Dr.

Valerie Shapiro is an assistant professor at the UC Berkeley

School of social welfare, and an analyst for the Devereaux

Center for resilient children.

Dr.

Shapiro researches the prevention of mental emotional and

behavioral problems in Children and Youth through the adoption

implementation and sustainability of effective prevention

practices with a particular focus on strengths based screening

and assessment.

Dr.

Shapiro holds an LCSW.

You and is a Department of Education certified School.

Social worker our second presenter for today is Heidi Sims.

How do you say limbs is the administrator of family preservation

department at scan which stands for stop child abuse and

neglect that's in Fort Wayne Indiana her role and her own

Miss Sims oversees, the court mandated services for families

involved in the child welfare system, she trains and managers

staff development and and implementation of the Jones Sherman.

For resilient children with the goal to improve resilience

in children.

Miss Sims has worked in Social Service in the social services

filled with families for over 15 years.

Miss Sims has her master's degree in social work and she's

also a licensed clinical social worker.

So I will turn it over to our two presenters.

Heidi and Valerie Thank you.

This is this is Valerie and I will be starting us off today.

I'm going to advance the slide and make sure I'm able to

do so.

The presentation that were we've been invited to give today

is a strength-based approach to supervised visitation in

child welfare, and we're really thrilled to be giving this

presentation to you all together.

I work at Berkeley social welfare and a faculty position

and Heidi Works in an agency setting.

So I think it really exemplifies a partnership between research

and practice that has tried to use the research literature

to inform a practice model and then Put the practice model

in place iteratively updates the practice model as we learn

from our practice experience and then research the outcome.

So it's really been a nice back and forth and we're really

happy to share what we've been doing with you all today and

will welcome your questions at regular intervals.

You can feel free to use them to put them into the chat at

any time and I will also call the regular intervals to review

that I see that some people are saying they can't hear me.

Well, is it yeah.

He's going to say that Valerie.

Yeah, can you hear me now?

Can we keep talking about we can you okay you all who responded

to see if yeah, okay.

Thank you very much.

I will speak loudly so I was explaining that Heidi and I

have a research to practice partnership that we're excited

to show you the fruits of and it's an ongoing effort.

The work that we're sharing with you today is actually been

published in the Journal of child care and practice in 2014.

This is an article that was led by Gabe Smith who works at

the Devereaux foundation and written by myself Rachel Wagner

Sperry and Paula buff.

It contains much of what we're going to share with you today.

And if you would like a full copy of this article, please

feel free to email us and we'd be very happy to share it

with you in its complete form.

Don't otherwise have access to it.

This article actually describes the gern the Joan Sherman

program for resilient children, which is a strength-based

approach to supervised visitation in child welfare.

The other people that we would like to thank our colleagues

of the Devereaux Center for resilient children who are on

the research side of our partnership and the training and

technical assistance side as well as our colleagues at stop

child abuse and neglect can who have been administratively

and creatively developing the program and implementing the

program. And then finally, of course the other staff parents

and children that work at are served by the scan ink and

Wayne Indiana and the Ireland Home Based Services in Evansville,

Indiana who have been involved in this project and of course

a huge.

Thank you to Catholic and especially Sivan for helping us

bring this presentation to you.

We'll start of course with the prevalence of this social

problem that many of us are engaged in trying to address

and prevent in that nearly three-and-a-half million allegations

of child abuse involving over six million children are made

in the United States every year on average about four children

per day unfortunately died in this country due to problems

associated with abuse and neglect which is estimated to be

the worst fatality.

Any wealthy Nation you can see throughout this presentation.

I'm giving you some citations for where these statistics

are coming from.

If you would like the full copy of any of the articles that

are presented today or additional information of where they

came from because they can be useful in your work.

Please do feel free to follow up and I can send those along

to you.

This social problem is has many consequences aside from fatality

like the increased likelihood of mental emotional Behavior

problem developmental delays academic difficulties and Criminal

Justice System involvement for folks that are involved in

the child welfare system The Economic Consequences that result

from child abuse and neglect cost American taxpayers a hundred

twenty four billion dollars annually, which is a relatively

new statistic, but I think one that in this Error of fiscal

conservative conservation.

We need to pay a lot of attention to now as many of you are

well aware the system that we have now has has two very discreet

but interrelated aims the u.s.

Child protective system was initially designed to manage

Risk by identifying and removing threats to physical and

emotional safety but has been expanded in our lifetimes to

really emphasize family preservation, which has expanded

the entire system to be more about promoting child welfare

at least an additional To just protecting youth from risks.

We actually want to produce positive outcomes at the child

level such as children that are social emotionally well and

thriving but also the family level we want to preserve families

and of course at the community and Society level in terms

of reducing resources both that are expended on the treatment

and that are lost when children and families are not deriving

when I talk about strength Based Services.

As which we will be talking about today.

I tend to use the conceptualization of strength based services

that were provided by wraps Ali the in Sullivan in 2005 that

emphasizes six different attributes of strength Based Services

first and foremost that they are goal-oriented secondly that

they systematically assess strengths third that they view

the environment as an important resource or asset for that.

They create plans that actually Leverage these family and

environmental strengths fifth that they Foster hope and a

sense of optimism for it for a positive future and fix that

they provide meaningful choices in the provision of services.

I think we could probably also brainstorm some other things

that we think represents strength Based Services to us, but

we have used these this premise these six points to really

make sure these are embedded in our model of strength-based

supervised visitation.

Most of the strength-based approach in Social as we talked

about it in Social Work practice is quite lofty and abstract

and is not boiled down to the actual elements of practice

that we can observe in client and worker interactions or

an agency programs many people that have been trained in

Social Work settings or work in Social Service environments

Express attitudes that are favorable towards strength based

approaches. But have a harder time showing the elements of

their work that actually embody those strengths Based Services.

It's been articulated in the literature that the failure

to articulate specific practice models that are strength-based

creates the gap between child welfare workers familiarity

with a concept of strength based practice and the actual

provision of strength Based Services.

So the topic will be talking about today where we've tried

to embrace a strength based practice model is in the domain

of supervised visitation and I say embraced and that might

be selling the work of my colleagues short who have actually

developed from scratch a strength-based approach to supervised

visitation supervised visitation is meant to be a straight

a safe environment for parenting time.

If a child has been removed from a parent's care.

Many times it is used as an opportunity to document court-ordered

compliance for visitation and to monitor parent-child interactions.

So that reunification decisions can be informed by those

interactions in in the literature many people have said that

we can do better than this.

It doesn't just have to be minimizing risk and documentation

and a compliance exercise, but it can actually for fill the

larger objectives of our child welfare system that actually

promote reunification and child well-being which would include

maintaining and growing child caregiver relationships and

pursuing and recognizing caregiver skill acquisition in the

context of visitation time.

And the Research indicates that this would be that this would

be successful the frequency of maternal visitation in the

literature is associated with the success of reunification.

We've also seen in a rare experimental trial because it's

it's obvious how hard it would be to do experimental trial

when you're manipulating, you know, the outcomes of Children

and Families in the service that are provided but in a rare

Mental trial that actually compared business as usual Services

as they're always done to a new model.

We saw that supervised visitation services that first build

strong alliances with families second provide skill training

and third assist family members with concrete needs actually

result is the staging of a reunification more often than

the comparison Services.

That's an older study but it also is very importance in studies

like that are pretty rare about supervised visitation.

So we've tried to think about this evidence and build a practice

model. We are challenged by doing additional research because

supervised visitation looks very different all over the country

even within region even with an agency in part because there

isn't a very clear regulatory system that says what supervised

visitation should look like where they are clear.

They are also varied by different jurisdictions who create

those regulations and then once there are not a lot of regulations

many providers are doing the best they can given the challenges

of very small budgets that limit visitation hours limit training

of personnel limit the hiring of adequate Personnel to have

the optimal security and the numbers of families served.

So this is a this is for me.

This is not a pointing fingers exercise.

This is recognizing that people are doing the best they can

in a very in very Colt circumstances and what this model

strives to do is take the research evidence and the practice

reality and say what can we do to incrementally improve supervised

visitation services to promote child well-being and successful

family reunification.

So at this point I would like to take any questions that

are just to clarify anything.

I've said till this point and if there are none I will go

on and tell you a little bit about this model where it emerged

from what it looks like and how it's been implemented and

what we've learned from it.

Looks like there are any questions at this time and I will

give you another opportunity in a few slides if you come

up with anything in the meantime, feel free to put it in

the chat so that we can address them.

So the collaboration for the development of this model is

between stop child abuse and neglect scan which as we've

begun to say is a large child welfare agency that serves

13 counties in Northern Indiana who were deciding to incorporate

a resilience building practice into an existing visitation

program. And Heidi is Affiliated directly with this agency

and could answer any questions you have about the nature

of the services that were provided before.

Or have been provided since the Devereaux Center for resilient

children DC.

RC is a unit of the Devereaux Foundation which provides an

array of different types of services all around the country

the devil Center for resilient children actually developed

as a unit of the Devereaux Foundation to try to work with

children before problems emerged as opposed to children that

were already experiencing significant.

Social emotional problems which other units of the Devereaux

Foundation are there to provide treatment for so this is

a prevention organization that prevention wing of our nonprofit

organization that develops resources and provides training

for the assessment and enhancement of resilience in children

and caregivers.

The first thing that the developer Center for resilient children

did was work in preschool environments to try to make sure

that those were healthy environments for children and that

the caregivers and Course had the skills that they needed

in order to provide the best practices for child development

in those environments since then the Devereaux Center for

resilient children has also expanded to provide infant and

toddler care as well as into school-age populations where

I primarily do my work in elementary and middle school where

we strive to consult with schools around strength Based Services.

Our partnership with stop child abuse and neglect has been

one of the ways in which we've actually begun to try to help

child welfare agencies work with them and learn from them

to support strength based models in child welfare practice.

The premise of the Devereaux model and what scan had aimed

to do was based on resilience Theory resilience is has become

widely used in popular discourse recently and can mean a

lot of different things.

It can mean the ability to recover from or adjust to Misfortune

or change that the CC the rubber band somebody to bounce

back from from adversity.

Or overcome the odds which means a child has been exposed

to an array of risks which may include traumas or some kind

of impoverishment or lack of resources, whether it be material

resources or caregiving resources, and all of those things

predict that the child won't do as well in school and in

life and a child that is resilient.

If someone that has overcome the statistical odds and had

better than expected outcomes in the context of these adversities.

So this is sort of of the working conceptualization of resilience

that will be using through this presentation and strength

Based Services.

Are intended to actually build resilience and if we think

of it as a scale where a child risk factors may be on one

side and protective factors are on the other we want to keep

this scale in Balance so that the child the family and the

community has enough protective factors to off balance the

risk factors and we know that some children and families

and communities have more of these risk factors to overcome

than others.

Obviously from a social justice perspective.

We'd like to eliminate the risk factors.

But while the risk factors do exist.

We also hope to augment protective factors to moderate the

income of that risk, you can see at the bottom of this graphic

that should the risk factors outweigh, the protective factors.

The child is going to be very vulnerable on the other hand

if we can get enough protective factors in place.

And to moderate the impact of risk the child's going to be

considered resilient and we don't mean to imply that resilience

is a fixed final State resilience can be very fluid and changing

just as risk factors can change and protective factors can

change at any given time.

We're Lillian's can also be across different domains where

a where a child can be resilient in some ways and not others.

So this is a complex definition that we've kind of simplified

to capture on two slides today.

But we wanted to make sure that everybody had a basic understanding

of the objective of these services.

So by incorporating a resilience focused approach can hope

to give children in their service has the tools to function

better than otherwise might be expected given their Advanced

slice life circumstances at a very minimum those adverse

life circumstances that have them arrive to receive supervised

visitation services.

But as we know there may be many more things going on in

their lives and so our objective is to augment Detective

factors in the kids and increase caregiver skills, which

is also a protective Factor as much as we can so that they

can handle whatever risk comes their way.

So the into the development of this model first involved

Devereaux and that DCR see the Devereaux Center for resilient

children and scan getting to know each other and getting

to know what they could lend to this partnership it began

with 15 hours of Staff training to help the Child Welfare

staff understand Devereaux strength-based approach and their

resources. Most of their approach in their resources can

be embodied in strength based assessment tools and strength

based intervention strategies the assessment tools.

Some of them are listed here the Deka for infant toddlers

the Deka for preschoolers and the Dessa those respectively

stand for the Devereaux Early Childhood assessment and the

Devereaux student strengths assessment are examples of the

assessment tools that Devereaux uses and they also have strategy

guides that are for example for now and forever as a strategy

guide for parents for how to develop the social emotional

competence or the resilience of the children in their care

and there's also strategies guides for staff to use in their

settings where they care for children traditionally the Devereux

Center for resilient children developed these staff resources

for classroom environments and through our partnership with

scan we have now, Now expanded resources to be in child welfare

settings specifically the supervised visitation setting what

scan did with these in these seeing these initial resources

was first draft a book of potential activities intervention

that parents could that could be used with parents to help

them recognize and promote resilience in their children.

We had three focus groups to help think about what it would

mean to adopt some of Devereaux had already been doing into

a supervised visitation context so scan workers and administrators

collaborated very closely with Devereaux resource developer's

trainers and technical assistance providers to to help create

the initial model for the Joan Sherman program.

Okay, so I'll take any other clarification questions at this

time. And then I'm going to actually pass the presenter function

to Heidi who's going to introduce the gern show Sherman program

for resilient children to you as the strength based model

for supervised visitation.

So Valerie, there was one question that came up.

How do you instill hope non-judgmental non-judgmental assessment

and intervention for social workers?

Systemically?

Yeah.

That's a that's a really great question and I teach Foundation

practice for a Berkeley social welfare.

So that's one of the things that I struggle with is how to

teach social workers how to think in a from a strengths-based

perspective and I think usually at the beginning of our careers,

that's even an easier task than a you know, after we've been

in the field for a while and we see the realities of both

the problems that are experienced by individuals and also

sometimes the inadequacy of the resources that we have to

address those problems that were that we're learning about

and becoming deeper involved with of course some of those

problems we might have our own life experience with which

we can draw on which I think is part of Understanding the

strengths is that these these problems can be very typical

and they can be overcome.

So a lot of what I do to help social workers think about

this problem is is to start with a premise of respect for

the individuals that encounter problem and think about you

might be familiar with some of the motivational interviewing

techniques that use some of the strengths-based premises

to talk about how By the time somebody shows up to a social

worker relationship.

They have obviously been coping in some way somehow with

their circumstances.

So while we intend to help one of the strengths based approaches

we can use is to ask people, you know, honor the struggle,

but ask people what have they been doing so far to cope and

I think starting an interview with some of those techniques

that are put forth also, Solution-focused treatments if that's

a good resource has been very helpful in helping social workers

honor that there is there is a struggle but there has been

some coping in place.

And so those very things are strength-based the other thing

when we began a Devereaux to develop these resources back

in the mid-90s.

We noticed that social workers caregivers teachers.

It was very easy for them.

Um to identify risk factors, it was much harder to identify

the strengths within a community within a family and within

a child that was real when we sat around a table and and

worked with caregivers and providers.

So what we've done by embedding a structured strength based

assessment into our systems is to try to try to help that

process along not just in engaging Families in a more strength-based

way but actually helping guide the assessment so that providers

know what strengths are actually related to positive outcomes

and they have a list where they can look look for those strengths

and they can compare it to a national norm and say is this

really a strength for this person or is this a typical mount

to the positive quality or is there actually a strength that

could be developed?

Opt but is currently missing and so by treating strength

based assessment as deeply as we just treat the risk assessment.

I think it helps to strength to Center the strains in our

assessment process and then the third component after engagement

and assessment I think is to really help workers connect

the strength to the service plan as part of the Contracting

to actually leverage the strength.

So it's not that they were just documented and stuck in a

file somewhere.

But to think how can I use that person's strength to actually

help them to achieve their current goals.

So those are the things I'd offer right now and if you'd

like further clarification on that as we proceed and see

how we use it in in this particular model, we'd be happy

to have some further conversation about that.

Thank you Valerie.

There's two more questions and I've been I think we need

to move on after that.

There's a question about demographics.

What are the demographics in terms of race and class of your

research population?

And then the second question from a different person is about

safety organized practice is safety organized practice incorporated

into any of these practices because it seems like it would

work well with the motivational interviewing techniques you

described So the the Devereaux resources were standardized

on a national sample that exactly mirrored US Census population

at the time they were developed which has not changed very

much actually.

So we looked at you know, what was the demographic breakdown

for the DECA?

For example of two to five year olds in this country?

And then for the the older students, you know from 5 to 14,

and we we got a representative sample from each group.

So that turns out to be to mirror the US Census terms of

people that I identify as white as Asian / Pacific Islander

as Latino and as African-American and as Native American,

we at this point have not dug much deeper down into the great

diversity of each of those five senses categories.

About 25% of the people the children are sampled live in

poverty actually and in the last one, we actually had to

increase that to 30 because of the increase of child poverty

in this country that you all are probably familiar with the

gender breakdown was the treated in the same way mirroring

the population and all of the forms are available in both

English and Spanish and the Spanish form was tested for equivalency.

I can also follow up on specific questions about specific

demographics if anyone has any questions about that if we

have time in this presentation, or if we have or by email

follow-up and I'm going to take that last comment as something

interesting for us to think about in terms of the integration

of safety organized practice into our practices, but I want

to make sure we save enough time to get to the model as it

is right now.

So perhaps we can return to that or think about it off.

mine Great.

Thank you.

Okay, so Heidi's going to take the reins I am thank you.

I am excited to share the John Sherman program for resilient

children program model with you and it's an exciting program.

It's one that I definitely who live and breathe every day

and with our staff as well.

They're they're they're in it.

They're doing the model.

So I'm very excited to share this with you and look forward

to any questions you might have again.

We have some place markers and So again continue the chat

as needed as well.

So before we start with the model, I want to just kind of

go over the theory of change of our belief of the model and

you'll see on the bottom left there while our goal is building

child resilience, and we need to have improved parenting

and supportive coaching for that.

We believe that this model actually starts with the coach.

We very much believe that support of coach will impact directly

impact parenting which will then directly each child resilience.

And again that that's a it does very strong undercurrent

of the program and our theory of change that I think going

into the program it helps to set that framework that it's

very much a coaching model in addition even as recently as

the past couple months we changed our staffs titles to family

coaches because it better reflect it and represent it what

really they were doing.

So just an update of the of the of the model and I will talk

about it near the And as well, this this article in this

presentation is geared on the John Sherman program 2.0 version

of programming and we currently in the last six weeks have

rolled out 3.0.

We're in the your three of a five-year research project.

And so I will share some all the information on these slides

is about John Sherman 2.0 and at the end I will have a brief

slide just to talk about a quick overview of some of the

changes we made from 2.0 to 3.0.

So I'm anxious to share that with with you as well as the

project continues to evolve where we'll spend our time today

is talking about the elements of the Jean Sherman milk program

for resilient children model.

And again Valerie had already pointed out earlier on in the

presentation but our services these are goal-oriented.

They are strength-based.

We systematically assess this program.

We offer chili we offer choices and the role of the coach

is very much an active role and we'll talk about that later

in the presentation.

Because there's definitely been a culture shift from moving

from what we call a lifeguard to a swim instructor.

So no longer are we just sitting back and documenting and

turning and documentation?

We should be coaching alongside the parent and so our first

one is our first element that will discuss is the visitation

environment. And for this so initially so what what ended

up happening as we create it in this this program was developed

visitation rooms about 10 feet by Twenty or Twenty ten feet

by 12 feet had furnished with spare office furniture portable

television very much again, kind of when you think about

the Lifeguard to a swim instructor and the Lifeguard approach.

The families would come in.

It was very common to be watching tv's and I also know for

families that sometimes as kind of their own kind of background

noise. In the environment, so I won't say that we don't still

have TVs but are it's very much a very much looks different

because before they would grab a TV and watch a movie instead

now, we're doing visits and we're doing activities and so

we'll talk a little bit about that and toys could be retrieved

from a lock Central cabinet and I thought there's several

quotes throughout this presentation that I really feel like

bring it alive and though I like the quote of workers the

rooms aren't War more welcoming.

And that the families hate them because I think that proves

the need for okay, what do we need to do to change that because

that's not that's not what we want to look at when we enhance.

So we're looking at enhancing the visit environment and so

we looked at research and again the same information as Valerie

pointed out that the sources are cited on these as well.

But visitation environment for the research needs to be comfortable

needs to be positive and needs to feel like home and have

appropriate. Appropriate activities and spaces that are organized

and structured and we do that based on that we needed to

make some improvements and so with DC RC Consultants, they

came to visit us here at scan.

And again, we're in Fort Wayne Indiana and they created a

checklist of how do we need to enhance the environment and

we realize that money is there's always there's no money

tree. Unfortunately for us just like for a lot of nonprofits

but looking at and kind of prioritizing How can we enhance

the rooms and looking to modify the rooms helping the families

to feel more comfortable and serving the in and again feeling

having family still dignified when they come into the office.

And so there was fresh paint living room furniture adjusting

of the lighting some decorations some area rugs and clean

laminate floors.

We used to have carpeting unfortunately just as how's it

if it's been that way a long time and we were able to have

clean laminate floors put down, which it Very helpful also

fresh blankets for floor times and low shelf stock with toys

and materials and I wanted to share this next slide with

you. So this is a quick picture of one of the modifications

to a visit room because as you can see the Shelf, we have

a shelving unit in all of our visitation rooms and each activity

in each box is marked and then right above that which you

can't see in this picture right above that is a sign that

helps me.

Please, you know, please you know, leave the room how you

found it and encouraging picking up and we have a picture

so that way if they come into the room and for some reason

or they've had an extended visit for several hours and they

don't remember where do things go and what goes where so

there's also a picture above it that prompts that here's

kind of the how the Shelf should be set back up.

So that's been really helpful and that was a very very much

needed enhancement to our visitation environment and going

back to that first quote of we're Don't like them and it

doesn't feel warm.

Here's here's what staff have said since we've update it.

I believe that having the tools that parents need to engage

with their child readily present and available makes it easier

for the interaction to take place.

Which mirrors what we want in the John Sherman program for

resilient children program.

That's exactly what we want.

We want to have tools and in activities that are accessible

another worker the change in activities in each room has

greatly enhanced engagement.

A judgment between the parent and the child and that's a

huge focus of what we're offering.

Yes.

We're court-ordered at our agency to provide visitation,

but they have a whole list of things that our agency is responsible

to make sure that we're meeting included a visit planning

and parent promoting positive parent-child interaction with

that being said this has been able to so as we enhanced our

environment. We were a better able to meet and serve our

families and one one just kind of quick Fighting that I think

is helpful because there's always again the issue of of okay,

how do I find funding because I realize usually funding sources

at least for us are they are more interested in the client

service, but the environment is also helpful as well.

So seeing if there's a site referenced as well as getting

local businesses communities, and we've had that as well

here locally and that's been extremely helpful.

So again kind of just that overview as we're as we're taking

kind of a pretty broad brush to the John Sherman program,

so The first thing we've just covered was enhancing the visit

environment in addition.

We also knew that we need it to have a strength based assessment.

So this is there.

I'm going to walk you through the assessments that we use

to assess the protective factors of our children that come

in for a research program, and if you're familiar with them,

and if you're not just a quick overview.

But we have families fill out strength based assessments

and I'll talk about that here briefly.

But what they do is when they come in for an intake we have

them we have families for so for depending on the age of

the child or children the parent fills out one tool per child.

And so we have the DECA infant and it's aged.

It's for children aged 4 weeks through 17 months.

It looks at two scales to protective Factor skills initiative

and attachment.

Nation ship and then as also provides as well as summary

score the total protective factors and there's 33 questions

that are in covered on the decade.

I the deck of T, which is for toddlers is for children ate

through 35.

I'm sorry 18 through 35 months and it measures three scales.

It also measures the initiative and attachment relationship,

but it also adds in the protective factor of self-regulation

and it also provides a total protection.

Active Factor summary score and it's from 36 questions.

And then we have the DECA P for preschoolers.

It's for children Age 2 through 5 and it looks at the three

protective factors of initiative attachment relationship

and self-control and it also has a behavioral concerns screener,

but for our purposes, we do not address the behavioral concerns

screener because we feel our program is adopted.

We feel like we are working on the protective factors and

as we build those the Girl concerns hopefully will come down.

So again with families we're looking at the protective factors

and then we also have the Desa which is for children aged

5 to 14.

And again, it's eight scales of self-awareness social awareness

self management relationship skills personal responsibility

decision-making goal-directed Behavior an optimistic thinking

and it is a little bit longer.

And because again, it has different questions, so it's 72

items. And so again, we have families when they come in they

complete a tool for each child at intake and then also at

regular set intervals which we measure out every 10 visits.

And I just realized we had a slide that didn't we were giving

you a preview of the DECA P2.

So if anyone is interested, if you have not seen we can definitely

make sure to get you some information on the picture of what

the deck is in decibels look like but that's our that's our

tool that we use and kind of the why and the how of what

we do and again the research has shown that it's a series

of studies.

Demonstrate at these scales of excellent reliability and

validity for identifying protective factors, which goes hand-in-hand

really well with Arjun Sherman program because we are looking

to build protective factors and children that we serve and

we want to try to minimize those risks on the one side and

increase the protective factors on the other.

So again, as I already stated that families come in and they

complete the parent completes the initial at intake they

complete one and then it every ten visits and then we look

at those and we'll talk a little bit more about those here

coming up and resiliency meanings of how do we how do we

use this information?

Because if we're having families do it then we use that information

because our goal is we're hoping to see that increase in

that positive impact and increase in per children's protective

factors. So we've covered two two of the six elements so

far. We've just briefly covered the visitation environment

and then we've also talked briefly about the Based assessments

and again we use the DECA and Des assessments for our families.

And I want to chat about our third element, which is our

which is our resilience meetings.

Our goal is that our families have a resilience meeting by

the fourth visit and when we talk about near the end of the

presentation, this is one of the pieces that we have since

changed and Sherman 3.0 and we'll talk about that at the

end. But the purpose of the meeting is we want to develop

an alliance between the parent and the worker we want to

build that relationship we want.

Identify the child's strengths and it also that that relationship

and that engagement is a huge piece.

We understand that our families are coming in for services

with various different circumstances around it and possibly

it just a lots of different stressors going on.

So we want to work to build that relationship because our

goal is the visitation is as positive experience as possible.

We want to set some visitation goals and also select some

initial resilience activities for the family.

Ali and kind of walk them through that process and lay out

how the visits will look There we go.

I apologize.

My slide was slowing coming up.

The resilience meetings.

The literature shows that the coaching of parents should

begin before visitation starts, which again mean you'll see

this word coaching a lot.

This is very much a coaching model take time for parents

and workers to build relationship and some Rapport and agencies

need to have a formalized process that requires workers to

seek family input and that's really important that the family

feels Powered that they can make choices and also while collaboratively

developing visitation goals in plans and so our resilience

meetings are how we how we meet all of that information and

how the and meet the what the literature says is best practice.

So how we put it into practice is we try to have a resilience

meeting by the fourth visit.

If not, if they if they couldn't have won by the fourth visit

than they would have it during the visit and that was also

one of our challenges as well which is why we've made an

adjustment as we've continued to modify this model and continue

to make modifications to it.

But the workers facilitate introductions, they provide an

overview because I also again as families need clear expectations.

Important that we help them understand how their visits will

go what we expect and what they need from us as well.

And we also talked about the visit routine which is really

important which will actually spend some time on next because

it is an important piece of the model when it comes to talking

about the importance of consistency in visits, but it also

so we provide an overview of the model in these meetings.

We talked about a visit routine.

We also reveal review the child's assessment.

mint results and then we start selection of the child the

child parent and coaching supports and so it very much sets

the sets the goals and meets that research of literature

says this is best practices in this is how we meet it and

workers worked are also trained on how to do the resilience

meetings and they also had a script if you will of ways to

kind of walk through that by no means it was one of those

tools and that was Create it.

And so we had a resilience coaching workbook and and staff

could walk through it.

But once they saw one and or walk through it, they would

modify it and make it their own because part of it is that

relationship in meetings in those meetings and in those visits

with families and one of my favorite quotes is you can plan

a monologue but you can't plan a dialogue and it very much

fits with resilience meetings as well.

As far as I can tell you exactly what to do and how to say

it, but I can give you some really good guidelines for that.

While we're in the resilience meeting we create a resilience

plan together in this is where there's three different pieces

of it goals are set for the child for the parent and the

worker so the child goals one to two goals are selected and

it's based on the assessment and older children are typically

encouraged to be involved because they know what their strengths

are. And if not we can talk with them.

You know, what do you think you do really well at so and

we've also concluded some typical goals in Food building

trust and connection maybe being more Curious and interested

and so it gives you a couple examples of some child goals.

So for the resilience meeting we have that resilience plan.

So every child gets a goal in addition.

The parents get it to pick is what their goals are.

So, what would we ask them?

What would you like your parenting strategy to be?

What do you feel like would be helpful and we also can give

them some guidance and feedback from visits and things we've

seen. But again, it's intended to build that support for

the child goal.

And so typically it could be I want to work on naming feelings

or staying calm or providing appropriate affection.

And but again the parent picks that the parent picks the

child goal the parent picks their goal and then also my job

if I'm in the visit with the staff or with the family is

I asked them.

What would be helpful for me as your coach?

What would be helpful?

So then there's also a list as well to pick from where they

pick one or two methods of what what would be helpful.

So if I'm your coach what can I do that would be helpful

to support this plan and it might be I'm asking questions.

You might say it'd be helpful if I modeled or playing alongside

or queuing me and giving me hints.

So there's some options there.

So again with the resilience meeting its one-child goal per

child and then regardless of the number of children.

It's one parent goal and one coaching support of one parenting

strategy and one coaching support because otherwise we realize

that's a lot that kind of it's a big net to cast a say okay

for this child.

I want to work on this parenting strategy and this child

another one.

Where is there some there's a lot of crossover.

So it's picking one child goal per child and then one parenting

support or one parenting strategy total and then one coaching

support. in resilience meetings the practice of it is they

really and I like this are really an easy way to join the

family as a team and get everyone on the same page and the

structure really helps and that was one of the workers that

had made that quote and I think that's important because

when you look up towards the top of the slide to say only

half of workers report actively helping parents prepare for

the visit when we have a coaching model, but we need to help

the families who coaching needs to be you know research is

showing Coaching needs to be right at the beginning of visits

and right at the beginning of services.

And so we've developed the resilience meetings to talk about

in this set that and build that partnership continue that

engagement and to set some goals and again for parent buy-in

for that relationship.

So while we're in those resilience meetings, we also introduced

in this is another core piece of the of the program is to

visit routine.

This is our fourth element of six that will discuss And this

is important.

This is our visitation.

This is our visitation routine and I think the next slide

will show it better as far as a visual covers a greeting

has activities.

We have a meal and snack.

Let me show you this is our visitation routine and I'd like

to point out.

I know I have at the end of the presentation.

I'll talk about where Sherman 3.0 is heading.

But Sherman 1.04 the visit routine and as you And see this

is a horizontal visit routine because that was an adjustment

from 1.0 because it would initially in Sherman 1.0.

It was a vertical it wasn't intended to be a checklist.

But what happened was it felt very checklist.

So this it became a horizontal with kind of squares inside

of a circle if you will because there's an opening piece

to the visit there's an activity and then there's a closing

so kind of the three pieces of a visit and then in and of

the opening and these don't have to be in that set order

and it creates that flexibility which is really important.

But at some point there's a great and connect their sharing

and kind of preparing for the visit and then at some point

the meal and snack the meal snack may come towards the act

in the middle during an activity they may decide to do an

activity while they're eating but kind of that planning for

their time together and then also our next sexual element

that we'll talk about is the middle part.

With the activities because it's a very significant piece

of the resilience activities and there's three different

kinds structured parent plan and child initiate it and so

we'll talk about that more in depth next and then we also

have a closing part of the visit routine as well where there's

a cleanup and a review and plan.

What went.

Well, what are we doing next time and then a goodbye and

again, it's really important that we have that consistency.

NC and prior visits felt chaotic and not very didn't have

a very good direction.

And so we tried to offer that routine because we also know

families coming in to see us may or may not have a routine

of their own that they were doing.

And so it also helps the children of course are at risk children

that were serving and it becomes predictable.

So they know how their visit will go for the most part.

So I want to take a minute and talk about our next element,

which is that middle element that you see The activities

and I would like to talk about our middle section there of

resilience activities.

Because that is really where we spend.

That's where really where resilience is built from.

I feel like from the moment of family whether they call or

come in all the way through when they leave and so I want

to talk to you about the different types of resilience activities.

So we have one option is a structured activity from the activity

book so part in the resilience meeting once the goals are

set and the parenting strategy in the coaching support is

selected then we talked about what Your family like to do

what did you like to do before or did you have a favorite

game? What did you enjoy doing together?

And we also want to based on those goals.

We want to say we have a with a large book that they can

pick from and it's organized by goals by age range by parenting

skills and it gives some good options to say.

Okay.

Well, I'm not sure I have an infant and do you have any ideas?

I'm not sure what to do or this was our goal and here was

our goal that we set and here's our parenting strategy.

So here's an idea for an activity.

So we introduced these structured activities.

But again, we encourage as we walk through the family and

and again, there's a lot of flexibility to this model because

it can be something that we go as more or less in depth based

on what the families would need.

And so it might be saying this is one of my favorite activities.

Here's what I do with other families.

Is this something you want to try because maybe the book

is too overwhelming or giving some choices or some of our

He's wanted to look through the book and read through some

of the activities and pick so we had that available as well.

And then also in our area in the building we had that they

could say okay if it was number 21, they could go and pull

that kind of activity bag and it was already pre ready because

I realize for us our staff for back-to-back and visits and

they don't have a lot of planning time and between visits

and so they needed to have things readily accessible for

them. So we had the pack book in addition to the the activity

bags and I thought this was powerful that one of the parents

talked about I can't help but be a part of the fun activities

they were more laughter out and all of us and it has been

four to five years since my son belly laugh like today which

reminds me of how he's how we still is inside and how I am

and how much I have learned and I think that's really powerful

and I appreciated that quote.

I think that's a really powerful quote when it comes to the

structured activities in addition to the structured activities

we have Other kinds and all of these are important because

all of these activities promote and build resilience the

parent plan structured activities the workers there was a

quote parents feel much more in control when they come up

with an idea of their own and then can receive a validation

and praise from the worker parents want to feel in control

when they come into our visits.

And so we asked them what do you want to do next time or

what do you want to do today?

And we have craft activities we have other activities.

Available as well beyond the structured activities and that's

helpful because some of our families really enjoy doing craft

projects together and they say I want to do this or oh and

then we come in next time can we do this?

And so it's very much empowerment based that parents get

to that parents get to plan their visit time.

And then we also have the open-ended activities that we're

parents are taught that everyday moments can be transformed

into resilience building experiences.

and one of 1:1 staff told me once how they played secret

spy because they had a they had a child that would attempt

to try to run and so they would they would always and I thought

that was a creative way in I could just see the staff like

kind of creeping and tiptoeing and so as they went to the

kitchen, but that worked on the child self regulation because

a child want it to run but gave the parent a really fun way

to by just walking to the kitchen how that could be made

fun and also build aliens because it worked on that child

self-regulation. The last piece of the program that we're

talking about is our Sixth Element, which is our progress

check up.

So we do the initial data sets the initial strength based

assessments at intake and then we also do them every 10 visits.

So our rationale behind that is research suggests that more

contact between parents and workers is associated with more

frequent visitation.

Less child time spent in out-of-home placement, which is

course. What we want is less less.

We want families were United in progress in the parent-child

relationship in the growth of skills should be reviewed in

celebrated goals and plans should be adjusted regular and

that's absolutely that's absolutely a piece of the model.

There we go after each.

So again after every 10 visits, we would really look at and

sometimes the goals would stay the same or the child gold

may stay the same but the parenting strategy in the coaching

support may change.

So again, it was an opportunity to meet the best practices

of research in addition while offering those families opportunities

of do we still need to work on this and the coach scheduling

a check-up meeting and sometimes it was before or after a

visit or during a visit it would just in again.

It could be modified depending on the needs of the family

to make sure we could get that information to them and Discussion

with the parents celebrating and looking at the accomplishment

and the goals and then also it changing as needed the child

goal the parenting strategy or the coaching support.

What questions are there about the model I realized that

it's a it's a quick overview.

So what questions could I could I feel about the questions

of the model before we kind of talk about some implementation.

I also have kind of some initial successes to share and then

I want to make sure I just leave a few minutes at the end

to talk about the changes that we've already are incorporating

from Sherman 2.02 Sherman 3.0.

There's the question it seems like it's about social worker

social worker role in the model based on worker as in one

social worker handling the case cases case Services supervising

and assessing the visits.

It depends it.

Our model is that's a great question.

Our model is our family coaches could be a depends on the

family. We try to have one worker with the family when it

all possible.

But sometimes in addition to this you Visitation we might

also receive another referral to for example say assist with

housing. So depending on worker availability I may or may

have not have one or two staff involved.

In addition.

I may have we try to keep one at all possible but sometimes

schedules just unfortunately don't all line up.

I kind of always it kind of feels like one giant puzzle piece,

but sometimes it can be a challenge when our local Department

of Child Services has increased the hours as such and someone

doesn't have Vroom so sometimes visits are shared.

So someone for example May cover the Monday visit and another

worker May cover the Thursday visit again, that's worst-case

scenario, but we try to win it all possible have the family

work with one person because of that relationship and that

engagement. Like I said, there are those extenuating circumstances,

but we definitely try to have one worker with the family

when it all possible.

Okay, there are a couple of questions looks like people would

like clarification on the role of the Child.

Welfare worker.

Here's a question are the visit coaches the Child Welfare

workers themselves.

And if they're not how how are the abuse neglect issues in

case planned coordinated with the visitation goals?

Okay.

Those are those are yes, excellent questions.

Our agency is not our agency.

They are not specific Department of Child.

We call it here in Indiana.

We call Department of Child.

All services and we actually have the CPS or DCS workers

that and they have they're the ones that establish as far

as if there's abuse or neglect and then again go to court

things like that.

They have our area set up the way that our program and services

are they have there's lots of us that do the work here in

our area and across the state and so they have a large area

to pick from and then they get we get our work from them.

So I always tell my staff but we have kind of two clients

in some ways.

We want to make sure our referral agency is happy.

But we also want to make sure that our clients that were

serving are happy.

So our staff are not the their child welfare workers in the

sense of they work they work in the with at-risk families,

but they are not directly associated with our state system

as far as what we call the family fcms or family case managers.

We definitely coordinate cases.

We send case notes on a regular basis to our To our to our

state contacts and or are whoever our referral sources and

in addition, we attend Child and Family Team meetings.

They send what their goals are on the referral in addition

based on my state standards.

There's a list of bulleted items that are standards of what

I need to be doing for the family and providing for all families

and it works out beautifully because our Sherman model very

much has that in consideration and I can show how each of

the bulleted kind of list of things Things that I need to

work on our met through Sherman, which is extremely helpful.

So I hope does that answer the question.

We'll see if it does.

I think I think it cleared it up for me because I had a similar

question. There's one more question.

How do you assess a cultural competency in your research

when engaging an intervening?

Valerie do you want to talk at all about the re that for

research side of things?

Yes, sorry.

I just needed to get the presenter controls back.

This this model has not explicitly looked at the individual

cultural competency of the worker or the congruence between

the workers race or ethnic identity and the child or families

race and ethnic identity.

We're just not at that point in our research, even though

we think it's really important what we've done so far.

The research perspective is to look at Pilot data in terms

of satisfaction in terms of how practical it's been and we've

been obviously as you'll see in the next section updating

it to make sure that implementation can be successful and

we've also been looking at the way children are changing

in their assessments of protective factors that actually

strengths are growing and we don't have information to share

on that yet because the research is actually ongoing at the

moment. We're also looking at outcomes and I think once we've

been able to do that, then we're going to look at sources

of variance for it works better or worse under certain conditions.

And it may be that certain characteristics of the workers

make them more or less successful in carrying out the model

and cultural competence and or cultural congruence would

be one that we should definitely explore.

Great.

Thank you.

I don't see any additional questions.

So perhaps we can proceed with the presentation and see if

there's any at the end perfect.

So I want to talk just briefly about implementing the program

and also share some initial successes with you about the

model so far.

I want to also Identify some roadblocks and then also talk

about just briefly that it at the the modifications we've

made from German 2.0 to Sherman.

No.

So the implementation that it is to provide the staff skills.

So there was 12 hours of training when we launched the Sherman

program and I appreciate it this quote.

I love every part of this program.

It's intuitive and I can't wait to have a plan that works

for what I've been trying to do and they were three for Audra

for our modules and it was a I've no doubt it was it was

challenging to come up with that but it worked really well

because what we were able to do is Will provide services

to families while the training was going on?

So we had a morning session and an evening session and staff

could pick and choose what works best for them.

So day one you could either do morning or evening same for

Day 2 and 3 and that really worked because again our services

to family is is crucial and we know that if we're not available

to supervise that visit that those families don't get time

together. And so if very much incorporate it the importance

of that in the training into our into just our culture here

at Scan of the importance of our family isn't times together

with our families.

We also have a leadership team.

We continue to meet on a weekly basis review data determine

needs for support 6L celebrate successes.

And that's really important as we also look at and it's comprised.

The leadership team is comprised of agency administrators

be CRC Consultants where every week we kind of again just

as we look at the model and making changes in future.

Anning and looking at data, it's very much a strong a strong

leadership team.

And also where we talked about lots of things of how do we

make things work for for the for the agency and for the families

also implementation supports looked at staff supervision.

We have a modified staff supervision form.

It's an ongoing.

I feel like it's an ongoing development but talking to strength-based

supervisors supervision.

Is a promising practice and I like this quote that may contribute

to a positive work environment decreased staff turnover and

increased job satisfaction.

And and I think on some level we all want that for for agencies

that we work for that I definitely want to have a positive

environment and not have staff and we all know how the costs

of training staff can can impact us and also for just overall

job satisfaction and we have monthly staff meetings.

We have small group meetings.

Ongoing email blast kind of information lots of communication

between the workers and the leadership group.

I know that even frequently I'll go to staff and I'll talk

with them when we were developing even 3.0.

We spent a lot of time and staffs getting staff feedback

of what would work because they're doing this every day.

Also, the supervision is a formed to look at individual cases

and then spending time with that with the direct supervisor.

So again that important piece of on Going training ongoing

skill development is an important piece of the program for

some initial successes for workers 83% of Staff agreed or

strongly agreed that the program improve their professional

skills 96% of staff reported feeling comfortable using coaching

supports with parents.

And I thought those were those were extremely important as

well as these these are very powerful the initial successes

of Children and Families.

83% of Staff agree or strongly agree that the JSP RC Jones

Sherwin program for resilient children helps promote resilience

in children also 91% agree or strongly agree that the strength

based assessments help create appropriate goals with Children

and Families.

87% of Staff agree or strongly agree that the John Sherman

program helps parents engaged during visits which is a huge

component of of our visits.

We want families to engage 87 percent of Staff agree or strongly

agree that the John Sherman program helps parents prepare

parents for reunification and also 84 percent agree or strongly

agree that the program helps improve parenting skills.

So just some quick initial successes of the program.

And just some roadblocks.

I'd like to mention briefly because I think with every program

there's always there can be those roadblocks and we've had

a few for example financial support.

There's ongoing consideration for training and how do you

the cost of training while because most most agencies and

myself included we have a billable.

There's a face-to-face time or how it whatever whatever word

you might use for it, but there's that face to face time

so money for replication.

And can be a challenge.

We also know that we work with an involuntary population

and that can be a challenge by itself that what if the parents

resistant to setting goals and some of our family is they

come in and they're have a lot of different kind of things

going on for them.

And so we want to be we want to work with that resistance

instead of against that resistance.

even the difficult role changes and that's been a culture

change at our agency from moving from a lifeguard to a swim

instructor and very much the difference of sitting back and

watching and documenting versus really intervening in becoming

that swim instructor and kind of being in the water if you

will and swimming side-by-side and and praising and prompting

and teaching is a huge piece, but that's also been an adjustment

or staff or used to kind of sitting back and making sure

That they ensured safety which there of course still doing

but engaging in and promoting and modeling and so that's

been that's been also it's been a roadblock for us.

The variability and visit locations as we continue to kind

of make implementation kind of challenges as looking at sometimes

visits are in the office.

Sometimes they're in the home and sometimes they're in the

community. And so there's always that question of well, how

do I have enough supplies for where we're going?

What if we're going out about into the community because

our local agency does offer that we can go out into the community

and it might be to a park or wherever or the library but

variability and visit locations has Tests can be a challenge

also The Limited intervention time.

It depends on the courts.

It depends on our referral agencies and sources how long

we keep families and depends on the Family's progress and

lots of different situations.

We also have if you know if a parent gets for example, if

you go on hold is what we call it, but it could be for lots

of reasons and incarceration or if they know show so that

can also be a barrier to the program and then we do not include

Foster. Parents in the Joan German program for resilient

children. They when families come in it's what the visitation

program does but then the children go back home with the

caregivers or foster care foster parents and and that can

also be a challenge.

For the program.

So I just wanted to give you a few of those the last slide

here before we wrap up.

I just wanted to give you a quick overview of our revision.

So on the left, you'll see the 2.0 John Sherman model versus

on the right the revisions the 3.0 model just because I feel

like that I wouldn't be doing a service if I didn't at least

talk about where we've been and where we're heading so before

and this was based on data based on staff input and family.

Put as well all of these changes.

They weren't just randomly made they were they were very

thoughtful and though before their child gold there could

be up to 39 possible goals for multiple ages.

So for example, if I'm a staff and I have a if one of the

families on my caseload has five children, I could be monitoring

five goals all at once and because it was one goal per child

and depending on the age group.

It just was very hard.

So then I'm monitoring a visit for two hours and I'm realizing

well, how do I keep track?

Track of this child's goal versus the next child versus the

next so we've now substitute it that with a family bounce

goal. So the bounce goal addresses all of the bounce areas

and the bounce areas are the protective factors.

We've continued to work on creating meaning and using language

that is client friendly that creates meaning because protective

factors can feel it doesn't feel as client friendly as a

bounce area versus so we have a family bounce goal.

And all of our goal is that and we use the total protective

factors is is are the sum of all the factors and it's kind

of a rough average if you will of the protective Factor areas,

and that's our we want to increase our families bound.

So each child, we still monitor each child, but I want to

try to work to make that child's number and help the family

Provide support so that we build protective factors and that's

how we know.

It's the t score based on on that number as a t-score is

what we use, but that's our news.

It builds the family school and the family goals build bounce

the parenting strategies before they could be working on

one or two at a time.

And even the coaching supports.

They could be working on any up to 10 not all at once but

one at a time, but ten possible supports we've now switched

that so now they work with and it's set out.

So for the first ten visits we focus on the first parenting

strategy and while I'm doing that first parenting strategy

as a coaching support, I'm doing the same.

Aang so they now very much mirror and parallel each other

and staff of you know, even just a short amount of time.

They feel like they have a better understanding of what the

goal is what the parenting strategy and what their focus

is and that's based on Light review as well.

And then during the visit so resilience meetings and plans

were a challenge for us families were we would prefer that

they come in either before or right after the visit, but

what was happening is families weren't coming in.

We weren't able to create meaning And set goals.

So now what we've done is we do it during the visit and we

also have our activities can they specifically in one of

our visit activities that we have is it focuses on how to

introduce those protective factors and start to create meaning

so as they do the data sets every ten visits it helps to

explain them.

And so we even have an activity.

So now we do it during the visit the visit routine went from

seven steps to nine steps.

It's a more structured approach every But again, it's a very

structured approach similar to what it was before but still

very flexible and one of our activities, they actually look

at the visit routine and they cut out the little circles

and they talk about how do they want their time to go together?

And then the resilience activities before had the packed

and the parent and child initiate it and the open and now

we have the family and bounce activity time.

So we still have and it's a change of language.

And so now we have one bounce activity so each visit rather

than before Picking from this large packed book with lots

of good options now each visit at the minimum does one quote

unquote bounce activity and then it links to how that builds

protective factors.

So that's just a quick nutshell, but I appreciate it.

I wanted to be able to share kind of where the program has

been and where we're heading because I think that's also

important as well.

So this point that concludes our presentation and we are

open to take any questions you may have.

Great.

Thank you Heidi.

There's a couple of questions.

Is there a protocol for transitioning from highly supervised

to lightly supervised to unsupervised visits while keeping

focus on increasing child resilience and safety are sure

that's a good question our and I know it depending on the

various Department of Child Services across the country some

have what they call quote unquote levels.

We do not have a level system.

But what we do is we've worked with our referral.

So if they say because I would say I only know what I can

know about a case.

And so sometimes I don't have all the pieces to the puzzle.

And so if they say we want you to be more hands off with

this case here are some specific things we're looking for.

We have a child and family team meeting our intensity might

be a little bit less or our coach might be kind of step step

off if you will still very present and still coaching but

very much wanting the family to take the lead and they're

notified of that so we very much work.

With our local referral sources and contacts to see what

do they need from us for cases?

And then we do have a policy as far as and a process.

So in our local referral agencies Drive our services we can

give them a summary of information which we do on a regular

basis, but they ultimately decide if it's in office or a

proof or in community or approved for in-home and or approved

for just drop by visit.

So it's very much depends on our referral.

A couple more questions.

How long is it typical visit how long and they generally

in the program sure good questions.

They are typically they vary but on average gosh and I should

know this right off the top of my head and I can double-check

it. Most of our visits are once a week for two hours.

But we also have visits that can be a lot longer especially

depending on the case and or the age and or the situation.

Of the family so we have visits that can be up to 4 hours

and even longer.

Sometimes it just depends all the way down to one hour, but

they typically average two hours.

And what was I'm sorry.

What was the other question?

How long are they generally in the program?

They are typically we are finding that it's a shorter term

program than what we thought that they are dropping out and

I don't want to give the exact fit at visit number because

I don't want to tell you wrong but they are dropping out

between I believe in Valor you may know off the top of your

head and I apologize.

I believe it's visit 25 to 30 as where families are.

Typically we're losing them but we could be losing them for

various reasons, it could mean because they've closed it

could mean because they've Reunify it and or it could be

because of a termination, but I can double-check that number.

But it is it is very much a short-term program as what we're

realizing. Great.

Thank you.

Here are two last questions that you have data on actual

outcomes for families served.

That's one question.

And then the other question is about the caretakers in your

thoughts about not including them.

And here's a question about have you considered having foster

care takers involved in the visitation planning meeting that

occurs regularly.

Valerie do you want to address the research question?

Ian, I actually reluctant to share that yet because we have

not we're not through the analysis we have the data and we

love to share it at a future time.

I just from a researchers perspective.

Our best practice is not to give people information until

we're a hundred percent confident that it's the final answer.

So I'm going to stick with that for right now.

But if you're someone that wants to stay in touch, please

you know, our emails are on the screen right now.

And I'm also happy to we will be writing a second paper with

the results.

So I'm I also just guess if you use any of this work and

things that you're creating and want to cite the paper that

would help us keep track of you and know how you're using

it and also, you know read what you wrote and what you've

done and help us learn from you and then of course to stay

in communication so that you can receive the second paper

with that information.

And I'm sorry, what was the other part of the question?

It was about foster parents.

Have you considered having foster care takers or parents

involved in visitation planning?

It has been discussed on the leadership team.

It's come up.

But it currently we do not but it has been discussed and

Heidi my understanding about that is that it's it's very

complicated because they're not very compliant a lot of billing

and Logistics.

Yes.

It's very complicated.

Yes, it's effective.

Yes.

Now excellent point it is and that's why I was like we have

it's been disgusting no on multiple occasions, but whether

it's very complex.

Okay.

Thank you.

I'm looking at the clock.

It's 1128.

We are scheduled to go until 11:30 11:29 now, so maybe I

should transition to closing the webinar Valerie and Heidi

have offered their emails and they are on the screen now.

I want to remind you that the webinar is being recorded and

it will be posted on the course website relatively soon.

And then I would like to just give a very special.

Thank you to our presenters.

Dr.

Valerie Sharpe.

From UC Berkeley School of social welfare and Heidi Sims

from stop child abuse and neglect and thank you to Stuart

oppenheim. He's there in the background for the introduction

of the research and training Network and thank you to everyone

who participated in today's webinar.

Hope it was informative for you.

And please check the cows whack website for past current

and future webinars.

This concludes this webinar, and I'd like to wish everyone

a great today.