

DCF	COMMONWEALTH OF MASSACHUSETTS ~ DEPARTMENT OF CHILDREN AND FAMILIES	
	Policy Name: Reunification Policy	
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REUNIFICATION POLICY

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I. POLICY

All families need support. The Department must make reasonable efforts to preserve families and prevent family separation whenever possible. If those efforts are unsuccessful, and family separation becomes necessary to keep a child safe, work toward reunification begins immediately. As the Department considers and plans for reunification, it is essential to promote child safety, permanency, and well-being.

Some families are actively involved with the Department at the time of family separation, while others may have no previous involvement with the Department. A family's history matters as the Department plans and implements interventions that can facilitate a successful reunification. Social Workers are the primary intervention and resource to a family as they work towards actionable changes. Social Workers and parents engage in a partnership of mutual accountability during the reunification process. Parents must be encouraged and empowered to play an active role in reassuming primary caregiving for their children. Reunification, and the period after a child returns home, are a time of heightened risk for children and families. The Department and families address this risk through increased contact, by accessing resources and supports, through mutual accountability, and by maintaining a formulation and Action Plan that reflects a family's present needs.

The Department understands that implicit bias plays a role in child welfare, as it does in all human interactions. Biases may lead Department staff, collaterals, and service providers to believe all families should be just like their families. Department staff must understand how biases may impact interactions and decisions around family separation and reunification. All staff must actively challenge assumptions because staff may not be aware of their biases. Decisions must be made by focusing on safety and what is in the best interest of the child.

Working with individuals who are Deaf or Hard of Hearing and individuals with Limited English Proficiency: The Department secures interpreter services for individuals who identify as Limited English Proficient (LEP) in a timely manner. To secure services for individuals who are Deaf and Hard of Hearing, the Social Worker contacts the Department's identified contact with the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) who can make requests directly from MCDHH. The Social Worker, or other Department staff, will not require or suggest that an individual who identifies as LEP bring their own interpreter or communication specialist to meetings. The Social Worker, or other Department staff, will not rely on an adult accompanying an individual who identifies as LEP to interpret for the individual UNLESS it is an emergency involving an imminent threat to the safety or welfare of an individual or the public and there is no other interpreter available; OR the individual specifically asks that the accompanying adult interpret or facilitate communication for them, the accompanying adult agrees to do so, and reliance on the adult is appropriate under the circumstances.

For all individuals who identify as LEP, documents must be translated and provided in the individual's preferred language. The Social Worker arranges for the documents to be translated by using the Department's translation service contract in the Area Office. *For the purposes of this policy, documents requiring translation include the family's Action Plan or any updates made to the Action Plan.*

II. PROCEDURES

A. DEFINITIONS/KEY TERMS

NOTE: *Throughout this document, the terms "child" and "children" are used as general and inclusive terms to mean child(ren)/youth from birth up to age 23 years. Young adult refers to adults age 18 up to 23 years.*

Collateral Contacts – Contacts made by the Department for the purpose of obtaining, clarifying, or verifying information the Department has gathered or received concerning a family or child.

A collateral contact can be:

- **A professional** – such as a therapist, teacher, doctor, or other mandated reporter.
- **A non-professional** – such as a friend, neighbor, or relative who has been identified as having information about a reported incident of abuse or neglect or about a child(ren), parent/caregiver, and/or family who is the subject of a reported incident.

Danger – A condition in which a caregiver’s actions or behaviors have resulted in harm to a child or may result in harm to a child in the present or immediate future.

Family Engagement – Family engagement is a family-centered and strengths-based approach that supports the Department’s child protection casework. It empowers families to make decisions, set goals, and achieve desired outcomes for their family. Family engagement encourages families to be their own champions, working toward case goals that they have helped to develop based on their specific family strengths, resources, and needs.

Household Member – Any individual, regardless of age, who resides in the home or who moves into the home with the intent to make it their residence. In addition, any individual who is temporarily visiting for more than 30 calendar days shall be considered a household member.

Kin Collateral – An adult who is not the child’s parent and who acts now, or may act in the future, in a caregiving role (resides outside of the home). This includes adults who do not live in the home but visit frequently, like a parent’s partner or relatives.

Limited English Proficient (LEP) – An individual may self-identify as not fluent in speaking, reading, writing, or comprehending English with providers and staff.

Parent/Caregiver – For the purpose of this policy, parent/caregiver means an adult case participant as defined in the Department’s [Family Assessment and Action Plan Policy](#).

- the parent(s)/guardian(s) residing in the home for each child who was the subject of the intake [may include biological, adoptive, step-parent(s), or other adult(s) acting in a parental role such as a boyfriend or girlfriend]; and
- the parent(s)/guardian(s) living out of the home for each child who was the subject of the intake (may include biological, adoptive, and/or step-parents).

Parental Capacities – Skills, knowledge, attributes, and abilities of caregivers to provide for the safety, permanency, and well-being needs of their child.

Permanency – Ensuring a nurturing family – preferably one that is legally permanent – for every child, within a time frame supportive of their needs.

Risk – The potential for future harm to a child.

Safety – A condition in which caregiver actions or behaviors protect a child from harm.

Well-Being – Healthy social, physical, and emotional functioning of children and their families. Safe, stable, and nurturing relationships between children, their siblings, and the adults who care for them are necessary cornerstones of their well-being and healthy development and shape how their physical, emotional, social, behavioral, and cognitive capacities will progress – all of which ultimately affect their health and functioning as adults.

B. ROLES AND RESPONSIBILITIES

1. **Ongoing Social Worker** is responsible for:

- Facilitating activities to support children in placement and their stability;
- Coordinating activities related to Family Time;
- Meeting regularly with and assessing families to help improve a parent’s capacities towards reunification;
- Arranging for services when needed for the parents;
- Regularly contacting collaterals to gather information and updates on family progress;
- Utilizing structured decision-making tools when required or applicable;
- Meeting regularly with the Supervisor to review all cases each month;
- Developing updates to the Action Plan related to reunification and transitions; and
- Maintaining ongoing communication with legal staff to ensure all relevant information is provided to effectively present information and evidence to the court.

2. Supervisor is responsible for:

- Supporting the Social Worker in protective case work and decision-making;
- Meeting regularly with the Social Worker to review and provide clinical support;
- Reviewing interim and updated Family Assessments and Action Plans;
- Reviewing Social Worker's dictation regularly;
- Discussing and assisting in revisions to the clinical formulation in each assigned case;
- Assisting in elevating cases to a Manager when required or needed for case direction;
- Maintaining ongoing communication with legal staff to ensure all relevant information is provided to effectively present information and evidence to the court;
- Assisting in consultations with specialists; and
- Facilitating the Reunification Readiness Review.

3. Area Program Manager (APM)/designee is responsible for:

- Supporting the units protective case practice activities and reunification decision-making;
- Scheduling the Initial Placement Review;
- Providing supervision, clinical support, and consultation to the Social Worker and Supervisor with case direction when needed or required by this policy;
- Assisting, when needed, in discussions with the legal staff about legal case direction;
- Attending, and/or facilitating Area Clinical Reviews, Permanency Planning Conferences, and tri-level reviews when needed or required; and documenting the review in the electronic record; and
- Reviewing the family case records.

4. Area Clinical Manager (ACM)/designee is responsible for:

- Supporting units by arranging and facilitating Area Clinical Reviews and/or Permanency Planning Conferences on a case when needed or required and documenting the review in the electronic record; and
- Supporting reunification practices to be informed, as needed, by group forums (such as Family Team Meetings, Initial Placement Reviews, Family Group Conferences, or clinical reviews) or consultations with specialists or legal staff.

5. Area Director is responsible for:

- Supporting reunification practices to be informed, as needed, by group forums (such as Family Team Meetings, Initial Placement Reviews, Family Group Conferences, or clinical reviews) or consultations with specialists of legal staff.

6. Department (DCF) Attorney is responsible for:

- Collecting the necessary information from clinical staff to advise whether legal intervention will help the Department provide for the safety needs of the child;
- Assisting clinical staff in the agency's preparation of the legal case;
- Maintaining ongoing communication with clinical staff to ensure all relevant information is obtained to effectively present information and evidence to the court;
- Establishing and continuously assessing case theory and strategy during the life of a legal case; and
- Amending the case theory and strategy based on new or additional information that supports the plan developed by clinical staff.

C. PROCEDURES: WHEN CHILDREN ENTER CARE

Family separation is a traumatic event for children and parents. Families experience a sense of loss, grief, and increased stress during this time. The child's clinical team must view the events and activities surrounding family separation from the child's perspective and keep their safety and well-being at the center of decision-making. Children are likely to experience emotional pain, distress, fear, and loss. The child's clinical team helps mitigate and reduce trauma by ensuring the child can be in a familiar

environment and with familiar people. This means prioritizing placements that keep siblings together, with familiar caregivers, and/or maintaining the child in their school and community when safe to do so.

The days and weeks after family separation are a critical opportunity to engage the family in open discussions about the behaviors and conditions that need to change, what services are necessary to support successful reunification, and what parents can begin doing to work towards observable changes.

Locating and Engaging Parents

1. For any child who was not residing with both parents at the time of separation, the Social Worker inquires about the other parent, and makes efforts to locate and engage the parent. The Department must make reasonable efforts to identify, locate, contact, and explore the appropriateness of both parents to assume care and/or custody of the child. Both parents must also be included in Family Time and the Family Assessment and Action Plan.
2. It is important for children to build connections with both of their parents and their families. Children need to know who their parents are and have as much contact with them as possible. Some parents may be actively involved in their child's life, while others may have less contact. It is important to not make assumptions, and be cautious of our own bias, when exploring and encouraging involvement from both parents.
3. **Father Engagement:** Even when a father cannot be a placement for a child, it is important to make continued efforts to include them in the assessment, action planning, and decision-making process. Action plans should include opportunities for co-parenting, father-specific peer support, and services that are inclusive of the father. Fathers should be included in a child's Family Time Plan to ensure they have frequent and quality visits with their children.
4. **Incarcerated Parents:** Incarcerated parents also require engagement and involvement. This includes opportunities for parents to participate in case planning and opportunities for meaningful visits with their children.

Locating and Placing with Kinship Caregivers

5. The Department works proactively with children and families to identify kinship caregivers throughout the life of a case, should family separation ever occur. The child's Social Worker identifies kin as part of their ongoing work with the family. The Social Worker talks to the child's parent(s) to understand who they would want to take care of their child should family separation ever occur. The Social Worker maintains a list of kin collaterals and updated contact information in the family's electronic case record.
6. When family separation is necessary to ensure child safety, the Ongoing Social Worker/Response Worker and the Kinship Social Worker immediately work with children and parents to explore potential kinship caregivers. Immediate kinship placements require a coordinated effort across multiple units and sometimes Area Offices. ([See Licensing of Foster, Pre-Adoptive, and Kinship Families Policy](#))
7. The child's Social Worker notifies kin within thirty calendar days of family separation and documents the notification in the electronic record. This notice:
 - explains options to participate in the care and placement of the child;
 - describes the requirements to become a kinship foster family; and
 - describes the supports and services available to foster children and kinship families, including support payments.

When Kin Cannot Be Located

8. When a kinship placement is not available, the child is purposefully matched to a foster home that is best able to meet their needs. Placements are selected based on the likelihood that they will endure for the duration of the child's need for out-of-home placement. Priority is given

to placements that can keep sibling groups together and keep children within their own community.

The child's clinical team communicates the specific needs of the child and what is important to them, including their likes, dislikes, interests, extracurricular activities, medical/behavioral health needs, and educational needs. The clinical team also communicates the type of home environment, structure, and caregiver that the child will respond best to promote stabilization. The Foster Care unit can also view the child's case record, which should reflect information about the child that can be used in matching. They may also reach out to Social Workers previously assigned to the child for more information about the child if the case is not currently open.

Frequent Opportunities for Parent-Child Contact

9. The Social Worker arranges for contact between the child and their parents within 24 to 48 hours of the child entering care. The first contact after removal may be virtual. Virtual contact is also a beneficial opportunity for children and parents to connect between Family Time. The frequency and duration of virtual contact between Family Time is determined by the child's clinical team in consultation with the child's family. Foster parents and kinship caregivers can facilitate this contact, but it is important that the Social Worker and Foster Care Social Worker prepare and support caregivers ahead of time.

If siblings are not placed together, the Social Worker and Foster Care Social Worker work together to coordinate virtual contact between sibling groups.

Family Time and Parenting Time

10. The Social Worker arranges for parent(s) and child(ren) to have their first Family Time visit within 5 working days of removal.
11. Family Time occurs in the most natural setting possible for children. When prepared and supported, a kinship or foster parent can provide supervision and facilitate Family Time in a natural setting. In many instances, kinship and foster parents may be able to provide more frequent family time opportunities than a Social Worker can provide.
12. Family Time should also include opportunities for the parent to participate in normal parenting activities, such as sharing meals, medical appointments, and school events. Parenting opportunities can occur in the homes of kinship or foster families, in the parent's home, or in the community. The frequency, duration, and intensity of parenting time are based upon the needs of children, their age and stage of development, and the capacities of parents and foster or kinship families to share parenting roles.
13. The child's Social Worker and the Foster Care Social Worker work together to prepare and support kinship and foster parents for Family Time by answering questions and helping with preparation. When Family Time is supervised by someone other than the Social Worker, the Social Worker maintains contact with the person supervising Family Time to understand their observations and a family's progress towards reunification.
14. There are times when the Social Worker's supervision and observations of Family Time can further the Department's understanding of the parent-child relationship and a family's progress towards reunification. The Social Worker's observations and documentation of Family Time further the Department's reasonable efforts towards the goal of reunification.
15. Family Time is intended to progress to unsupervised contact as the case progresses towards reunification. Family Time with a parent/caregiver who has abused or neglected the child requires careful assessment of safety.

The initiation of unsupervised Family Time should be based on an assessment of whether a child will be safe, including an evaluation of the child's vulnerability and whether the parent/caregiver's protective capacities have sufficiently increased to allow the unsupervised contact.

16. The decision to change Family Time from supervised to unsupervised is made by the child's Social Worker and Supervisor during supervision. Changes to Family Time require a Supervisor's approval and collaborative consultation with legal staff and collaterals, including but not limited to the child's caregiver and service providers. The Supervisor notifies the Manager of changes to the Family Time plan.

When Family Time is unsupervised, the Social Worker and Supervisor discuss and develop ways to account for the child's safety during and after unsupervised Family Time. The plan may be developed and implemented by the Social Worker, Supervisor, service providers, and/or the child's caregiver or placement providers. If a safety threat is identified, immediate action to protect the child occurs and the Family Time plan should be revised.

D. PROCEDURES: FAMILY ASSESSMENT AND ACTION PLAN FOR REUNIFICATION

The Family Assessment and Action Plan is the primary contract between the Department and a family. It is a living document that serves as the roadmap for reunification. The Social Worker and parent utilize the Action Plan as a vehicle for mutual accountability. The Social Worker has a responsibility to communicate with, and coach, the parent to achieve the actionable change needed for reunification to occur. The parent has a responsibility to complete the services, actions, and behavioral changes needed to demonstrate that the circumstances that led to removal have changed, and that the parent can now provide a safe environment and care that is able to meet their child's needs. For more information on the Family Assessment and Action Planning process, please see the [Family Assessment and Action Planning Policy](#).

Interim Action Plan

1. At the time of separation and shortly after, the Social Worker meets with the parents to communicate and develop a shared understanding of the conditions that need to change and the capacities that need to be developed before reunification can occur. Within 5 working days of the child's removal, the Social Worker develops an Interim Action Plan. The Interim Action Plan outlines the following:
 - the immediate steps needed to ensure child safety;
 - the Family Time plan, including efforts to see siblings if not placed together;
 - the plan to meet the child's immediate health and education needs; and
 - the Placement Supplement, which outlines efforts to locate kin.

Review and Incorporate Family History into FAAP

2. While some families have no previous involvement with the Department, many families experiencing family separation will have prior child welfare history or are actively engaged in services with the Department at the time of removal. The Social Worker's evaluation of current issues of abuse or neglect should be made in the context of the family's history by identifying consistent and recurring characteristics, traits, or behaviors that elevate the danger or risk of future harm to a child. Emphasis should be placed on history that involves prior legal interventions, including the termination of parental rights of any of the parent's children.
3. The Social Worker reviews a family's history to understand patterns of behavior. It is important to consistently review the history when assessing changes in a family member's behavior and actions to understand how the family's history is impacting their current functioning and their ability to

safely care for their child(ren). Over the course of the Department’s involvement with a family, new information learned about the family is incorporated into the clinical formulation.

Seek Consultation When Needed

4. When developing the Family Assessment and Action Plan, the Social Worker, in consultation with the Supervisor, may identify the need for consultation from resources inside or outside the Department or an Area Clinical Review.
5. Supervisors or Social Workers must seek out consultation from Clinical Specialists when a case is determined to be high risk through discussions in supervision, the use of a structured decision-making tool (e.g., risk assessment) AND presents with multiple risk factors.
6. Consultations during the development of an Assessment or Action Plan provide tailored interventions and services related to reunification. Risk factors that warrant a tailored intervention and services include but are not limited to: substance use, domestic violence, mental health, and/or disability related needs of a child or parent.

Complete the FAAP and Reunification Assessment

7. Within 45 calendar days, the Social Worker completes the Family Assessment and Action Plan. The family’s history, the safety concerns that led to family separation, the child’s needs, the parent’s capacities, and the risk level present in a case inform and drive the assessment and actionable goals for the family.

The Family Assessment and Action Plan includes:

- the Family Time plan for parent(s);
- an explanation of why the child came into placement;
- the reason why siblings are not placed together, if applicable;
- the sibling visitation schedule, if siblings are not placed together;
- whether the placement is with kin, or if not, what efforts were made to locate kin, including to whom written notification was sent;
- if both parents are not known, efforts to locate both parents;
- the plan for visitation with grandparent(s) and/or other kin (when relevant);
- whether the school-age child will remain in the school of origin, and what options have been considered with the Local Education Agency (LEA) to determine and support the child’s educational best interest;
- specific demographic and other details regarding the child (ICWA status or tribal affiliation, race/culture, placement history, health, and education information).

8. In conjunction with the Family Assessment and Action Plan, the Social Worker completes the Reunification Assessment. The Reunification Assessment is a structured decision-making tool that supports the decision to reunify a child or continue reunification services. It includes evaluating whether the behaviors and actions of the family have changed as a result of the Action Plan. The structure and process for conducting the Reunification Assessment should be explained to the family at the start of the assessment period.

Update the FAAP Every 6 Months

9. The family’s Assessment and Action Plan are intended to be living documents. They are updated at least every six months to reflect the Department and family’s evolving understanding of family functioning, needs, safety, risk, and well-being.

10. In conjunction with the update to the Family Assessment and Action Plan, the Social Worker completes the Reunification Assessment every six months.

E. PROCEDURES: PERIODIC PERMANENCY REVIEWS

While the timeline for reunification is a fluid process, these periodic meetings are opportunities where everyone can come together to discuss and plan case direction and engage in mutual accountability. This is an important opportunity to emphasize the conditions that have changed, or need to change, for reunification to occur. This is also an opportunity to provide clear information to the court about changes made, and changes needed, to provide safety, reduce risks, and improve parental capacities.

The Social Worker and Supervisor prepare for these meetings during supervision by analyzing existing evidence that demonstrates whether the reasons the child was removed have been sufficiently resolved. During each of these meetings, the focus is on the conditions that have changed, and the parent's behavioral changes, not on attendance or completion of services alone.

Initial Placement Review

1. The Initial Placement Review is the first formal opportunity for everyone involved to come together to discuss the reasons for family separation, what has happened since separation occurred, and what each person will do. This meeting is important because it sets the expectation around mutual accountability and what each participant will do to facilitate reunification. It is also an important opportunity for the Social Worker, Supervisor, and family to discuss reunification plans, reasonable efforts that have been made towards reunification, and additional efforts or adjustments needed.
2. The Manager schedules the Initial Placement Review to occur approximately within the first six weeks of the child's placement. Within 10 working days of the child entering placement, the Social Worker discusses the following with the parent(s):
 - the purpose of the Initial Placement Review;
 - who should attend, including the family's option to invite other family members and supports;
 - the topics that will be discussed; and
 - any accommodations needed by the family.

Invitees for the Initial Placement Review include parents, caregivers, family members (as identified by the parents), the child's clinical team including the Social Worker, Supervisor, and Manager responsible for facilitating the meeting, other Department staff as needed (Specialists, Legal, Managers), and collaterals working with the child and/or family. The scheduling for Initial Placement Reviews prioritizes the participation of the parents, Social Worker, and Supervisor, and is not delayed due to the scheduling conflicts of specialists, collaterals, or attorneys.

3. The Initial Placement Review includes, but is not limited to, discussions about the following:
 - everyone's understanding of why the child came into care;
 - what has happened since the child came into care;
 - Family Time;
 - the child's safety and needs, including medical, educational, behavioral, cultural, and linguistic needs;
 - the child's placement, including efforts to place siblings together or locate kin;
 - a review of the family's Action Plan, including everyone's understanding of what needs to change for reunification to occur, and how the family can accomplish these changes; and

- any barriers the family is experiencing, and any accommodations needed.
- Foster Care Review**
4. The purpose of Foster Care Review is to assess the progress being made to address the reasons for the Department's involvement with the family, and to examine and make recommendations regarding efforts to safely achieve permanency for the child. The initial Foster Care Review is scheduled to occur by the 6th calendar month after the date the child enters placement.
 5. Prior to the initial Foster Care Review, the Social Worker and Supervisor discuss the case and prepare for the review during supervision. This is an opportunity to review the clinical formulation and Action Plan. The Social Worker and Supervisor apply a critical lens to the Department's assessment and hypothesis of the issues that led to family separation and what observable changes have or have not occurred since the child entered care.
- Permanency Planning Conference**
6. The Permanency Planning Conference (PPC) is the Department's primary internal planning meeting to review case direction and assess the viability of reunification. Permanency Planning Conferences are scheduled as soon as it is determined that the viability of reunification is poor, or within the first 9 months following the date of placement. The PPC provides an opportunity to plan for adjustments to the Action Plan, Family Time plan, or the permanency goal for the family.
- Permanency Hearing**
7. The Permanency Hearing is a court hearing that occurs within 12 months of a child entering placement and every 12 months thereafter while the child remains in placement. The Permanency Hearing is an opportunity for the court to review the child's permanency plan and to review progress made toward reunification. The Department provides information about reunification efforts and progress made towards reunification to the court. This hearing is also an important opportunity for parents to participate in permanency decision-making for their case. Parents are expected to attend the hearing, and children should attend when it is developmentally appropriate to do so. Foster and kinship families can also attend the Permanency Hearing.
- Seek Consultation When Needed**
8. Permanency meetings are an opportunity to evaluate whether our formulation and plan for a family reflects their current needs and goals. Consultations with Clinical Specialists support our evaluation and should be utilized as a tool to support decision-making and planning. The Social Worker, in consultation with the Supervisor, may identify the need for consultation from resources inside or outside the Department or an Area Clinical Review.
 9. Supervisors or Social Workers must seek out consultation from Clinical Specialists when a case is determined to be high risk through discussions in supervision, the use of a structured decision-making tool (e.g., risk assessment) AND presents with multiple risk factors.
 10. Consultations should provide tailored interventions and services related to reunification. Risk factors that warrant a tailored intervention and services include but are not limited to: substance use, domestic violence, mental health, and/or disability related needs of a child or parent.
- Update the Action Plan After Meeting When Needed**
11. Following a review, permanency conference, or permanency hearing, the Social Worker updates the FAAP as needed to reflect information discussed. Updates occur within 10 working days. Information discussed during the meeting that might result in changes to the FAAP include but are not limited to: identification of a new need/strength, a change in the child's placement, a change in the child's permanency plan, or changes to

the Family Time plan for parents, siblings, grandparents or other important individuals to the child.

F. PROCEDURES: REUNIFICATION DECISION-MAKING

Planning and decision-making around reunification involve input and collaboration from children, parents, the child's caregivers or placement providers, service providers, and collaterals.

Reunification planning starts in the early stages of a case, not just in the weeks leading up to a transition home. Reunification is a process that occurs over time, not a one-time event. The reunification process requires continuous assessment of safety and risk and includes developing a reunification plan that accounts for the evolving needs of the family.

Prepare for Readiness Review

1. When the Social Worker is considering the child and family's readiness for reunification, the Social Worker takes the following steps:
 - reviews the electronic record, including dictation and the family's FAAP;
 - discusses the case with the Supervisor, including setting a projected reunification date for a family;
 - refers to Specialists for consultation, as needed;
 - discusses with legal;
 - consults with collaterals; and
 - discusses reunification planning with the family and the child.

Reunification Readiness Review

2. The Social Worker and Supervisor determine the projected reunification date for a family during monthly supervision. No later than 4 months, or one hundred and twenty days, before a projected reunification date, the Social Worker and Supervisor have a structured discussion during Supervision with the following goals:
 - determine reunification readiness;
 - determine and plan for what the child will need to transition home successfully; and
 - determine and plan for what the parents will need to successfully assume full-time care of their children.

Note: Reunification is a process that occurs over time. The readiness review helps the Department and the family plan and prepare in advance for successful reunification. Families are all different and some reunifications may occur later than their projected date, while others may occur earlier than their projected date. For cases where a child is in care for a short period of time, the readiness review occurs as soon as a projected date is identified.

3. The Social Worker and Supervisor draw from multiple sources of information when discussing a family's readiness for reunification. These include but are not limited to, the family's Action Plan, input from collaterals/providers, consultation with Department specialists and legal staff, and information from clinical reviews, including the initial placement review, Foster Care Reviews, and Permanency Planning Conferences. The review includes discussions about:
 - family's Risk Assessment, Risk Reassessment, and/or Reunification Assessment;
 - Family Time;
 - child's readiness for reunification;
 - family dynamics and home environment;
 - child's needs (social, emotional, developmental, educational stability);
 - parent(s)' capacities and ability to meet the child's specific needs
 - participation and progress in current services; and

- family's formal and informal supports.
4. The Social Worker and Supervisor discuss and answer specific questions that assess the parents' understanding and use of the five protective factors. The Social Worker and Supervisor base answers on parental progress towards observable changes, behaviors demonstrated during home visits and Family Time, and behaviors observed by collaterals.
 - What are the child's feelings about reunification? How has the child responded during Family Time?
 - How have parents consistently demonstrated protective capacities through behavioral, emotional, and cognitive characteristics related to being protective. (i.e. sobriety, stable mental health, criminal legal involvement, acts of protection, increased parenting/coping skills, ability to access and use parenting supports effectively)
 - What are some concrete examples where parents have demonstrated their capacity to provide for the child(ren)'s basic needs?
 - What were the original safety issues and how have the threats been reduced or altered in ways that safe parenting is now probable? Share examples where this has been evident in Family Time visits?
 - When presented with feedback from the Department and providers, how do parents receive the information and incorporate it through their actions?
 - What consults with specialists and/or legal have occurred and what recommendations have been made?
 - What are some examples where parents have presented as having an understanding of their child(ren)'s behavioral/developmental needs?
 - How often have visits occurred with little/no coaching from the Social Worker to ensure safety?
 - In their home life, in what ways have parents demonstrated stability that reflects progress made towards individual goals?

Note any differences among the clinical team or collaterals in the assessment of family's readiness and needs and identify how those different points of view are being integrated into the case direction.

Note: When assessing the capacity of parents or caregivers with disabilities, the Social Worker and Supervisor must make assessments on an individualized basis and must base determinations on objective facts and not on stereotypes or generalizations about individuals with disabilities.

5. When answering these questions, the Social Worker and Supervisor consider if the parents have made sufficient progress toward being able to safely care for their children on a full-time basis. From this discussion, the Social Worker and Supervisor plan potential amendments to the current Family Time plan, the family's Action Plan, and a recommendation regarding reunification. This discussion is documented in the record and reflects the plan to mitigate risk factors and to ensure child safety and well-being. The Manager reviews the recommendation and approves or makes a recommendation to adjust the plan.
6. Following the Readiness Review, the Social Worker informs the Department attorney about the plan for reunification and discusses any recommended conditions upon a return of custody to the parent.
7. The Reunification Assessment is a structured decision-making tool that supports the decision to reunify a child or continue reunification services. It includes evaluating whether the behaviors and actions of the family have

Complete the Reunification Assessment

changed as a result of the Action Plan. The structure and process for conducting the Reunification Assessment should be explained to the family at the start of the assessment period. The Reunification Assessment is completed 30 days before a projected reunification date in conjunction with the update to the Family Assessment and Action Plan.

Develop the Reunification Plan

8. When the Social Worker and Supervisor determine that reunification is appropriate, the Social Worker works with the parents to make updates to the Family Action Plan to include information about the reunification plan. The Action Plan must be updated 30 working days before reunification occurs and must include:
 - completion of the Reunification Assessment;
 - the target date for reunification;
 - the plan to incrementally increase the parent's caregiving responsibilities including increased Family Time;
 - the plan for meeting the child's needs, including continuity of services needed by the child (medical, mental, behavioral, education, extracurricular activities);
 - the plan for supporting the parent during the transition, including continuity of services (medical, housing, food, financial, childcare, coaching/peer support);
 - any additional consultations needed;
 - identified natural and external supports for the family;
 - identified additional stressors that family might experience during reunification;
 - the frequency of in-person contact that will occur during the transition period;
 - the plan for sibling contact, including the plan for contact if the children are not transitioning home together; and
 - the plan for contact with the non-residential parent.
9. All reunification plans need to be approved by a manager and require a tri-level meeting (worker, supervisor, manager). The Social Worker and Supervisor review the information discussed during the readiness review with the Manager. The tri-level review may occur as part of a pre-existing meeting, such as scheduled supervision or an Area Clinical Review. This review should include consideration of pre- and post-reunification activities. If there are any changes in the status of the family before reunification, the Social Worker discusses the changes with the Supervisor. The tri-level review is documented by the Manager in the electronic record.
10. The Social Worker keeps the Department attorney updated about the plan for reunification and discusses any updates or modifications to the plan. The Department attorney notifies the court and all parties in writing prior to reunification occurring.
11. If there is disagreement at any point about the reunification plan, then a meeting is convened with the Department attorney and Area Clinical Manager, as well as the Social Worker, Supervisor, Manager, and relevant Department specialists. Providers with relevant observations and information are invited to participate in the meeting. Participants discuss the safety and clinical concerns, a plan to address them, and a decision about continuing or modifying the reunification plan. The Area Clinical Manager documents the meeting in the electronic record.
12. The Social Worker engages the child in discussions to assess a child's feelings and desires around reunification. The Social Worker considers a child's age and development in these conversations. If the case is progressing towards reunification, the Social Worker prepares the child by

Preparing Children and Parents

informing them about what will happen, when it will happen, and what they can expect.

13. The Social Worker works with the child's parents and caregivers to ensure that all adults involved with the child are having clear, age-appropriate discussions with the child about the plans for them to return home and what the child can expect. These discussions should include assisting the child with identifying people they find supportive, where they will be attending school, and other important details about the transition home. It is important to give children the opportunity to work through feelings of separation and loss related to their transition home.
14. The Social Worker engages the parents in understanding their role and responsibilities in achieving reunification. Each visit with a parent is an opportunity to discuss progress and to encourage and coach parents. The Social Worker and parents discuss what supports and resources they need to successfully care for their children. It is important to have these conversations early, so services can proactively be put in place prior to reunification. Resuming full-time care of a child can be an overwhelming transition for parents. The Social Worker works with the parents to consider logistics and plan for needs, including but not limited to:
 - *Housing*: Discussing how to make the physical home environment safe for the child; Ensuring the home has adequate space and appropriate sleeping arrangements; Connecting families to concrete resources that can help in accomplishing this.
 - *Social Supports*: Discussing who is part of the parent's support system; Planning the types and levels of support the parents will need after the transition home.
 - *Parenting Skills*: Discussing the child's needs, behaviors, and routines; Planning for how the parent will meet these needs and apply effective parenting skills and strategies; Connecting families to resources and services that can help them learn practical skills to manage behavior, as well as respite services.
 - *Setting Expectations*: Discussing with parents that everyone is likely to experience a wide range of emotions during the transition home; Planning for how to handle these feelings and who they can contact for help and support; Social Workers should help parents examine their expectations around how the transition will go.

Supervision

15. The Social Worker and Supervisor are required to discuss each case at least once a month in supervision. The Supervisor guides the Social Worker to analyze and interpret information gathered throughout the month, the family's risk assessment, and/or reunification assessment, their Action Plan. The Supervisor and Social Worker apply a critical lens when assessing progress towards reunification and make adjustments to the clinical formulation and Action Plan. The Action Plan must accurately reflect the Department's understanding of the family, their needs, and the direction of the case.
16. Supervisors can review cases with a manager at any time, but must consult a manager when there is:
 - disagreement between the Social Worker, Supervisor or collateral on case direction;
 - disagreement between the Social Worker, Supervisor and youth/young adult on case direction;
 - conflicting or absent information from collateral contacts, other professionals, and/or family members, especially as related to child safety or well-being;

- a situation in which increased danger or risk to a child has been identified, including inability to have access to the child(ren) or when access to children is limited intentionally by the parent/caregiver;
- there are special considerations related to a child's vulnerabilities that require specialized knowledge or expertise to address; and
- the Social Worker or the Supervisor has a concern about worker safety.

**Clinical
Specialist
Consultation**

17. Supervisors or Social Workers must seek consultation from Clinical Specialists when a case is determined to be high risk through discussions in supervision, the use of a structured decision-making tool (e.g., risk assessment) AND presents with multiple risk factors. See [Supervision Policy](#)

F. PROCEDURES: TRANSITION HOME AND POST-REUNIFICATION SERVICES

The period of time when a child transitions home, and the months that follow, are a time of heightened risk and stress for both children and parents. Transitions are intended to be gradual, and involve adjusting to new routines, challenges, and feelings for both a parent and a child. The Department's work with a family does not conclude when reunification occurs, rather the focus for the Department shifts in intensity, towards continuous assessment of child safety. During this time period, the Department must pay special attention to a child's vulnerability, risk factors present in the home, and factors that can increase stress. Social Workers utilize supervision, clinical specialist consultations, and clinical reviews to make modifications to the family's Action Plan and service needs as the family's needs change over time.

Factors That Influence a Child's Vulnerability

These are conditions resulting in a child's inability to self-protect. They need to be at the forefront of every interaction with a family.

- child is age 0–5;
- child has a diagnosed or suspected medical or mental health condition, including medically fragile children;
- child has diminished mental, emotional, physical, or developmental capacity; and
- child has limited visibility in the community or no readily accessible support network.

Factors That Can Increase Stress During and After Reunification

- parent or caregiver has a history of physically abusing a child;
- housing, transportation, or financial instability/unemployment;
- limited support system and connection to others;
- children with complex medical, developmental or behavioral needs;
- large sibling groups transitioning home at the same time, including multiple children under the age of 5;
- new household members in the home;
- reunification between two parental households;
- new or changing providers resulting in parents having to build new relationships; and
- parent is in a new relationship or there is a new primary caregiver.

Transition Home

1. When a decision to reunify is made, the Social Worker communicates the plan to children, parents, the child's foster or kinship caregiver, or placement provider, service providers working with the child or parents, the Department attorney, and any relevant collaterals. The court and the parent's attorney are also notified. The Social Worker reviews the updated Action Plan with the parents and provides the parents with a copy of the plan.
2. The transition home involves incremental increases in the length and number of visits in the parent's home in the weeks prior to reunification, including announced, and unannounced, visits by the Social Worker. The transition home also includes overnight and weekend visits prior to reunification.

3. The transition home must also include transitions for services. Before children transition home, the Social Worker works with the Supervisor, Manager, and providers, to ensure services and supports for the children and parents are in place as the transition begins. It is important to proactively provide services and supports during the transition period. Referrals alone do not confirm that a service is in place, therefore the Social Worker contacts the provider to confirm the service is in place. If the Social Worker experiences barriers in obtaining services or supports for the parent or child, the Social Worker and Supervisor consult the Manager and service coordination providers to discuss and problem-solve.
4. During the transition period, the Social Worker must make contact with the children to develop an understanding of how the transition visits went. These conversations should occur in private and not at the parent's home. If siblings are not transitioning home at the same time, the Social Worker discusses the sequencing with children in a manner that is age and developmentally appropriate. The Social Worker communicates the plan for siblings to maintain contact with one another with the children.
5. The Social Worker also discusses the transition with the child's foster or kinship caregiver, or placement provider, as they play an important role in a successful transition home. Caregivers may experience feelings of separation and loss during this time. Actively involving the child's caregivers in the reunification process allows for a smooth transition for a child, where both child and family are supported. The caregiver should make a list of the child's daily routines, activities, and other relevant information for the parents in preparation for reunification.
6. Contacts with children, parents and household members after reunification are a mix of announced and unannounced visits. Contact by telephone or videoconferencing support, but do not replace, in-person contact. The frequency of contact is determined by the Social Worker and Supervisor during supervision and based upon the risk level present in the case, the age of the child, the child's vulnerability, their visibility in the community, and whether or not there are in-home service providers seeing the child on a weekly basis.

Post-Reunification Contacts with Children and Families

Before Reunification: Prior to the child transitioning home full-time, the Social Worker conducts a home visit to observe the home environment and review the Action Plan with the family.

Post-Reunification: After the child returns home full-time, the Social Worker conducts a home visit within two weeks of the reunification date. This home visit should be an unannounced visit whenever possible. Unannounced visits are an important opportunity to understand what family functioning may actually look like for the family after reunification.

7. **Observing Children and Parents Together**
At post-reunification home visits, the Social Worker observes the family as a unit. The Social Worker reviews the transition activities included in the Action Plan with the parents and discusses the family's schedule and routines, the child's adjustment to being at home, and any challenges or needs that have arisen. This includes discussing sleep routines, meals, discipline, medical and behavioral health needs, and educational needs. Transitions can be a stressful time for parents as they assume full-time care of their children. The Social Worker asks about stress and how the child and family are coping. The Social Worker and parents update the Action Plan as needed.

When the family is living in an environment that limits access (for example, a shelter that prohibits visits), the Social Worker discusses the plan for monitoring the home environment with the Supervisor.

8. Contacts with Children

The primary purpose of our contacts with children is to ensure that they are safe and that their needs are being met. The Social Worker speaks with each child separately and in private, to allow privacy in sharing any concerns they may have. The Social Worker asks open-ended questions based on the child's age and development. Children can provide important information about what is happening in the household and their interactions with their parents.

9. If the parents will not allow the Social Worker to speak with the child in private, or the child indicates that they do not feel comfortable doing so, the Social Worker consults with the Supervisor and Manager to determine next steps. This may mean contacting collaterals who see the child individually to gather observations of the child, or it may indicate that a legal consult is needed. If the Social Worker is prevented from seeing or speaking to the child in private, the Social Worker notes this in the electronic record, including observations of the child's behavior and body language.

10. Observations of the Home

The Social Worker makes observations while in the home to determine overall family functioning, and for the safety of the Social Worker. Observations can help connect information a child, parent, or collateral is telling the Social Worker with how the family is actually functioning. These observations help to determine whether there are any concerns in the home that have not yet been discussed (e.g., concerns of domestic violence, mental health, substance use, etc.). Examples of observations include a change in physical appearance of a parent or child, a change in the physical condition of the home, and/or whether the family has adequate food. The Social Worker also observes sleeping arrangements for the children and any potential safety hazards related to the age and development of the child.

**Contacting
Collaterals and
Service
Providers**

11. The Social Worker contacts service providers and natural supports to verify the information shared by children and families after reunification. Corroborating and confirming self-reported information from parents increases child safety. The frequency with which collaterals are contacted is determined during supervision and outlined within the Family Assessment and Action Plan. Collaterals that see the child on a weekly basis or provide services in the home are contacted monthly at a minimum. For content to cover when contacting a collateral see [Family Assessment and Action Planning Policy Appendix D](#).
12. If collaterals indicate the family has been inconsistent or has stopped engaging in services, the Social Worker should immediately follow up with the family to determine what happened and discuss the case with the Supervisor. The Supervisor consults the Manager and Legal to determine next steps.

**Update the
Action Plan**

13. The Social Worker and Supervisor discuss the case at least monthly in Supervision, seeking manager or clinical consults as needed. In discussing the case, the Social Worker works with the family to adjust or modify the Action Plan as the family's needs, risk factors, and conditions in the home change over time.

Consult Legal

14. If court has ordered conditions in conjunction with the reunification and the parents are not meeting those conditions, the Social Worker and Supervisor, in consultation with the manager, consult the Department Attorney to determine next steps.