Family Interaction Planning Handouts

- 1. Rise Video Tips for Supporting Parents
- 2. RISE Tips- How Parents Should Handle Supervised Interactions
- 3. RISE Tips- What a Parent Need to Know About Interactions
- 4. RISE Tips- Helping Children Healing During Interactions
- 5. Tips for Helping Children and Teens Before and After Interactions
- 6. Tip Sheet for Incarcerated Parents- Planning for an Interaction with Your Child
- 7. Family Interaction Plan
- 8. Family Interaction Planning Tool
- 9. Unlicensed Kin and Fictive Kin Caregiver Evaluation
- 10. How Does Culture Impact Family Interactions
- 11. Family Interaction Planning Scenario
- 12. HHS Family Interaction Planning PowerPoint

RISE Video Tips for Supporting Parents

Prepare Parents

- Offer information
- Give feedback
- Use simple language
- Use the TIPS
- Help parents create a visiting routine
- Prepare parents for how children may act
- Explain expectations
- Encourage toys from home
- Suggest activities

Prepare yourself

- Put yourself in parents' shoes
- Remember: it's not personal you represent the system
- Acknowledge the pain of visits
- Remember: visits are awkward
- Learn about trauma
- Be clear why behavior is unsafe

Build a relationship

- Explain your role
- Reassure
- Keep trying to connect
- Refer to services
- Share your knowledge



A Time to Bond

Parent-to-parent tips for handling supervised visits

BY JACQUELINE ISRAEL, A PARENT ADVOCATE WHOSE CHILDREN WERE IN FOSTER CARE

BRING TOYS AND GAMES

When you visit at the agency, the room just isn't a home environment. Bring games, coloring books, toys, crayons, and books to read to your child. You can even play soft music and bring a visiting blanket to play on the floor. If you're not sure what the rules are in the visiting room, ask your caseworker.

EXPECT YOUR KIDS TO ACT UP

It's normal for a child to feel angry or scared about being in foster care, or to feel sad and confused about being apart from you, and to act up as a result. When a child is acting up, we start thinking, "Why is this happening? Is someone hurting my child?" You might feel very scared that you can't help your child, or even angry or explosive. But you can help your children by staying calm, reassuring them that you're working to get them home, and letting them know that you love them even when you're not together.

MAKE VISITS A TIME TO BOND

Sometimes I see parents and kids sitting far apart, or kids playing videogames. But visits are a time to strengthen the bond you have with your child. You want to get down on the floor, play and talk with your kids. They miss you and need your full attention and love.

Don't use your visits to complain or speak to agency staff. That takes quality time away from your child.

KEEP VISITING AND IT WILL GET EASIER

Sometimes parents say, "It's just too hard to visit my child at the agency." But you need to prove that you care about your child. If you don't visit, you can permanently lose your child. You and your child will feel better if you spend more

time together. Even a week apart can feel like forever to a child, because children are having new experiences every day. Do your best to bond with your child, and the visits will get easier.



DON'T MAKE PROMISES YOU CAN'T KEEP

One of the hardest moments is when children ask, "When am I coming home?" Be as honest as you can be, while keeping in mind the child's age. Tell your children, "I wish I could take you home right now, but I can't. I'm working on it, and I'll take you home as soon as possible." Don't make promises that you can't keep. If you say, "You'll be home next week," and it doesn't happen, your child won't know who to trust.

BUILD A RELATIONSHIP WITH THE FOSTER MOM

You can help your child and your case by being polite to the foster parent. At visits, say, "Hello. How are my kids? How are they in school?" Even if all you can do is say hello, keep it positive and speak to your caseworker privately about any concerns.

HELP YOUR CHILDREN SAY GOODBYE

Parents and their children don't want visits to end. Children don't understand why they can't go home. They cry, have fits. Don't let goodbyes go on and on. When it's almost time to leave, say, "It's time for us to go now. Please take care. I'll see you soon." Help your children say goodbye, and leave your child with the foster parent or caseworker.

TAKE CARE OF YOU

Leaving visits can feel lonely and discouraging. Think about what makes you feel good—a phone call or visit with a friend, a walk—and set that up in advance.





TIPS is brought to you by the parents at Rise, which trains parents to write and speak about their experiences with the foster care system.

For information and peer support, go to: www.risemagazine.org or like us on Facebook: @readrisemag





BY AND FOR PARENTS IN THE CHILD WELFARE SYSTEM

Family Time Tips

Below are general guidelines about visits. However, every case is different. Ask your caseworker and your attorney about your case.

1. VISITS WITH YOUR CHILDREN SHOULD:

- Start within a week of your child entering foster care
- Take place for at least 2 hours each week and more often for infants and toddlers
- Be unsupervised as much as possible

2. BEYOND VISITS, YOU CAN:

- Ask for contact by phone or email (If you have a positive relationship with the foster parent)
- Exchange photos and letters
- Participate in children's medical visits, school conferences and activities

3. VISITING TIME SHOULD INCREASE IF YOU'RE:

- Attending consistently and on time
- Paying attention to your child for the whole visit
- Showing progress on the goals in your case not just attending programs, but showing behavior changes related to the safety concerns in your case
- Being nurturing and loving

4. YOUR CASEWORKER REPORTS TO THE COURT WHETHER YOU:

- · Attended your visit
- Came on time

- Called in advance if you were going to be late or had to reschedule
- Gave your attention to your child the whole time
- Disciplined your child appropriately
- Kept anger and frustration out of time with your child

5. YOUR VISITS MAY BE SUPERVISED, OR BE SET BACK TO SUPERVISED, IF:

- There's a concern that your child will be unsafe with you
- You are not showing a change in being able to keep yourself and your child safe
- You are not taking steps to address mental health problems or addiction
- There's a concern you will run off with your child
- There's a concern that you will influence your child's testimony in court

6. IT'S RARE BUT YOUR VISITS MAY BE CANCELLED ON THE SPOT IF YOU:

- Are drunk or high
- Act aggressively or make threats
- Hit your child including "popping" your child – or threaten your child
- Blame, shame, or threaten your child in any way, especially saying that it's your child's fault that you have a case
- Can't calm down even after a warning
- Arrive very late without calling

How to Self-Advocate

- **1.** Talk to your caseworker and lawyer about your visiting plan and ask for a copy of the court report.
- 2. Ask your caseworker to explain exactly what you need to do to make progress and ask for feedback after each visit.
- 3. Keep a "Visiting Notebook." Write down:
- Whether you attended and if you were on time:
- How the visit went;
- If your visit was cancelled and why, and whether it was made up.
- **4.** If your visit is cancelled, speak to your caseworker to reschedule. If your visits are not made up, show your Visiting Notebook to your caseworker's supervisor, a parent advocate and to your lawyer.







BY AND FOR PARENTS IN THE CHILD WELFARE SYSTEM



A Special Connection

INTERVIEW WITH MARTY BEYER

One of the most important things for a parent to do during visits is to try to

imagine: What does my child want from me during our time together?

CONFUSING BEHAVIORS

At times, it can be difficult to understand your child's feelings and needs in visits.

Unfortunately, children usually can't explain their feelings. A child won't walk in and say, "I'm feeling really confused. I don't know why I'm not living with you. Why am I living with someone else and visiting you in an office?" Most children behave their feelings and can't explain them in words.

So the child might just walk over and start playing with a toy without saying hello. Many parents feel rejected if they don't get a hug or hello. But parents can say to themselves, "I will go to my child and get on the floor and play even though my child hasn't said hello."

A SPECIAL CONNECTION

It's very sad for parents to think, "My child needs me to work hard to build our relationship while my child is in foster care." But kids are sad, confused and angry about being in foster care. And even a few weeks or months is a long time for a child to be apart from a parent.

The most important thing during visits is to get a back-and-forth going with your children, whether that's through singing a song, smiling at each other, playing a game, or talking about school. Taking pictures, doing art, and even painting fingernails can be a time to listen to your child talk about their lives and a way to make that special connection

Closer Than Ever

BY SANDRA EVANS

When I became a mom, I was afraid of making all the

mistakes that my mother had made with me. Finally, I took a parenting class that showed me how to connect with my family in a different way.

The most valuable thing I learned was that I needed to set aside time to spend with my children to give them the attention they craved. I didn't realize that children need attention in order to thrive.

I also learned that children feel safe when they have a daily schedule and when you're consistent with them. I learned to hug and to hold my children more, tell them I love them, praise them when they do something good, and stick with a punishment once I set it.

In visits, I started to play with our kids, read to them, color and really enjoy our time. I wanted to hear about everything they had been doing. These were things I hadn't done with my children before.

One day we went to the zoo. I'll never forget the expressions on our children's faces while they looked at the animals. It felt incredible that we could experience such joy as a family.

Now we do projects like baking or making our own Christmas ornaments. It helps to strengthen the bond between my children and me. We are closer than ever.

WORDS THAT HEAL

"I know this is really hard but we will get through this."

"I know you might be mad at me but you still need to listen and follow rules."

"I need to do some things before you can come home but none of this is your fault."

Tips for Helping Children and Teens Before and After Interactions

Before Interactions

Some reasons for extreme distress before interactions include:

- The interactions are disrupting the child's daily routines. Some children do not deal well with breaks in routine.
- The child is feeling overwhelmed by desire to see their parents.
- The child is fearful that going to an interaction means never returning to their placement.
- The child is reliving trauma during interactions (this can be quite subtle, so the person supervising the interaction must be very attentive).
- The child is reliving the trauma of separation, but this time they are fearful of separation from their placement or from their parents.
- The child is picking up on the placement's distress or on that of the parents.
- The placement is undermining the parenst in front of the child, creating confusion and distress in the child.
- The child is fearful of an unfamiliar person who is providing the transportation.

The Placement Can Help Prepare Children and Teens for Interactions By:

- Insisting that interactions be scheduled around the child's schedule (i.e., not during school hours, not late at night, not during after-school activities, not during nap-time if possible)
- Suggesting that the child be picked up from and returned to the placement (and not child care or school) if possible
- Helping the child decide on a transitional object (e.g., stuffed animal or blanket) and what to wear to the interaction
- Sending a healthy snack with the child
- Helping the child draw a picture or make something to give their parents as a gift at the interaction
- Reminding the child that you will be there them when they return after the interaction
- Transporting the child to the interaction, when possible

After Interactions

Some reasons for extreme distress after interactions include:

- Interactions are chaotic with multiple siblings present, and the child may not be getting sufficient attention from the parents.
- The child is having difficulty in managing transitions.
- The parents display rejecting behaviors or a lack of warmth towards the child.
- The parents are not sufficiently attentive because of their own mental health or other problems.
- The child is reliving trauma during interactions (this can be quite subtle, so the person supervising the interactions must be very attentive).
- The child is reliving the trauma of separation and is fearful that they will not see their parents again.
- The child is picking up on the parents' distress.
- The parents are undermining the placement in front of the child, creating confusion and distress in the child.
- The child is fearful of an unfamiliar person providing transportation.

The Placement Can Help Children and Teens After Interactions By:

- Picking the child up from the interactions or being there to welcome them back home
- Interact calmly with the parents in front of the child
- Welcoming ("I am so happy to see you")
- Planning some time for re-acclimation and having a routine after interactions (e.g., hang up coat, unpack backpack, have a snack, play a quiet game, read a book)
- Putting the next interaction date on the calendar with the child

Tip Sheet for Incarcerated Parents: Planning for a Visit from Your Child/Children

www.YOUTH.gov/COIP

Visitation can be an important and meaningful experience for incarcerated parents and their children, but it can also be a source of stress and anxiety when parents' or children's expectations do not align with what ends up happening. Many aspects of visitation are outside of the control of an incarcerated parent, but there are things you can do to anticipate problems and reduce stress to make visitation a positive and beneficial experience for everyone involved. Below are things to consider when planning for a visit from your child. If you do not know the answer to a question, think about who in your facility you can ask for an answer such as other incarcerated parents, volunteers, or facility staff. Even if you cannot find the answer to a particular question, if you think it could affect the visit make sure your child's caregiver is aware of the issue.







- What are the rules? It can be very disappointing for everyone when families are turned away and not allowed to visit because they did not understand the visiting rules and procedures of the facility. To help prevent this from happening, check with the staff and let your family know the rules on:
 - What can visitors wear? Many facilities prohibit revealing clothing, sweatshirts with hoods, or spandex-type clothing. Open toed shoes may also be a problem.
 - O What can visitors bring to a visit? Some facilities allow caregivers with infants to bring a bottle, a change of clothes, and a diaper; and they may allow a child to bring a toy or a book; other facilities do not. Can a child bring a gift? Many facilities do not allow visitors to bring in gifts or other items including cash for their loved one. It can be terribly disappointing for a child to plan to give their parent a drawing or small gift only to be told at security that it is not allowed.
 - O How many visitors are allowed at one time? Facilities can be very strict on the maximum number of visitors and count infants towards this number. If only two people are allowed in and there are three young children, make sure your visitor knows that he/she may need someone to watch the other children while you are visiting. How can you divide visiting time evenly between your children? Is there a waiting area for additional guests to stay in during the visit if not everyone is allowed in at one time?

- Who needs to be on the visitation list? Some facilities only require adults to be on the list, while others require minors to be included as well. Even if you have already made a request to put someone on the list, it is good to check before they visit to make sure your request has been processed.
- How will your child react to the security? Jails and prisons can be intimidating environments for children, especially if this is their first visit. Trying to familiarize yourself with what your child will encounter during their visit and if possible explaining this information to them or their caregiver before the visit can help children feel more comfortable.
 - O Think about what your child can expect to experience when going through security. Factors that could be intimidating include having dogs on site, going through a metal detector, and guards patting them down. Children may also face long lines and wait times without being able to bring along books, toys, or food. This may make children hungry, tired, and irritable by the time they are able to see you.
 - Oconsider informing them about the environment of the visiting room, such as if it is typically crowded and noisy with many other visitors. This may be a distraction for children during the visit, but knowing the environment ahead of time can help to prepare them.











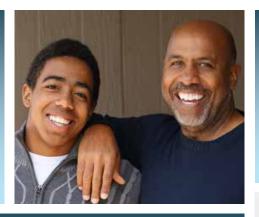
- Will your child/children be able to touch you?

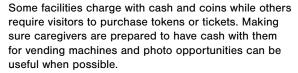
 The format of the visitation can vary by facility and sometimes children can become upset if they are not able to have as much physical contact with their parent as they had anticipated. If possible, informing your child or their caregiver about what the format of the visit will be ahead of time can help children prepare for the visit. For example, factors to consider could include:
 - Are the visits video (or virtual) where you visit through a computer monitor?
 - O Will you and your child be separated by Plexiglas?
 - O Are contact visits allowed and if so what are the rules? Can your child hug you or sit on your lap? Do these rules vary by the age of your child?
 - O How long are the visits?
- How can you interact with your child/children?
 Visitations are a great time to bond with your child and thinking about what activities may be age appropriate to do during your visit can help to maximize this time.
 - If you have a baby you may want to sing quietly or read them a book.
 - An older child or teen may want to talk about what is going on with their school or sports.
 - Depending on the rules of the facility and the resources available, consider playing cards or another game together.
 - If it is a no contact visit, try to develop a signal to convey your emotions to the child, such as hands to the glass.
- Who is bringing the child/children? Considering
 who is bringing your child to the visit and what your
 relationship is with that person can help to prevent
 negative conversations that may arise.
 - If you have a particularly strained relationship with the person bringing your child to visit, try to put those feelings aside so that you can prioritize this time with your child.
 - If there are things that you would like to discuss with this person that your child should not hear, encourage them to visit at another time without the child or make a plan to discuss those issues by phone.

Are there special visiting programs available? Some prisons have programs that allow special accommodations for visits between incarcerated mothers or fathers and their children such as contact visits or visits in child friendly rooms equipped with toys and activities. These programs can be really valuable for your children, but they often have special rules or eligibility criteria. To see if you and your child can benefit from one of these programs, ask about who can participate and how you can be involved.

Things to Consider During the Visit

- Your child may be nervous. A child experiencing some nervousness, especially if this is their first visit, is normal. Try to give your child some time when they first arrive to settle in and consider what you know about their personality. For example, if your child is particularly shy or anxious, they may need a little more time to warm up in a new environment.
- Your child may have changed since the last visit. If your child has visited before, but it has been a while since they have last seen you, they may comment on how you look different. Acknowledge your child's own development and change (For example: "You've gotten so tall." or "I can't believe how many teeth you've lost since I last saw you!").
- Good questions to ask. There may be things that are happening in your child's life that are particularly exciting or stressful for them such as moving, changing schools, or participating in a new sport or activity. Visitations can be a perfect opportunity for you to ask them about these events and their feelings about them. Every parent-child dynamic is different, but sometimes asking specific questions like "what's your favorite class?" or "tell me about your best friend" can engage your child more than general questions like, "how are you?" Do not get discouraged if the child doesn't talk as much as you would like. For smaller children, physical contact, if allowed, can be more important and meaningful than talking.
- Ways to engage other than talking. Children may have their own ideas on what they would like to do during the visit. If there are toys to play with during the visit you can use this opportunity to ask if they would like to choose a game to play or if they would prefer to just sit and talk. Some facilities have photo machines or other ways that you can have a picture taken with your child.





- Timing matters. The time of the visit may impact how your child feels during the visit. For example, if visits begin early in the morning, children and their caregivers may have been up very early to allow time for travel or if the visits happen over the lunch hour they may feel hungry. Often, these factors are unavoidable, but it can be useful to keep in mind during the visit and try to be understanding.
- How to make saying goodbye easier. Try to give your child 5 minute and 10 minute warnings before the end of the visit so that they can start mentally preparing to leave. Children can feel more at ease if they know the next time they will be able to visit. If you know this information, tell your child roughly when the next visit will occur. If possible, try to provide a transitional item for the child to take home such as a drawing or photo to end on a positive note.

Things to Consider After the Visit

- Who can the child talk to about it? It is important
 for children to be able to express their feelings about
 the visit. Families and other individuals can be a
 great support system. Consider talking to your child's
 caregiver about reaching out to a broader support
 network, both within and beyond your family for advice
 and assistance.
- Follow-up with a call or letter. It may be helpful to call or send a letter a few days after the visit to remind your child that there are other ways to communicate other than in-person visits. It could also be nice to ask a question or share a detail that your child told you during the visit to show that you were listening, such as "how did that test go?" or "are you still feeling sad about so and so?"
- What are other sources of support for your child?
 There may be programs or resources that can help your child through this time. Encourage your child's caregiver or other family members to look into mentoring programs or other resources that can be of assistance to your child. You can share with them the "Resources for Caregivers" section.







Resources for Caregivers: Talking to Children

Sesame Street's Little Children, Big Challenges: Incarceration

http://www.sesamestreet.org/parents/ topicsandactivities/toolkits/incarceration

Materials from the National Resource Center on Children and Families of the Incarcerated

http://nrccfi.camden.rutgers.edu/resources/library/children-of-prisoners-library/

Including:

Age-specific guidance

http://nrccfi.camden.rutgers.edu/files/cipl201-caringforcip.pdf

Advice for caregivers

http://nrccfi.camden.rutgers.edu/files/cipl202questionsfromcaregivers.pdf http://nrccfi.camden.rutgers.edu/files/cipl204tipsforcaregiversfromcaregivers.pdf

Materials from the New Jersey Department of Corrections, When a parent goes to prison: A guide to discussing your incarceration with your children http://www.state.nj.us/corrections/pdf/OTS/ InmateFamilyResources/WhatAboutMe.pdf

Materials from the Oregon Program, *Parenting Inside Out* (providing evidence-based curriculum for incarcerated mothers and fathers)

http://www.parentinginsideout.org/

Including a set of materials targeted toward educators and caregivers and a collection of resources for children

http://www.parentinginsideout.org/resources/

For children in foster care

http://www.aecf.org/m/resourcedoc/aecf-F2F-PartnershipsBetweenCorrectionsandChildWelfareCollaborationforChangePartTwo-2001.pdf

iowa HHS

Iowa Department of Health and Human Services

Family Interaction Plan General Roles and Responsibilities

Carefully planned family interaction is a powerful family reunification intervention tool. Family interaction can help implement many essential family reunification goals, including:

- Maintaining the parent, child, and sibling relationships, and other relationships,
- Learning, practicing, and demonstrating new behaviors, parenting skills, and patterns of interactions,
- Enhancing well-being,
- Helping family members work through issues and connect to resources, and
- Documenting progress towards reunification goals.

Role of the HHS Worker

- Responsible for completing a written family interaction plan which is developed and revised with input from the family and their team,
- Abide by the Family Interaction Standards (Comm. 435),
- Work with the child and parent to help resolve setbacks in the family interaction plan, and
- Stress to all that safety is sole responsibility of the parent.

Role of the Parent

- Actively participate in the development of the Family Interaction Plan,
- Ensure safety and well-being of the children,
- Attend family interaction as scheduled and engage in discussion regarding progress and concerns observed in their interactions.
- Call in advance to cancel,
- Be receptive to guidance provided during interactions, and
- Follow family interaction plan.

Role of the Caregiver

Caregivers can be foster parents, resource families, relatives, kinship, suitable others, etc.

- Participate in the family interaction planning process,
- Agree to abide by plan if facilitating family interactions,
- Communicate the daily activities and progress of the child,
- Collaborate with the family team and support the reunification process, and
- Recognize and understand separation and loss and how it affects child well-being.

Role of the Provider

- Abide by the Family Interaction Standards (Comm. 435),
- Support and communicate to the parent, caregiver, child, and HHS worker to ensure that family interaction
 occurs in a safe manner,
- Ensure families are aware of their responsibilities within family interaction planning, and
- Assist families in overcoming barriers to meeting the family interaction goals.

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Iowa Department of Health and Human Services

Family Interaction Plan

Background Information			
Children's names	Date of plan		
	·		
Placed with	Placement date for children		
Why were the children removed from the home?			
Permanency goal			
Safety Concerns/Required Level of Supervision (answ	er decision tree questions here)		
A. Do any of the interaction restrictions apply? Provide explanation.			
B. Do any of the interaction safety and risk factors apply? Provide explanation.			
C. Do any of the mitigating factors apply? Provide explanation.			
D. Is there a significant level of intervention or clinical support needed to facilitate positive parent-child interaction during visits? Provide explanation.			
E. Are there kin, fictive kin, foster parents, or other natural supports who are willing and able to safety supervise interactions? Provide explanation.			
F. Has the family made sufficient progress toward case plan goals and demonstrated ability to provide basic safety to warrant relaxed or semi-supervised visitation? Provide explanation. Level of supervision determined using the decision tree:			
Level of supervision determined using the decision tree.			

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Attendance at child-centered appointments/events			
Family Routines to Practice During Fa	mily Interaction		
		Date Reviewed or Revised	
Family Routines to Target	Family Members Involved	Date Reviewed or Revised	
Transportation (Describe how transportation v	will be provided.)		
Other planning notes: (This are consider 5			
Other planning notes: (Things to consider: E parents plan or consider doing during the interaction	; any restrictions during the interacti	on; No Contact Order; others to	
be involved with interactions; any additional informat	ion regarding types of interactions or	r locations; etc.)	
Any behaviors that provide an unsafe situation may terminate a family interaction.			
,			
		7	
List of individuals whose presence would cause the family interaction to be immediately terminated:			

Complete Family Interaction Calendar and include who is facilitating visit, location of visit, and duration of visit.

 $\underline{http://dhssp/fo/Service/Reunification\%20Resources/Blank\%20Family\%20Interaction\%20Calendar.pdf}$

Purpose

This tool should be used to determine HHS' recommendation for the Family Interaction Plan which includes supervision level, interaction location, and interaction frequency and length.

Who is the tool used for?

This tool should be completed for each parent-child relationship. A separate tool may need to be completed for each parent depending on the family situation.

Who completes the tool?

The CPW and/or SWCM in collaboration with the family's team.

When is the tool completed?

Prior to completing the Family Interaction Plan. Family interactions should begin as soon as possible after a child's removal from parental custody. The interaction plan should be reviewed monthly to determine progress, update goals, and determine if it is appropriate to consider changes in supervision, location, and setting.

How is the plan documented?

In the Family Interaction Plan- form 470-5148

Use this process to determine recommendations for the family interaction plan.

Family Interaction Planning Tool

INTERACTION SUPERVISION

Use the decision tree on reverse side to recommend the interaction supervision level for each identified parent-child relationship. Document the supervision level on the Family Interaction Plan. If supervision is required, document who is responsible to provide supervision during interaction. Consideration should be given based on the safety concerns and the developmental needs of the child.

Recommendations:

Unsupervised Interaction

No interaction supervisor is required.

Semi-Supervised

Supervisor should make multiple drop-ins during the interaction.

Relaxed Supervision

Interaction does not need to be fully supervised. (ex. Supervisor is in the home, but does not necessarily need to be in the same room during the interaction).

Supervised by Natural Supports

Relatives, kin/fictive kin, or foster parents should be explored as interaction supervisors until it is safe and appropriate for the family to have unsupervised interactions.

Professionally Supervised

Contracted provider, HHS worker or other child welfare professionals are recommended to supervise the interaction to address behavioral, developmental, relational, or safety needs in interactions until it is safe and appropriate to move to a less restrictive interaction supervision level. (ex. Unsupervised or supervised by relative, kin/fictive kin, or foster parents).

Therapeutic Supervised

Interactions supervised by therapist or other child welfare professional specifically trained to address the specific needs of the parent-child relationship.

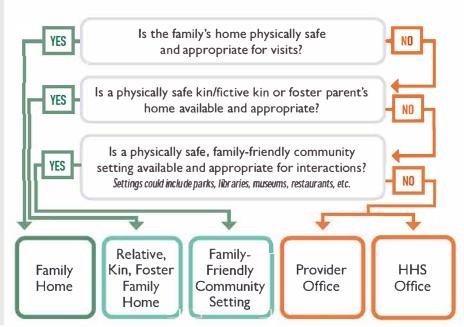
NO Interactions

Discuss if interactions should occur.

INTERACTION LOCATION

Family Interaction should occur in the least restrictive, most homelike setting that allows for natural interaction while appropriately meeting the child's needs for safety. Every opportunity for family interaction needs to be considered including doctor visits, school activities, meetings, and other functions. Generally, the parental, relative/kin, foster family home will provide the best environment for interactions. Decisions about interaction location should be made in partnership with the family. When safety is an issue, a more secure setting should be chosen, and a safety plan developed for the interactions to continue.

Use the decision tree below to recommend interaction location:



FREQUENCY & LENGTH OF INTERACTION

Interactions should be frequent and for as long as possible, unless harmful to participants and/or requested otherwise.

Decisions should be made in partnership with the family and documented on the interaction plan. In determining how often and how long interactions should be, consider the following.

DEVELOPMENTAL AGE OF THE CHILDREN			
Infant/toddler (0-5 y/o)	Shorter, more frequent	3-4 times per week	
Younger, school-aged (6-12 y/o)	Longer, more frequent	2-3 times per week	
Adolescent (I3-I7 y/o)	Longer, less frequent	I-2 times per week	

Interaction Supervision Decision Tree

Provide explanations for decisions on questions A-F on the Family Interaction Plan, Form 470-5148.

NO INTERACTIONS Do any of the following interaction restrictions apply? Do mitigating factors minimize risk to the child during interactions? 1. There is a current, restrictive contact order between the identified parent and child? (ie. "no contact" court order, restraining order, etc.) Review each factor to determine if it applies. Ask yourself if the mitigating factors reduce interaction safety and risk factors. 2. There is a therapeutic recommendation for interactions not to occur. YES 1. The child is of an age and developmental stage where he or she can take **THERAPEUTIC** action to protect self from a threat of safety. **SUPERVISED** 2. There have been multiple, positive interactions with no threats **INTERACTIONS** to the safety or welfare of the child Do any of the following interaction safety and risk factors by therapist or other 3. The parent or child is meeting treatment goals or demonstrating new, apply? specially trained positive skills and behaviors. professional Review each factor to determine if it is present for the parent and/or child and would affect interaction specifically. Is there significant level of intervention or clinical YES **PARENT FACTORS CHILD FACTORS** support needed to facilitate positive parent/child **PROFESSIONALLY** The child has... The parent has... interactions? NO **SUPERVISED** YES 1. Stated, or shows signs, he or she is 1. Attempted, or made attempts, to INTERACTIONS abduct a child during interactions. afraid of being alone with a parent YES by HHS or other child during interactions. Are there relatives, kin or foster parents who are willing 2. Been, or there is significant risk welfare professionals that he or she will be, physically or 2. A significant medical condition or and able to safety supervise interactions? emotionally abusive to a child making limited developmental, cognitive interactions unsafe. or physical capacities that make interactions unsafe without 3. Untreated mental health challenges supervision or parent support during and has behaved, or there is significant Has the family made sufficient progress toward case plan goals and **SUPERVISED** interactions. risk that he or she will behave in an demonstrated ability to provide basic safety to warrant relaxed or INTERACTIONS inappropriate or unpredictable way 3. Severe behavioral, emotional or semi-supervised interaction? by natural supports mental health challenges that impacting interaction safety. Examples: or foster parents make interactions unsafe without 4. Attended, or there is significant risk ▶ Parents are actively engaged in substance abuse/mental health treatment. supervision or parent support during he or she will attend an interaction interactions. ▶ Parents consistently demonstrate sober behaviors during supervised interactions. under the influence of substances ▶ Parents demonstrate emotional stability during supervised interactions. impacting interaction safety. Parents demonstrate use of non-physical discipline. 5. A significant medical condition and/or limited developmental, Parents' focus is on the children during interactions. cognitive or physical capabilities that UNSUPERVISED Parents demonstrate ability to meet physical, medical, behavioral, and emotional make interactions unsafe without needs of the children. INTERACTIONS supervision. ▶ Children seek and engage in activities with the parents during interactions. ▶ Children respond positively when parents engage with them during interactions.



Unlicensed Kin and Fictive Kin Caregiver Evaluation

AREA OF	
ASSESSMEN	NΤ

SAFE

Examples of placement situations determined to be safe. The Department can be in support of conditional custody in these circumstances. Caregiver is deemed

FURTHER ASSESSMENT NEEDED

Examples of placement situations where a concern or risk has been identified that requires us to **PAUSE** and conduct a deeper assessment of the potential caregiver, household members, or circumstances before recommendations are made. This may entail gathering additional information, having further conversation with the individual/household members, and using the information to make a recommendation.

UNSAFE/DANGEROUS

Examples of placement situations determined to be unsafe or dangerous. Unlicensed placements shall not occur. The person should not be used as a temporary caregiver through an out-of-home safety plan without supervisory approval.

Activities or events described in the FURTHER ASSESSMENT NEEDED category are indicators of a point within someone's life where their behavior or circumstances may have interfered with their day-to-day functioning and responsibilities. For the purpose of this assessment, the following questions will be explored for potential caregivers and adult household members before to making a recommendation or placement:

- > What is the historical context relevant to the concerns? What was going on in the person's life at the time that caused them to experience consequences?
- Is the behavior or circumstance that requires further assessment still active and present in the person's life?
- Does the situation present risk? Is the situation relevant as it pertains to caring for this child (and their specific needs and vulnerabilities)?
- What has the person done since that incident or difficult time in their life to mitigate those circumstances or behaviors? Are there protective factors?

Criminal History	

No criminal history

appropriate.

- Only civil convictions
- Civil OWI convictions older than 10 years with no additional infractions
- Civil OWI convictions within the past 10 years
- Misdemeanor criminal convictions
- Non-violent felony convictions
- Drug-related offense within the past 3 years
- Current/pending charges of crimes listed above
- Felony convictions of child abuse or neglect, spousal abuse, a crime against children (including child pornography), or a crime involving violence, including rape, sexual assault, or homicide
- Felony convictions such as assault and battery, related offense within the past 5 vears
- Current/pending charges of crimes listed above

Department of Corrections (DOC) or Parole **Board** Supervision

- No current/active DOC or parole board supervision
- Participating successfully in DOC or parole board supervision for crimes other than those listed in the UNSAFE/DANGEROUS category
- DOC or parole board supervision for items listed in the first two bullets above in UNSAFE/DANGEROUS under Criminal History and DOC or parole board supervision not anticipated to successfully finish in the next 6 months
- Active DOC or parole board supervision with violations of probation or parole

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No Contact Order (NCO)	 No NCOs An NCO not granted by the court 	 All other active NCOs (both defendants and plaintiffs of NCOs) Expired NCOs (both defendants and plaintiffs of NCOs) Multiple non-granted NCOs (both defendants and plaintiffs of NCOs) Any current or previous NCO would potentially present a barrier to caregiver participation in family interactions 	NCO in place to protect the child subject from the proposed caregiver
Confirmed or Founded Child Abuse	No Confirmed or Founded reports	Findings of child abuse (review Confirmed and Founded reports)	 Serious physical injury Confirmed or Founded, regardless of expungement Adult-to-child sexual abuse Confirmed or Founded, regardless of expungement Emotional maltreatment Confirmed or Founded, regardless of expungement
DHS/JCS Involvement	 No open DHS case No open JCS case No prior adjudication in a CINA proceeding 	 Prior DHS, JCS, or CINA involvement Foster home licensing history, including a previous foster home that was closed and flagged, revoked licenses, or denied applications (will need to request review with foster care licensing staff) 	 Open JCS involvement Open DHS child safety intervention (CPA), DHS custody, or Child Welfare service case Situations where the individual being considered as a caregiver is unwilling to work with DHS because of their past experiences
Residency	Have stable housing Situations where relatives or others reside together with adequate living space	 Situations where relatives or others reside together temporarily without adequate living space Imminent plans to move into stable housing Residing in a hotel or motel on a short-term basis due to a significant event (i.e., house fire, damage from a natural disaster, moving to lowa and looking for housing, landlord selling residence) 	 No identified housing; lacks a fixed, regular, and adequate nighttime residence Living in a place not meant for human habitation Residing in an institution, assisted living facility, correctional facility, or treatment facility Residing in a hotel or motel paid by charitable organizations Residing in emergency shelters Imminent risk of homelessness Current eviction notice or home foreclosure Relatives living in another state without ICPC approval

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Home Environment	No obvious danger or apparent risks (including water hazards, unsecured firearms, or general sanitation concerns) present in the home	Presence of apparent risks (including water hazards, fire hazards, unsecured firearms, or general sanitation concerns) in the home that can be mitigated or resolved promptly	Obvious and significant danger (including water hazards, fire hazards, unsecured firearms, or dangerous sanitation concerns) present in the household that cannot be mitigated or resolved and would likely result in a child abuse intake
Substance Use	No historic substance use disorder concerns	 Sustained sobriety and commitment to recovery Any past substance use concerns Arrest or citation related to substance use 	Ongoing substance use disorder and reliable knowledge of recent substance misuse or observation of behavioral indicators of substance use
Physical & Mental Health	No significant physical or mental health concerns that impact the ability to care for a child	 Physical or intellectual limitations associated with meeting the age and developmental needs of the child Major mental health diagnosis that requires verification of treatment 	Mental, intellectual, or physical condition that significantly limits person's ability to care for a child
Relationship to Child(ren) or Youth	 The child/youth agrees to or is in support of residing temporarily with the potential caregiver The child/youth has a strong relationship or bond to the individual The child/youth expresses no opinion about the potential caregiver 	 The child or youth has expressed they would prefer to live with a different relative or person whom DHS knows is appropriate and available The child or youth is unwilling or refuses to live with the person being considered as a caregiver The child or youth has a founded fear of the person being considered as a caregiver 	The child's therapeutic needs indicate placement with this individual is not in their best interest
Collaboration (willingness and ability to work with parents, DHS, and/or the court)	 The individual being considered as a caregiver has demonstrated or indicates they: Will work with the parents, DHS, and court partners Will follow court orders, including coordinating and monitoring family time Will provide transportation to school, extracurricular activities, medical appointments, therapy, family time, etc. 	 The individual being considered has refused to work with DHS in the past The individual being considered might require additional support to provide necessary transportation Relationship dynamics where: The individual's opinions or behaviors toward or about the parents may impact reunification efforts or the safety of the child(ren); or The parent's opinions or behaviors toward or about the individual being considered as a caregiver may impact reunification efforts or the safety of the child(ren) 	The individual being considered as a caregiver openly refuses to work with the parents, DHS, or court partners

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How Does Culture Impact Family Interactions?

The list below highlights some differences in culture which impact family structure or parenting and may impact observations during family interactions.

Concept of time: In some cultures, arriving early or right on time is considered disrespectful as the person appears too eager to get on with a scheduled activity. A visit monitor not knowing this may become angry when a parent repeatedly shows up late for a visit or when a foster parent brings a child late to visits.

Eye contact: In some cultures, it is not considered respectful to look directly in another person's eyes. In other cultures it is considered a sign of respect to do so. Some parents encourage their children to look them in the eyes, while others consider it disrespectful for a child to engage in eye contact with a parent or older adult.

Respect for elders: In some cultures, it is extremely important to express respect for elders by deferring to them, using certain forms of address (Mr., Mrs., Auntie) or other means.

Expressing emotions: Some cultures condone public expression of a range of emotions, while others reserve expressing emotions to very private places. A visit monitor who is not aware of this may misconstrue the lack of emotion and infer that a parent is not happy at seeing his child, even though that parent is merely being consistent with his cultural habits.

Self-disclosure: Some groups that have experienced historic discrimination may have learned that self-disclosure can be risky. Thus, they are quite reserved in answering questions unless they are among others they know to be trustworthy. In contrast, members of dominant social groups may seem more open and revealing.

Role and discipline of children: In some cultures, children are expected to adopt "adult roles," such as caring for younger children at a very young age. In other cultures, children are not expected to engage in caring for other children until adolescence. Corporal punishment is seen as good and necessary in some cultures, while others view physical punishment of any kind as unnecessary and abusive.

Use of physical affection: Culturally, the use of physical affection (hugging, kissing, hand-holding) may vary. In some cultures, it is common for parents to show physical affection, while in others it is not. Additionally, in some cultures parents may show affection differently to male and to female children.



Excerpted from Working with Culturally Diverse Families. Shawn Urbach. Florida State University College of Social Work, Institute for Family Violence Studies. June 3, 2016



Family Interaction Planning Scenario

Household Composition:

Andrew (Andie) Smith- 14 years old Stan Smith- Father Samantha Smith- Mother

Allegation:

It is alleged that Stan Smith punched Andie repeatedly in the face, resulting in Andie having two black eyes, a broken jaw, a broken nose and possible fractures to the eye sockets. This occurred when Andie told Stan and Samantha that they were transgender. Physical Abuse is alleged.

Additional Information:

Andie was hospitalized due to these injuries and requires facial reconstructive surgery once the swelling around the injuries subsides. Samantha and Stan do not agree with Andie being transgender, and Stan reported that he lost his temper which resulted in him assaulting Andie. Stan was arrested and charged with Assault and Child Endangerment. There is a No Contact Order between Stan and Andie. Samantha has stated Andie is not welcome in their home, and she doesn't want to see Andie as it is Andie's fault that Stan was arrested. Andie was removed and placed with a paternal Uncle, Kyle Smith; Andie has been there for a week. Kyle Smith just signed Andie up for individual therapy which starts in three weeks. Samantha recently told the Child Protection Worker she would like to start family interactions with Andie; Andie is willing to do interactions with Samantha but is fearful Samantha will be emotionally abusive during these interactions. Kyle has stated that he is unsure about Andie and Samantha having interactions; however, he wants to support Andie. Stan is back in the family home now.

Scenario Activity:

Using your Family Interaction Planning Tool, discuss the following questions as a group:

- 1. What level of supervision is appropriate for interactions between Stan Smith and Andie Smith?
- 2. What level of supervision is appropriate for interactions between Samantha Smith and Andie Smith?
- 3. Where should these interactions occur?
- 4. What frequency and length should these interactions be?
- 5. Who would you consider to supervise these interactions?