

Trial Home Visits: Strengthening Reunification Practices March 2006 – Issue # 18

Editor's Comments

The trial home visit is now a key strategy in assuring successful reunification.

In Minnesota, reunification, the process of reconnecting children in out-of-home care with their families, has special significance. Minnesota emphasizes reunification with parents as the most common and preferred permanency arrangement for children. In order to improve stability in the reunification process, the concept of a trial home visit was recently introduced as a legislative initiative (M.S. 260C.201 subd 1).

This edition of *Practice Notes* is intended to provide guidelines for strengthening practice in the volatile and crisis-ridden period of reunification, known as the “trial home visit.”

Practice challenges are substantive. Both parents and children are under considerable stress, as they cope with reunion, following the trauma of separation. Parents are under pressure from two fronts: agency expectations of compliance in meeting case plans within a short time frame; and challenging behaviors from children suffering from anger and resentment in their separation and loss experiences. For children, stress arises from attachment difficulties in sorting out foster care and birth family relationships. In sum, this is a period of renegotiation of parent and child relationships. It is an unsettled period. Moreover, as Freundlich and Wright (2003) suggest in their review of the reunification process, parents may be fearful that in this

period of agency involvement their children may be removed again.

“Some parents, having experienced child welfare system intervention into their lives and having managed to be reunited with their children, may see their children’s return as the welcome end to all involvement with the child welfare agency (unlike adoptive parents and relatives, who may wish to receive ongoing supports and services)” (p. 47).

Parents may not only be reluctant to ask for services, but also fearful of “failing” the treatment plan. How to engage parents, offer services, and lend support under circumstances perceived as threatening is a formidable challenge for best practices in trial home visits.

An additional challenge for “best practices” in trial home visits is the obligation to lay the groundwork for long-term support. Note that trial home visits are, by law, limited to a six-month period. Establishing family support and ties to community networks are indispensable for complex family situations. As families resume their parental role, long-term support in assuring a successful outcome is required.

We are all in a learning phase on how trial home visits can best stabilize family reunions. We hope this edition of *Practice Notes* contributes to this important effort.

-E.W.

Trial Home Visit Defined

A trial home visit is a court-ordered placement where the child is returned from an out of home placement to the care of the parent or guardian from whom he or she was removed (Minnesota Statute 260C.201, Subdivision 1).

Source: Freundlich, M. & Wright, L. (2003). *Post-Permanency Services*. Casey Family Programs.

Background

Reflecting the importance of the principles of permanency, stability, and well-being, the 2005 Minnesota legislature established an initiative for trial home visits. This initiative, which is also supported by a federal mandate, demonstrates a recognition that trial home visits play a critical role in reinforcing stability in reunification. The importance of trial home visits is underscored when the intent of family reunification is defined as follows:

Family reunification is “the planned process of reconnecting children in out-of-home care with their families by means of a variety of services and supports to the children, their families, and their foster parents or other caregivers. Family reunification aims to help each child and family achieve and maintain...their optimal level of reconnection” following the child’s out-of-home placement (Pine, Warsh, & Maluccio, 1993, p. 6).

Source:

Code of Federal Regulation (2000), Title 45, Vol. 4, Part 1356.21, pgs. 351-355. United States Government Printing Office.
Minnesota Department of Human Services. (2006, January). DHS Issues Overview of 2005 Laws Affecting Children and Families (Bulletin 06-68-01). Retrieved January 24, 2006, from the MN Department of Human Services Website: http://www.dhs.state.mn.us/main/groups/publications/documents/pub/DHS_id_055068.pdf
Pine, B.A., Warsh, R., & Maluccio, A.N. (1993). *Together Again: Family Reunification in Foster Care*. Washington DC: Child Welfare League of America.

Minnesota Scope

14,359 Minnesota children spent some time in out-of-home care in 2004.

Reunification Facts:

In 2004, 75% of children left out-of-home care to be reunified with their parents or primary caretaker.

The challenge for the child welfare system is to reduce the risk of the child’s reentry into out-of-home care.

Re-entry Facts

The national standard for re-entry is 8.6% of children or less.
In Minnesota, almost 23% of children who entered care in 2004 were previously in care one or more times within the previous 12 months

Trial home visits are the major initiative in response to this challenge.

Source:

Minnesota Department of Human Services. (2005, July). Minnesota’s Child Welfare Report for 2004 (Bulletin 05-68-10). Retrieved November 8, 2005, from the MN Department of Human Services Website: http://www.dhs.state.mn.us/main/groups/publications/documents/pub/DHS_id_051854.pdf

Trial Home Visits: The Q & A

Trial home visits are highly regulated in terms of agency responsibility, custody, time limits, and other conditions.

Q: When the child is reunified with the birth family in a trial home visit, who has custody of the child?

A: The agency maintains legal custody and the parent regains physical custody of the child.

Q: Can the child welfare agency access information about the child regarding school, medical records and data from other service providers without the permission of the parent?

A: In most circumstances, a signed release of information from the parent is the preferred method. This allows the agency to access private data regarding the child. However, if parental permission is not obtained, it is understood that the agency may still have access to “all information pertaining to the child that it considers necessary to appropriately carry out its duties.” This includes “educational, medical, psychological, psychiatric, and social or family history data retained in any form by any individual or entity” (Minnesota Statutes, section 260C.208).

Q: Can the agency have contact with the child without the parent’s permission?

A: Yes. The case worker must have access to the child. The case worker has the ability to see the child in any setting without notifying and receiving the parent’s prior permission. Recommended best practice would be for the case worker to be able to articulate the reason(s) why they did not seek parental permission prior to visiting the child. Supervisory consultation is recommended if the case worker seeks to contact the child without parental notification or permission.

Q: Can the child be removed from the birth parent’s home by a county social worker?

A: Yes, the county child welfare agency can remove the child from parent’s care without prior court authorization in order to protect the child’s health, safety, or welfare. If the child is removed, the agency must notify the court and ‘parties’ within 3 days, and schedule a hearing to review the case. This hearing is required within 10 days of removal and can be extended by the court for ‘good cause.’

Q: Is there a time limit on a trial home visit?

A: Yes, as stated in the statute, each trial home visit should not exceed 6 months.

Q: Does the permanency clock continue ticking during the trial home visit?

A: No, the trial home visit does not count toward the child’s required permanency hearing.

Q: In addition to reunification, are there other situations where counties can use trial home visits?

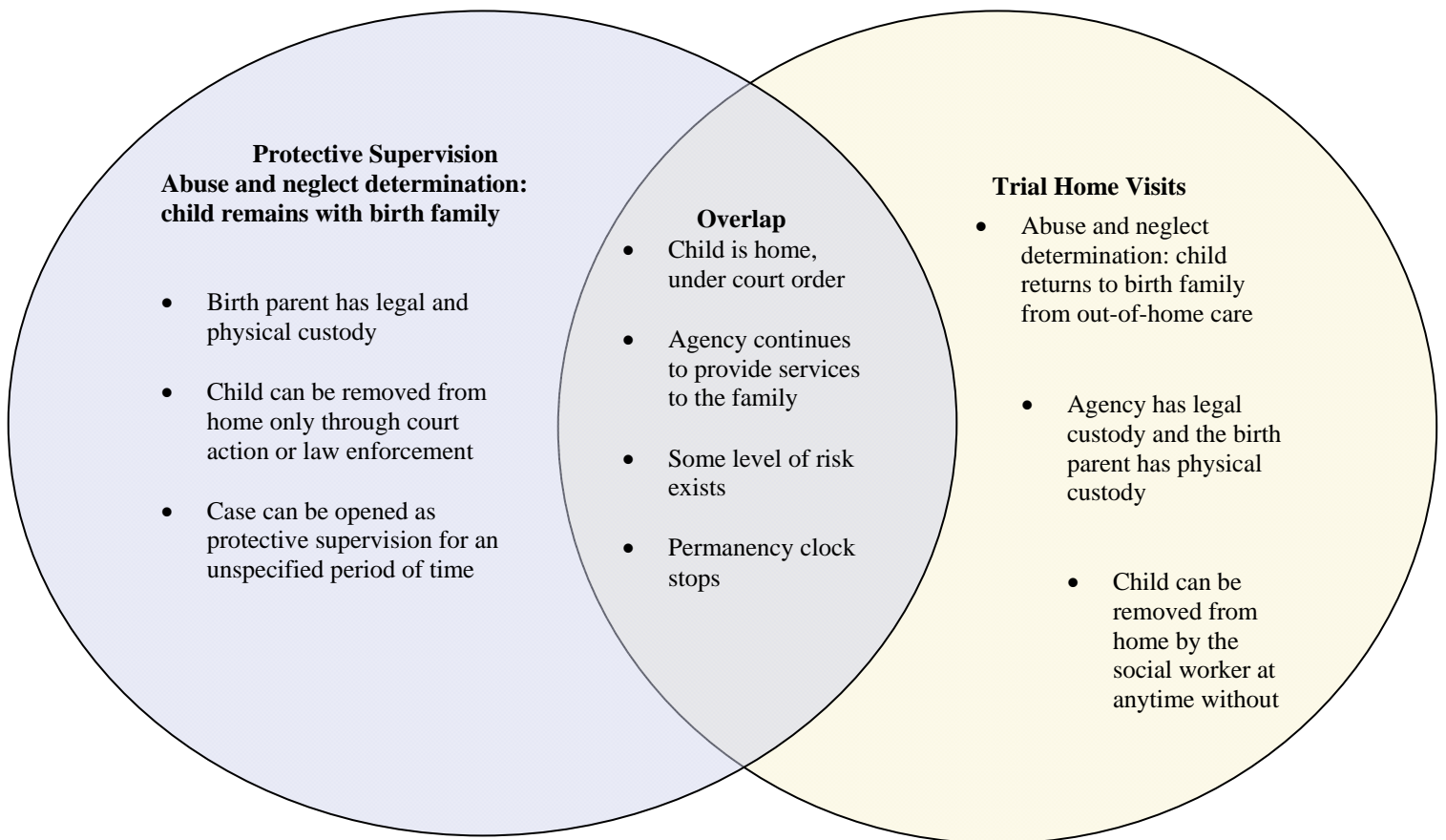
A: No, trial home visits are only used as a reunification disposition.*

*In a special circumstance, when a TPR petition has been denied, the court may order the child to be returned to the care of the parent under the auspices of a trial home visit (Minnesota Statute section 260C.312(b)).

Source:
Minnesota Statute 2005, Chapter 260C, Section 201

Trial Home Visits and Protective Supervision: The Overlap

Maintaining children under the care of their parents at home is the preferred option in a continuum of care for high-risk children. Protective services are usually summoned for this task. If compliance with a case plan is shaky, protective supervision, which is court-ordered, may be initiated. In the course of events, if the children are in imminent harm they are removed and placed in the foster care system. When the progress of the case suggests reunification, then trial home visit becomes the strategy to utilize in practice.



The Risk: Red Flags of Reentry

Factors associated with children's return to foster care following reunification:

- Child-specific issues
 - health, behavioral, and/or psychological problems
- Parent-specific issues
 - inadequate parenting skills
 - history of serious domestic violence
 - criminal behavior
 - substance use (continued presence of a substance abusing partner, and inadequate amount of time allowed for recovery)
 - mental health issues
 - competency limitations (compromised ability to make decisions, process information; and inability to understand why CPS regards lifestyle/parenting as 'inappropriate')
- Family's circumstances
 - single parenting
 - inadequate housing
 - financial difficulties
 - lack of social support
 - history with CPS
- Service characteristics
 - lack of services for children and parents during the child's stay in foster care, and absence of services following reunification
 - inadequate assessment of risk factors that led to the child's entry to foster and failure to address those risk factors
 - termination of services immediately upon the child's return to the family

Minnesota Trends

In 2004, 32.5% of children re-entered care due to 'child reasons.' The category of 'child reasons' includes issues related to behavior, delinquency, status offenses and substance abuse.

Almost 16% of children entered care due to 'parent reasons,' which includes the inability to cope and substance abuse.

Source: Minnesota Department of Human Services. (2005, July). Minnesota's Child Welfare Report for 2004 (Bulletin 05-68-10). St. Paul, MN: MN Department of Human Services.

Source:

Freundlich, M. & Wright, L. (2003). *Post-Permanency Services*. Casey Family Programs.

Terling, T. (1999). The efficacy of family reunification practices: Reentry rates and correlates of reentry for abused and neglected children reunited with their families. *Child Abuse and Neglect*, 23(12), 1359-1370.

Confronting the Practice Issues in Trial Home Visits: The Volatile Nature of Reunified Families

A child's time spent in out-of-home care changes the family constellation and dynamics. Upon reunification, the child's experiences, both before and after placement, reactivate feelings of anger, grief, and fear. Separation trauma affects their behaviors. Further, the reunified child has just spent time with another family with its own rules and expectations. The child needs time to reclaim membership in the birth family.

Reunification is a time of high stress, therefore, the trial home visit must provide the family continuing support in order for the reunification to be successful.

During the trial home visit, it is important to recognize that the child is returning to a changed family. Reunification is a process of re-negotiating family relationships.

Source:

Freundlich, M. & Wright, L. (2003). *Post-Permanency Services*. Casey Family Programs.

Wattenberg, E. (Ed.). (2005, July). *Highlights from the forum "The Co-occurring Conditions of Mental Illness and Substance Abuse: The Search for an Integrated Treatment Plan,"* with Dee Wilson. Retrieved December 12, 2005, from the Center for Advanced Studies in Child Welfare Website: http://ssw.che.umn.edu/img/assets/11680/DeeWilson_July1.pdf

Best Practices

Trial Home Visits:

The Opportunity for Innovative and Focused Casework

It is imperative that child welfare professionals understand the key elements that maximize chances for successful reunification. Some of these elements include the following:

- Intensive, family-based services that extend beyond the time the child returns home
- Resolution of the problem that precipitated the child's removal from the home (such as depression, drug addiction, inadequate living space, etc.)
- Service agreements that are mutually developed between parent and child welfare worker
- Interactive parent education and training that engages the parent as a team participant
- Relationship and trusting-building between worker and client, that includes providing hope, giving encouragement, listening, and building self-esteem

Source:

Wattenberg, E. (Ed.) (1998, February). Practices Notes Issue #2. Retrieved January 22, 2006, from the Center for Advanced Studies in Child Welfare Website: http://ssw.che.umn.edu/CASCW/pn_2.html

A Focus on Child Well-Being

Ensure that case plans:

- Surround the children with protective measures and supportive services, i.e. pursue an accurate assessment of the child's condition and arrange therapeutic counseling if necessary
- Invest in development of talents and pro-social activities for school-age children
- Empower children to have input into school, after school, and mentoring decisions
- Nurture and develop social capital by providing opportunities for children to develop social connections

Advocacy Issues

- Provide assurance that the family can continue with a referral for services after formal trial home visit services have ended
- Deliver concrete and individualized services for basic human needs
- Educate families about impending case issues
- "Undertake advocacy efforts at the local, state and national levels to increase the availability of a broad spectrum of treatment resources" (Dougherty, 2004, p.10)

Supporting Families During a Trial Home Visit

In order to help establish rapport and trust with the family, the caseworker can:

- Acknowledge and respect the impact of the parent's history of childhood trauma
- Instill a sense of hope for the family

Source:

- Dawson, K. & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare* 81(2), 293-317.
- Dougherty, S. (2004) "Promising Practices in Reunification" *Permanency Planning Today*, Spring 2004
- Kinney, J., Haapala, D.A., & Booth, C. (1991). Keeping families together: The Homebuilders model. Hawthorne, NY: Aldine de Gruyter.

Promising Practices: Instilling a Sense of Hope

The Birth Parent and Foster Parent Working Together as a Team

- Establish a working relationship between the birth and foster family so that some stability and consistency follow the child, as they transition back to the birth family.
- Encourage the birth family to be open to ongoing support from the foster parents, after the child returns home.
- The foster parent can help the birth parent increase their understanding of the child's needs and further develop skills on how best to respond to the child.
- Support the foster parent in becoming an advocate for the birth parent.

Family Group Decision Making: Identifying Resources for the Family

In terms of reunification, the Family Group Decision Making model allows the family to:

- Discuss long-term safety and well-being issues
- Identify and utilize extended family supports
- Identify family strengths
- Develop a safety plan
- Create opportunities for respite care

Respite Care: An Indispensable Service

The use of respite care within a trial home visit can help to:

- Reduce stress
- Support family stability and family functioning
- Prevent abuse and neglect
- Minimize the need for out-of-home placement
- Increase caregivers optimism about caring for the child
- Improve the parent-child relationship

Among the options for respite care, consider:

- Weekend visits for children with kin, friends, or supervised care with foster parents
- After-school activities with mentors/volunteers
- Crisis nurseries for short term placement of infants and very young toddlers

Source:

Bruns, E. J., & Burchard, J. D. (2000). Impact of respite services for families with children experiencing emotional and behavioral problems. *Children's Services: Social Policy, Research, and Practice*, 3(1), 39-61.

Dougherty, S. (2004). Promising practices in reunification. *Permanency Planning Today*, Spring, 10-13.

Elmore, J. (2003). Foster families working with birth families to help move children to timely permanency. *Permanency Planning Today*, Fall, 8-11.

"Tips on Promoting Birth Parent – Foster Parent Teams," retrieved from www.nysccc.org/linkfamily/Realities/caseworktip.htm.

Wilmot, L.E. (2000). It's not too late: The use of FGDM processes to achieve family reunification. *Protecting Children*, 16(3), 34-38.

Essential Resources for Trial Home Visits: Strengthening Parenting Capacity

The following highlights post-reunification services that can help support reunified families during a trial home visit:

Support Services

- Educational services/supports for children such as early childhood programs, especially those designed to provide development of motor and social skills
- Respite care
- Child care
- Transportation
- Support groups
- Strengthening of healthy, informal supports

Parenting Support & Skill Development

During the trial home visit, parents benefit from services that teach practical skills, such as:

- Modeling appropriate parent/child interactions
- Identifying non-punitive methods for interacting
- Practicing constructive communication and negotiation skills
- Understanding child development in order to set realistic expectations and goals for the child

A Focus on Parents with Substance Abuse and Mental Health Issues:

- Help parent develop a safety plan
- Help parent identify symptoms or triggers that might bring on relapses
- Arrange respite care to reduce stress
- Identify and alert kinship supports

Source:

D'Aunno, L., & Chisum, G. (1998). Parental substance abuse and permanency decision making: Measuring progress in substance abuse recovery. *Children's Legal Rights Journal*, 18(4), 52-72.

Elstein, S. (2001). Relapse and recovery: Making home safe for children. *ABA Child Law Practice*, 20(1), 1, 2, 6-10.

Freundlich, M. & Wright, L. (2003). *Post-Permanency Services*. Casey Family Programs.

Risley-Curtiss, C., Stromwall, L., Truett Hunt, D., & Teska, J. (2004). Identifying and reducing barriers to reunification for seriously mentally ill parents involved in child welfare cases. *Families in Society*, 85(1), 107-118.

The Ethnic and Cultural Factor in Trial Home Visits

As in all aspects of child welfare practice, reunification supports offered through the trial home visit should ensure that all families have access to “culturally appropriate community-based services” (*African American Comparative Case Review*, 2005, p. 24).

African American Families and Reunification (p. 24-25):

- Utilize in-home case management services as a priority and preferred intervention for African American families.
- Build, support, and document family and community strengths of African American families.
- Encourage the use and inclusion of positive family connections to improve the safety of the child and the cohesiveness of the family. Utilize family centered practice and culturally supportive methods such as FGDM to enhance this effort.
- Improve, enhance, and support timely reunification efforts for African American children who have been removed from their home.

American Indian Families and Reunification:

“American Indian children’s sense of belonging is rooted in an understanding of their place and responsibility within the intricate web of kinship relationships” (Red Horse et al, 2000, p. 24). Therefore, extended kin systems, clan membership, tribe, and land base should be the framework in which reunification services are offered. Further, services available to American Indian children reunified with their families should be based upon community, tribal custom, language, religion, and cultural practice (p. 63).

Examples of family preservation services needed in American Indian communities include the following (p. 51):

- Family services that involve the community and holistic approaches to family
- Relative and kinship care
- Mentorship programs between parents and elders
- Eldercare services
- Training for tribal members to become service providers
- Resources for tribal programming
- Absentee parent mediation services
- Men’s advocacy

Source:

African American Comparative Case Review Study Report. (2005). Retrieved January 25, 2006, from Minnesota Department of Human Services Website: edocs.dhs.state.mn.us/lfs/legacy/legacy/DHS-4575-ENG

Red Horse, J., Martinez, C., Day, P., Day, D., Poupart, J., & Scharnberg, D. (2000). *Family Preservation: Concepts in American Indian Communities*. Casey Family Programs

In Minnesota, American Indian children were the most likely to re-enter care in 2004.

Source:

Minnesota Department of Human Services. (2005, July). Minnesota’s Child Welfare Report for 2004 (Bulletin 05-68-10). St. Paul, MN: MN Department of Human Services.

Closing the Case: After the Trial Home Visit

- Plan for aftercare assistance
- Introduce information on the range of community resources and supports
- Encourage voluntary use of community agencies
- Pay special attention to age of child and link them to community resources
- Encourage family participation

Source:

Dawson, K. & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare* 81(2), 293-317.

Freundlich, M. & Wright, L. (2003). *Post-Permanency Services*. Casey Family Programs.

Further Reading

Dougherty, S., Yu, E., Edgar, M., & Wade, C. (2002). Planned and Crisis Respite for Families with Children: Results From a Collaborative Care Study. A Summary of the Report from CWLA, ARCH, and Casey Family Programs National Center for Resource Family Support.

“Family Reunification.” (2002, March). Research Roundup: Moving from Research to Practice. Retrieved October 5, 2005, from Child Welfare League of America Website: <http://www.cwla.org/programs/r2p/rrnews0203.pdf>

“Indicators of safe family reunification in the face of parental substance abuse,” Children and Family Research Center.

Mullick, M., Miller, L., & Jacobsen, T. (2001). Insight into mental illness and child maltreatment risk among mothers with major psychiatric disorders. *Psychiatric Services*, 52(4), 488-492.

“Promising Practices in Child Welfare: Family Reunification, A Review of Current Strategies.” (2004, December). *Issue Brief, Voices for America’s Children*, p. 1-5. Retrieved January 25, 2006, from www.voicesforamericaschildren.org/Content/ContentGroups/Policy/Child_Safety/Member_Mailing1/Forming_Families/Promising_Practices_in_Child_Welfare_Family_Reunification/Reunification.pdf

Wulczyn, F. (2004). Family reunification. *Children, Families, and Foster Care*, 14(1), 95-113. Retrieved January 25, 2006, from The Future of Children Website: http://www.futureofchildren.org/usr_doc/6-wulczyn.pdf

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