

Visitation Awareness Training for FC Case Managers and Supervisors

<p>Definition of a visit</p>	<p>Visitation</p> <ul style="list-style-type: none"> • Visitation is an interactive, face-to-face contact between a child and his or her parents, siblings or other family members. It is separate from counseling, therapy, assessments, case reviews, family meetings or court hearings. • Other types and means of contact such as phone calls, video conferencing, letters, e-mail, pictures, and gifts should be allowed and encouraged unless the child’s or others’ safety or well-being may be compromised. These types of contact cannot replace or supplant face-to-face contact, unless otherwise stipulated by court order. 	
<p>Importance</p>	<ul style="list-style-type: none"> • Visitation is essential to child well-being and fundamental to permanency. 	
	<p>Discussion Questions</p>	<ul style="list-style-type: none"> • What would you be worried about if you were separated from your family? As a child? As a parent or caregiver? • If you were a parent and your children were placed separately, what would you be worried about and how would you react? How would it affect your children? • How often would you want to see your loved ones, if you were separated from them? What would you like a visit to look like? • What are strategies you will implement today to increase visitation for the children on your caseload and improve the quality of those visits?
	<p>Impact to the Children</p>	<ul style="list-style-type: none"> • A young child’s trust, love, and identification are based on uninterrupted, day-to-day relationships. • The sibling bond is very important and in some cases stronger than the parent child bond. • For a child to develop normally, he or she must have a continuing stable human relationship, that this child must be attached to at least one nurturing adult • The younger the child and the longer the period of uncertainty and separation from the primary caregiver, the greater the risk of harm to the child • Separation can affect the connections that a child has formed with her parents, siblings, and family members. • Ease the pain and trauma of separation and loss for the child.
	<p>Impact to the Families</p>	<ul style="list-style-type: none"> • Keeps hope alive for the child and parent and help motivate parents to change. • Promotes healthy attachment and reduce the negative effects of separation. • Establish and strengthen the parent-child relationship.
	<p>Progression of the Case</p>	<ul style="list-style-type: none"> • Opportunity to assess parenting skills, protective capacity and progress toward behavioral goals. • Opportunity to coach parents and model for them positive parenting skills. • Help parents gain confidence in their abilities to care for their child. • Transition the child and parent to permanency. • Studies show that regular quality visitation leads to quicker reunification of families with less chance of later disruption and reentry into foster care. • Even when reunification is not the goal, visitation can reduce the time in foster care and shorten the time to permanency.
	<p>Requirements</p>	<ul style="list-style-type: none"> • Visitation requirements per policy and per Michelle H. and SC Law <ul style="list-style-type: none"> ○ Caseworker Visitation- Monthly face-to-face contact between the Foster Care Case Manager and the foster child, with an intense focus upon the visit occurring in the current residence of the child.

		<ul style="list-style-type: none"> ○ Sibling Visitation- Monthly visitation between siblings that are not placed together ○ Parent-Child Visitation- Twice monthly visitation between foster children and the parent(s) with whom reunification is planned ● Review policy changes
	Exceptions	<p>Exceptions include: (1) there is a court order prohibiting visitation or limiting visitation to less frequently than once every month; (2) visits are not in the best interest of the child or one or more of the siblings and the facts supporting that determination are documented in the case file. Other exceptions must be approved by the acting supervisor and the County Director and reported to the Regional Director via the attached Foster Care Exception & Oversight Report. Every effort must be made to ensure visitation happens according to the requirements as described herein.</p>
Tool to Achieve Permanency	QA Scores Lowest in the Following Areas	<ul style="list-style-type: none"> ● Diligent efforts to locate parents and documentation of those efforts ● Engaging parents in treatment planning ● Assessing the needs of children and foster parents/provider ● Reviewing treatment goals with parent and providing feedback on progress ● Ensuring parents and children know perm plan ● Assessing and attending to the social needs of children ● All impact the progress of the case and the child’s permanency, safety and well-begin, family engagement, Michelle H Targets, outcomes data, and QA scores.
	Visitation in Family Engagement	<p>The Basics of Practice-Level Engagement</p> <p>Visitation is essential for quality family engagement. Effective, collaborative case planning relies on the caseworker’s transparent efforts to continuously engage family members and others as appropriate, including:</p> <ul style="list-style-type: none"> ● Gathering and assessing information in order to visualize the family system ● Identifying behaviors and conditions that need to change ● Matching strengths and needs with solutions and services ● Reviewing, tracking, and acknowledging progress regularly ● Determining readiness for key case transition points, such as reunification ● Marshaling supports for relapse prevention as needed ● Preparing for case closure
Roles and Responsibilities	Case Manager	<ul style="list-style-type: none"> ● Establish and document visitation plan collaboratively with the family to include identifying potential barriers determining solutions ● Communicate visitation plan and any changes with parents and placement ● Arrange visits and ensure visits happen timely ● Document visits ● Ensure other forms of contact are provided frequently in addition to visitation when appropriate ● Arrange for visitation with other persons significant to the child. Sometime these relationship are more stable than the parent-child relationship
	Case Work Assistants/ Human Service Assistants	<ul style="list-style-type: none"> ● Assist with documentation- ● Assist with arranging visits ● Assist with transportation ● Cannot do face-to-face monthly visit with child, can supervise other types of visits

	Supervisors	<ul style="list-style-type: none"> • Monitor performance (timeliness and quality) • Provide support • Coaching and mentoring • Review case plan, including visitation plan • Ensure case managers have proper tools, skills, and support to provide effective visitation. • Ensure supervised visits are used only when necessary. • Support the caseworker’s effort for frequent contact between the child and his or her parents and siblings. • Using data to monitor and manage visitation • Collaboration and cooperation in planning visits • Models of good case transfer processes • Models of teamwork practice- preparing for and responding to worker absences
	Visit Facilitation/ monitoring/ supervision	<ul style="list-style-type: none"> • Worker-child Visit- DSS Certified Child Welfare professional • Parent-child and Sibling Visits- If supervision is required, the visit must be supervised by a DSS certified child welfare professional or licensed therapist. Unsupervised and Monitored visits may be facilitated by a certified child welfare professional, child welfare paraprofessional, DSS caseworker assistant, counselor, therapist, visitation program staff, foster parent, group home staff, relative or fictive kin as permitted by DSS (Added to policy edits) • Pull concepts from Visit Coaching guidebook from NYC Administration for Children Services. (Only any introduction to coaching concepts. Topic will be covered more in depth in Quality Visitation training)
	Foster Parent/ Provider Roles	<ul style="list-style-type: none"> • Have an understanding that visitation is a right and cannot be taken from the child as a form of punishment (reference to regs.) • Assist with providing transportation to and from visits. • Complete Foster Parent Documentation Form (DSS Form 30263) and provide to DSS Case Manager. • Helping prepare children for visits. • Comforting, reassuring and talking with children following a visit. • Help the child maintain an emotional bond and involvement with his/her biological parents, siblings and extended family. • Aid in facilitating parental involvement in important aspects of the child’s life, such as medical appointments, school conferences, social and school activities and sporting events. • When safe, appropriate and requested by DSS, model and discuss appropriate parenting behavior with the parent, and provide necessary and appropriate information to the parent regarding the child’s growth, development, likes, dislikes, etc. • Cooperate with the visitation plan, and provide a supportive, non-judgmental attitude of respect at all times. • Facilitate sibling visitation and contact (such as phone calls and video chat) for siblings who are placed separately.
	Engaging Foster Parents	<ul style="list-style-type: none"> • Build trust and communicate often • Communicating visitation plan

	<p>& Providers in Visitation</p>	<ul style="list-style-type: none"> • Requesting facilitation of visits and providing expectations for facilitation (level of monitoring and what to document) • Connecting the goals of the perm plan with visitation. • Relay the importance of visitation to the child and its impact on reducing trauma • Build relationship and trust- can lead to increased support for visitation (be on time, follow-through, listen, return calls, meet needs) • Remind them that a child may present negative or regressive behaviors following a visit, but it does not mean that the visits are not contributing the child’s wellbeing and sense of belonging. Oftentimes it is a result of feelings of grief and loss. All reactions and concerns should be shared with the case manager. • Support foster parent/provider with referrals for services needed as it relates to visitation and effects of visitation <p>In addition, when a child enters out-of-home care, a vital step in establishing communication and building a relationship with the family is the “icebreaker meeting” between birth and foster families that ideally should take place within the first week of removal. These meetings allow for valuable information sharing about a child’s needs, strengths, and preferences, helping to minimize the trauma a child may experience as a result of placement. For more information, see <i>Resources for Planning Icebreaker Meetings Between Birth and Foster Parents</i>, a 2012 guide issued by the Annie E. Casey Foundation, at http://www.aecf.org/resources/icebreaker-meetings/.</p>
	<p>Caseworker Visits</p>	<ul style="list-style-type: none"> • All visits should be done in the placement when possible to truly assess safety and well-being • Interview children individually • Assess for needs and safety • Assess for needs of foster parents/provider • Assess needs of children • Follow-up on services to meet needs
<p>Teamwork Practice</p>	<p>Supporting Colleagues in County and out of County</p>	<ul style="list-style-type: none"> • Must be supervisor approved • Check in with one another • Support those who are struggling • Offer support to other counties when children are in the same placement • Engage the team when there is an unexpected absence • Address visitation in weekly huddles
	<p>Seeking Assistance When Needed</p>	<ul style="list-style-type: none"> • Keep track of weekly visitation progress • Ask for support from colleagues when appropriate • Let supervisor know if there is a risk of not making the visits for the month.
<p>Supervision Levels</p>	<p>Unsupervised</p>	<p>Description: No monitor is present for the visit. Parents can be alone with the child. This may include overnight visits when transitioning to reunification. Visitation must adhere to the visitation plan and the court order. If visit is facilitated by a DSS approved individual, the case manager must be notified of each visit.</p> <p>When to use: When court order allows; when there are no safety concern; child is transitioning into the home environment; risk factors are reduced as demonstrated by parental interaction with children and overall increase in protective capacity.</p>

		<p>Who can facilitate: Certified DSS Case Manager, Case Manager Assistants, Foster Parents, Kinship, Providers, Therapists, Counselors</p> <p>Location: Non DSS site</p> <p>Facilitator’s Role:</p> <ul style="list-style-type: none"> • Ensure family has clear guidelines of expectation of visit • Ensure communication between all parties on start and end time, location of pick up and drop off; needs of child and emergency contacts • Debrief with all parties after visit. Children will be debriefed individually to identify strengths of the visit and any concerns that the child may have about visitation. • Provide feedback to parents based on information shared from the debrief to ensure reinforce positive interaction, parenting skill building. Address any concerns that arise. • Document the debrief with parent and include any reported interaction between the parent and the child and any coaching or mentoring provided to the parents, especially those behaviors that show progress toward or away from Treatment Plan goals. <p>DSS Case Manager Role:</p> <ul style="list-style-type: none"> • Obtain documentation of the visit and enter documentation into CAPSS • If facilitated by another party, debrief the visit with the facilitator and obtain documentation of the visit from the facilitator. <p>Discuss visits with the parent and child to determine strengths and needs.</p>
	<p>Monitored</p>	<p>Description: Monitor is in same location, facility, or home during the visit, but may allow parent some time alone with their children. This amount of time is determined on a case by case basis. The determination will be based on the parents’ demonstration of protective capacity and their ability to positively engage with the children. Location and type of activity will also be factored into the amount of time the parents are alone with the child.</p> <p>When to use:</p> <ul style="list-style-type: none"> • When there are no safety concerns and risk factors are reduced as demonstrated by parental interaction with children and overall increase in protective capacity. • When visitation is court order to be supervised but risk factors are considered to be low to moderate. <p>Who can monitor: Certified DSS Case Manager, Case Manager Assistant, Foster Parents, Kinship, Providers, Therapists, Counselors</p> <p>Location: Parent chooses location but site must be approved by DSS; home-like setting; group home provider, public locations, or family home</p> <p>Monitors Role:</p> <ul style="list-style-type: none"> • Intermittently observe the interactions between child and parent and provide coaching, modeling and mentoring to parents to reinforce positive interactions, encourage bonding, and build parenting skills. • Ensure child is not removed from the visit location • Ensure safety and emotional wellbeing of child(ren) • Intervene if risk arises or develops • Ensure visits start and end on time • Debrief with all parties after visit. Children will be debriefed individually to identify strengths of the visit and any concerns that the child may have about visitation.

		<ul style="list-style-type: none"> Document the interaction between the parent and the child and any coaching provided to the parents, especially those behaviors that show progress toward or away from Treatment Plan goals. <p>DSS Case Manager Role:</p> <ul style="list-style-type: none"> Obtain documentation of the visit and enter documentation into CAPSS If facilitated by another party, debrief the visit with the facilitator and obtain documentation of the visit from the facilitator. <p>Discuss visits with the parent and child to determine strengths and needs.</p>
	<p>Supervised</p>	<p>Description: Monitor is present and observing at all times.</p> <p>Use in cases of:</p> <ul style="list-style-type: none"> Concern for the physical or emotional safety or well-being of a child or when risk factors are high Insufficient knowledge of family dynamics and parental capacity Sex abuse or severe physical abuse Suspicion of coaching or coercion of the child by the parent Court ordered supervised visitation <p>Who can supervise: Certified DSS Case Manager, or a trained visit facilitator at a Visitation Center</p> <p>Location: DSS office, visitation center, or other site determined by the case manager.</p> <p>Supervisors Role:</p> <ul style="list-style-type: none"> Ensure child is not removed from the visual presence of the visitation monitor Continually monitor the risk, safety, and well-being of the child. Provide coaching, modeling and mentoring to parents to ensure positive interactions, encourage bonding, and to build parenting skills. Ensure all conversations are audible and appropriate. Intervene when risk arises/develops. Ensure visits start and end on time. Debrief with all parties after visit. Children will be debriefed individually to identify strengths of the visit and any concerns that the child may have about visitation. Document the interaction between the parent and the child and any coaching and any coaching provided to the parents, especially those behaviors that show progress toward or away from Treatment Plan goals. <p>DSS Case Manager Role:</p> <ul style="list-style-type: none"> Obtain documentation of the visit and enter documentation into CAPSS If facilitated by another party, debrief the visit with the facilitator and obtain documentation of the visit from the facilitator. Discuss visits with the parent and child to determine strengths and needs.
	<p>Therapeutic</p>	<p>Description: A visit facilitated by a licensed clinician.</p> <p>When to use:</p>

		<ul style="list-style-type: none"> Family dynamics require therapeutic assistance to facilitate attachment, child well-being, transition, or other relationship issues. Court ordered <p>Who can arrange: Certified DSS Case Manager Location: To be determined by therapist Facilitator's Role:</p> <ul style="list-style-type: none"> Ensure family has clear expectation of therapeutic visit Ensure provider has a clear understanding of family's therapeutic needs Ensure clear communication with provider and family Debrief with all parties after visit Children will be debriefed individually to identify strengths of the visit and any concerns that the child may have about visitation. <p>Document the interaction between the parent and the child and any coaching or mentoring provided to the parents, especially those behaviors that show progress toward or away from Treatment Plan goals.</p>
Documentation	New Fields in CAPSS	<ul style="list-style-type: none"> TBD – CAPSS rollout scheduled for November
	Quality Documentation	<ul style="list-style-type: none"> Importance of accurate documentation (case transfers, case reviews, Michelle H.) Behavioral observations related to treatment goals and perm plan Document any feedback redirection and any reactions of the children before and after the visit
	Timeliness of Documentation	<ul style="list-style-type: none"> Documentation of every visit/contact must be entered into CAPSS prior to the end of each calendar month. When face-to-face contacts with the child occur in the placement setting, the CAPSS dictation codes must be "Face to Face" and "Home Visit." This is necessary to determine the percentage of face-to-face contacts that occur in the placement setting for federal reporting and analysis. <p><i>-SCDSS Policy 510.2 Case Management and Planning</i></p>
	Obtaining Documentation from Providers	<ul style="list-style-type: none"> In some cases Foster Parents and other providers will be assisting with and/or facilitating visits, therefore case managers must obtain the Visitation and Maintaining Connections Documentation Form (DSS Form 30263) from Foster Care Placement Providers at each contact with Foster Parent/provider. The information from form must be fully documented in CAPSS.
	Exception Form	DSS Form 30207 is being renamed and revised; the new version will be available in the Master Forms Index soon with the title, "Foster Care Exception & Oversight Report." This form is used to capture qualitative and quantitative data about required visits and contacts that are not occurring, allowing DSS quickly address barriers to visitation and review exceptions. It also allows us to assess other important information about statutorily required actions.
	Exceptions	Visitation is critical to the safety and well-being of the children we serve and to the progress of permanency, therefore there are very few acceptable exceptions to these visits. Exceptions include: (1) there is a court order prohibiting visitation or limiting visitation to less frequently than once every month; (2) visits are not in the best interest of the child or one or more of the siblings and the facts supporting that determination are documented in the case file (Engage therapist and document therapist recommendations when possible) . Other exceptions must be approved by the acting supervisor and the County Director and reported to the Regional Director via the attached Foster Care Exception & Oversight Report. Every effort

		must be made to ensure visitation happens according to the requirements as described herein.
	Diligent Efforts to locate Parents/ Caregiver and runaways	<ul style="list-style-type: none"> • Policy • Best Practices- Facebook, social media sites, make monthly attempts, Seneca search, VineLink.com, online Inmate Search, DSS Benefit Integrity, CHIP, Public Index for your county, Backpage. • Document efforts monthly • Increase collaboration with Law Enforcement (clarify roles) Involve attorneys. • Clarification from OGC on how to do pick-up orders (roles and responsibilities) (Incorporate information from OGC) Fusion Center Referral • (include Policy)
	Other Strategies for Documentation (technology)	<ul style="list-style-type: none"> • Text to talk in the field • Mobile app to be developed
Performance Management	Data	<ul style="list-style-type: none"> • Identifying, locating and utilizing CAPSS case manager reports • Using Scoreboard and impact on performances
	Time management	<ul style="list-style-type: none"> • Day of the week dedicated to documentation • Weekly performance goals <ul style="list-style-type: none"> • 25% weekly goal has worked in many counties • Partnering with co-workers on visits <ul style="list-style-type: none"> • Children in same placement • Riding together • Plan for holidays and vacations • Utilizing caseworker assistants for unsupervised sibling and parent visits (Caseworker Assistant CANNOT complete monthly Worker-child visits)
	Case transfer processes	<ul style="list-style-type: none"> • In and Out of County Transfers- All required visits including parent, sibling, and case manager visits must be completed by the sending county/unit before the case is transferred for the month of the transfer. (Policy 822)(added to policy edits)
	Absences	<ul style="list-style-type: none"> • Engage team when there is an unexpected absence. Support your colleagues.
Ensuring visits Happen	Strategies	<ul style="list-style-type: none"> • (see engaging foster parents and providers section) • Schedule a month in advance and confirm plans prior to visit. • Ensure parents have a plan for transportation when creating the visitation plan. • Transport parents or have transporters transport parents when necessary. • Have parents go to where the children are to minimize the amount of time they are removed from school. • Check school schedules before scheduling visits. • Hold visits in the parent’s home when possible. • Utilize others (foster parents/provider, relatives and fictive kin, etc.) to facilitate visits in which supervision is not required. • Use teaming approach and collaborate within and outside of your county (see teaming section).

Visitation Plans	Creating Plan	<ul style="list-style-type: none"> ● Engaging parents and their support system, and foster parents/provider in development of visitation plan (and treatment plan) -FTM & FGC <ul style="list-style-type: none"> ○ Why invite foster parents/provider to FTM FGC <ul style="list-style-type: none"> ▪ Gives FP opportunity to learn about the children (strengths, likes/dislikes, what makes them happy, Health information, Mental Health information, etc.). ▪ Opportunity for parent to know that a safe person has care of their child. ▪ Foster Parent/provider sees that the parent has strengths. ▪ Foster Parent/provider can understand child’s history and culture. ▪ Helps FP meet the parents and feel more comfortable asking questions about the child. ▪ Helps make a connection between FP and parent. ▪ Lead to FP facilitating visits. ▪ Child observes FP and Parent interacting positively and prevents them from feeling torn between them. ● Plan visits ahead at least a month in advance. ● Confirm visits (ask parents to confirm, follow-up with calls if they do not confirm the day before the visit is scheduled). ● Communicate plan to Parents and Providers ongoing. ● Factors to Consider before limiting, suspending or terminating Parent-child Visits
	Documenting the Visitation Plan	<ul style="list-style-type: none"> ● TBD after CAPSS changes in November
	Frequency of Visits	<ul style="list-style-type: none"> ● Parent-Child ● Caseworker Visit ● Sibling Visit <p>Frequency of Visitation</p> <p>The initial separation of a child from their family of origin into foster care is often a very traumatic experience for all involved. It is important for children, parents and siblings to have contact as soon as possible after placement, and to continue the contact as frequently as possible. Research suggests that it is most helpful to the family unit for the first face to face visit to occur between the child and their parents and siblings (or those who the child views as their parents and siblings) within the first 48 hours. If face to face visitation in the first 48 hours is impossible, telephone or video conferencing visitation would be another alternative. It is important for the child’s adjustment and wellbeing that they have this early contact.</p> <p>Frequency of visitation between parents and their children in foster care should be appropriate for the child’s age and development, consistent with their permanency goal and according to policy guidelines (review new policy).</p>

		<p>Research on parental visitation with children in foster care shows that foster children:</p> <ul style="list-style-type: none"> * Who were able to have frequent visits with their parent(s) (once a week or once every two weeks) were more likely to have better adjustment in their foster care placement, having higher reports of well-being, and were more likely to experience shorter placements with successful discharges (Hess, 2003) * Who were visited frequently exhibited fewer behavioral problems than children who were visited infrequently (once a month or less), or not at all. Children who had frequent contact with their parent(s) showed less anxiety and depression than children whose were able to have either infrequent or nonexistent. (Kufeldt & Armstrong, 1995) * Who saw they parent(s) less than once a month felt they suffered as a result of not maintaining contact with their birth parent(s). (Cantos & Gries, 1997) <p>Seek ways to involve foster families, extended family, and community organizations in visitation. Caseworkers can greatly benefit from the help of these partners, to ensure that lack of time is not a barrier to parent-child and sibling visitation.</p>		
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			<p>school age children should be involved in the development of the visitation plan. A child's school schedule should not be disrupted for visitation if at all possible. Best practice indicates that this group benefits from face-to-face contact occurring 2-3 times weekly.</p>
		<p>Adolescents</p>	<p>Youth are more likely to feel resentful when visitation schedules are made for them; therefore, they 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 will resent visitation plans being made that conflict with their other activities without their knowledge. A primary developmental task for 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.</p>