Best Practices for Visitation and Family Time

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Visit Frequency- Research

"Regular, frequent family time increases the likelihood of successful reunification, reduces time in care, promotes healthy attachment, and reduces the negative effects of separation."

– Susan Dougherty

- The first visit should occur within **48 hours** of placement.
- **Daily** contact for infants and toddlers ages 0-3
- Two to three visits per week for school aged children
- Youth should be involved in the visitation plan with regular contact.
- Consider other forms of contact such as email, phone, texting, Skype, letters

Senate Bill 352

For children 3 and under (TMC, reunification goal)

- Visitation no later than the 3rd day
- File a visitation plan that includes at least 2 visits weekly
- Create visitation plan
  - Outlines steps to allow more visits
- Supervision for health and safety of the child

The System's Perspective

Families receiving minimum of once a week visits

- Children will be happier, less stressed and better adjusted
- Parents will likely be more cooperative
- Placement will have less problems with children
- Service providers will be able to effectively assess and intervene in areas of need
- Reunification more likely to occur
- Less money spent on long-term foster care placement

Families receiving only one visit per month or less

- More behavior problems in placement
- More dysregulation in child
- More opposition from parents
- Services that may not address real needs of the family
- Case remains open longer
- Child more likely to become ward of the state

The Parent's Perspective

Parents receiving recommended family time

- Maintain the bond with their children
- Have a sense of hope
- Are more likely to actively engage in services
- Can frequently practice new parenting skills
- Are 10 times more likely to be reunited with their children

Parents receiving infrequent or irregular family time

- Physiological changes in parent result in depression
- Feel hopeless or give up
- Likely to resist services or sabotage visits to protect self from pain
- Relationship with children becomes more strained and ability to parent diminishes through no fault of the parent

The Child's Perspective

Children receiving recommended family time

- Maintain relationship with parents
- Know parents are okay
- Have less behavioral and emotional symptoms
- Have an easier adjustment to placement
- Are ten times more likely to be reunified with their parents

Children receiving infrequent or irregular family time

- Feel abandoned by parents
- Have increased stress response and cortisol levels
- Have increased depression and behavioral disturbances
- Twice as likely to be in care over a year

Written Visitation Plan

- The content of the collaborative visitation plan includes:
  - Persons who can visit a child or who can be present during visits, such as parents, siblings, grandparents, other relatives/kin
  - Frequency of visitation
  - Arrangements for monitoring or supervision of visits
  - Locations of visits
  - Transportation arrangements
  - Date the plan will be reviewed
  - Consider alternative communication (email, Skype, calls, mail, texts, etc.)
  - Concrete expectations

Source: Minnesota Child and Family Visitation Guide, p. 10-17

Where should visits occur?

- In a familiar environment if possible
- In a home-like environment
- Predictable/consistent location at first
- In an organized but flexible environment
  - Not too over stimulating, Adjustable lighting, Comfortable places to cuddle, Toys that can facilitate healing
- Visits should occur at the CPS office only in cases where safety is a primary concern

Visitation Guidelines

- Where to start?
  - Deciding level of supervision
    - Use risk assessment
  - Moving through the phases of visitation
    - Beginning, Intermediate, Transition

Not used as reward or punishment

Visitation and family contact should never be used as a reward or punishment, but should always be considered a right of families and children. Increased or reduced visitation should be related to an assessment of safety, and not linked to other measurements. (Hess & Prosch, 1988)

Levels of Supervision

Strict Supervision: highly structured visit in secure location with stated conditions for the visit, supervisor maintains close watch to ensure safety

Moderate Supervision: home or community locations, supervisor works on parent education and coaching and addresses safety concerns

Relaxed Supervision: Parent has some time alone with child, continue to work on skills, allows parent to assume caregiving tasks

Unsupervised: No safety concerns, parent determines location, leading to overnight visits and reunification

Refer to Minnesota Visitation Guide p. 6 for example assessment

Phases of Visitation

1. Beginning Phase

- Assess relationship strengths, needs, and safety risks
- Build rapport among family, placement, caseworker and providers
- Model appropriate parenting skills
- Determine appropriate interventions and level of supervision

2. Intermediate Phase

- Parents learn and practice new skills
- Continued assessment of parenting skills or safety concerns
- Enhance the relationship
- Increase capacity to provide routine care both in and out of the home

Phases of Visitation

3. Transition Phase: Two Paths

Towards Reunification

- Collaboration among caseworker, service providers, parents and placement
- Supports smooth and stable reunification
- Includes other significant figures such as extended family or siblings

Change in Parental Rights

- Plan for ongoing contact or termination of contact (Goodbye visit)
- Use visits to heal past hurts
- Build new positive memories of parent, create family book
- Support child's transition
- Maintain familial, cultural and community connections

Determining Phases

- Changes to consider as a family goes through the phases:
  - Reduction of safety concerns?
  - Improved Parent/Child Relationship?
  - Increased protective capacity?
  - Service compliance?
    - As it affects level of supervision, not # of visits
- When to limit Family Time
  - After giving the **opportunity** to make repairs with coaching, therapy, and practice.
  - When concerns that have been addressed are **not changing** (abusive language, rough physical touch-yanking, grabbing, pulling, etc.)
  - Changes in visitation should be directly related to ongoing **safety concerns** or if assessment finds that visits would endanger the child's physical or emotional well-being.

Barriers and Solutions

- #1 & #2 on Survey-Caseload Size and Turnover
  - Reevaluate removal necessity
  - Support Caseworkers
    - Appreciation Day, Training, Enrichment Activities, Stress Management Interventions, Incentives
  - Mental Health Professional Mentors
    - Guide through visit supervision assessment
  - Look to another agency, non-profit, University, Supervision Center, or volunteers for Visit Facilitators

Barriers and Solutions

- #3 Transportation
  - Review Visit Assessment for possible reduced supervision
  - Include all parties in written Visitation Plan
    - Encourage participation
  - Place children closer to parents
  - Allow visits at creative locations
  - Consider weekend visits and weekend transporters

Barriers and Solutions

- #4 & #5 Visitation Policy and Practice
  - Create clear policies that are widely distributed
  - Implement collaborative Written Visitation Plan
  - Step-down supervision based on safety risk
  - Parent Feedback Survey/Continue Parent Collaboration Meetings
  - Flexibility in Childcare Funding (PT vs. FT)
  - Revisit CPS/Felony Background history limits
    - May offer alternative family members or fictive kin options

Barriers and Solutions

- Emotionally Disturbed Children
  - Parent Education/Coaching
    - Parenting Classes not as effective
      - Not standardized, not all evidence based
    - Visit Debriefing
  - Filial Therapy
  - Child/Parent Psychotherapy
  - Child in Play Therapy with parent involved
  - Transportation Creativity
  - Creating Peer Support
  - Family Mentor
  - Use specialist appointments for added visit time and increased parental engagement

Barriers and Solutions

- Training and Continuing Education
  - Implement appropriate training for caseworkers, foster parents, kinship placements, parents, legal professionals and service providers
    - Make resources that can be used universally
      - Videos, workshops, lunch-n-learns, trainings
    - One-on-one consultations
    - Group processing/Support groups

Barriers and Solutions

- Lack of preparation for visits
  - **Parents**: Receive education about feelings and behaviors to expect during a visit and how to address them. Have clear expectations of what they need to do to prepare for visits.
  - **Placement**: Provide uniform training across child placement agencies. Placement should be supportive of parent-child relationship, prepare child before and process after visits and know what behaviors to expect and how to address them
  - **Children**: Need to know when visits will occur and what will happen. They need to be reminded and have a chance to process afterwards

Considerations for Special Populations

- Incarcerated Parents
- Substance Abusers
- Perpetrators of sexual abuse or severe physical abuse
- Parents with cognitive disabilities
- Extended family and large sibling groups

Incarcerated Parents

- Parent experiences increased depression without child contact
- Child feels increased anger and sense of abandonment without contact
  - Confusion about jail, is parent “bad?”, still love/need them
- Phone calls can increase positive responses from parents and children
- Visitation options should be explored

Substance Abusers

- Visits should NEVER be a reward or punishment for staying clean/relapse/slip or completing services (Cases with positive UA/hair follicle)
- Include conditions of the visit should a parent arrive intoxicated at the time of the visit. This should be discussed at the development of the visitation plan and before each visit when a parent is suspected to be intoxicated.
- Be creative about visits in detox and rehab

Perpetrators of Abuse

(in cases of severe physical or sexual abuse)

- Early and frequent visits are contraindicated
- The victim, perpetrator, and family members should be fully engaged in therapy
- Both victim and perpetrator should show signs of readiness before visitation begins
  - Take responsibility for the abuse, show empathy for victim, identify risk factors and coping skills
  - Resolve PTSD symptoms, articulate thoughts and feelings, desires to see abuser, feels safe
- Visits should initially occur in a structured therapeutic environment

Cognitively Disabled

- Modifications of services will be necessary to account for parents' limitations
- Workers should empower parents to the extent possible and include parent in planning
- Home visitation and one on one intervention will be required as opposed to group classes
- Consider the role of community services, advocacy groups, government services, family and peer support

Siblings and Extended Family

- Maintain connections to important people such as grandparent and extended family
- Large sibling groups
  - One-on-one time
  - Split visits
  - Overlap mid-visit
- Sibling visits outside of parent visits
  - Consider children not involved in the case

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