opportunity to take photographs of a child and/or their family that can be used to update a child's Life Book.

Joint Visits with Parents and Child

Observe parent-child interaction for demonstrations of the parent-child bond. Pay attention to how the parent engages the child and whether the parent responds to the child's needs in a nurturing manner. Listen and observe how the parent and child communicate. Pay attention to both verbal and non-verbal communication. Look for any positive changes in the interactions since the previous visit and/or any service provision (i.e. counseling). If service provision is effective, there should be evidence of enhanced parenting skills. Parent-child interaction in the parents' home should be observed prior to reunification.

Visits with Placement Providers

Assess the overall environment for the presence of safety threats. Observe how the foster parent or other placement resource interacts with the child. Note how sensitive the placement provider is to the needs of the child. Observe how the child responds to the placement provider. Discuss the progress toward achieving the permanency plan. Review the child's current health and education information.

Visits with Service Providers

It is vitally important to establish a relationship with physicians, dentists, and others providing services to children in foster care. This is achieved by having firsthand interaction with these individuals so they understand the agency's role and commitment to the well-being of each child. Such commitment is demonstrated by being present at medical and dental visits, school meetings, teacher conferences, etc. It is insufficient to rely on secondhand information from foster parents or anyone other than the service provider. Valuable content may be lost in translation or simply omitted by the secondhand source. As the legal custodian, DFCS must know and clearly understand the needs of the children, what services are being provided to address those needs, and whether those services are being provided appropriately and are beneficial to the child. Such vital assessments should not be delegated to others.

How to tell when a family is functioning well

Some characteristics identified with a well functioning family include: support, love, mutual caring, feeling secure, feeling a sense of belonging, open communication, and making each person within the family feel valued. Some questions to consider when determining whether or not a family is functioning well include:

1. Does the family have fun together despite their daily demands? What activities do they do together? What were they doing the last time they laughed together as a family? Does the family sit down to meals together?
2. Are there clear family rules that apply equally to all members? Are these rules flexible enough to adapt to a change in the family dynamics/situation?
3. Are family members' expectations of each other realistic, mutually agreed upon, and usually met?
4. Do family members achieve their goals, and are their needs being met?
5. Do the children in foster care have the same opportunities to participate in extracurricular activities as the biological or adopted children in the foster home?
6. How does each foster parent spend individual time with each child?
7. Is there genuine respect between the parents and children? How do they demonstrate

love, trust, and concern for one another? Do they demonstrate these the same way even when disagreements occur?

8. How does the family adapt to change? Do household members get upset or unhappy with change?

Visits Conducted by Contracted Agents (Private Providers)

DFCS now requires each private provider to conduct monthly purposeful visits with each child placed with their agency. Visits performed by the private provider **do not** replace those required of the assigned SSCM. The assigned SSCM must continue to make monthly face-to-face purposeful contact with children in DFCS custody. Prior to the visit the private agency staff member should contact (e-mail, telephone, fax or mail) the assigned SSCM to discuss the visit agenda. It is the responsibility of the SSCM to provide direction and structure regarding the visitation format and to ensure documentation of the visit is received within 72 hours of visit completion.

Visits conducted by SSCM in other states (ICPC)

When submitting Form 100B, the SSCM must request that monthly purposeful visits are conducted by the receiving state, with at least half the visits occurring in the child's residence. These visits must conform to the purposeful visit policy; therefore a waiver is not required. It is the responsibility of the assigned SSCM to ensure supervisory visits take place as needed. Regular contact should be maintained with the SSCM in the receiving state to provide direction and structure regarding the visitation format and to ensure that the purposeful visitation documentation is received.

Documentation of visits

All visits must be documented on the Contact Detail page in Georgia SHINES. A narrative must be completed for each Contact Detail. At a minimum, the documentation entry must include:

1. The type of contact (e.g., face-to-face, announced, unannounced, etc.);
2. The date the contact occurred;
3. The name and title of who conducted the visit:
 - a. If a non-DFCS designee conducts the visit choose the name of the assigned DFCS SSCM from the drop down as the person conducting the visit. The SSCM **must** document the name of the designated non-DFCS person who made the visit **at the beginning of the narrative** on the Contact Detail page in Georgia SHINES.
 - b. If an alternative SSCM or supervisor has been designated to conduct the visit, their name should be chosen from the "contacted by" drop down box.
4. Person(s) present at the visit;
5. Purpose of the visit;
6. What was discussed ;
7. Where the visit occurred;
8. Whether the child was interviewed privately. If the child was not interviewed privately document the reasons why this did not occur.
9. Summary of information- What happened at the visit.
 - a. Safety, permanency and well-being issues discussed;
 - b. Child's involvement in case planning;
 - c. Child's developmental progress.
10. Any concerns or red flags identified;
11. Next steps: the plan for addressing identified issues or concerns and documentation of issue resolution.

FORMS AND TOOLS

1. Age Appropriate Interview Questions to Assess Safety, Permanency and Well-Being
http://www.pssfnct.com/docs/ECM2008/SafetyChecklist_AllAges.pdf
2. Supervisory Binder <http://www.pssfnct.com/docs/ECM2008/SupervisorBinder.pdf>
3. Interviewing Children http://www.pssfnct.com/docs/ECM2008/InterviewTips_AllAges.pdf