Contacts - SW and Child

(Revised 2/12/21)

Related Policy Manual (PM) Files

Purpose

Definitions

General Policy

Interviewing Children at School

Private Discussion with the Child

Documenting Sexual and Reproductive Health Conversations

Concerns about the Child

Frequency of Contacts on Cases

Frequency of Contacts on Investigations

Attempted In-Person Contacts on Investigations

Documentation in CMS/CWS on an investigation

Highly Vulnerable Children

When Cases are Being Transferred or Closed

Exceptions to Practicing SW outside of CA

PSS Responsibilities

Alignment with SET

Related PM files

Additional information about contacts can be found in these policy files:

- Contacts General
- Contacts SW and Parents
- Contacts SW and Resource Parent(s)
- Contacts SW and Other Service Providers

Purpose

The Federal Child and Family Services Improvement Act of 2006 (P.L. 109-288) was enacted to improve the well-being of all children in the child welfare system. It requires SWs to visit all children placed out-of-home and in home at least once per month (including EFC youth), with the majority of those visits taking place in the child's home or placement.

No more than 2 consecutive months can pass without the SW having in-placement contact with the child (W&IC 16516.5 and 16516.6). If a child is not seen in their placement, the location and reason for not seeing the child in their placement must be documented in CMS/CWS and the Court Report.

California Department of Social Services (CDSS) regulations (31-320) guide the requirements and purposes of contacts with children. Therefore SW's are to:

- Verify the location of the child and the health and safety of the child's living and sleeping arrangements
- Assess the child's safety and physical, emotional, and social development. Including any possible self-harm/suicidal ideation, harming others, etc.
- Engage the child and caregiver in case plan development

Purpose (cont.)

- Assess and ensure the child's well-being by conducting ongoing risk assessments utilizing Structured Decision Making (SDM) tools
- Assist the child in preserving/maintaining religious and ethnic identity
- Ensure that child is participating in age-appropriate extracurricular, enrichment, cultural, and social activities including access to computer technology/internet
- Investigate allegations of abuse or neglect.
- Gather information about the child to identify needed services to be included in the case plan and monitor the effectiveness of those services provided to meet the child's needs
- Establish and maintain a helping relationship between the SW and child to provide continuity and a stability point for the child
- Ensure the child is able to maintain relationships with siblings, relatives and adults who are important to the child
- Solicit the child's input on their future and to inform the child as to current and future placement plans and progress and discuss these plans and progress with the child
- Evaluate and assess the child's educational needs and progress and the potential need for special educational services such as an IEP
- Explore with the child their feelings regarding visitation or lack of visitation
- In ER, VS, FM, and FR cases, continue to actively engage the family (child and parent[s]) and tribe (if applicable) in family engagement efforts such as case-planning and service-provision that are designed to address the child's/youth's history of trauma, grief, loss, stigma, and rejection
- In PP cases, continue to actively engage the child (as appropriate to the child's age/development), parent(s) (if in best interest), tribe (if applicable) and child's caregiver in family engagement efforts
- In EFC cases, ensure that the youth is remaining on-track regarding eligibility requirements and transitioning to adulthood
- SWs must assess safety and risk at EVERY visit with the child, even when a formal SDM safety/risk assessment is not required

NOTE: Refer to Contact Element Guides as a tool to guide in contacts with children.

Definitions

For purposes of contacts:

Word	Definition
Contact	Face-to-face unless otherwise indicated
Child	Child/youth (including NMDs)
Month	Calendar month
Day	Calendar day

General policy

SW's are required to complete the following (per CDSS regulations (31-320)):

- Visit the child on an open dependency case in the home **at minimum once** a month face to face.
- Visit the child on a Voluntary Services case at minimum twice per month face to face.
 See Voluntary Services Protocol for specific contact requirements.
- If there is a change of placement (COP), the child will be seen in the new placement within 10 days of the COP
- Make unannounced visits on all investigations
- Both unannounced and announced home visits for all other monthly contacts.
- Have a private discussion with the child during monthly contacts and investigations and if the discussion was not private, document in CMS/CWS and court report, location and reason for not having a private discussion.
- The majority of the monthly contacts must occur in the child's home/placement and if the level of risk increases, then the percent of unannounced home visits shall also increase.
- Have regular in-person face-to-face contact with the parent(s) unless meets exception criteria or parental rights have been terminated.
- Enter mandated monthly contacts into CWS/CMS within 10 working days.
- Enter investigation contacts into CWS/CMS within 7 calendar days.
- All dependent children at age 16 must be provided with their services, information, and documents (i.e. social security card, birth certificate, financial information, etc.) (2019).

NOTE: Federal law does not permit videoconferencing and/or telephone contact to meet the monthly in-person contact requirement, however in emergency circumstances, video conferences can be allowed with authorization from the California Department of Social Services and/or with a Juvenile court order.

Interviewing children at school

Interviewing children at school can be very stressful for them. Many children feel embarrassed being taken out of class and/or worry about their peers seeing them talking to a SW. Please be sensitive to children and avoid seeing them at school whenever possible.

If the SW must interview a child at school as part of an investigation, the SW will follow CWS policy for Interviewing a Child at School .

Private discussion with the child

When making a regular contact with a child in their parent/guardian home, caregiver, and FFA/group home/STRTP, or PCC, the visit shall always include a private discussion between the child and the SW. The discussion shall not be held in the presence or immediate vicinity of the caregiver/parent/staff and the content of the private discussion shall not be disclosed, except that the SW may disclose information under any of the following circumstances:

- The SW believes that the child may be in danger of harming self or others
- The SW believes that disclosure is necessary to meet the needs of the child
- The child consents to disclosure of the information

The SW will advise the child of their right to have a private discussion outside the residence/facility. If the contact occurs outside, the SW will document in CWS/CMS and in the court report where the visit took place and why it was outside. "Outside" does not necessarily mean out-of-doors. The statutes (W&IC 16516.5 and 16516.6) underlying this policy are intended to ensure that children have the opportunity to speak freely to the SW and to ensure that SWs regularly see children where they are actually living.

The SW will ensure that their documentation clearly describes what was said and where the contact occurred. If the SW spent some time both in the placement and outside the home (i.e. picked child up for transport) then it can be considered an in placement contact.

NOTE: See ER - Investigations policy for information on contacts with a child on a referral.

Documenting sexual and reproductive health conversations

The SW is required to have sexual and reproductive health conversations and address any barriers to these services for children and youth 10 years and older. During these conversations, the child/youth may disclose confidential sexual and reproductive health concerns. The following are language examples to document this information:

Reproductive Health: "The SW and youth discussed topics/provided resources/offered to remove any barriers of reproductive health."

Sexual Transmitted Infection (STI) or disease (STD): "Youth is under treatment for a sensitive health matter."

Human Immunodeficiency Virus (HIV): "A chronic condition which requires medical supervision."

NOTE: See Confidentiality - General policy and Health Examinations for more information.

Concerns about the child

Case carrying SWs should continually assess for the safety of children and youth throughout the case. If the SW has concerns about the safety, environment, care, etc. related to where a child is living (whether in-home or out-of-home), they will immediately discuss those concerns with their PSS and take appropriate action if the child is at-risk.

If there are concerns about a child that is	Then the SW will
placed in a	
FFA Home	Address those concerns with the FFA SW. If unable to resolve at this level, the SW can send a completed Inter-Departmental FFA and LGH Complaint and Feedback form, see Institutions Evaluation Unit (IEU) for more information. NOTE: If the concerns are abuse and/or neglect and the abuser is the contracted FFA caregiver or group home staff, a CWS Hotline referral should be generated.
Resource Family Home/Family Home (out of home/in home)	Immediately consult with PSS and determine appropriate action. This may include generating a CWS Hotline referral and if injuries observed, having a medical exam/interview completed. NOTE: See Medical Opinions - Forensic Examinations/Interviews and Medical Consultations policy.

NOTE: See Hotline - Referrals on Active Cases and Active Referrals for more information.

Frequency of contacts on cases

The table below provides specific contact information on open cases. These are minimum guidelines for contacts and contacts should increase if the risk increases, especially if it is a high-risk or HVC case.

Program and/or Placement	Required In-Person Contact	Notes
VS	2X minimum each month.	The first face-to-face contact must occur within 5 business days of the date the case is assigned to the VS SW in CWS/CMS.
		NOTE: See Voluntary Protocol for more information.

Frequency of contacts on cases (cont.)

FM	1X each month.	
FR	1X each month.	
PP	1X each month.	See Guardianship exception below.
NMD/EFC (non- minor dependents)	1X each month.	
LGH/STRTP placement	1X each month.	Per state regulations (31-320.613), there must be at least a 2-week time frame between official monthly compliance visits.
GDS (Guardianship)	1X every 6 months.	Per state regulations (31-320.612), the SW may have less frequent contacts, up to a minimum of once every six consecutive calendar months if all of the following apply: The child is receiving PP services The child is in placement with a legal guardian, and Dependency has been terminated (or the child was never a dependent) NOTE: See Guardianship policy for more information.
Child/Youth detained at PCC	Within 48 of hours of child at PCC.	No exceptions.
Child/Youth left PCC without permission and returns	Within 1 business day	See Absent Client - No Contact policy for children that leave PCC without permission.
Child/Youth has a change of placement (COP)	10 days from the COP date (in new placement).	No exceptions.

Frequency of contacts on cases (cont.)

Child's whereabouts is unknown	None. If the child is located and returned to care, the SW has 3 business days to have in-person contact with the child.	Per state regulations (31-320.711), monthly contacts are not required when a child's whereabouts is unknown as long as the SW: informs the court that the child's whereabouts is unknown. confirms and documents that fact in CWS/CMS every 30 days from the date of the initial discovery. document all efforts in CWS/CMS. Follow the Absent Client - No Contact policy for requirements to locate a missing child.
ICPC	1X each month.	The receiving state's SW will have monthly contact with the child. The primary SW will request these contacts and enter them monthly. NOTE: Although the Receiving State's SW is having in person monthly contact, best practice would be that the primary SW have at minimum, monthly phone, email, text, contact with the child (if verbal) and caregiver. Per federal regulations (section 422[b][17] of the Social Security Act), no monthly contact exceptions exist for children/youth placed out-of-state. Refer to the Interstate Compact for the Placement of Children (ICPC) policy for how to enter ICPC contacts into CWS/CMS.

Frequency of contacts on cases (cont.)

		<u> </u>
Inter county transfer	1x each month	The receiving county worker will have monthly contact with the child. The SW will request that the majority of the other county's visits with the child be in the home where the child resides. NOTE: See Courtesy Supervision - General for more information.
Youth in Juvenile Hall	1X each month	SW must have monthly contact with the child. Only exception is if the court orders the Probation Department to assume jurisdiction.
Child/Youth admitted to psychiatric facility	Within 1 working day of child's admission to facility	Follow further guidelines outlined in policy file, Psychiatric Hospitalizations.

NOTE: For cases with once per month contacts, best practice would be to see the child(ren) approximately every 30 days.

Frequency of contacts on investigations

ER (when closing referral without services)	1X if completing an inperson investigation and determining that Child Welfare Services are not necessary.	
ER (when opening case for services)	3X in first 30 days (including initial inperson response). OR 2X in first 21 days, if the Case Plan is approved in the first 21 calendar days after the initial removal of the child or in-person response, whichever is earlier.	After the Case Plan has been approved, then monthly contacts are required.

The table below provides specific contact information on investigations. These are minimum guidelines for contacts and contacts should increase if the risk increases, especially if it is high-risk.

Attempted in person contacts on investigations

If the SW attempts, but is unable to complete an in-person response with the child and/or family, the SW must document in CWS/CMS that the SW attempted an in-person response within the required time frame and:

• the SW had reason to believe the person could be found at the location the SW visited; e.g., home, school, etc. but discovered the person was not there.

OR

 the child was hospitalized and the SW was informed by the physician or other medical professional that visiting the child was prohibited. SW will create a contact in CWS/CMS to include a dated discussion with the physician or medical professional regarding the child's progress.

If a SW is refused entry to a family's home in order to assess/determine the welfare of a child, and it is a non-emergency situation, the SW must get a search warrant prior to entering. Law enforcement is to be contacted in the event of an emergency.

Attempted in person contacts on investigations (cont.)

This table displays the minimum **in-person** attempt requirements for **REFERRALS**.

Category	In-Person Response Time	If Attempted Initial In-Person Response Is Not Successful
IRS/24-Hour	Within 2-24 hours from the time the referral is received by CWS.	SW must make (and document) a subsequent inperson attempt within 24 hours. NOTE: Best practice is to consult with PSS for reasonable attempts. See ER - Closing Referrals for reasonable attempts when unable to locate. SW will make additional in-person attempts until the child/family is seen or until all avenues to locate/interview them have been exhausted and documented.
5-Day	Within 5 working (business) days from the date the referral is received by CWS.	SW must make (and document) a subsequent inperson attempt no more than 3 business days after the initial attempt. SW will make additional weekly in-person attempts until the child/family is seen or until all avenues to locate/interview them have been exhausted and documented.
10-Day	Within 10 calendar days from the date the referral is received by CWS (day 1 is the date the referral is received by CWS.	SW must make (and document) a subsequent inperson attempt no more than 3 business days after the initial attempt. SW will make additional weekly in-person attempts until the child/family is seen or until all avenues to locate/interview them have been exhausted and documented.

Documentation in CMS/CWS on an investigation

A **separate contact** must be entered for each attempted or face-to-face interview.

NOTE: More than one child can be included in the same contact if more than one child was present. The SW must clearly document which children were there and which child(ren) said/did what.

If parent(s) and child(ren) are seen and interviewed at the same time, it can be recorded as one contact as long as both Staff Person/Child and Staff Person/Parent are recorded in the Contact Party Type field.

In order to ensure that required in-person investigation time frames are documented correctly, the following must be completed in CWS/CMS:

Contact Notebook Field	Required Entry
Start Date	Must reflect the date of contact.
Contact Purpose	Must be "Investigate Referral."
Method	Must be "In Person" for child(ren).
Status	Must be "Completed" or "Attempted."
On Behalf of Child	Must show child interviewed/contacted.
Participants	Must list all clients seen during the contact.

Highly Vulnerable Children (HVC)

If a referral has been identified as HVC per the Highly Vulnerable Children Protocol then **daily** attempts at different times of the day must be made to make face-to-face contact with the child(ren) and family until all avenues to locate/interview them have been exhausted and documented.

Whenever a case has been designated HVC and the child remains, or is placed, in the parent's home, best practice would be for the SW to see the child and parents at least twice per month.

Exceptions to practice SW outside of CA

CWS SWs are **only** authorized to practice social work within California unless these exceptions apply:

- SWs may transport children to/from California with a court order
- SWs may visit children in out-of-state licensed group homes if there is an approved ICPC and the placement agreement specifically allows the SW to visit the child in that state.
- Refer to EFC Placement for policy related to NMDs who live out-of-state

When cases are being transferred or closed

Contact responsibility on cases that are transferring:

If the case is transferred the	then the SW who
1 st through the 14 th of the month	received the case will be responsible for
	making that month's face-to-face contacts
	with the child(ren)/parent(s) and
	documenting them in CWS/CMS.
15th through the 31st of the month	transferred the case is responsible for
	making that month's face-to-face contacts
	with the child(ren)/parent(s) and
	documenting them in CWS/CMS. (The SW
	will need to make/keep a secondary
	assignment to be able to enter the contacts
	after the case transfers).

NOTE: If a case is being transferred to PPAU, PPAU does not perform any case management functions, including making contacts. The transferring SW is responsible for completing the contacts. Refer to Referrals for a PP Assessment for more information.

Contact responsibilities on cases that are closing:

If the case is closing	then the assigned SW will
in the calendar month	make a contact before closing the case (must complete prior to terminating dependency). Document contact in CMS/CWS.
and the youth is turning 18 years old	see the youth during the final calendar month prior to their 18 th birthday. Document contact in CMS/CWS.

PSS responsibilities

The PSS is responsible for the following:

- Review SW contacts for accuracy and completeness
- Discuss with the SW any additional efforts that can be made to make the placement more permanent through adoption or guardianship, to identify any barriers to such permanency, and to identify ways to address those barriers, if the child is postpermanency planning and not in a group home/STRTP
- Verify that a majority of contacts with out-of-home children take place where the child resides
- Ensure that before approving a case for closure, the final monthly contact has been made and documented in CWS/CMS
- Reviewing and offering feedback on visit documentation
- Reflect on strategies for engaging children, youth, parents, and caregivers
- Support SW's in getting "unstuck" in their interactions with children, youth, parents, and caregivers and assist in developing next steps for engagement
- Ensure that any valid contact exceptions are clearly documented on the Case
 Management Services page of the Case Plan or Case Plan Update Notebook (in the
 Contact Exceptions drop-down box in the Schedule for Service frame)

Alignment with SET

This policy supports the following SET Values:

- Value 1 and the guiding principle of honoring and incorporating the voices of children and youth, and the agency practice of engaging the family in safety planning by utilizing respectful, honest, and transparent communication
- <u>Value 3</u> and the guiding principle of a continual focus on children's well-being while they are in our care and agency practices to continually assess safety throughout the life of the case and ensure the voice of the child/youth is heard