

Foster Care Providers Introduction to **CASE MANAGEMENT** **REDESIGN** Training Series Questions

This document is a FAQ generated from questions posed by foster care providers who attended the three part series to inform on the Case Management Redesign efforts.

In May 2024, the ND Department of Health and Human Services, Children and Family Services (CFS), and individuals from Human Service Zones began meeting to re-vision the delivery of case management services. Case Management (CM) Redesign wants to ensure that ND is engaged, inspires, and strengthens North Dakota families by providing them with opportunities and supports to discover their potential to keep their children safe and their families together.

Throughout the trainings, questions were asked about the task forces that were involved in case management redesign. Change management highlights the importance of the “people side of change” and during phase 1 of the redesign project, the primary focus of change was to focus all efforts on the family (child, their parents, and siblings) through the lens of the case worker and the child welfare agency. CM Redesign was going to dramatically impact the child welfare workforce, so the meetings and feedback began with local agency involvement.

Change management techniques encourage leaders to establish a feedback loop to ensure the front-end users and stakeholders are aligned. It is known that a clear vision, strategy and strong communication will only help reduce uncertainty while increasing trust throughout the process. Understanding more diverse communication strategies can always be identified and improved, we welcome the suggestions and feedback. CFS feels strongly and stands by the motto, “when we know better, we do better!” A large takeaway from the three part series was for a more detailed delivery of CM Redesign efforts offered directly to parents, kinship caregivers and foster care providers. CFS is willing and will continue to work on implementing suggestions as we continue to move forward in this redesign project and future projects.

General CM Redesign Questions

Is the training for the case workers just for new case workers coming in? Or do the veteran case workers receive some?

- All Human Service Zone case workers have received and will continue to receive training on Case Management Redesign. All case workers will benefit from the additional support from their supervisors as outlined in the workstream and training.
- The onboarding training is specifically for new workers who started after January 1, 2026.

Does the redesign include extending timelines before coming up with concurrent planning? I've had two cases in our home where we were expecting concurrent plans closer to the two-year mark, but they both ended up past the three-year mark.

- No, CM redesign is not intended to extend timelines. In fact, the goal is quite the opposite. Through CM redesign efforts and strong fidelity to the safety framework practice model, such as earlier engagement and more proactive family search, we aim to support decision making earlier in the life of a case in efforts to reduce children languishing in the system. Ideally, this means concurrent planning would happen sooner, rather than being delayed further into the timeline.

Is the foster care initial training going to look different? How has the role of the foster care provider changed with each redesign?

- No, initial foster care training is not going to change. There is a lot of information that is provided in pre-service training that is valuable for your role as a foster care provider. Changes coming from CM redesign are outlined in the Intro to CM Redesign trainings that are available on CFTSC's website. The foster care provider's role may be different with every case, but the core competencies taught through pre-service PRIDE training will remain the same. If you have questions about your role, please discuss this with your team and/or licensing specialist. Other courses are offered often on a variety of topics to meet your needs. If you have suggestions for training, please reach out to the CFS Licensing Unit or CFSTC.

Has there been clarification for case workers when to pivot from planning for re-unification to TPR? In the past it seemed very vague.

- There is federal guidance (Adoption & Safe Families Act-ASFA) that outlines when agencies should consider moving from reunification to termination of parental rights (TPR). However, each case presents unique circumstances, and those dynamics must be carefully considered when making this determination. To provide additional clarity and consistency, the concurrent planning policy was updated effective January 1, 2026 to better align with longstanding practice. If a child remains in foster care for greater than 450 of 660 days, there must be compelling reasons not to file termination of parental rights and case workers must address these reasons in court.

How does this bring clarity and stability to the children? I feel like they are forced to live in, "I don't know," for their years in care. When all they want are solid answers and to know what could become of their future.

- CM Redesign prioritizes family engagement and recognizes both children

(continued on page 3)

Continued from page 2:

- and parents are the ND child welfare system's primary focus. This means we are intentional about involving them in decisions and understanding their experiences and needs.
- We recognize that foster care can feel very uncertain, and there will still be times when next steps are not immediately clear. However, CM Redesign focuses on engaging families early, including parents, children, and relatives or kin, and being open about what is happening in the life of the case and clearly being able to articulate why the agency is involved. We work to understand the family's situation, identify safety concerns, and clearly explain why an in-home safety plan may not be possible. It's also important to remember that a foster care placement is itself a type of safety plan, foster care is a "safety service", and we should always be identifying and clearly communicating what needs to happen to move to a less intrusive plan, such as placement with relatives or kin or returning home with an in-home safety plan.
- By having ongoing, honest conversations and staying consistent in our approach, we can create more clarity about what needs to change and what the path forward looks like. This approach is straight-based and supportive of meeting families where they are at, ensuring children and families feel more informed, involved, and supported throughout their time with the agency.

If children are considered victims of abuse or neglect by bio family, could it not be seen as a conflict of interest to have both victim and perpetrator as clients of the department?

- It is not considered a conflict because the ND Department of Health and Human Services (department) statutory role is to assess child safety, ensure the well-being of the child and support family stabilization. North Dakota is a state supervised-county administered child welfare state, and our role is to establish policy, standards, and procedures, ensure compliance with federal and state laws, allocate and manage funding, provide training, technical assistance, and guidance to local Human Service Zones, Division of Juvenile Services (DJS), and Tribal Nations. The department's responsibilities are neutral and focused on protection and service provision, not on legal advocacy for one party over another.

If the case worker is not following the policies explained to us, what is appropriate pathway to holding them accountable?

- The first step is to have a direct conversation with the case worker. Approach the discussion with curiosity and openness. If the concern is not resolved through that conversation, the next step is to follow the chain of command. This typically means bringing the issue to the case worker's supervisor, and if needed, escalating further to the agency Director. All Zone staff are employees of the county, and they are overseen by a Board.
- Additionally, CFS Field Service Specialists who participate in Child and Family Team meetings can be a helpful resource for answering questions and providing guidance.
- It is also important to recognize that during periods of change, such as the current CM redesign, full implementation takes time. Not all workers or regions may be at full implementation yet, as teams have been given until July 1, 2026 to fully implement the new processes. Some flexibility and understanding are important during this transition.

Has CM redesign been based on studies/data?

- Yes, North Dakota CM redesign is grounded in extensive research and data on evidence-based outcomes for families and the impact of unnecessary level of intrusion in the life of a family. There is a large body of publicly available studies supporting the approaches we've discussed.
- During the initial phase of CM Redesign, we organized our efforts into five key workstreams. Each workstream explored different research topics and incorporated a range of studies and data sources to inform the redesign. In addition to national research, we also analyzed data specific to North Dakota child welfare. Our state data shows that since implementing the safety framework, foster care numbers have decreased, while the overall number of families we serve has remained relatively stable. This indicates a shift in practice, reducing the level of system intrusion while still supporting families. The research consistently highlights several key themes:
 - The importance of working with the family as a whole
 - Meeting parents where they are at
 - Considering the needs and experiences of the child
 - Engaging relatives and kinship caregivers early in a case
 - Using motivational interviewing to strengthen family engagement
 - Providing early and sustained support to improve family outcomes
- These principles are widely supported across child welfare research and Safety Framework Practice Model is an evidence-based model and serves as the foundation for our decision-making and practice.

It sounds like there is a lot more on case workers with this plan. Are there ways to support their workloads so they can serve at their best?

- Yes, anything you can do to support case workers truly helps. There is a significant amount of responsibility placed on a child welfare agency case worker and our empathy and understanding of that will go a long way. Showing that you understand the pressure they face when making decisions that directly impact children and families is a great way to show support.
- Fortunately, case workers are supported by supervisors and teams who are committed to helping them succeed. As part of the upcoming CM Redesign Phase 2, one key effort is a caseload study. This study will go beyond simply counting the number of cases or children assigned to a worker. It will consider the complexity of each case, including factors like travel distance, emotional and mental health needs, and the severity of safety concerns in the home. CFS is working with Zone leadership to review this topic and develop a work group that can provide recommendations for what an appropriate and manageable case management caseload should look like for each case worker.
- It's important to recognize that casework can be unpredictable. A worker may feel on track, and then suddenly an emergency or safety concern arises that requires immediate attention. Because of this, their workload can shift very quickly.
- As foster care providers and team members, there are meaningful ways to help lighten this load, by maintaining open communication, being patient as you await a response, in turn being responsive, sharing important information clearly, and partnering to support the needs of children and their families. We have a number of foster care providers who go above and beyond to support family engagement, parental

(continued on page 5)

Continued from page 4:

- mentoring, and the excess transportation needs of children; these are all great ways to support the case worker and reduce burdens for the child welfare agency.

I understand this to be a way to standardize case management statewide, but is that really possible? Responses from Burleigh and Three Rivers in emergencies is a lot better than smaller zones, mostly due to staffing. Is there any way to address that disparity?

- Standardizing ND case management practices is about looking at the big picture, but it's important to recognize how diverse North Dakota is. Some regions serve very small, rural communities, while others, like Burleigh, Three Rivers or Cass, have larger populations and more staffing resources. That difference directly impacts emergency response. Larger zones often have more staff available, shorter travel distances, and schedules that allow for less frequent on-call rotations. In contrast, smaller zones may have fewer staff, greater travel distances, and more frequent on-call demands, sometimes as often as one week out of the month. Because of these factors, it's challenging to fully standardize response times and service delivery across all areas. However, the conversations, communication and readiness meetings with Zone leadership has started scratching the surface on offering consistency regardless of the jurisdiction. While it may not be realistic for every region to operate in exactly the same way, the goal is to create as much consistency in practice as possible while still allowing flexibility to meet the unique needs of each community.

Were tribal agencies included in CM redesign? Do any of these changes apply to tribal placements?

- Yes—tribal partners were invited to participate in the case management redesign. Their involvement varied based on capacity and topic being addressed. We also had ICWA Family Preservation (IFP) representation throughout CM redesign, which provided valuable feedback.
- In terms of how the changes apply to tribal placements, it depends. For placements that are Title IV-E eligible, North Dakota policy requirements must be followed. However, this can be complex in practice and vary by Tribal Nation. Tribal nations are sovereign, meaning they have their own authority over child welfare cases involving children in their custody. They also operate under their own policies and procedures. While we have shared information, resources, and updates from the redesign with tribal partners—and will continue to offer support, each Tribal Nation ultimately makes its own decisions regarding children under its jurisdiction.

Do higher-level placements, like Nexus Path and QRTP, delay reunification plans or are they still on the table even during a Maximus-approved period of time at higher-level care? What I mean is, Maximus approves for 90 or 180-day placements. Would that delay the reunification?

- No, placement in a higher level of care, such as QRTP or treatment foster care through Nexus PATH should not delay reunification timelines. If reunification is the permanency goal, it remains the focus regardless of the child's placement.

(continued on page 6)

Continued from page 5:

- Providers at all levels of care, whether in treatment foster care, Qualified Residential Treatment Program (QRTP) settings, like Home on the Range or Dakota Boys and Girls Ranch, are expected to support reunification efforts. This includes working with both the child and family to prepare for a safe and successful return home. Discharge planning begins on day one of entry into a treatment placement and continued efforts are made to meaningfully plan to transition the child back to the community into the least restrictive level of care as soon as possible.
- In many cases, higher-level placements can actually enhance reunification efforts. These settings often provide additional supports, such as individualized treatment services and family therapy, alongside the parents' case plan goals. This means there are more resources and professionals involved in helping the child and family work toward reunification.
- Reunification may take longer when a child's needs require additional time to address treatment needs to ensure the transition home is safe and sustainable. However, this is not due to the placement itself or the Maximus-approved timeframe. The Children's Treatment Service Level of Care (CTS-LOC) timeframes (e.g., 90 or 180 days) determined by our third party vendor, Maximus, do not prevent reunification from occurring sooner if it is safe and appropriate to do so.

How do you deal with a conflict of reunification if the child, specifically a teenager, does not want to go back?

- When a child does not agree with reunification, the situation is handled through careful, collaborative discussions with the therapist, the custodial agency, and the child's team.
- The focus is on understanding the child's perspective and supporting their emotional needs, while also exploring ways to foster healthy relationships with their parents. This includes discussing what a safe and appropriate relationship could look like as the child approaches adulthood and prepares to age out of care, and identifying the type of relationship the youth wants to maintain with their parents.
- The goal is to balance the child's voice and autonomy with safety and permanency considerations, ensuring that the child's well-being remains central to any reunification plan.

Was there a goal set for CM redesign... for example 15% fewer cases of TPR or increased home-based intervention?

- North Dakota's goal is to reduce the number of children in care by prioritizing early intervention, supporting families proactively and achieving timely reunification whenever it is safe and in the best interest of the child. Efforts will focus on using the least intrusive, most appropriate level of intervention to preserve and strengthen families while ensuring child safety and well-being.

Child & Family Team Meeting Questions

How would CFTM meetings be handled if birth families don't engage? Since you are announcing a family-oriented approach to the CFT meeting, what happens if that engagement does not happen?

- It is always our hope that parents will engage with the agency and see the value in participating in their Child and Family Team Meetings (CFTM). At the same time, we recognize that parents have the right to self-determination, meaning we cannot force them to engage if they choose not to. If a worker is making consistent, diligent efforts to engage the parents and they do not participate, those efforts should be clearly documented. The case should still move forward, with the team continuing to make decisions in the best interest of the child.
- We also understand that engagement can change over time. Families may have periods where they are less involved, but that does not mean outreach stops. Case workers will continue making efforts to connect, re-engage, and invite participation throughout the life of the case.

I've heard rumors of foster care providers no longer being in CFT meetings for the whole meeting.

- This is not a rumor; CM Redesign has shifted the format and structure of Child and Family Team Meetings (CFTM). The concern was addressed in the training, specifically in Session 2, which emphasized the importance of having the right team members present for the right conversations in order to provide appropriate information and support for all parties.
- It is not the intention for foster care providers, or any team members, to feel excluded from meetings, no longer be invited or to be asked to leave arbitrarily by the agency worker. CFTMs often include a variety of partners, and at times, different participants may be asked to step out depending on the nature of the discussion. For example, the special education teacher is asked to come and speak about education but does not need to be present when going over the parents' compliance with addiction treatment. Prior to shifting into topics specific to the parents, case workers may respectfully excuse or ask CFTM participants to leave the meeting to ensure confidentiality and relevance of discussion. If we were the parent in the case, we would appreciate the courtesy and effort made by the agency to reduce access to unnecessary details and avoid judgement from other parties. Parents are going through a lot as well, protecting their service needs and progression or challenges is appropriate. The purpose behind this approach is to center and support the family progress, specifically the parents. CFTMs are designed to be parent-focused, and during more sensitive or difficult conversations, it's important that parents feel safe and supported. This includes considering who they feel most comfortable having present in those moments. Sometimes that may include foster care providers or kinship caregivers and other times it may not.

Could our part in the meeting just be covered in an email, if that is the case?

- Engagement, support, and willingness to be present are critical in supporting progression and successful reunification with parents. Agency case workers and CM Redesign encourage your physical/virtual participation to build relationships and contribute as a valued member

(continued on page 8)

Continued from page 7:

- of the team. However, if you are unable to attend an email with updates is also helpful. Bio families want to hear from kinship caregivers or foster care providers even if it doesn't always seem like it. You are caring for their children and your updates, strengths and challenges are important for parents to hear about, learn from and offer feedback to.

Could more substance be added to CFT meetings to help build connection and rapport between providers and bio family? To help create a better team environment and supportive environment for the bio family AND more connected environment for the provider

- Yes, there are always opportunities to strengthen CFTMs by intentionally building connection, rapport, and a more supportive team environment for both biological families and providers. Continue to talk to your team and explore unique ways that this may work best in your scenario.
- Efforts are already underway to enhance engagement, including piloting connection calls and increasing relative engagement. Additionally, foster care providers are encouraged to communicate their comfort level regarding involvement and interaction with biological families on a case-by-case basis. Sharing this with licensing and the assigned case worker helps ensure that engagement is thoughtful, appropriate and supportive for everyone involved.
- Overall, strengthening relationships and communication within the team can lead to a more connected, respectful, and effective environment supporting case progress for families.

We have not been licensed, can we be part of the meeting?

- All kinship caregivers or licensed foster care providers are encouraged and should be invited to be part of the CFTMs.

After the CFTM, can updates be sent that includes information from sections that certain individuals were dismissed from? We foster children over 14, and they always have questions about the parent's goals, parent's progress, permanency goals, and next steps, however that information is not shared which makes it difficult for them.

- While not all information from every portion of a CFTM can be broadly shared due to confidentiality and respect for parental wishes, relevant updates should be provided to individuals who were not present for certain sections of the meeting, as appropriate.
- Case workers should be intentionally engaging and inviting youth, specifically those age 14+ to CFT meetings as an active case participant. In addition to the CFT meeting, case workers are seeing the child on a monthly basis and can use these questions about permanency goals, progress toward those goals, and what next steps may look like as key topics to the monthly face-to-face meetings. When appropriate, foster care providers can also be included in these conversations to help reinforce understanding, reduce anxiety and provide ongoing support.
- The goal is to ensure youth feel informed, supported, and included in their case planning.

What happens if a CFTM has to keep getting rescheduled, won't that go against policy if for example the first meeting is past the 45 days due to trying to find a time that works for the bio family?

- Agency case workers are expected to remain mindful of policy requirements while also prioritizing engagement with the family when scheduling CFTMs. You are correct that holding the initial meeting beyond the required timeframe would not be in compliance with state policy. North Dakota policy requires the first CFTM to occur within 45 days, which includes a built-in 15-day buffer to ensure compliance with the federal 60-day requirement.
- At the same time, staff should make every reasonable effort to schedule the meeting at a time that allows for meaningful participation from the family. If scheduling challenges arise, workers should document those efforts and continue to move forward in a way that balances timeliness with family engagement. It is important to meet these timelines, as failure to hold the meeting within federal requirements can impact compliance and may result in funding or payment concerns.

Were case workers told ahead of time to advise foster care providers of the changes in CFT meeting policy before those meetings took place?

- Yes and no! Case workers were encouraged to communicate upcoming changes and share information with relevant parties as they learned it; however, implementation has been phased. Not all zones are at the same level of readiness, and full implementation is not expected until July 1, 2026.
- Ongoing training and learning are still taking place, so there may be some variation in how and when information has been shared with kinship caregivers and foster care providers. During this transition period, it's important to allow for flexibility and continued communication as staff build consistency in practice. Your patience with the changes is appreciated.
- These training courses on CM redesign are one method that has been utilized to share changes with foster care providers on the redesign changes.

So, correct me if I'm wrong, it sounds like this might open the door for children to move from in-home safety plans to out-of-home safety plans and back and forth, over and over again— case dependent of course

- ND child welfare's goal is never for children to move repeatedly between in-home and out-of-home safety plans. When an in-home safety plan is implemented, we aim to ensure there is sufficient supports in place to make that plan stable, effective, and tailored to the family's needs.
- A thorough assessment of safety threats and how they manifest in the family is critical. This allows us to establish the most appropriate plan from the start. At the same time, we recognize that family circumstances can change and sometimes be unpredictable. Safety plans are reviewed regularly to ensure that any emerging risks are addressed and that the necessary support remains in place. Adjustments may be needed in response to changing circumstances, but the focus always remains on stability, safety, and minimizing disruption for the child. Decisions are guided by evaluating the level of intrusion required and exploring what supports could safely allow for a less intrusive, in-home safety plan whenever possible.

Family Interaction Questions

Following along with the engagement question, I love that parents will have consistent visitation opportunities with their kids. Are there plans to emotionally protect children if parents are not attending visitation?

- Protecting children emotionally is critically important and those safeguards start with stabilizing their family relationships. When families are supported and functioning as well as possible, children are better able to feel secure and supported. CM Redesign felt it was valuable to ensure agencies were providing consistent, frequent, and natural interactions with parents in efforts to help minimize disruption for children and support healthy connections. If kinship caregivers or foster care providers are in need of talking points, education or supportive language to help minimize emotional impacts, please connect with the agency case worker to plan accordingly. Even strong parent-child relationships will cause children to respond with negative emotions, behaviors or symptoms; preparing for that in advance will ease the stress and burden for all parties.

Will we also discuss how foster families can engage with bio parents or relatives outside of visitations? Thinking letters, phone calls/ video calls, and such

- Yes, this topic was covered in session three. Foster families are encouraged to be creative in finding safe and meaningful ways to engage with biological parents and relatives outside of scheduled visitations. This can include letters, phone calls, video calls, or other forms of communication that support connection while meeting the needs of the child and family.

I think everyone can agree that as long as its safe and appropriate, foster family and bio family interaction is important. However, was there discussion on the possibility of foster providers burn out due to the increased interaction?

- While increased interaction with biological families could be seen as an additional demand, CM redesign is intended to reduce stress and conflict by fostering better communication, stronger relationships, and more consistent support. When providers see progress and feel their role is valued, burnout is projected to decrease.
- Supports are available to help prevent and address burnout. These include:
 - Caring Connections mentoring program – newly redesigned to match new or existing providers with experienced foster parents for guidance and support.
 - Licensing support – including discussions about temporary capacity changes with a licensing specialist.
 - Grief and loss counseling- speak with your case manager or licensing worker for a referral.

Any procedure for case workers to follow when implementing family visits (e.g. asking foster families about children's schedules, likes, dislikes, etc.)? Some of these things are not always talked about between families and fosters so to provide consistency for the child, this could help.

- Yes, there are tools to assist workers with this. "Family Interaction
(continued on page 11)

Continued from page 10:

- Planning Guide Matrix” and “Family Interaction Observation Tools” to help support move to least restrictive and most natural interactions.

For this family placement, is it still going to be where they won't place the child with a relative unless they live close and in the same city? From experience the fight to get a relative from a different city was hard and long.

- In most cases, reunification remains the initial primary goal for children. Relatives are considered as potential placement options, including those who may live in a different city, as long as placing with them supports ongoing reunification efforts and the child's safety and well-being. Geography of the relative should not be a barrier or a sole reason for not selecting family for the child. If placement with a relative is not possible, there are still meaningful ways for relatives to support the child in care and contribute to case goals. The focus is on maintaining family connections and engaging relatives' involvement whenever it benefits the child.

What is the definition of relative? Blood related? Legal definition? Fictive kin?

- The legal definition in North Dakota Century Code 50-11 defines relative as "Identified relative" or "kinship relative" means:
 - a. The child's grandparent, great-grandparent, sibling, half-sibling, aunt, great-aunt, uncle, great-uncle, nephew, niece, or first cousin;
 - b. An individual with a relationship to the child, derived through a current or former spouse of the child's parent, similar to a relationship described in subdivision a;
 - c. An individual recognized in the child's community as having a relationship with the child similar to a relationship described in subdivision a; or
 - d. The child's stepparent.

There often is confusion about the difference between a relative or kinship caregiver, based on NDCC definition, many years ago the definition was expanded to support and mirror the “kin” relationships so often engaged by Tribal Nations. (c) was added to allow for an individual in the child's community to be considered an “identified relative” for the purposes of child welfare placement and programming. In tribal country. We have expanded the definition in North Dakota. The only variation is that of the Economic Assistance TANF program, their definition of kin includes blood relatives to the 1/5 degree, parents, siblings, grandparents, aunts, uncles, cousins, etc.

When it comes to foster care providers engaging with the Bio parents, are case workers expected to initiate those interactions, or are foster care providers expected to initiate with what they would like to do and case workers decide what is best for the family?

- Engaging with biological parents is a shared responsibility between case workers and foster care providers. It is important for foster care providers to communicate with the child's case worker to clarify boundaries, expectations, and any safety considerations before initiating parent-child family interactions. As indicated during the training session,
(continued on page 12)

Continued from page 11:

- this may look different for every family.
- Areas of North Dakota are starting to pilot a “comfort call” early in the case, where the case worker facilitates a conversation between the biological parent and the foster care provider. This allows the parent to share helpful information about the child’s routines, preferences, and strategies that have worked in their home, while fostering a positive connection between the two adults who know the child well.
- Foster care providers can also build rapport during Child and Family Team Meetings (CFTMs) by asking thoughtful, supportive questions about the child’s experiences, needs, and routines. The level of engagement will vary depending on the case, the foster care provider’s comfort level, and their experience in fostering.
- The key is to ensure permissions are in place with the case worker, have defined boundaries, and support safe and constructive family interaction whenever possible. When done thoughtfully, this collaboration strengthens the connection and ultimately supports the child’s well-being.

It sounded like visits at the Zone office are not ideal... going forward, explain what the ideal visits look like, because it sounds like visits will be placed on providers to handle if they are not happening at the county (8am-5pm). Are there more resources being put into visitations, like hiring more parent aids to assist?

- Training #3 covers different visitation options. Each family’s ideal plan may look different, so discussions with the team are critical to identify the best approach.
- Foster providers are not expected to take on the planning for or organizing of parent-child visits unless they are willing, comfortable, and able to assist. Visits can happen in a variety of safe, supervised locations outside the office, such as libraries, indoor playgrounds, a relative’s home, or other community spaces where parents can demonstrate their ability to safely care for their children. Creativity in planning is encouraged to provide meaningful family experiences, whether it’s a birthday party, pumpkin patch, or other safe environment.
- Zone offices are aware of various resources to facilitate family interaction and visitation, including hiring parent aides or visitation coordinators, etc. Workers are encouraged to continuously assess their role during visits, determining when it’s necessary to be present and when they can step back safely to allow parents to lead family interaction with their child.
- The Family Interaction Planning Guide Matrix provides guidance for structuring visits, including frequency, duration, location, and level of supervision. The goal is to create the least restrictive, most natural, and safest interactions possible for each child and family.