GUIDING PHILOSOPHY

Visitation is essential for a child’s well-being

The primary purpose of visitation is to maintain the parent-child attachment, reduce a child’s sense of abandonment, and preserve their sense of belonging as part of a family and community. A child needs to see and have regular contact with their parent(s) and siblings, as these relationships are the foundation of child development.

Visitation is fundamental to permanency

Visitation facilitates permanency planning, promotes timely reunification, and helps in the decision-making process to establish alternative permanency plans. Visitation maintains and supports the parent-child relationship necessary for successful reunification.

Visitation is vital to a child maintaining family relationships and cultural connections

Maintaining family connections has life-long significance for a child. Regular visitation maintains their relationships with siblings and others who have a significant role in a child’s life. When a child loses family connections, they also lose family history, medical history and cultural information. Visitation is considered the heart of reunification, but even when reunification is not likely, parents, siblings and extended family continue to be important in a child's life.

VISITATION AND FAMILY CONTACT SHOULD NEVER BE USED AS A REWARD OR PUNISHMENT, BUT SHOULD ALWAYS BE CONSIDERED A RIGHT OF FAMILIES AND CHILDREN

See: CPS Mission, Vision, Values

RESEARCH FINDINGS & BENEFITS OF VISITATION

Research on parental visits with children in foster care reveals that the frequency of visitation significantly impacts child well-being and positive outcomes.

Children in foster care who were visited frequently (once a week or once every two weeks) exhibited fewer behavioral problems than children who were visited infrequently (once a month or less), or not at all. Overall, children who had frequent contact with their parent(s) showed less anxiety and depression than children whose parents’ visits were either infrequent or nonexistent. (Cantos & Gries, 1997)
Children in foster care who were visited frequently by their parent(s) were more likely to have higher well-being ratings, and adjusted better to placement, were more likely to be reunified with family, and experienced shorter stays in foster care. (Hess, 2003)

Children in foster care who saw their parent(s) less than once a month felt they suffered as a result of not maintaining contact with their birth parent(s). (Kufeldt & Armstrong, 1995)

THE ABSENCE OF REGULAR AND FREQUENT PARENT-CHILD VISITATION OR CONTACT MAY HAVE SERIOUS CONSEQUENCES FOR BOTH A CHILD AND PARENT(S). WITHOUT VISITATION, THE RELATIONSHIP CAN DETERIORATE AND BOTH CAN BECOME EMOTIONALLY DETACHED. WHEN PARENT-CHILD ATTACHMENT SUFFERS, REUNIFICATION BECOMES MORE DIFFICULT.

Some benefits of parent-child visitation:

- Supports parent-child attachment
- Eases the pain of separation for all
- Maintains and strengthens family relationships
- Reassures a child that their parents/primary caregiver are alright and helps the child to not blame themselves for placement
- Supports the family in dealing with changing relationships
- Motivates parent to make positive changes in their life by providing reassurance that the parent-child relationship is important for a child’s well-being
- Provides opportunities for parent(s) to learn and try new skills
- Supports a child’s adjustment to the foster home
- Enables the parent(s) to be active and stay current with their child’s development, educational and medical needs, church and community activities
- Provides opportunities for parent(s) to assess how their child is doing, and share information about how to meet their child’s needs
- Assists in the assessment and decision-making process regarding parenting capacities and permanency goals
- Reduces the time in out-of-home care
- Increases the likelihood of reunification.
**BEST PRACTICE**

**Timeframe:** It is important for children, parents and siblings to have contact as soon as possible after their initial placement. Research suggests that the first visit should occur within 48 hours of placement.

**Current policy:** The first visitation should occur within 3 days of a child entering substitute care.

https://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_6400.asp#CPS_6416

http://www.statutes.legis.state.tx.us/Docs/FA/htm/FA.262.htm#262.115

The first visit generally occurs before a thorough assessment and full understanding of safety and concerns regarding the parent's protective actions have been gathered and shared with those involved in the family's case.

**Monitor:**

1. Is aware of circumstances that led to removal as well as any other useful information about the child and family (regarding investigation AND available family history)
2. Possesses the knowledge, skills, and experience required to properly navigate the family's emotional intensity AND set appropriate boundaries in a difficult situation

**Location:**

Meets initial safety needs and concerns and as geographically convenient to the parent(s) as possible

**Setting:**

1. Quiet, private, free of distractions and a lot of other people
2. As home-like as possible while still appropriate for managing level of known safety concerns specific to the family circumstances
3. If in an agency setting, a visit room that includes: comfortable seating, comfortable and clean area to play on the floor, some toys/activities that encourage parent-child interaction, snacks, water, a changing table, etc.

**Day of Week/Time of Day:**
• Scheduled on a day and at a time that meets the family's scheduling needs around work, other responsibilities, and travel to site, etc.
• Scheduled at a time that does not disrupt child's schedule: (bedtimes, during school, etc.)

**Preparation:**

- Family is provided adequate notice (as much time as possible before visit), detailed directions, instructions about who to ask for when they arrive, reliable contact information (i.e. cell) for the right person to call **prior and during the scheduled time** in case of travel problems, other unanticipated problems prior to visit
- Parent/family has been prepared regarding:
  - What the setting is like
  - What they can and cannot bring
  - Suggestions for what they could bring to help with the child's transition (transitional objects, a favorite stuffed animal/doll/pillow, blanket, family picture for child to take with them, something soft with parents' scent, appropriate foods that child eats at home, etc.)
  - How they should respond to children's difficult emotions, behaviors, statements and/or questions during visit
  - Who can and cannot come to the visit with them
  - What can and cannot be discussed during visit
  - Suggestions for what to talk about with child to ease child's fears/worries/trauma and engage in meaningful dialogue
  - Not making promises to child about situations or changes that they have no control over
  - Any promises made must be within parent's control and they must fulfill promise

**Tip for Early Visits:** When a child is first placed in substitute care, it is recommended that the parents utilize the visitation time independent of other individuals. If appropriate, towards the end of the visit an additional family member or fictive kin wanting to spend time with the child can participate.

**ASSESSMENT DRIVES VISITATION PLANNING**

Visitation planning is guided by thorough and ongoing assessments of the parents’ ability to safely care for and interact with their child(ren). The plan may require parent(s) to meet certain conditions related to visits, such as modifying behaviors that contributed to a child’s removal. It is appropriate to determine conditions to protect the safety and well-being of children. **However, visits should not be used as punishment or reward.**
Increased or reduced visitation should be related to an assessment of safety, and not linked to other measurements. (Hess & Proch, 1988). The absence of regular, frequent, visitation may have serious consequences for children and parent(s).

Supervised visitation is utilized to ensure a child’s physical and emotional safety during contact with a family member, and/or to strengthen the parent-child relationship and enhance parental protective actions. The necessity of supervised visitation is determined through a safety assessment that identifies concerns for a child if their parent(s) have unsupervised contact with their child. The visitation plan:

- Should minimally include thorough assessment identifying safety concerns related to parents
- Must connect safety risks and protective capacities to supervision level decisions
- Safety risks must be translated into goals and measurable behaviors that are expected from parents
- Must include assessment of any potential monitor's protective capacities (ability and willingness)

**TOOL FOR ASSESSMENT & PLANNING: PHASES OF VISITATION**

**Assessing Parents**

Factors to consider:

- The nature and severity of the abuse
- Does the perpetrator of abuse take responsibility?
- Does the parent show empathy for the child?
- Is the parent engaged in services?
- Parent is not under the influence of drugs or alcohol at the time of the visit

These factors are not used to determine whether visits should occur. They are used to assess the stage of supervision needed during a visit, where a visit should be held, and the level of support the child(ren) and parent(s) will need before, during, and after the visit.

To aid in assessing parents, consider these questions:

- Is there concern that the parent(s) may be physically or emotionally abusive to a child during the visit?
- Is there concern that the parent(s) may behave in an inappropriate or unpredictable way?
- Is there potential for abduction of a child during the visit?
- Is a child visiting with a perpetrator or person of concern?
- Have the parent(s) been known to make unrealistic or inappropriate promises to a child that has negatively impacted them?
- What progress has the parent made and is the parent learning new skills?
- Is supervised visitation a tool to model positive parenting behavior and document progress?

This information is considered so that the caseworker can assess the appropriate level of supervision during a visit and where a visit should be conducted. These are also helpful considerations for preparing for the support the child needs before, during, and after a visit. (Hess, Peg McCartt, 2003)

**Assessing Children**

Factors to consider:
These are important considerations when you are preparing the child for the visit and supporting them during and after a visit.

- Age of the child
- The child’s desire to see their parent
- The child’s emotional, psychological, and physical state
- The child’s ability to process or debrief the visit
- Can the child access and utilize therapeutic support?
- Is the child able to set boundaries?
- Can the child alert a trusted adult that they feel emotionally or physically unsafe?
- Is the child able to tell you when they need a break during the visit?
- Can you establish a way for the child to signal you when they want you to step in?
- Is the child able to talk about the visit and state needs?
- Emotional reaction of the child: Is a child concerned or afraid of being alone with their parent(s)?

**TOOL FOR ASSESSMENT AND PLANNING: STAGES OF SUPERVISION GUIDE**

The "Stages of Supervision" guide provides descriptions of the levels of supervision. This attachment can help caseworkers determine and clearly communicate the structure of a supervised visitation plan (adapted from Hess, 2003). (Please refer to document "Stages of Supervision")

**STAGES OF SUPERVISION FROM MOST TO LEAST RESTRICTIVE:**

- High Supervision
- Medium Supervision
- Low Unsupervised
- Unsupervised

If the Department recommends to the court that visits be supervised, the visitation plan should include a summary statement of the assessed safety reasons supervision is necessary. In addition, parent(s) should clearly understand the specific safety factors preventing less restrictive contact with their child and what demonstrated changes will assist the caseworker in being able to make recommendations lifting supervision requirements.
## STAGES OF SUPERVISION

<table>
<thead>
<tr>
<th>Stage of Supervision</th>
<th>Unsupervised</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Parent(s) can be alone with child. No monitor is present during the visit.</td>
<td>Visitation where the monitor may be present for a portion of the visit. Parent(s) would have some time alone with their child.</td>
<td>Visitation where the monitor is close enough to observe the visit but is not required to hear everything that is said in the visit between the parent(s) and child. Parent(s) may have some time alone with their child if the monitor ensures certain conditions are satisfied.</td>
<td>Child may not be removed from the presence of the monitor. Parent(s) cannot be alone with their child.</td>
</tr>
<tr>
<td></td>
<td><strong>Example:</strong> Day and Overnight visits; visits at the kinship placement.</td>
<td><strong>Example:</strong> Visits at the park or the parents' home where the caseworker or monitor may supervise the visit for 15 minutes then leave the child with the parent(s) for 30 minutes and then return to observe the last 15 minutes.</td>
<td><strong>Example:</strong> Parent(s) can take the child to the bathroom alone. Parent(s) can play with the child at the playground while the monitor observes from a distance.</td>
<td><strong>Example:</strong> Parent(s) must be within hearing distance and intervention distance of the monitor and cannot be alone with the child under any circumstance.</td>
</tr>
<tr>
<td>Safety Assessment</td>
<td>Unsupervised visitation would be used when the caseworker determines no safety concerns exist that prohibit the parent(s) and child from being alone during the visit. This stage may be used while the child is in care and immediately prior to reunification.</td>
<td>Low supervision would primarily be used when the caseworker determines that there is a low level of concern for the child's safety but still a need for parental education, coaching, and skill-building.</td>
<td>Medium supervision would be used when the caseworker determines there is a moderate level of concern for the child's safety and coaching, education, and skill-building are necessary. Visitation assessment determines safety factors that must be addressed in visitation plan.</td>
<td>Highly structured visitation would most likely be used if there is a high level of concern assessed for a child’s physical or emotional safety during a visit.</td>
</tr>
<tr>
<td>Visitation Location</td>
<td>Parent(s) and Caseworker determine visitation location.</td>
<td>Visitation location is a community based or “home-like” setting and offers parent(s) the opportunity to develop parenting skills or improve parent-child interactions. Visits may occur in more than one place, including appointments with therapists or other professionals, and continue at the parents’ home, relative’s home, or other community setting.</td>
<td>Visitation location is a home-like setting to offer parent(s) the opportunity to develop parenting skills and improve parent-child interactions, as well as manage safety concerns. Locations may include parents’ home, relative’s home, professional’s office, park or other community setting.</td>
<td>Visitation location would ensure a highly structured visit. Locations may include the CPS visiting room, professional’s office or other secure location.</td>
</tr>
</tbody>
</table>
Monitor’s Role

| No monitor. Parent(s) provides feedback about the visit. | Monitor’s role is primarily to aid the parent(s) in problem solving if issues arise. The monitor may also offer the parent(s) education, coaching, skills building and support to achieve permanency goals. Monitor may drop in the visit to ensure that the visit is going well and that the parent(s) or child does not have any concerns. | Monitor’s role is to observe interactions between the parent(s) and child; ensure that the child is safe; and offer the parent(s) education, coaching, and skill-building. Monitor and parent(s) would know the conditions required to maintain safe visits and under what conditions the monitor may intervene. | Monitor’s role is to listen to and closely observe all interactions between the parent(s) and child and intervene if needed. Parental coaching could be offered, but the primary concern would be child’s safety. Monitor and parent(s) would know the conditions required to maintain safe visits. |

ASSESSMENT & PLANNING CONSIDERATIONS FOR AGES 0-5 SUPERVISION:

Because child development for children ages 0-5 depends on parent-child attachment, special attention should be given to assessing potential visitation monitors and crafting the visitation plan to ensure that visitation activities promote attachment. Some parents may not know how to perform daily care giving routines and may not understand the significant role that day-to-day care of a child has to their overall development.

ASSESSING POTENTIAL VISITATION MONITORS AND THEIR ROLE:

Each potential monitor should be assessed for:

- Ability to recognize specific parent behaviors that represent threats to child safety
- Willingness and ability to manage identified safety threats in a visitation setting (protective actions)
- Willingness to work with department and provide meaningful feedback about progress and concerns in visitation

Each potential monitor should be assessed to determine if they can provide a parent mentoring by:

- Determining what specific skills and protective actions parents need to gain in order to reach plan goals
- Determining the child’s specific vulnerabilities
- The nature of the relationship between the parent and monitor-is the parent comfortable receiving guidance from the monitor? What level of guidance is the monitor willing to provide?
- Determining the monitors’ ability to provide mentoring, modeling and/or guidance to parents around the identified skills and protective actions-i.e. professionals are more likely to be able to take a coaching role, whereas family or informal monitors may vary in their ability to provide any guidance beyond very basic parenting

VISITATION AND SUPPLEMENTAL FAMILY CONTACT PLANNING
Caseworkers have the primary responsibility to ensure that the visitation plan is developed, implemented and revised as needed. A fixed visitation schedule is best practice and has been related to more frequent visitation and fewer missed visits.

Face-to-face visitation is preferred and important for children of any age. A visitation plan may consider a variety of additional forms of contact between family members to support family connections.

**BEST PRACTICE DEVELOPMENT NOTE: ENGAGING FATHERS IN VISITATION**

Fathers have a significant impact on the lives of their children, and should receive equal consideration and involvement in visitation planning. Once the agency identifies the father and determines his role in the family, consider the following practices to increase father’s involvement in visitation:

- Make efforts to immediately identify and contact fathers when a child is placed.
- Discuss with both parents the importance of father’s involvement in their child’s life. This should be discussed with other members of the case (child, other relatives), even if the mother is resistant to paternal involvement.
- Make face-to-face contact with fathers to discuss visits, inquire of any difficulties or questions they may have, and support the fact that they are providing care and nurturance to their children. (Something they may be doing for the first time.)
- Engage fathers in development of the out-of-home placement plan and visitation.
- Keep fathers equally informed about their child’s appointments and activities, which encourages them to be involved.
- Ensure that foster parents know about the father’s involvement, and know what their role is in keeping the father involved in visitation and other activities.

**BEST PRACTICE THEMES:**

**Planning Maintains Family Connections:**
- Includes father and mother, siblings, and other relatives or kin who are significant to a child
- Honors each child’s existing bonds and attachments

**Planning is Team-Driven, Family Focused and Child-Specific:**
- Involves the parent(s), child, and foster family in the development and ongoing assessment of the plan
- Ensures that parent(s) assist in daily decision making, and participate in everyday activities as much as possible
- Involves the family’s support system
✔ Promotes the family’s individual strengths
✔ Respects the family’s culture, faith and rituals
✔ Is responsive to the child’s age and developmental needs

Planning is Responsive to Family’s Unique & Changing Situation:
✔ Connects a child’s safety to the level of supervision
✔ Arranges visitation in the most home-like setting that will maintain a child’s safety and existing attachments
✔ Considers a child’s daily schedule, and the parent(s)’ work and/or treatment obligations
✔ Ensures that visitation frequency and settings are consistent and develop progressively towards a permanency goal
✔ Increases contact and parents’ role toward reunification. When a child cannot return to parents’ care, continues family relationships that preserves family and community connections

FAMILY INPUT IS THE KEY TO BEST PRACTICE VISITATION PLANNING. WHEN CREATING A VISITATION PLAN WITH THE FAMILY, A CASEWORKER SHOULD FIRST SEEK TO ENGAGE THE FAMILY AND DETERMINE HOW THE FAMILY ENVISIONS THE PLAN. THE CASEWORKER SHOULD SEEK TO PLAN AROUND THE FAMILY’S CHOICES AND PREFERENCES TO THE EXTENT POSSIBLE. ENGAGING THE FAMILY AS A STARTING POINT FACILITATES THE FAMILY’S COMMITMENT TO THE VISITATION PLAN AND ENCOURAGES REUNIFICATION.

TIP FOR VISITATION PLANNING: Seek ways to involve extended family, kinship relations, foster families, and community members to support visitation – caseworkers need their support to ensure that lack of time is not a barrier to family visitation.

VISITATION LOGISTICS-WHO CAN HELP?

During foster care placement, caseworkers should consider how family members, fictive kin, and community resources can be involved with a child and parents to support and enhance the parent-child relationship and to preserve a child’s connections. This can be done through the Family Group Decision Making (FGDM) Process or an informal meeting that is consistent with the values of family-driven planning and decision-making. Utilization of an inclusive family team planning process enables family supports to become involved and increase the frequency of visitation, help with transportation, involve a child in cultural events, or possibly share in the caregiving tasks associated with visitation. Engaging the family’s expertise in creation of the Family Tree is a helpful strategy to identify a child’s significant relationships not previously identified.

PLANNING TOPICS:

Best practice Visitation planning requires a sufficient level of detail to make the plan functional. Everyone involved in visits must have enough information to understand how visits will benefit the child and family, how
visits will happen, what should and should not occur during visits, and what to do when problems arise. The following areas are clarified in the planning process:

1. Connection of plan goals and purpose of visitation to the child’s safety in language parent(s) can understand. (Example, “Child may be emotionally harmed if unable to see or talk to their parent(s),” or “Family visits are a time for parent(s) and siblings to stay connected and play together without hurting each other.”

2. Identifying expectations for the parent(s) during visits as well as behaviors which could result in the visit ending or having visits restricted. Examples of behaviors that are expected of the parents for successful visitation are:
   - Specifying physical and verbal boundaries
   - Exchanging of information such as notes, documents, gifts or toys
   - Calling in advance to confirm intention to miss a visit
   - Remaining sober throughout the visit
   - Refraining from using physical discipline
   - Refraining from bringing other persons to the visit without advance agency approval

3. Identifying the person responsible for arranging the visits, if specific times cannot be set in advance, including who will initiate the call for visits and current contact information for all involved in arranging visits

4. Setting up exceptions (court orders that may eliminate visitation for parent or siblings)

5. Identifying the level of supervision required for visitation

6. Identifying appropriate monitors (see supervision selection section)

7. Identifying and clarifying the appropriate role of each identified monitor regarding the level/intensity of parent mentoring/coaching expected (see supervision selection section)

8. Scheduling
   - Parents' schedule around work, required services, and other responsibilities
   - Child's schedule (school, required services, other activities)
   - Monitor's schedule limitations
   - Foster Parent's schedule and other responsibilities (unless someone else is transporting)
   - Scheduling limitations around each approved visit location

9. Helping the family to determine appropriate visit activities, including specific tasks for the parent(s) and who will bring necessary items, such as diapers, food, toys or activities

10. Additional forms of supplemental family contact to promote the parent-child relationship
• phone calls
• e-mails
• instant messaging (IM)
• text messages
• exchanging photographs, letters or cards
• attending school conferences, medical appointments, child’s activities or community events.

The Basics of the Visitation Plan Document:

• Lists the persons who can visit a child or who can be present during visits, such as parents, siblings, grandparents, other relatives/kin

• Includes a detailed schedule that addresses frequency of visitation—itemizing the dates, visit length, start and end times of visits

• Clarifies locations of visits

• Includes detailed arrangements for monitoring or supervision of visits

• Includes detailed transportation arrangements

• Includes the date the plan will be reviewed by the team (at minimum every 60 days, changing conditions usually require planning modifications and updates to occur more frequently)

Additional Considerations for Strengthening a Visitation Plan:

• Listing agency services to support visitation
• Planning to manage likely problems with visitation
• Outlining procedures for canceling a visit
• Planning for handling emergency situations, and a list of persons prohibited from visiting
• Planning for supplemental contact between family members, including:
  a. How parents will be included in other shared parenting opportunities (child medical appointments, school conferences, after-school activities, haircuts, back-to-school shopping, etc.)
  b. Outlining the conditions for phone calls, letters, e-mails
  c. Exchanging photographs, videos, audio recordings
  d. Assessing the need to monitor the method or content of other contacts.
  e. Describing methods to address sibling interactions when parent(s) are visiting.

WHO SHOULD BE INCLUDED IN VISITS?
A comprehensive family assessment identifies individuals with whom a child has an established and significant relationship. These relationships are considered significant because their loss could cause substantial harm to a child; therefore, preserving them is in the best interest of a child. This can include parents, grandparents, siblings, or other relatives or adults in a surrogate parenting role, including kin and former foster parents.

**ABSENT PARENTS**

Absent parents can include the child's mother, father or both parents. Any absent parent can have a significant impact on the lives of their children, and should receive equal consideration and involvement in visitation planning. Caseworkers should make efforts to immediately identify and contact the absent parent when a child is removed. The caseworker should involve the absent parent in decisions regarding the child and keep the absent parent informed of the child's activities and appointment. Even if a parent is not involved in a consistent and ongoing relationship with the child it is imperative that caseworkers seek out these parents and engages them in the child's lives to produce better outcomes for the child.

**SIBLING VISITS**

Siblings need to be placed together from the first placement, unless there is a well-founded reason why placement together is not possible. If siblings are not together at initial placement, the caseworker continues to make efforts to reunite the siblings as soon as possible. If siblings are separated in placement, the caseworker must ensure regular visitation is part of the visitation plan.

When placement of siblings together is not possible, it is the responsibility of DFPS to develop a plan for regular and ongoing sibling visits. Siblings can visit in conjunction with parental visitation. However, if parental visits are suspended or terminated, this does not end regular sibling visitation.

A sibling visitation plan is to be included in the visitation plan. Visitation that is contingent on a child's behavior is not consistent with the outcome of preserving family relationships. Should behavioral concerns arise, an assessment including input from the people involved with the children should occur prior to making the sibling visitation plan.

**Sibling Visitation Strategies:**

- Relatives assisting with visitation, including supervising visits, driving children to visits, or helping them to attend family functions or celebrations
- Educating foster and adoptive parents on the importance of sibling relationships and how to actively facilitate a sibling relationship by helping to maintain contact
- Scheduling joint therapy sessions
- Sharing vacations
- Sharing child care providers or babysitters
- Taking regular sibling group pictures
- Doing life books together
- Acknowledging and celebrating each siblings' birthday

**ADDITIONAL VISITORS AT PARENT VISITS**

During any level of supervised contact, it is suggested that prior to the visitation, the parent(s) discuss with the caseworker additional family members or fictive kin who would like to participate in the visitation. The caseworker will want to assess the significance of the relationship and any potential safety concerns associated with the individual that is requesting to attend to ensure that the focus of the visitation, the parent-child relationship, will remain at the forefront. Parent(s) may miss visits without providing notice, make unrealistic promises, or exhibit destructive behaviors during the visit. If this happens, the following should be considered:

A parents’ absence from a scheduled visit will be less disruptive to a child if the visit can be planned within the normal daily activities in the foster home, or another familiar setting. Visits can be held in the home of a relative, where a child can visit with extended family or friends, even if the parent(s) do not attend

Regular conferences between the parent(s), foster parent(s), caseworker, and other appropriate persons can address visitation plans and frequent absence issues.

**REVIEW AND REVISION OF VISITATION PLAN**

The visitation plan should be reviewed monthly to determine progress, update goals, and determine if it appropriate to consider changes in supervision, location, and setting. In order to adequately review the plan and assess progress, the review must include feedback and input from parents, relatives, visitation monitors, parenting education providers, therapists, foster parents, transporters, and other appropriate persons involved with the family's case.

If there has been little or no progress towards developing protective actions and meeting case goals found during two consecutive monthly reviews, a formal or informal family meeting should occur to determine how to modify the visitation plan to include a more intensive level of parent coaching/guidance around visitation.
LOCATION: VISITATION ENVIRONMENT

Visitation environment should be the most natural home-like setting that can maintain the child's safety. When considering environment, the setting should support meaningful parent-child interaction. The following indicates most restrictive to least restrictive visitation environments:

- Department Office
- Contracted Providers Office
- Public Place that is conducive to quality parent-child interaction i.e., park, library, museum, a playground, or a quiet restaurant
- Foster Parent's Home * (consider safety of other foster children present in home and concerns regarding confidentiality)
- Family Member Home
- Parent’s Home

FREQUENCY OF VISITATION

AGE AND DEVELOPMENTAL CONSIDERATIONS

A primary purpose of visitation is to maintain and develop a child’s attachment with their parent(s). Secure and stable attachments are the foundation of a child’s social, emotional and cognitive development. Frequency of visitation between the child and each parent should correlate with the child's age and development, as well as be consistent with their permanency goal.

VISITATION WITH INFANTS AND TODDLERS

Very young children need physical contact to maintain attachment with parent(s) or other primary caretakers. Caseworkers need to identify a child’s attachment figures and arrange for infants and toddlers to have
frequent and consistent physical contact to ensure the child’s physical, social, emotional and cognitive development. Infants and toddlers need to know that their parent(s) care(s) for them. Children placed in care between the ages of 6 months to 3 years are particularly vulnerable to separation from their attachment figure(s) and need more visitation opportunities for this reason. Research indicates that infants and toddlers benefit from daily visitation, at the very least every two to three days.

**YOUNG SCHOOL-AGED CHILDREN**

School-age children need the availability of attachment figure(s) and are able to use language to help them cope with separation. Secure attachment relies on a child’s trust that their parent(s) are available, responsive and protective caregivers. School-age children can use the phone, e-mail, and utilize other forms of contact (i.e. Skype, Facebook and Facetime) to communicate with their parent(s). This group would benefit from face-to-face contact on a weekly basis with their parent(s) and siblings provided appropriate supports are in place to facilitate the frequency of face-to-face visitation. As appropriate, school age children should be involved in the development of the visitation plan. Best practice indicates that this group benefits from face-to-face contact occurring 2-3 times weekly.

**ADOLESCENTS**

Youth need to be involved in the development of a visitation plan. This is an important coping strategy for them to maintain their school, social or community activities. They may resent visitation plans being made that conflict with their other activities without their knowledge. A primary developmental task of adolescence is becoming an individual as well as the process of psychologically separating from family and finding their identity. Youth who have been removed from the parental home before they are emotionally prepared for separation complicates the developmental task. The frequency of visitation should be individually assessed, but considering adolescent development, they should have regular visitation and contact with parent(s), siblings and other important family members (Charles & Nelson, 2000).

**YOUTH TRANSITIONING INTO ADULTHOOD**

For youth transitioning into adulthood, increased visitation with their family is crucial to determining which family members will be a supportive resource to them when they leave care. Circles of Support or Transition Plan Meetings can be utilized in these cases to help determine outside resources available to monitor contact between the youth and their family if necessary.

**FOSTER PARENT INCLUSION IN VISITATION**
Foster parents can be partners to maintaining connections between children and people who are important to them. The following is a list of ways that related and unrelated foster parents can assist with family visitations:

**FOSTER PARENTS’ ROLE IN VISITATION:**

- Allow the parent(s) and child(ren) reasonable and safe communication (as defined by the visitation plan)
- Follow the visitation and communication plan as developed by the agency/court order.
- Discuss negative feelings and reactions to visiting arrangements with the agency, not the child or parents.
- Comfort and reassure the child in ways that are helpful following a visit, such as encouraging them to be open in expression of feelings.
- Provide transportation as agreed to in the visitation plan.
- Respect the importance of family to the child and make every reasonable effort to preserve the parent-child relationship. Respect the importance of the visitation plan and comply with all requirements. Foster family must be willing to make adjustments or accommodations for visitation. Acknowledge the effect of separation on the child, and the difficulties of adjusting to a new environment.
- Make every effort to understand and be patient in addressing challenging behaviors that result from separation and grieving.
- Maintain continuous transparent contact with the supervising agency regarding matters significant to the adjustment and welfare of the child, including but not limited to, behaviors, problematic or otherwise, that would help the agency staff understand the child's current emotional and behavioral state.
- Keep information about the child, family and case facts confidential and discuss only with appropriate agency staff and other professionals designated by the agency.
- Ensure that the agency and child have opportunities to meet alone.

**ADDITIONAL BEST PRACTICE RECOMMENDATIONS FOR FOSTER PARENTS**

- (If foster parent is involved in visitation monitoring) Be actively involved during visits, model healthy parent-child interaction, teach age appropriate parenting skills, and share all information as agreed to in the case plan.
- Provide emotional support to the child, even when the contact with the parents and siblings is disruptive or confusing.
- Document child’s behavior and other observations after the visit.
• Have child ready for each contact, following the phases of visitation:
  1. First phase: packed clothing, necessary supplies, food, snacks. (Modeling)
  2. Middle phase: Bring some items, have parent responsible for other items. (Communication)
  3. Final phase: Bring back up supplies for emergency (Parent responsibility)

• Prepare for each visit, share information about child’s daily life, schedule and activities. Send recent school or artwork, or pictures that do not identify places or people other than the child and foster parents.

• Ensure that the parent is aware of their child’s activities and school events. Promote inclusion of the child’s activities as part of the child’s visitation plan. When the parent cannot attend, provide pictures or videos. ** Shutterfly, Google**

• Be flexible as possible in scheduling visitation so that a child is able to have the maximum amount of contact. When face to face contact isn’t possible, plan with the agency how to accommodate with phone calls, Skype, Facetime or email. Research other options that the parent, agency and child can agree upon to maintain frequent contact as outlined in the visitation plan.

• Notify the agency of any unplanned contact between the child, parents or foster parents.

• Talk positively about parents to the child and others.

• Ensure that the child has pictures of parents, siblings and other important people, and a way to display them. If a child does not have pictures inquire with the parent or agency for them.

• Inquire about a child's cultural or family practices. Obtaining this information can be significant to promoting frequent contact, supporting reunification, and preserving the child's cultural and community connections.

Additionally, this information, such as knowing that the mother and the children enjoy card games, or their favorite cookie is oatmeal raisin, that they celebrate Kwanza, they make egg rolls together, regularly attend local baseball games, or take picnics in the spring, can be helpful to support visitation. Every family has their own practices that are often connected to their culture and family history. This can also assist in helping a child feel comfortable in their new placement. (See Form 2530- Rights of children and youth in foster care).

RELATIVE PLACEMENTS

Relative foster parents had relationship with the child and parent(s) prior to the child living in their home, and their visitation role may require special supports and considerations. Relative and kinship caregivers may be especially challenged when a child is upset or acts out after visits. They may also need a different type of support from social workers or other family members in understanding the challenges of loyalty issues, the importance of the visitation plan, and maintaining appropriate boundaries. The social workers' role as a liaison between the relative/kinship caregiver and parent(s) is instrumental in promoting communication and encouraging understanding between parties, and preserving placement stability. Seek extra supports needed to understand the challenges that the child has with loyalty issues, and appropriate boundaries.
UNDERSTANDING EMOTIONS & REACTIONS AROUND VISITATION

CHILDREN

Some children will feel happy and excited about visits with their parent(s), but for children of any age, there may be times when they become upset either prior, during, or after a visit. It is not unusual to observe children regressing to babyish behavior, whining, having nightmares, wetting the bed, becoming aggressive, and being unable to listen, and/or complaining of physical pain before and/or after visits. Youth may also express difficult feelings before, during, and after visits by appearing moody or avoidant, behaving disrespectfully or defiantly, or engaging in "rule-breaking" behaviors.

This may be due to:

- Normal feelings of loss and separation reactivated by seeing the parent(s); this can have an effect on the child’s mood, ability to cope, and their behavior.
- Being anxious and fearful when visiting with their parent(s); their time together may be very stressful due to maltreatment history, feeling responsible for breaking up the family, worries about parent well-being, or other reasons specific to the child's situation and temperament.
- Children experiencing a conflict in loyalty and feeling a need to reject the foster parent(s) when returning to the foster home to affirm their love for their parent(s).
- A child thinking that it is their fault they cannot go home or being confused about why they cannot go home.
- Not being able to talk about confusion or fears due to developmental stage or emotional challenges.
- A child being defensive when feeling that their parent(s) are being criticized.

STRATEGIES FOR WHEN VISITATION IS CONSISTENTLY CAUSING A CHILD DISTRESS

As appropriate to the child's development and verbal abilities, the caseworker should explore the child's needs and concerns in an individual conversation and seek the child's ideas for addressing their concerns. It is important to explore the child’s thoughts about discussing their concerns with others and be clear with the child about how and what information will be shared before talking with parent(s) and foster parents. Unless there is a reason that a team planning session would be detrimental, the caseworker should bring the involved
parties together to make modifications to the visitation plan that will address the circumstances causing discomfort.

If a child becomes upset due to feelings of separation or loss, the social worker could consider increasing the frequency and/or duration of visits and adding additional types of supplemental contact.

If a child is anxious because they are not comfortable with their parent(s), the caseworker should explore the reasons around the discomfort to determine what strategies may alleviate the discomfort. For example, if the discomfort is due to visiting the parent in the identified visitation location, the group may want to explore changing the location or modifying the current location to meet the child's needs (does the setting need to be more fun, more physically comfortable, more public or private, or feel safer?)

If the child feels uncomfortable due to a distant or conflicted relationship with the parent, the group may want to consider including someone that the child identifies as a safe and supportive person to ease their concern.

If loyalty conflicts contribute to a child's distress, the caseworker could reassure them that it is okay to like or care for both their family and their foster family. The caseworker should request that the foster family and parent(s) help to reassure the child.

If a child appears to be fearful or reserved, or too quiet during a visit, the worker should consider encouraging them to talk about their concerns privately, reassure them that the worker will support them, and develop a plan to support their emotional needs during and after visits.

### PARENT(S)

No matter why a child is in placement, parent(s) may feel pain, anger and fear of losing custody of their child. Parents may show these feelings by:

1. Trying to cope by engaging in visitation activities that show affection and concern for their children.

2. Competing for their children’s loyalty by making unrealistic promises, or undermining the foster parents.

3. Reacting to lack of control by requiring certain locations for visits or activities.

4. Becoming anxious about visits and overcompensating by bringing numerous gifts, or making numerous calls to the foster parents.

5. Using alcohol or drugs before a visit.
6. Canceling or not showing up for visits.

**CONCERNS ABOUT PARENTS IN VISITATION**

When parent(s) are absent from visits or behaving in a manner that is disruptive or causes a child distress, the caseworker would assess parent(s)’ individual concerns and feelings underneath the behaviors. The following would be considered:

If parent(s) engage in competitive behavior for a child’s loyalty, the caseworker should promote the parent-child relationship to ensure that the parent(s) are involved in their child’s daily care and decision making. The caseworker could consider a plan for regular communication between the foster parents and parent(s) to ensure that they are consistently involved in their child’s care.

If parent(s) use alcohol or drugs before a visit, the caseworker should consider involving, or increasing the involvement, of the Alcohol or Other Drug (AOD) treatment or aftercare professionals to support visitation.

If parent(s) is/are anxious, they may not know what is expected at visits or how to interact with their child. The caseworker could consider meeting with parent(s) before visits to help plan and coach them through the expectations of the visit. Parent(s) may also need additional services to assist them in learning new skills.

If parent(s) is/are absent from visits, the caseworker may consider additional assessments to determine what may be causing the absence and what needs to change to support parents to be present at visits.

**FOSTER PARENTS**

No matter why children have been removed from their parents’ care and placed in foster care, parents and children are going to have feelings and emotional reactions about the separation. Foster parents enter into a relationship with the parent(s) and the children, and will need assistance to understand and evaluate their role in visitation. Assessments include:

- Do foster parents acknowledge the importance of the parent-child relationship, and are they pleased when a child is comforted by visits with parent(s) and family members?
- Are foster parents able to see that foster care is temporary and facilitate reunification while understanding a child's need for permanency?
- Do foster parents understand separation/grief and resist blaming parent(s) for a child’s emotional or behavioral reactions?
- Are foster parents resentful of disruptions that visitation causes in the family routine and having to deal with a child's reactions?
- Do foster parents express concern that a child does not have time to become a member of their family?
• Do foster parents make efforts to engage parent(s) in the day-to-day care of their child?
• Do foster parents ensure that parent(s) are aware of the child's school or other activities as directed by the out-of-home placement plan?

When the foster parents' reactions to visitation are not supporting permanency goals, the caseworker should assess their needs. The following would be considered:

If foster parents express a different understanding of their role, or express lack of knowledge about separation, loss or attachment issues, the caseworker could ensure that they receive training to address this need. The caseworker could also consider facilitating meetings between foster parents and parent(s) to assist in relationship-building.

If foster parents are resentful of disruptions visitation causes in their family life or express concern over a child's reactions to the visits, the caseworker should consider further assessment to understand the child and family's daily schedule and child's reactions. The child may need additional supports to cope with visitation or the foster parents may need additional support to facilitate visitation.

If foster parents express concern that a child is not attaching to their family, the caseworker should consider the following as it relates to the placement:

• The permanency goal
• The use of concurrent planning
• The role of the foster family
• The length of placement

Consider for length of placement: For new placements, foster parents may need training about separation and the importance of visitation for a child's well-being. If a child has been with the foster family for several months and parent(s) are not making progress towards reunification, the foster parents may start to connect to the child and feel the need to provide stability and permanency. If this is the case, services and supports available to concurrent resource families should be considered.

If the foster family is not making efforts to engage parent(s) in daily care or well-being appointments, the worker should consider whether foster parents are aware of their role, and clarify their role in writing as part of the out-of-home placement plan.

If foster parents are relatives, the worker needs to consider the family relationships, and make efforts to promote stability and support for the family within the family system. The worker should also consider formal
system supports to ensure that the relative foster family is receiving training and services typically made available to unrelated foster parents.

**SPECIAL POPULATIONS:**

**INCARCERATED PARENTS**

When a child's parent(s) is/are incarcerated, special arrangements will be necessary to support visitation. If the parents’ incarceration was related to abusing a child, the impact of contact with the parent(s) on the child will need to be assessed. A therapist's assessment and recommendations should be considered before implementation of the visitation plan.

If the permanency goal is reunification, every effort should be made to assure regular visitation. A child's fantasy about prison life and the parents’ experiences may be more frightening than reality. A visit can reassure a child that their parent(s) are okay.

Visitation planning will include contacting the prison to understand the visitation procedures and arrangements. A child should be prepared about the contact they will have with their parent in prison. Consider how information about the facility can be shared with the child. A child should know if they will see their parent in a small room or if the visit will be in a large room with other prisoners and families, and if they will be able to hug their parent. A child should also know the facilities' rules about gifts or mail. (Hess & Proch, 1988)

**FAMILY VIOLENCE**

When children are removed from homes where domestic violence has occurred, the impact of family violence and other forms of abuse will require an assessment of the situation to consider a child's experiences, and the impact on them. A child's experiences could differ significantly from an adult's experiences. The assessment of the situation would determine safety issues, and any measures needed to arrange for safe visits that will address a child's needs. This could include considerations for drop-off and pick-up locations, as well as a safety plan.

**SEXUAL ABUSE VICTIMS**

In sexual abuse cases, caseworkers need to assess safety issues, as well as a child and parent(s) readiness for visitation, including therapist recommendations and evaluations as part of the assessment. The court may also set rules and boundaries about contact. Visitation between the child and any alleged perpetrator should be monitored by a professional skilled in recognizing subtle elements of sexual abuse.

**CHILDREN WITH SPECIAL NEEDS (DEVELOPMENTAL OR PHYSICAL)**
Caseworkers may need to make visitation accommodations for children, parents or siblings with special needs. The Developmental Disability Specialists and Well-being Specialist can be a resource to caseworkers on arranging visits for individuals with special needs.

Caseworkers should consult with the Developmental Disability Specialist and the Well-being Specialist for children with special needs to discuss any accommodations or considerations for visitation with parents and siblings. Considerations may include: mobility issues; location considerations; ability to physically get to the visitation location; equipment that child may need during the visit; and the ability of the parents to provide the appropriate care for the child.

REFERENCES


